Filing at a Glance

Company:	Liberty Insurance Underwriters, Inc.
Product Name:	Blanket Accident Insurance Policy
State:	District of Columbia
TOI:	H04 Health - Blanket Accident /Sickness
Sub-TOI:	H04.000 Health - Blanket Accident /Sickness
Filing Type:	Rate
Date Submitted:	01/08/2014
SERFF Tr Num:	PERR-129346630
SERFF Status:	Pending Industry Response
State Tr Num:	
State Status:	
Co Tr Num:	LIUI-AH-BA-DC-1401R
Implementation Date Requested:	On Approval
Author(s):	Ines Piquet, Vanessa M. Haydon
Reviewer(s):	Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

State: District of Columbia **Filing Company:** Liberty Insurance Underwriters, Inc.
TOI/Sub-TOI: H04 Health - Blanket Accident /Sickness/H04.000 Health - Blanket Accident /Sickness
Product Name: Blanket Accident Insurance Policy
Project Name/Number: LIUI-AH-BA-DC-1401R/LIUI-AH-BA-DC-1401R

General Information

Project Name: LIUI-AH-BA-DC-1401R
Project Number: LIUI-AH-BA-DC-1401R
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Blanket, Other

Overall Rate Impact:

Deemer Date:
Submitted By: Ines Piquet

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Explanation for Other Group Market Type: Groups such as discretionary, employer and/or association groups requested
Filing Status Changed: 01/22/2014
State Status Changed:
Created By: Vanessa M. Haydon
Corresponding Filing Tracking Number: LIUI-AH-BA-DC-1401F

PPACA: Not PPACA-Related

PPACA Notes: null
Include Exchange Intentions: No

Filing Description:
On behalf of Liberty Insurance Underwriters ("the Company) we are filing a new Blanket Accident program.

Attached for filing via SERFF are copies of the rate manuals and actuarial memoranda.

Please see SERFF Tracking Number # PERR-129346631 for companion forms filing.

This program provides accident only coverage under a specified condition of coverage. The entity may pay the entire premium or the Insured Person may pay the entire or a portion of the premium. The program is offered on a Guarantee Issue basis. Any variable language is shown in brackets on the forms listed above. An explanation of variable material has been included which explains how material in the brackets is to be utilized. We reserve the right to alter the format of the forms without re filing due to future technology changes, i.e. paper size, font type, line ending or page ending changes. Be assured that any minimum font –size requirements will be met.

The Company request the earliest possible effective date according to filing law.

Please see the attached filing letter for more information.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company's response will be submitted to your attention as soon as we receive it.

Company and Contact

Filing Contact Information

Vanessa Haydon, State Filings Analyst doi@perrknight.com

State: *District of Columbia* ***Filing Company:*** *Liberty Insurance Underwriters, Inc.*
TOI/Sub-TOI: *H04 Health - Blanket Accident /Sickness/H04.000 Health - Blanket Accident /Sickness*
Product Name: *Blanket Accident Insurance Policy*
Project Name/Number: *LIUI-AH-BA-DC-1401R/LIUI-AH-BA-DC-1401R*

401 Wilshire Blvd.
Suite 300
Los Angeles, CA 90401

310-889-0966 [Phone]
310-230-1061 [FAX]

Filing Company Information

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

Liberty Insurance Underwriters, Inc.
55 Water Street
18th Floor
New York, NY 10041
(212) 208-4200 ext. [Phone]

CoCode: 19917
Group Code: 111
Group Name: Liberty Mutual Group
FEIN Number: 22-2227331

State of Domicile: Illinois
Company Type:
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: District of Columbia **Filing Company:** Liberty Insurance Underwriters, Inc.
TOI/Sub-TOI: H04 Health - Blanket Accident /Sickness/H04.000 Health - Blanket Accident /Sickness
Product Name: Blanket Accident Insurance Policy
Project Name/Number: LIUI-AH-BA-DC-1401R/LIUI-AH-BA-DC-1401R

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing: N/A, new program

Company Rate Information

Company Name:	Company Rate Change:	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):
Liberty Insurance Underwriters, Inc.	New Product	0.000%	0.000%	$0	0	$0	%	0.000%

State: *District of Columbia* ***Filing Company:*** *Liberty Insurance Underwriters, Inc.*
TOI/Sub-TOI: *H04 Health - Blanket Accident /Sickness/H04.000 Health - Blanket Accident /Sickness*
Product Name: *Blanket Accident Insurance Policy*
Project Name/Number: *LIUI-AH-BA-DC-1401R/LIUI-AH-BA-DC-1401R*

Rate Review Detail

COMPANY:

Company Name: Liberty Insurance Underwriters, Inc.
HHS Issuer Id: 00000

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Blanket Accident Insurance Polity			1

Trend Factors:

FORMS:

New Policy Forms: LIUI BACC P001 DC (Ed. 12 13)
Affected Forms:
Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Other
Member Months: 0
Benefit Change: None
Percent Change Requested: Min: Max: Avg:

PRIOR RATE:

Total Earned Premium:
Total Incurred Claims:
Annual $: Min: Max: Avg:

REQUESTED RATE:

Projected Earned Premium: 0.00
Projected Incurred Claims: 0.00
Annual $: Min: 0.00 Max: 0.00 Avg: 0.00

SERFF Tracking #:	*PERR-129346630*	***State Tracking #:***		***Company Tracking #:***	*LIUI-AH-BA-DC-1401R*

State:	*District of Columbia*	***Filing Company:***	*Liberty Insurance Underwriters, Inc.*
TOI/Sub-TOI:	*H04 Health - Blanket Accident /Sickness/H04.000 Health - Blanket Accident /Sickness*		
Product Name:	*Blanket Accident Insurance Policy*		
Project Name/Number:	*LIUI-AH-BA-DC-1401R/LIUI-AH-BA-DC-1401R*		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Blanket Accident Manual Rate Documentation	LIUI BACC P001 DC (Ed. 12 13) et al	New		Liberty Insurance Underwriters Blanket Accident Pricing Manual December 2013.pdf,
2		Blanket Accident Out of Country Medical Rider	LIUI BACC OOCMR001 DC (Ed. 08 13)	New		Liberty Insurance Underwriters OOCM Rider Pricing Manual.pdf,

Liberty Insurance Underwriters Inc.

Blanket Accident

Manual Rate

Documentation

December 2013

Form LIUI BACC P001 (Ed. 12 13)
Form LIUI BACC CONR001 (Ed. 08 13)

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Section I - Introduction

Liberty Insurance Underwriters' Blanket Accident premiums are developed based upon a combination of group demographics and plan design. This manual will allow an underwriter to quote a premium for a fully insured Blanket Accident product.

Premium formula = ((∑Benefit Claim Costs X Conditions of Coverage Factor[1] X Industry Factor[2] X State Factor[3] X (1 + ∑Adjustments for Optional Exclusions) X Underwriting Adjustment ÷ Target Loss Ratio) + (Waiver of Premium ÷ Target Loss Ratio)[4]) X Premium Modalization Factor

[1]Accidental Death Benefit Claim Costs may vary by Condition of Coverage
[2]Industry Factors applied only to certain benefits (see Industry Factors section)
[3]State Factors applied to only certain benefits (see State Factors section)
[4]Applicable only when Waiver of Premium is quoted

Section II – Assumed Group Census Distributions

If census information is not available from the group, the following census distribution will be assumed when generating quotes. Benefits that are applied to a specific age or gender group will be reweighted[1] based upon this distribution. Groups with population distributions with broader or narrower bands than defined below will be allocated proportionately.

[1] For example, a group that is targeted toward a male-only sports activity for ages from 5 to 14 will be assumed to have 49.6% (= 3.36% ÷ (3.36% + 3.42%)) of its population in the 5-9 age band and 50.4% (= 3.42% ÷ (3.36% + 3.42%)) of its population in the 9-14 age band.

Assumed Distribution of Members

	Male	Female
<5	3.34%	3.19%
5 - 9	3.36%	3.22%
10 - 14	3.42%	3.27%
15 - 19	3.64%	3.46%
20 - 24	3.57%	3.43%
25 - 29	3.45%	3.39%
30 - 34	3.25%	3.24%
35 - 39	3.23%	3.26%
40 - 44	3.36%	3.39%
45 - 49	3.61%	3.71%
50 - 54	3.54%	3.68%
55 - 59	3.10%	3.30%
60 - 64	2.64%	2.85%
65 - 69	1.90%	2.14%
70 - 74	1.38%	1.63%
75 - 79	1.03%	1.34%
80 - 84	0.74%	1.11%
85 - 89	0.42%	0.76%
90 - 94	0.14%	0.33%
95 - 99	0.03%	0.09%

	Male	Female
100+	0.00%	0.01%

Section III - Benefits

(1) Accidental Death Benefit

The claim costs per $1,000 of benefit for the base accidental death coverage are shown in the table below.

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
0 to 4	0.10810	0.08104
5 to 14	0.03996	0.02402
15 to 24	0.41000	0.11810
25 to 34	0.44932	0.12228
35 to 44	0.38777	0.15289
45 to 54	0.38098	0.17184
55 to 64	0.32380	0.13204
65 to 74	0.36052	0.17911
75 +	1.17764	0.88401

For accidental death benefit aggregates that are higher than 10 times the maximum accidental death principal sum, a surcharge will be added. The following additional annual costs per $1,000 for higher aggregates would be used:

- First $1,000,000: 0.13650
- Second $1,000,000: 0.11050
- Third $1,000,000: 0.08450
- Fourth $1,000,000: 0.05200
- Fifth or higher $1,000,000: 0.04095

(2) Accidental Dismemberment

Coverage may be provided for the losses listed below. The percentage of the Accidental Death Benefit associated with each loss may vary from 25.0% to 500.0%.

Accidental Dismemberment Benefits

Covered Losses	Adjustment Factor
Heart Failure	0.17175
Brain Death	0.29462
Loss of Two or More Hands or Feet	0.00001
Loss of Sight in Both Eyes	0.00651

Covered Losses	Adjustment Factor
Quadriplegia	0.08635
Paraplegia	0.08635
Hemiplegia	0.24145
Diplegia	0.00001
Uniplegia (Monoplegia)	0.00001
Coma	0.09476
Loss of One Hand or Foot	0.00001
Loss of Sight in One Eye	0.00770
Loss of Speech	0.00338
Loss of Hearing (in Both Ears)	0.00711
Loss of Thumb and Index Finger of the Same Hand	0.00001
Loss of all Four Fingers of the Same Hand	0.00001
Loss of all the Toes of the Same Foot	0.00001

The accidental dismemberment base costs are adjusted by the sum of all the adjustment factors associated with the selected covered losses from above. If all covered losses are selected the adjustment factor is 1.0.

The claim costs per $1,000 of benefit for the base accidental dismemberment coverage for all covered losses included and at 100% of the Accidental Death benefit are shown in the tables below. These claim costs will be adjusted if the above adjustment factor is less than 1.0 and/or if the percentage of Accidental Death benefit for any covered loss is different than 100%.

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
0 to 14	0.09027	0.07590
15 to 24	0.27676	0.12338
25 to 44	0.28112	0.13265
45 to 64	0.37862	0.21017
65 +	1.36122	1.12066

(3) Accidental Medical Expense Benefit

The Accidental Medical Expense Benefit reimburses for accidental medical expenses up to the maximum benefit limit.

Annual Claim Cost Formula

= ((Base Annual Claim Cost

X Benefits Adjustment
X Sum of (Starting Included Benefit Weight x Limit or Indemnity Factor x Percent of Usual and Customary Charges Covered for Each Service x Other Benefit Adjustment Factors))

Note: If all benefits are selected and there are no additional or aggregate/total benefit limits, then the Total Included Benefit Adjustment factor is 1.0. If any limit is used that is different from what is presented, then the factor will be interpolated from the appropriate table.

+ Other Additional Benefit Costs x Limit or Indemnity Factor x Percent of Usual and Customary Charges Covered for Each Service x Other Benefit Adjustment Factors)

X Deductible and Maximum Factor

X Coverage Adjustment
= Primary Coverage Adjustment = 1.0
Or
= Excess Adjustment for Corridor Deductibles = % of case uninsured + (1 - % of costs covered by primary medical) x (1 - % of case uninsured)
Or
Excess Adjustment for Integrated Deductibles = 1.15 x [% of case uninsured + (1 - % of costs covered by primary medical) x (1 - % of case uninsured)]

Note: The percentage of costs covered by primary medical and the percentage of the case that is uninsured are evaluated at the time of premium development.

X Age/Gender Factor

X Area Factor

X Duration Factor

X Trend Factor

X Receipt of First Covered Expenses Adjustment Factor

X Benefit Period Adjustment Factor

X HMO/PPO Denial Adjustment Factor

Note: Please see page 68 for a manual rate calculation example.

Accidental Medical Expense:

Base Starting AME Annual Claim Cost per Covered Person: $24.51

Note: Base cost reflects $0 Deductible, 100% of Usual & Customary Charges up to $10,000 limit

Included Inpatient Accident Medical Expense Benefits:

Anesthesia and Its Administration:

Starting Benefit Weight: 0.00658

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Procedure Factor
$50	0.49017	0.49997	0.51468
$100	0.63826	0.65103	0.67017
$500	0.88831	0.90608	0.93273
$1,000	0.94555	0.96446	0.99283
$5,000	0.99447	1.01436	1.04419
$10,000	0.99865	1.01862	1.04858
Unlimited	1.00000	1.02000	1.05000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Procedure Factor
$100	0.05602	0.05714	0.05882
$500	0.28012	0.28572	0.29412
$1,000	0.56023	0.57143	0.58824
$1,500	0.84033	0.85714	0.88235
$1,700	0.95238	0.97143	1.00000

Assistant Surgeon:

Starting Benefit Weight: 0.00430

Additional Benefit Adjustments:

Per Year Factor by % of Surgeon's Cost and $ Limit:

% of Surgeon's Cost	$ Limit						
	$500	$1000	$2000	$5000	$10,000	$50,000	Unlimited
0%	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
10%	0.19948	0.19989	0.20000	0.20000	0.20000	0.20000	0.20000
20%	0.39632	0.39897	0.39978	0.40000	0.40000	0.40000	0.40000
30%	0.58960	0.59675	0.59921	0.60000	0.60000	0.60000	0.60000
40%	0.77917	0.79265	0.79794	0.80000	0.80000	0.80000	0.80000
50%	0.96629	0.98686	0.99572	0.99945	1.00000	1.00000	1.00000

Per Injury Factor by % of Surgeon's Cost and $ Limit:

% of Surgeon's Cost	$ Limit						
	$500	$1000	$2000	$5000	$10,000	$50,000	Unlimited
0%	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
10%	0.20347	0.20389	0.20400	0.20400	0.20400	0.20400	0.20400
20%	0.40425	0.40695	0.40777	0.40800	0.40800	0.40800	0.40800
30%	0.60140	0.60869	0.61119	0.61200	0.61200	0.61200	0.61200
40%	0.79475	0.80850	0.81390	0.81600	0.81600	0.81600	0.81600
50%	0.98562	1.00660	1.01563	1.01944	1.02000	1.02000	1.02000

Per Procedure Factor by % of Surgeon's Cost and $ Limit:

% of Surgeon's Cost	$ Limit						
	$500	$1000	$2000	$5000	$10,000	$50,000	Unlimited
0%	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
10%	0.20946	0.20988	0.21000	0.21000	0.21000	0.21000	0.21000
20%	0.41614	0.41892	0.41977	0.42000	0.42000	0.42000	0.42000
30%	0.61908	0.62659	0.62917	0.63000	0.63000	0.63000	0.63000
40%	0.81813	0.83228	0.83784	0.84000	0.84000	0.84000	0.84000
50%	1.01461	1.03620	1.04551	1.04942	1.05000	1.05000	1.05000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Procedure Factor
$100	0.05602	0.05714	0.05882
$500	0.28012	0.28572	0.29412
$1,000	0.56023	0.57143	0.58824
$1,500	0.84033	0.85714	0.88235
$1,700	0.95238	0.97143	1.00000

CT Scan:

Starting Benefit Weight: 0.00039

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Test Factor
$50	0.93397	0.95265	0.98067
$100	0.97005	0.98945	1.01855
$200	0.98850	1.00827	1.03793
$500	0.99831	1.01828	1.04823
$1,000	0.99969	1.01968	1.04967
$10,000	1.00000	1.02000	1.05000
Unlimited	1.00000	1.02000	1.05000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Test Factor
$100	0.03401	0.03469	0.03571
$500	0.17007	0.17347	0.17857
$1,000	0.34014	0.34694	0.35714
$2,000	0.68027	0.69388	0.71429
$2,800	0.95238	0.97143	1.00000

Emergency Room:

Starting Benefit Weight: 0.04616

Additional Benefit Adjustments:

Deductible (Not Waived if Admitted) and $ Limit Factors:

	$ Limit						
Ded.	$500	$1000	$2000	$5000	$10,000	$50,000	Unlimited
$0	0.56824	0.70717	0.81721	0.91657	0.96225	0.99685	1.00000
$50	0.45055	0.57498	0.67929	0.77637	0.82137	0.85570	0.85885
$100	0.37049	0.48544	0.58551	0.68030	0.72464	0.75870	0.76183
$200	0.26879	0.36944	0.46089	0.55123	0.59424	0.62776	0.63088
$500	0.13894	0.20719	0.27832	0.35780	0.39681	0.42869	0.43176
$1,000	0.06826	0.11004	0.16694	0.22832	0.26066	0.28983	0.29283
$5,000	0.00946	0.01892	0.02891	0.04567	0.06137	0.08107	0.08343

Deductible (Waived if Admitted) and $ Limit Factors:

	$ Limit						
Ded.	$500	$1000	$2000	$5000	$10,000	$50,000	Unlimited
$0	0.56824	0.70717	0.81721	0.91657	0.96225	0.99685	1.00000
$50	0.46621	0.59256	0.69764	0.79501	0.84011	0.87448	0.87762
$100	0.39679	0.51493	0.61633	0.71172	0.75624	0.79037	0.79351
$200	0.30861	0.41436	0.50828	0.59982	0.64319	0.67685	0.67997
$500	0.19603	0.27369	0.34999	0.43211	0.47201	0.50426	0.50734
$1,000	0.13475	0.18946	0.25343	0.31986	0.35397	0.38387	0.38688
$5,000	0.08378	0.11045	0.13375	0.16150	0.18119	0.20287	0.20533

Emergency Room Treatment Must Occur within [x] Hours of Injury:

[x] Hours	Factor
24	0.25000
48	0.50000
60	0.62500
72	0.75000
84	0.87500
96	1.00000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$100	0.05767	0.05882
$500	0.28835	0.29412
$1,000	0.57671	0.58824
$1,500	0.86505	0.88235
$1,700	0.98039	1.00000

Hospital Miscellaneous Expenses:

Starting Benefit Weight: 0.05113

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$2,000	0.80274	0.81879
$5,000	0.90739	0.92554
$10,000	0.95682	0.97596
$15,000	0.97431	0.99380
$20,000	0.98292	1.00258
$50,000	0.99608	1.01600
Unlimited	1.00000	1.02000

Days Limit Factors:

Days Limit	Per Year Factor	Per Injury Factor
2	0.26898	0.27436
10	0.93839	0.95716
30	1.00000	1.02000
50	1.00893	1.02911
100	1.01370	1.03397
Unlimited	1.01502	1.03532

Per Day Dollar Limit Factors:

$ Limit Per Day	Per Year Factor	Per Injury Factor
$100	0.54545	0.55636
$200	0.68760	0.70135
$500	0.83317	0.84983
$1,000	0.90739	0.92554
$5,000	0.98769	1.00744
$10,000	0.99608	1.01600
Unlimited	1.00000	1.02000

Indemnity Benefit Per Stay Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$100	0.00933	0.00952
$500	0.04669	0.04762
$1,000	0.09337	0.09524
$5,000	0.46685	0.47619
$10,000	0.93371	0.95238
$10,500	0.98039	1.00000

Indemnity Benefit Per Day Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$100	0.04669	0.04762
$200	0.09337	0.09524
$500	0.23343	0.23810
$1,000	0.46685	0.47619
$2,000	0.93371	0.95238
$2,100	0.98039	1.00000

Inpatient Prescription Drugs:

Starting Benefit Weight: 0.01025

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Hospital Stay Factor
$50	0.39417	0.40205	0.40205
$100	0.54503	0.55593	0.55593
$500	0.83293	0.84959	0.84959
$1,000	0.90722	0.92536	0.92536
$5,000	0.98765	1.00740	1.00740
$10,000	0.99606	1.01598	1.01598
Unlimited	1.00000	1.02000	1.02000

Limit Factors:

Prescriptions	Per Year Factor	Per Injury Factor	Per Hospital Stay Factor
1	0.20000	0.20400	0.20400
2	0.30000	0.30600	0.30600
3	0.40000	0.40800	0.40800
5	0.70000	0.71400	0.71400
10	1.00000	1.02000	1.02000
15	1.25000	1.27500	1.27500

Prescriptions	Per Year Factor	Per Injury Factor	Per Hospital Stay Factor
20	1.50000	1.53000	1.53000
25	1.75000	1.78500	1.78500

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Hospital Stay Factor
$100	0.08170	0.08333	0.08333
$500	0.40850	0.41667	0.41667
$1,000	0.81699	0.83333	0.83333
$1,200	0.98039	1.00000	1.00000

Inpatient Hospital Private/Semi-Private Room:

Starting Benefit Weight: 0.10003

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$2,000	0.69165	0.70548
$5,000	0.83594	0.85266
$10,000	0.90929	0.92748
$15,000	0.94505	0.96395
$20,000	0.95794	0.97710
$50,000	0.98806	1.00782
Unlimited	1.00000	1.02000

Room Type Factors:

Type	Factor
Semi-Private	1.00
2x Semi-Private	1.25
3x Semi-Private	1.50
4x Semi-Private	1.75
Private	1.10
ICU/CCU	2.50

Days Limit Factors:

Days Limit	Per Year Factor	Per Injury Factor
2	0.26898	0.27436
10	0.93839	0.95716
30	1.00000	1.02000
50	1.00893	1.02911

Days Limit	Per Year Factor	Per Injury Factor
100	1.01370	1.03397
Unlimited	1.01502	1.03532

Per Day Dollar Limit Factors:

$ Limit Per Day	Per Year Factor	Per Injury Factor
$100	0.39927	0.40726
$200	0.55016	0.56116
$500	0.73164	0.74627
$1,000	0.83594	0.85266
$5,000	0.96929	0.98868
$10,000	0.98806	1.00782
Unlimited	1.00000	1.02000

Indemnity Benefit Per Stay Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$100	0.00478	0.00488
$500	0.02391	0.02439
$1,000	0.04782	0.04878
$5,000	0.23912	0.24390
$10,000	0.47824	0.48780
$15,000	0.71736	0.73171
$20,500	0.98039	1.00000

Indemnity Benefit Per Day Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$100	0.02391	0.02439
$500	0.11956	0.12195
$1,000	0.23912	0.24390
$1,500	0.35868	0.36585
$2,000	0.47824	0.48780
$3,000	0.71736	0.73171
$4,100	0.98039	1.00000

Inpatient Mental and Nervous Disorders:

Starting Benefit Weight: 0.01073

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Covered Disorder Factor
$50	0.38435	0.39204
$100	0.53544	0.54615
$500	0.82696	0.84350
$1,000	0.90336	0.92143
$5,000	0.98690	1.00664
$10,000	0.99574	1.01565
Unlimited	1.00000	1.02000

Days Limit Factors:

Days Limit	Per Year Factor	Per Covered Disorder Factor
2	0.16684	0.17018
10	0.83013	0.84673
30	1.00000	1.02000
50	1.00870	1.02887
100	1.01112	1.03134

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Covered Disorder Factor
$1,000	0.06367	0.06494
$2,000	0.12732	0.12987
$5,000	0.31831	0.32468
$10,000	0.63662	0.64935
$15,400	0.98039	1.00000

Intensive Care Unit/Critical Care Unit:

Starting Benefit Weight: 0.02779

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$2,000	0.88485	0.90255
$5,000	0.95278	0.97184
$10,000	0.98100	1.00062
$15,000	0.98942	1.00921

$ Limit	Per Year Factor	Per Injury Factor
$20,000	0.99418	1.01406
$50,000	0.99893	1.01891
Unlimited	1.00000	1.02000

Days Limit Factors:

Days Limit	Per Year Factor	Per Injury Factor
2	0.26898	0.27436
10	0.93839	0.95716
30	1.00000	1.02000
50	1.00893	1.02911
100	1.01370	1.03397
Unlimited	1.01502	1.03532

Per Day Dollar Limit Factors:

$ Limit Per Day	Per Year Factor	Per Injury Factor
$100	0.67304	0.68650
$200	0.79052	0.80633
$500	0.90056	0.91857
$1,000	0.95278	0.97184
$5,000	0.99550	1.01541
$10,000	0.99893	1.01891
Unlimited	1.00000	1.02000

Indemnity Benefit Per Stay Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$500	0.02042	0.02083
$1,000	0.04085	0.04167
$5,000	0.20425	0.20833
$10,000	0.40850	0.41667
$15,000	0.61275	0.62500
$20,000	0.81699	0.83333
$24,000	0.98039	1.00000

Indemnity Benefit Per Day Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$500	0.10213	0.10417
$1,000	0.20425	0.20833
$2,000	0.40850	0.41667
$4,000	0.81699	0.83333
$4,800	0.98039	1.00000

Laboratory Tests:

Starting Benefit Weight: 0.00103

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Test Factor
$50	0.83199	0.84863	0.87359
$100	0.90658	0.92471	0.95191
$200	0.95634	0.97547	1.00416
$500	0.98753	1.00728	1.03691
$1,000	0.99601	1.01593	1.04581
$10,000	1.00000	1.02000	1.05000
Unlimited	1.00000	1.02000	1.05000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Test Factor
$100	0.05602	0.05714	0.05882
$200	0.11205	0.11429	0.11765
$500	0.28012	0.28572	0.29412
$1,000	0.56024	0.57144	0.58824
$1,700	0.95238	0.97143	1.00000

MRI:

Starting Benefit Weight: 0.00039

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Test Factor
$50	0.93397	0.95265	0.98067
$100	0.97005	0.98945	1.01855
$200	0.98850	1.00827	1.03793
$500	0.99831	1.01828	1.04823
$1,000	0.99969	1.01968	1.04967
$10,000	1.00000	1.02000	1.05000
Unlimited	1.00000	1.02000	1.05000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Test Factor
$100	0.03401	0.03469	0.03571

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Test Factor
$500	0.17007	0.17347	0.17857
$1,000	0.34014	0.34694	0.35714
$2,000	0.68027	0.69388	0.71429
$2,800	0.95238	0.97143	1.00000

Physician Assistant:

Starting Benefit Weight: 0.00093

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Visit Factor
$50	0.84540	0.86231	0.88767
$100	0.91578	0.93410	0.96157
$500	0.98932	1.00911	1.03879
$1,000	0.99678	1.01672	1.04662
$5,000	1.00000	1.02000	1.05000
$10,000	1.00000	1.02000	1.05000
Unlimited	1.00000	1.02000	1.05000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Visit Factor
$10	0.04902	0.05000	0.05147
$20	0.09804	0.10000	0.10294
$50	0.24510	0.25000	0.25735
$100	0.49020	0.50000	0.51471
$200	0.98039	1.00000	1.02941

Physician Expenses:

Starting Benefit Weight: 0.02556

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.22160	0.22603
$100	0.34809	0.35505
$500	0.68760	0.70135
$1,000	0.80274	0.81879
$5,000	0.95682	0.97596

$ Limit	Per Year Factor	Per Injury Factor
$10,000	0.98292	1.00258
Unlimited	1.00000	1.02000

Visits Limit Factors:

Visits	Per Year Factor	Per Injury Factor
1	0.15000	0.15300
4	0.26898	0.27436
10	0.52001	0.53041
20	0.93839	0.95716
50	0.96484	0.98414
100	1.00893	1.02911
365	1.01502	1.03532

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$100	0.08913	0.09091
$200	0.17825	0.18182
$500	0.44564	0.45455
$1,000	0.89126	0.90909
$1,100	0.98039	1.00000

Physician In-Hospital Visits:

Starting Benefit Weight: 0.00791

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.44988	0.45888
$100	0.60378	0.61586
$500	0.86951	0.88690
$1,000	0.93233	0.95098
$5,000	0.99254	1.01239
$10,000	0.99817	1.01813
Unlimited	1.00000	1.02000

Visit Limit Factors:

Visits	Per Year Factor	Per Injury Factor
1	0.15000	0.15300
4	0.26898	0.27436

Visits	Per Year Factor	Per Injury Factor
10	0.52001	0.53041
20	0.93839	0.95716
50	0.96484	0.98414
100	1.00893	1.02911
365	1.01502	1.03532

$ Limit Factors for First Visit:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.06748	0.06883
$100	0.09057	0.09238
$200	0.11004	0.11224
$500	0.13043	0.13304
$1,000	0.13985	0.14265
$2,000	0.14544	0.14835
$5,000	0.14888	0.15186

$ Limit Factors for Subsequent Visits:

$ Limit	Per Year Factor	Per Injury Factor
$25	0.19119	0.19501
$50	0.38239	0.39004
$100	0.51323	0.52349
$500	0.73910	0.75388
$1,000	0.79248	0.80833
$2,000	0.82416	0.84064
$5,000	0.84365	0.86052

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$100	0.03631	0.03704
$500	0.18156	0.18519
$1,000	0.36311	0.37037
$2,000	0.72622	0.74074
$2,700	0.98039	1.00000

Registered Nursing Services:

Starting Benefit Weight: 0.00047

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.91578	0.93410
$100	0.96178	0.98102
$500	0.99678	1.01672
$1,000	0.99927	1.01926
$5,000	1.00000	1.02000
$10,000	1.00000	1.02000
Unlimited	1.00000	1.02000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$5	0.12255	0.12500
$10	0.24510	0.25000
$20	0.49020	0.50000
$40	0.98039	1.00000

Second Opinion or Consultation:

Starting Benefit Weight: 0.00947

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.41108	0.41930
$100	0.56244	0.57369
$500	0.84315	0.86001
$1,000	0.91424	0.93252
$5,000	0.98902	1.00880
$10,000	0.99665	1.01658
Unlimited	1.00000	1.02000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$10	0.02451	0.02500
$50	0.12255	0.12500
$100	0.24510	0.25000
$200	0.49020	0.50000
$400	0.98039	1.00000

Surgery:

Starting Benefit Weight: 0.02398

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Procedure Factor
$500	0.69964	0.71363	0.73462
$1,000	0.81196	0.82820	0.85256
$5,000	0.96016	0.97936	1.00817
$10,000	0.98451	1.00420	1.03374
$50,000	0.99921	1.01919	1.04917
$100,000	1.00000	1.02000	1.05000
Unlimited	1.00000	1.02000	1.05000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Procedure Factor
$100	0.03073	0.03134	0.03226
$500	0.15361	0.15668	0.16129
$1,000	0.30722	0.31336	0.32258
$2,000	0.61444	0.62673	0.64516
$3,100	0.95238	0.97143	1.00000

Use of Physician's Surgical Facilities:

Starting Benefit Weight: 0.05113

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Procedure Factor
$2,000	0.80274	0.81879	0.84288
$5,000	0.90739	0.92554	0.95276
$10,000	0.95682	0.97596	1.00466
$15,000	0.97431	0.99380	1.02303
$20,000	0.98292	1.00258	1.03207
$50,000	0.99608	1.01600	1.04588
Unlimited	1.00000	1.02000	1.05000

Indemnity Benefit Per Stay Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Procedure Factor
$100	0.00933	0.00952	0.00980

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Procedure Factor
$500	0.04669	0.04762	0.04902
$1,000	0.09337	0.09524	0.09804
$5,000	0.46685	0.47619	0.49020
$10,000	0.93371	0.95238	0.98039
$10,500	0.98039	1.00000	1.02941

X-Rays - All:

Starting Benefit Weight: 0.00097

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$50	0.83948	0.85627	0.87306	0.88145
$100	0.91172	0.92995	0.94819	0.95731
$200	0.95938	0.97857	0.99776	1.00735
$500	0.98853	1.00830	1.02807	1.03796
$1,000	0.99644	1.01637	1.03630	1.04626
$10,000	1.00000	1.02000	1.04000	1.05000
Unlimited	1.00000	1.02000	1.04000	1.05000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$50	0.07936	0.08095	0.08254	0.08333
$100	0.15874	0.16191	0.16508	0.16667
$200	0.31746	0.32381	0.33016	0.33333
$500	0.79365	0.80952	0.82539	0.83333
$600	0.95238	0.97143	0.99048	1.00000

X-Rays – Fractures Only:

Starting Benefit Weight: 0.00025

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$50	0.95734	0.97649	0.99563	1.00521
$100	0.98317	1.00283	1.02250	1.03233
$200	0.99470	1.01459	1.03449	1.04444
$500	0.99910	1.01908	1.03906	1.04906
$1,000	1.00000	1.02000	1.04000	1.05000
$10,000	1.00000	1.02000	1.04000	1.05000

$ Limit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
Unlimited	1.00000	1.02000	1.04000	1.05000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$50	0.07936	0.08095	0.08254	0.08333
$100	0.15874	0.16191	0.16508	0.16667
$200	0.31746	0.32381	0.33016	0.33333
$500	0.79365	0.80952	0.82539	0.83333
$600	0.95238	0.97143	0.99048	1.00000

X-Rays – Non-Fractures Only:

Starting Benefit Weight: 0.00072

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$50	0.88262	0.90027	0.91792	0.92675
$100	0.94218	0.96102	0.97987	0.98929
$200	0.97250	0.99195	1.01140	1.02113
$500	0.99400	1.01388	1.03376	1.04370
$1,000	0.99852	1.01849	1.03846	1.04845
$10,000	1.00000	1.02000	1.04000	1.05000
Unlimited	1.00000	1.02000	1.04000	1.05000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$50	0.07936	0.08095	0.08254	0.08333
$100	0.15874	0.16191	0.16508	0.16667
$200	0.31746	0.32381	0.33016	0.33333
$500	0.79365	0.80952	0.82539	0.83333
$600	0.95238	0.97143	0.99048	1.00000

Included Outpatient Facility Accidental Medical Expense Benefits:

Ambulatory Medical Center:

Starting Benefit Weight: 0.19065

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$500	0.27125	0.27668
$1,000	0.40959	0.41778
$2,000	0.56085	0.57207
$5,000	0.74015	0.75495
$10,000	0.84221	0.85905
$50,000	0.97072	0.99013
Unlimited	1.00000	1.02000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$100	0.07541	0.07692
$200	0.15083	0.15385
$500	0.37708	0.38462
$1,000	0.75415	0.76923
$1,300	0.98039	1.00000

CT Scan:

Starting Benefit Weight: 0.01926

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$50	0.26939	0.27478	0.28017	0.28286
$100	0.40736	0.41551	0.42365	0.42773
$200	0.55851	0.56968	0.58085	0.58644
$500	0.73829	0.75306	0.76782	0.77520
$1,000	0.84084	0.85766	0.87447	0.88288
$10,000	0.98871	1.00848	1.02826	1.03815
Unlimited	1.00000	1.02000	1.04000	1.05000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$100	0.03401	0.03469	0.03537	0.03571
$500	0.17007	0.17347	0.17687	0.17857
$1,000	0.34014	0.34694	0.35374	0.35714
$2,000	0.68027	0.69388	0.70749	0.71429
$2,800	0.95238	0.97143	0.99048	1.00000

Laboratory Tests:

Starting Benefit Weight: 0.04406

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Test Factor
$50	0.14656	0.14949	0.15389
$100	0.24600	0.25092	0.25830
$200	0.37888	0.38646	0.39782
$500	0.57944	0.59103	0.60841
$1,000	0.71580	0.73012	0.75159
$10,000	0.96492	0.98422	1.01317
Unlimited	1.00000	1.02000	1.05000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Test Factor
$10	0.07936	0.08095	0.08333
$20	0.15874	0.16191	0.16667
$50	0.39682	0.40476	0.41667
$100	0.79365	0.80952	0.83333
$120	0.95238	0.97143	1.00000

MRI:

Starting Benefit Weight: 0.01926

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$50	0.26939	0.27478	0.28017	0.28286
$100	0.40736	0.41551	0.42365	0.42773
$200	0.55851	0.56968	0.58085	0.58644
$500	0.73829	0.75306	0.76782	0.77520
$1,000	0.84084	0.85766	0.87447	0.88288
$10,000	0.98871	1.00848	1.02826	1.03815
Unlimited	1.00000	1.02000	1.04000	1.05000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$100	0.03401	0.03469	0.03537	0.03571

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$500	0.17007	0.17347	0.17687	0.17857
$1,000	0.34014	0.34694	0.35374	0.35714
$2,000	0.68027	0.69388	0.70749	0.71429
$2,800	0.95238	0.97143	0.99048	1.00000

Outpatient Mental and Nervous Disorders:

Starting Benefit Weight: 0.00875

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Covered Disorder Factor	Per Day Factor
$50	0.42816	0.43672	0.44529
$100	0.58130	0.59293	0.60455
$500	0.85422	0.87130	0.88839
$1,000	0.92184	0.94028	0.95871
$5,000	0.99050	1.01031	1.03012
$10,000	0.99729	1.01724	1.03718
Unlimited	1.00000	1.02000	1.04000

Visit Limit Factors:

Visits	Per Year Factor	Per Injury Factor
1	0.23101	0.23563
2	0.41068	0.41889
3	0.54574	0.55665
4	0.64615	0.65907
5	0.72054	0.73495
10	0.89607	0.91399
30	1.00000	1.02000
365	1.07498	1.09648

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Covered Disorder Factor	Per Day Factor
$10	0.05061	0.05162	0.05263
$50	0.25304	0.25810	0.26316
$100	0.50608	0.51620	0.52632
$150	0.75911	0.77429	0.78947
$190	0.96154	0.98077	1.00000

Outpatient Nursing Services:

Starting Benefit Weight: 0.00471

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.56373	0.57500
$100	0.70330	0.71737
$500	0.91476	0.93306
$1,000	0.96117	0.98039
$5,000	0.99670	1.01663
$10,000	0.99925	1.01924
Unlimited	1.00000	1.02000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Procedure Factor
$10	0.06350	0.06477	0.06667
$20	0.12698	0.12952	0.13333
$50	0.31746	0.32381	0.33333
$100	0.63492	0.64762	0.66667
$150	0.95238	0.97143	1.00000

Outpatient Physiotherapy:

Starting Benefit Weight: 0.01548

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Procedure Factor
$50	0.31004	0.31624	0.32554
$100	0.45466	0.46375	0.47739
$500	0.77447	0.78996	0.81319
$1,000	0.87307	0.89053	0.91672
$5,000	0.97771	0.99726	1.02660
$10,000	0.99302	1.01288	1.04267
Unlimited	1.00000	1.02000	1.05000

Visits Limit Factors:

Visits	Per Year Factor	Per Injury Factor
1	0.23101	0.23563

Visits	Per Year Factor	Per Injury Factor
2	0.41068	0.41889
3	0.54574	0.55665
4	0.64615	0.65907
5	0.72054	0.73495
10	0.89607	0.91399
30	1.00000	1.02000
365	1.07498	1.09648

Visits per Day Limit:

Visits Per Day	Per Day Factor
1	0.24025
2	0.42711
3	0.56757
4	0.67200

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Procedure Factor
$10	0.07325	0.07472	0.07692
$20	0.14652	0.14945	0.15385
$50	0.36630	0.37363	0.38462
$100	0.73260	0.74725	0.76923
$130	0.95238	0.97143	1.00000

X-Rays - All:

Starting Benefit Weight: 0.04663

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$50	0.14002	0.14282	0.14562	0.14702
$100	0.23651	0.24124	0.24597	0.24834
$200	0.36702	0.37436	0.38170	0.38537
$500	0.56588	0.57720	0.58852	0.59417
$1,000	0.70515	0.71925	0.73336	0.74041
$10,000	0.96169	0.98092	1.00016	1.00977
Unlimited	1.00000	1.02000	1.04000	1.05000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$50	0.07936	0.08095	0.08254	0.08333
$100	0.15874	0.16191	0.16508	0.16667
$200	0.31746	0.32381	0.33016	0.33333
$500	0.79365	0.80952	0.82539	0.83333
$600	0.95238	0.97143	0.99048	1.00000

X-Rays – Fractures Only:

Starting Benefit Weight: 0.01212

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$50	0.35891	0.36609	0.37327	0.37686
$100	0.50927	0.51946	0.52964	0.53473
$200	0.65590	0.66902	0.68214	0.68870
$500	0.81030	0.82651	0.84271	0.85082
$1,000	0.89402	0.91190	0.92978	0.93872
$10,000	0.99495	1.01485	1.03475	1.04470
Unlimited	1.00000	1.02000	1.04000	1.05000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$50	0.07936	0.08095	0.08254	0.08333
$100	0.15874	0.16191	0.16508	0.16667
$200	0.31746	0.32381	0.33016	0.33333
$500	0.79365	0.80952	0.82539	0.83333
$600	0.95238	0.97143	0.99048	1.00000

X-Rays – Non-Fractures Only:

Starting Benefit Weight: 0.03451

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$50	0.17746	0.18101	0.18456	0.18633
$100	0.28953	0.29532	0.30111	0.30401
$200	0.43113	0.43975	0.44838	0.45269

$ Limit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$500	0.62881	0.64139	0.65396	0.66025
$1,000	0.75668	0.77181	0.78695	0.79451
$10,000	0.97389	0.99337	1.01285	1.02258
Unlimited	1.00000	1.02000	1.04000	1.05000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$50	0.07936	0.08095	0.08254	0.08333
$100	0.15874	0.16191	0.16508	0.16667
$200	0.31746	0.32381	0.33016	0.33333
$500	0.79365	0.80952	0.82539	0.83333
$600	0.95238	0.97143	0.99048	1.00000

Included Additional Accidental Medical Expense Benefits:

Ambulance Services:

Starting Benefit Weight: 0.00460

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor
$50	0.56923
$100	0.70803
$500	0.91697
$1,000	0.96248
$5,000	0.99688
$10,000	0.99930
Unlimited	1.00000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor
$50	0.07143
$100	0.14286
$200	0.28571
$500	0.71429
$700	1.00000

Artificial Limbs, Ears, Larynx:

Starting Benefit Weight: 0.00068

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.88604	0.90376
$100	0.94420	0.96308
$500	0.99428	1.01417
$1,000	0.99860	1.01857
$5,000	1.00000	1.02000
$10,000	1.00000	1.02000
Unlimited	1.00000	1.02000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$50	0.09804	0.10000
$100	0.19608	0.20000
$200	0.39216	0.40000
$300	0.58824	0.60000
$500	0.98039	1.00000

Artificial Limbs [subset of Artificial Limbs, Eyes, Larynx]:

Starting Benefit Weight: 0.00064

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.88986	0.90766
$100	0.94646	0.96539
$500	0.99460	1.01449
$1,000	0.99869	1.01866
$5,000	1.00000	1.02000
$10,000	1.00000	1.02000
Unlimited	1.00000	1.02000

Extra Benefit for Amputation Above Knee:

Above Knee?	Factor
N	1
Y	1.105

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$100	0.07541	0.07692
$200	0.15083	0.15385
$500	0.37708	0.38462
$1,000	0.75415	0.76923
$1,300	0.98039	1.00000

Chiropractic Treatment:

Starting Benefit Weight: 0.00984

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.40286	0.41092
$100	0.55383	0.56491
$500	0.83809	0.85485
$1,000	0.91077	0.92899
$5,000	0.98834	1.00811
$10,000	0.99636	1.01629
Unlimited	1.00000	1.02000

Visit Limit Factors:

Visits	Per Year Factor	Per Injury Factor
1	0.23101	0.23563
2	0.41068	0.41889
3	0.54574	0.55665
4	0.64615	0.65907
5	0.72054	0.73495
10	0.89607	0.91399
30	1.00000	1.02000
365	1.07498	1.09648

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$5	0.06127	0.06250
$10	0.12255	0.12500
$20	0.24510	0.25000
$50	0.61275	0.62500
$80	0.98039	1.00000

Custodial Care:

Starting Benefit Weight: 0.00269

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.67859	0.69216
$100	0.79567	0.81158
$500	0.95432	0.97341
$1,000	0.98173	1.00136
$5,000	0.99899	1.01897
$10,000	1.00000	1.02000
Unlimited	1.00000	1.02000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$100	0.07262	0.07407
$200	0.14525	0.14815
$500	0.36311	0.37037
$1,000	0.72622	0.74074
$1,350	0.98039	1.00000

Dental:

Starting Benefit Weight: 0.00004

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Tooth Factor
$50	0.99818	1.01814	1.02813
$100	0.99965	1.01964	1.02964
$500	1.00000	1.02000	1.03000
$1,000	1.00000	1.02000	1.03000
$5,000	1.00000	1.02000	1.03000
$10,000	1.00000	1.02000	1.03000
Unlimited	1.00000	1.02000	1.03000

Benefit Period:

Months	Factor
3	0.25000

Months	Factor
6	0.50000
12	1.00000
24	2.00000
36	3.00000
48	4.00000
60	5.00000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Tooth Factor
$100	0.09709	0.09903	0.10000
$200	0.19418	0.19806	0.20000
$500	0.48544	0.49515	0.50000
$750	0.72816	0.74272	0.75000
$1,000	0.97087	0.99029	1.00000

Extended Care Facility:

Starting Benefit Weight: 0.00471

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.56373	0.57500
$100	0.70330	0.71737
$500	0.91476	0.93306
$1,000	0.96117	0.98039
$5,000	0.99670	1.01663
$10,000	0.99925	1.01924
Unlimited	1.00000	1.02000

# of Days After Hospital Confinement:

Days	Factor
1	1.15364
2	1.07407
3	1.00000
4	0.93103
5	0.79310
6	0.67561
7	0.57552

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$500	0.06536	0.06667
$1,000	0.13072	0.13333
$2,000	0.26144	0.26667
$5,000	0.65360	0.66667
$7,500	0.98039	1.00000

Eyeglasses, Contacts, Hearing Aids:

Starting Benefit Weight: 0.00721

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.47080	0.48022
$100	0.62052	0.63293
$500	0.88257	0.90022
$1,000	0.94216	0.96100
$5,000	0.99399	1.01387
$10,000	0.99852	1.01849
Unlimited	1.00000	1.02000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$50	0.14006	0.14286
$100	0.28011	0.28571
$200	0.56023	0.57143
$300	0.84033	0.85714
$350	0.98039	1.00000

Home Health Care:

Starting Benefit Weight: 0.00471

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.56373	0.57500
$100	0.70330	0.71737
$500	0.91476	0.93306

$ Limit	Per Year Factor	Per Injury Factor
$1,000	0.96117	0.98039
$5,000	0.99670	1.01663
$10,000	0.99925	1.01924
Unlimited	1.00000	1.02000

# of Days After Hospital Confinement:

Days	Factor
1	1.15364
2	1.07407
3	1.00000
4	0.93103
5	0.79310
6	0.67561
7	0.57552

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$100	0.04357	0.04444
$500	0.21786	0.22222
$1,000	0.43573	0.44444
$2,000	0.87146	0.88889
$2,250	0.98039	1.00000

Medical Equipment Rental:

Starting Benefit Weight: 0.00306

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor
$50	0.65376
$100	0.77621
$500	0.94851
$1,000	0.97816
$5,000	0.99877
$10,000	1.00000
Unlimited	1.00000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor
$50	0.10000
$100	0.20000
$200	0.40000
$400	0.80000
$500	1.00000

Outpatient Orthopedic Appliances:

Starting Benefit Weight: 0.00510

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.54594	0.55686
$100	0.68802	0.70178
$500	0.90759	0.92574
$1,000	0.95694	0.97608
$5,000	0.99609	1.01601
$10,000	0.99909	1.01907
Unlimited	1.00000	1.02000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$10	0.01961	0.02000
$20	0.03922	0.04000
$50	0.09804	0.10000
$100	0.19608	0.20000
$500	0.98039	1.00000

Outpatient Prescription Drugs:

Starting Benefit Weight: 0.13410

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Day Factor
$50	0.05591	0.05703	0.05815
$100	0.10356	0.10563	0.10770
$500	0.33838	0.34515	0.35192

$ Limit	Per Year Factor	Per Injury Factor	Per Day Factor
$1,000	0.48614	0.49586	0.50559
$5,000	0.79611	0.81203	0.82795
$10,000	0.88711	0.90485	0.92259
Unlimited	1.00000	1.02000	1.04000

Limit Factors:

Prescriptions	Per Year Factor	Per Injury Factor	Per Day Factor
1	0.2	0.204	0.208
2	0.3	0.306	0.312
3	0.4	0.408	0.416
5	0.7	0.714	0.728
10	1	1.02	1.04
15	1.25	1.275	1.3
20	1.5	1.53	1.56
25	1.75	1.785	1.82

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Day Factor
$10	0.08741	0.08916	0.09091
$20	0.17482	0.17832	0.18182
$50	0.43707	0.44581	0.45455
$100	0.87413	0.89161	0.90909
$110	0.96154	0.98077	1.00000

Physician Office Visits:

Starting Benefit Weight: 0.07509

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.09394	0.09582
$100	0.16627	0.16960
$500	0.46142	0.47065
$1,000	0.61299	0.62525
$5,000	0.87819	0.89575
$10,000	0.93829	0.95706
Unlimited	1.00000	1.02000

Visits Limit Factors:

Visits	Per Year Factor	Per Injury Factor
1	0.23101	0.23563
2	0.41068	0.41889
3	0.54574	0.55665
4	0.64615	0.65907
5	0.72054	0.73495
10	0.89607	0.91399
30	1.00000	1.02000
365	1.07498	1.09648

Dollar Limit for First Visit:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.02170	0.02213
$100	0.03841	0.03918
$200	0.06331	0.06458
$500	0.10659	0.10872
$1,000	0.14161	0.14444
$2,000	0.17164	0.17507
$5,000	0.20287	0.20693

Dollar Limit for Subsequent Visits:

$ Limit	Per Year Factor	Per Injury Factor
$25	0.03612	0.03684
$50	0.07224	0.07368
$100	0.12786	0.13042
$500	0.35482	0.36192
$1,000	0.47139	0.48082
$2,000	0.57136	0.58279
$5,000	0.67532	0.68883

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$20	0.11905	0.12143
$50	0.29762	0.30357
$100	0.59524	0.60714
$150	0.89285	0.91071
$160	0.95238	0.97143

Private-Duty Nursing:

Starting Benefit Weight: 0.00471

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.56373	0.57500
$100	0.70330	0.71737
$500	0.91476	0.93306
$1,000	0.96117	0.98039
$5,000	0.99670	1.01663
$10,000	0.99925	1.01924
Unlimited	1.00000	1.02000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$100	0.03268	0.03333
$500	0.16340	0.16667
$1,000	0.32679	0.33333
$2,000	0.65360	0.66667
$3,000	0.98039	1.00000

Rehabilitation Care:

Starting Benefit Weight: 0.01548

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.31004	0.31624
$100	0.45466	0.46375
$500	0.77447	0.78996
$1,000	0.87307	0.89053
$5,000	0.97771	0.99726
$10,000	0.99302	1.01288
Unlimited	1.00000	1.02000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$50	0.03771	0.03846
$100	0.07541	0.07692
$500	0.37708	0.38462
$1,000	0.75415	0.76923

Indemnity Benefit	Per Year Factor	Per Injury Factor
$1,300	0.98039	1.00000

Aggregate/Total Benefit Limit Adjustments:

If an aggregate or total limit applies for a group of benefits, the below adjustments should be applied to the individual benefits within that group.

Aggregate Limit – Home Health, Custodial Care, Private-Duty Nursing:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.35927	0.36646
$100	0.50969	0.51988
$500	0.81056	0.82677
$1,000	0.89414	0.91202
$5,000	0.98427	1.00396
$10,000	0.99496	1.01486
Unlimited	1.00000	1.02000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$100	0.02971	0.03030
$500	0.14855	0.15152
$1,000	0.29709	0.30303
$3,000	0.89126	0.90909
$3,300	0.98039	1.00000

Aggregate Limit – Inpatient and Outpatient Orthopedic Appliances:

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.44317	0.45203
$100	0.59861	0.61058
$500	0.86464	0.88193
$1,000	0.92899	0.94757
$5,000	0.99189	1.01173
$10,000	0.99789	1.01785
Unlimited	1.00000	1.02000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$10	0.01569	0.01600
$50	0.07843	0.08000
$100	0.15686	0.16000
$500	0.78431	0.80000
$625	0.98039	1.00000

Aggregate Limit – Inpatient and Outpatient Physician Visits:

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Procedure Factor
$50	0.08606	0.08778	0.09036
$100	0.15368	0.15675	0.16136
$500	0.4395	0.44829	0.46148
$1,000	0.5946	0.60649	0.62433
$5,000	0.86203	0.87927	0.90513
$10,000	0.92720	0.94574	0.97356
Unlimited	1.00000	1.02000	1.05000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Procedure Factor
$100	0.03246	0.03311	0.03408
$500	0.16231	0.16556	0.17043
$1,000	0.32464	0.33113	0.34087
$2,000	0.64926	0.66225	0.68173
$3,020	0.98039	1.00000	1.02941

Aggregate Limit – Inpatient X-Ray, CT Scan, Lab Tests:

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$50	0.64578	0.65870	0.67161	0.67807
$100	0.77019	0.78559	0.80100	0.80870
$200	0.86902	0.88640	0.90378	0.91247
$500	0.94699	0.96593	0.98487	0.99434
$1,000	0.97679	0.99633	1.01586	1.02563
$10,000	1.00000	1.02000	1.04000	1.05000
Unlimited	1.00000	1.02000	1.04000	1.05000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$100	0.02722	0.02776	0.02830	0.02857
$500	0.13606	0.13878	0.14150	0.14286
$1,000	0.27211	0.27755	0.28299	0.28571
$2,000	0.54423	0.55511	0.56599	0.57143
$3,500	0.95238	0.97143	0.99048	1.00000

Aggregate Limit – Outpatient X-Ray, CT Scan, Lab Tests:

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$50	0.05091	0.05193	0.05295	0.05346
$100	0.09486	0.09676	0.09865	0.09960
$200	0.16776	0.17112	0.17447	0.17615
$500	0.31819	0.32455	0.33092	0.33410
$1,000	0.46398	0.47326	0.48254	0.48718
$10,000	0.88012	0.89772	0.91532	0.92413
Unlimited	1.00000	1.02000	1.04000	1.05000

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor	Per Day Factor	Per Test Factor
$100	0.02722	0.02776	0.02830	0.02857
$500	0.13606	0.13878	0.14150	0.14286
$1,000	0.27211	0.27755	0.28299	0.28571
$2,000	0.54423	0.55511	0.56599	0.57143
$3,500	0.95238	0.97143	0.99048	1.00000

Aggregate Limit – Room & Board, ICU/CCU:

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$2,000	0.64444	0.65733
$5,000	0.80274	0.81879
$10,000	0.89031	0.90812
$15,000	0.92447	0.94296
$20,000	0.94673	0.96566
$50,000	0.98292	1.00258

$ Limit	Per Year Factor	Per Injury Factor
Unlimited	1.00000	1.02000

Indemnity Benefit Per Stay Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$500	0.01850	0.01887
$1,000	0.03700	0.03774
$5,000	0.18498	0.18868
$10,000	0.36996	0.37736
$15,000	0.55494	0.56604
$20,000	0.73992	0.75472
$26,500	0.98039	1.00000

Percent of Usual & Customary Charges Covered for Each Service:

Percent	Factor
50%	0.52888
60%	0.62849
70%	0.72810
75%	0.77449
80%	0.82087
85%	0.86565
90%	0.91044
95%	0.95522
100%	1.00000

Note: For benefits payable at different percentages of Usual and Customary other than those listed above, the factor will be interpolated from the above table.

Other Additional Accidental Medical Expense Benefits (not included in AME base costs):

Complication of Pregnancy due to a Covered Accident Benefit:

Starting Annual Claim Cost per Covered Person: $0.05

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.74063	0.75544
$100	0.84257	0.85942

$ Limit	Per Year Factor	Per Injury Factor
$500	0.97080	0.99022
$1,000	0.98894	1.00872
$5,000	0.99975	1.01975
$10,000	1.00000	1.02000
Unlimited	1.00000	1.02000

Indemnity Cost per $1,000 Benefit:

Coverage Basis	Claim Cost
Per Year	0.00315
Per Injury	0.00321

Deferred Treatment Expense Benefit

Starting Annual Claim Cost per Covered Person by Benefit:

Benefit	Adult	Child
Deferred Disfigurement Treatment	$0.02	$0.03
Deferred Surgical Treatment	$0.02	$0.01
Deferred Dental Treatment	$0.01	$0.04

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.65820	0.67136
$100	0.77905	0.79463
$500	0.94936	0.96835
$1,000	0.97892	0.99850
$5,000	0.99880	1.01878
$10,000	1.00000	1.02000
Unlimited	1.00000	1.02000

Indemnity Annual Cost per $1,000 Benefit (Per Adult)

Benefit	Per Year	Per Injury
Deferred Disfigurement Treatment	0.00238	0.00243
Deferred Surgical Treatment	0.00225	0.00230
Deferred Dental Treatment	0.00058	0.00059

Indemnity Per Injury Cost per $1,000 Benefit (Per Child):

Benefit	Per Year	Per Injury
Deferred Disfigurement Treatment	0.00401	0.00409
Deferred Surgical Treatment	0.00035	0.00036
Deferred Dental Treatment	0.00680	0.00693

Expanded Coverage for Covered Sports Benefit:

Starting Annual Claim Cost per Covered Person by Condition:

Condition	Claim Cost
Bursitis	$0.10
Sprains	$0.71
Hernia	$0.10
Muscle Tears	$0.05
Tendonitis	$0.01
Repetitive Motion Injury	$0.10

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.08670	0.08843
$100	0.15472	0.15781
$500	0.44135	0.45018
$1,000	0.59682	0.60876
$5,000	0.86334	0.88061
$10,000	0.92809	0.94665
Unlimited	1.00000	1.02000

Indemnity Cost per $1,000 Benefit:

Condition	Per Year Factor	Per Injury Factor
Bursitis	0.00010	0.00010
Sprains	0.00071	0.00073
Hernia	0.00010	0.00010
Muscle Tears	0.00005	0.00006
Tendonitis	0.00001	0.00001
Repetitive Motion Injury	0.00010	0.00010

Heart and Circulatory Malfunction Benefit:

Starting Annual Claim Cost per Covered Person by Condition:

Condition	Claim Cost
Heat Exhaustion	$0.99
Heart Attack	$7.69
Stroke	$0.50
Burst Aneurysm	$0.05
Dehydration	$1.48

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.07296	0.07442
$100	0.13228	0.13493
$500	0.39933	0.40732
$1,000	0.55022	0.56122
$5,000	0.83597	0.85269
$10,000	0.90931	0.92750
Unlimited	1.00000	1.02000

Indemnity Cost per $1,000 Benefit:

Condition	Per Year Factor	Per Injury Factor
Heat Exhaustion	0.98416	1.00385
Heart Attack	0.05124	0.05226
Stroke	0.01639	0.01671
Burst Aneurysm	0.00144	0.00147
Dehydration	1.47624	1.50577

Motor Vehicle Accident Benefit:

Starting Annual Claim Cost per Covered Person: $0.36

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor
$50	0.31994
$100	0.46601
$500	0.78183
$1,000	0.88133
$5,000	0.97966
$10,000	0.99389
Unlimited	1.00000

Indemnity Cost per $1,000 Benefit:

Coverage Basis	Claim Cost
Per Year	0.03606
Per Injury	0.03678

Pre-Existing Injury Benefit:

Starting Annual Claim Cost per Covered Person: $6.13

Additional Benefit Adjustments:

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.03110	0.03172
$100	0.05961	0.06080
$500	0.22512	0.22962
$1,000	0.35263	0.35968
$5,000	0.69170	0.70553
$10,000	0.80588	0.82200
Unlimited	1.00000	1.02000

Indemnity Cost per $1,000 Benefit:

Coverage Basis	Claim Cost
Per Year	0.61267
Per Injury	0.62492

Deductible and Maximum Benefit Factors:

		Maximum Benefit																														
		500	1,000	1,500	2,000	2,500	3,000	3,500	4,000	4,500	5,000	7,500	10,000	15,000	20,000	25,000	30,000	40,000	50,000	75,000	100,000	125,000	150,000	200,000	250,000	300,000	400,000	500,000	750,000	1,000,000	10,000,000	Unlimited
Deductible	0	0.1326	0.24042	0.33108	0.40915	0.47748	0.53798	0.59208	0.6409	0.68526	0.72577	0.88582	1	1.15535	1.25713	1.32981	1.38519	1.46464	1.51934	1.61296	1.65263	1.69231	1.7176	1.74104	1.76166	1.77214	1.78739	1.79575	1.80728	1.81061	1.81745	1.81745
	100	0.12706	0.23094	0.31879	0.39472	0.46136	0.52047	0.57343	0.6213	0.66485	0.70465	0.86234	0.97514	1.129	1.23002	1.30227	1.35737	1.43649	1.491	1.58432	1.62399	1.66367	1.68884	1.71229	1.73288	1.74336	1.75861	1.76696	1.77848	1.78182	1.78865	1.78865
	200	0.12167	0.2219	0.3071	0.38099	0.446	0.50378	0.55566	0.60261	0.64536	0.68448	0.83992	0.95135	1.10373	1.20398	1.27579	1.33062	1.40941	1.46374	1.55674	1.59642	1.6361	1.66116	1.6846	1.70517	1.71565	1.73089	1.73924	1.75075	1.75409	1.76092	1.76092
	300	0.11669	0.21351	0.29621	0.36816	0.43161	0.48811	0.53893	0.58499	0.62697	0.66542	0.81874	0.9288	1.07969	1.17919	1.25056	1.30511	1.38357	1.43771	1.53042	1.57009	1.60977	1.63472	1.65817	1.6787	1.68919	1.70441	1.71276	1.72427	1.7276	1.73443	1.73443
	500	0.10782	0.19848	0.27655	0.34488	0.40538	0.45948	0.5083	0.55266	0.59317	0.63034	0.77978	0.88709	1.03502	1.13299	1.20348	1.25748	1.33528	1.38905	1.48115	1.52083	1.5605	1.58523	1.60868	1.62916	1.63965	1.65485	1.66318	1.67469	1.67802	1.68485	1.68485
	750	0.09847	0.18238	0.25528	0.3195	0.37662	0.42796	0.47446	0.51683	0.55561	0.59127	0.73651	0.84039	0.9846	1.08066	1.15007	1.20337	1.28035	1.33366	1.42499	1.46467	1.50435	1.5288	1.55224	1.57266	1.58315	1.59833	1.60665	1.61814	1.62147	1.6283	1.6283
	1,000	0.09066	0.16873	0.23706	0.29756	0.35166	0.40048	0.44484	0.48535	0.52252	0.55677	0.69853	0.79897	0.93947	1.03363	1.10194	1.15455	1.23071	1.28355	1.37413	1.4138	1.45348	1.47765	1.50109	1.52145	1.53193	1.54709	1.5554	1.56688	1.57021	1.57703	1.57703
	1,500	0.07807	0.1464	0.2069	0.261	0.30982	0.35418	0.39469	0.43186	0.46611	0.49782	0.62954	0.728	0.86108	0.95142	1.01755	1.06877	1.14329	1.1952	1.28426	1.32394	1.36361	1.38722	1.41067	1.43089	1.44138	1.45648	1.46477	1.47622	1.47956	1.48637	1.48637
	2,000	0.06833	0.12883	0.18293	0.23175	0.27611	0.31662	0.35379	0.38804	0.41975	0.45012	0.57116	0.66962	0.79528	0.88181	0.94575	0.99559	1.06846	1.11944	1.20698	1.24666	1.28634	1.30939	1.33283	1.35293	1.36341	1.37847	1.38673	1.39816	1.40149	1.4083	1.4083
	2,500	0.0605	0.1146	0.16342	0.20778	0.24829	0.28546	0.31972	0.35142	0.38179	0.40835	0.52252	0.61652	0.73737	0.82098	0.88329	0.93188	1.00328	1.05343	1.13945	1.17913	1.2188	1.24129	1.26474	1.28471	1.29519	1.3102	1.31843	1.32984	1.33317	1.33998	1.33998
	3,000	0.0541	0.10292	0.14728	0.18779	0.22496	0.25921	0.29092	0.32129	0.34785	0.37441	0.48171	0.56829	0.68533	0.76675	0.82767	0.8753	0.94549	0.99524	1.07974	1.11942	1.15909	1.18103	1.20447	1.22431	1.23479	1.24975	1.25796	1.26935	1.27268	1.27947	1.27947
	3,500	0.04882	0.09318	0.13369	0.17086	0.20511	0.23682	0.26719	0.29375	0.32031	0.34687	0.44731	0.52646	0.63968	0.71892	0.77846	0.82512	0.89411	0.94345	1.02643	1.06611	1.10579	1.12716	1.15061	1.17031	1.1808	1.19571	1.20389	1.21525	1.21859	1.22537	1.22537
	4,000	0.04436	0.08487	0.12204	0.1563	0.188	0.21837	0.24493	0.27149	0.29805	0.31972	0.41818	0.48991	0.59932	0.67637	0.73452	0.78023	0.848	0.89694	0.97841	1.01809	1.05776	1.07858	1.10202	1.1216	1.13208	1.14695	1.1551	1.16644	1.16977	1.17656	1.17656
	4,500	0.04051	0.07768	0.11193	0.14364	0.17401	0.20057	0.22713	0.25369	0.27536	0.29505	0.39351	0.45782	0.56342	0.63828	0.69505	0.73979	0.80636	0.8549	0.93484	0.97452	1.01419	1.03445	1.05789	1.07734	1.08783	1.10264	1.11077	1.12209	1.12542	1.13219	1.13219
	5,000	0.03717	0.07142	0.10313	0.1335	0.16006	0.18662	0.21318	0.23485	0.25454	0.27423	0.36823	0.42958	0.53136	0.60405	0.65943	0.7032	0.76856	0.8167	0.89512	0.9348	0.97448	0.99417	1.01762	1.03694	1.04742	1.06219	1.0703	1.08158	1.08491	1.09168	1.09168
	7,500	0.02656	0.05312	0.0748	0.09449	0.11418	0.13387	0.15356	0.17325	0.19294	0.20818	0.26953	0.32902	0.41263	0.47494	0.52353	0.56261	0.62196	0.6682	0.73904	0.77871	0.81839	0.83529	0.85873	0.87741	0.88789	0.90241	0.91039	0.92156	0.92489	0.93163	0.93163
	10,000	0.01969	0.03938	0.05907	0.07876	0.094	0.10627	0.11854	0.13081	0.14308	0.15535	0.21485	0.25713	0.32981	0.38519	0.42897	0.46464	0.51934	0.56559	0.62883	0.6685	0.70818	0.72229	0.74573	0.76375	0.77424	0.78851	0.79637	0.80742	0.81075	0.81745	0.81745
	15,000	0.01227	0.02454	0.03681	0.04908	0.0595	0.06795	0.07641	0.08487	0.09332	0.10178	0.14311	0.17446	0.22984	0.27362	0.30929	0.33898	0.38712	0.43337	0.48141	0.52109	0.55756	0.56928	0.59273	0.60945	0.61994	0.63372	0.64133	0.65213	0.65547	0.6621	0.6621
	20,000	0.00846	0.01691	0.02537	0.03383	0.04133	0.0476	0.05387	0.06014	0.06641	0.07268	0.10363	0.12806	0.17184	0.20751	0.2372	0.26221	0.30846	0.34789	0.38757	0.42725	0.45812	0.46985	0.49329	0.50872	0.51921	0.5325	0.53986	0.55042	0.55375	0.56032	0.56032
	25,000	0.00627	0.01254	0.01881	0.02509	0.03095	0.03584	0.04072	0.04561	0.05049	0.05538	0.07954	0.09916	0.13483	0.16452	0.18953	0.21265	0.2589	0.28314	0.32282	0.3625	0.38778	0.39951	0.42295	0.43709	0.44757	0.46038	0.46749	0.4778	0.48114	0.48764	0.48764
	30,000	0.00489	0.00977	0.01466	0.01954	0.02416	0.02808	0.03201	0.03593	0.03985	0.04378	0.06324	0.07945	0.10914	0.13415	0.15727	0.1804	0.21983	0.2357	0.27538	0.31505	0.33475	0.34647	0.36991	0.38276	0.39324	0.40556	0.41241	0.42249	0.42582	0.43226	0.43226
	50,000	0.00231	0.00462	0.00694	0.00925	0.01156	0.01387	0.01619	0.0185	0.02081	0.02312	0.03469	0.04625	0.06937	0.08568	0.09362	0.10155	0.11742	0.13329	0.17297	0.19826	0.20998	0.2217	0.24232	0.2528	0.26247	0.27332	0.2795	0.28861	0.29194	0.29811	0.29811
	100,000	0.00079	0.00159	0.00238	0.00317	0.00397	0.00476	0.00555	0.00635	0.00714	0.00794	0.0119	0.01587	0.02381	0.03174	0.03968	0.04761	0.06028	0.06496	0.07669	0.08841	0.10013	0.10902	0.11951	0.12917	0.13476	0.14312	0.1493	0.15598	0.15931	0.16482	0.16482
	200,000	0.00023	0.00047	0.0007	0.00094	0.00117	0.00141	0.00164	0.00188	0.00211	0.00234	0.00352	0.00469	0.00703	0.00938	0.01172	0.01407	0.01852	0.02062	0.02586	0.0311	0.03634	0.04077	0.04635	0.05162	0.05471	0.06089	0.06558	0.06891	0.07224	0.07641	0.07641
	300,000	0.0001	0.00021	0.00031	0.00042	0.00052	0.00063	0.00073	0.00084	0.00094	0.00105	0.00157	0.0021	0.00315	0.00419	0.00524	0.00629	0.00839	0.00966	0.01246	0.01525	0.01805	0.02052	0.02361	0.0267	0.02979	0.03447	0.03581	0.03914	0.04247	0.04531	0.04531
	500,000	0.00003	0.00006	0.00009	0.00012	0.00015	0.00019	0.00022	0.00025	0.00028	0.00031	0.00046	0.00062	0.00093	0.00124	0.00154	0.00185	0.00247	0.00309	0.00463	0.00618	0.00772	0.00927	0.01086	0.01153	0.0122	0.01353	0.01486	0.01819	0.01922	0.0217	0.0217
	1,000,000	0.00001	0.00001	0.00002	0.00003	0.00003	0.00004	0.00005	0.00005	0.00006	0.00007	0.0001	0.00013	0.0002	0.00027	0.00033	0.0004	0.00053	0.00067	0.001	0.00133	0.00167	0.002	0.00267	0.00333	0.00399	0.00417	0.00435	0.0048	0.00525	0.00684	0.00684

Note: For benefits payable at different deductibles or benefit maximums than those listed above, the factor will be interpolated from the above table.

Age and Gender Adjustments:

Age	Male	Female
< 5	0.66094	0.59816
5 to 9	0.99141	0.74769
10 to 14	1.48711	0.89723
15 to 17	1.51931	1.15355
18 to 19	1.51931	1.15355
20 to 24	1.51931	1.15355
25 to 29	1.12541	0.98474
30 to 34	1.12541	0.98474
35 to 39	1.12541	0.98474
40 to 44	1.12541	0.98474
45 to 49	0.84406	0.73855
50 to 54	0.84406	0.73855
55 to 59	0.84406	0.73855
60 to 64	0.84406	0.73855
65 to 69	0.80186	0.76669
70 to 74	0.80186	0.76669
75 +	1.41380	1.50524

Area Cost Adjustments:

Assignment of area cost adjustments will be based on the most appropriate setting given the location of the group or the covered activity.

Area	Factor
AL-Anniston-Oxford	1.179
AL-Auburn-Opelika	0.730
AL-Birmingham-Hoover	1.088
AL-Columbus	0.832
AL-Decatur	0.927
AL-Dothan	0.947
AL-Florence-Muscle Shoals	0.918
AL-Gadsden	1.096
AL-Huntsville	0.958
AL-Mobile	0.876
AL-Montgomery	0.887
AL-Tuscaloosa	0.941
AL-Non-MSA Areas	0.939
AK-Anchorage	1.136
AK-Fairbanks	1.046
AK-Non-MSA Areas	1.217
AZ-Flagstaff	0.905

Area	Factor
AZ-Phoenix-Mesa-Scottsdale	0.973
AZ-Prescott	1.053
AZ-Tucson	0.918
AZ-Yuma	1.115
AZ-Non-MSA Areas	1.126
AR-Fayetteville-Springdale	0.791
AR-Fort Smith	0.851
AR-Hot Springs	1.016
AR-Jonesboro	0.818
AR-Little Rock	0.963
AR-Memphis	0.996
AR-Pine Bluff	0.791
AR-Texarkana	0.953
AR-Non-MSA Areas	0.804
CA-Bakersfield	0.988
CA-Chico	1.169
CA-El Centro	1.387
CA-Fresno	1.035
CA-Hanford-Corcoran	0.949
CA-Los Angeles-Long Beach	1.174
CA-Madera	1.081
CA-Merced	1.322
CA-Modesto	1.384
CA-Napa	1.208
CA-Oakland-Fremont	1.261
CA-Oxnard-Thousand Oaks	1.030
CA-Redding	1.307
CA-Riverside-San Bernardino	1.036
CA-Sacramento-Arden-Arcade	1.205
CA-Salinas	1.064
CA-San Diego-Carlsbad	1.024
CA-San Francisco-San Mateo	1.373
CA-San Jose-Sunnyvale	1.241
CA-San Luis Obispo	1.250
CA-Santa Ana-Anaheim-Irvine	1.083
CA-Santa Barbara-Santa Maria	1.166
CA-Santa Cruz-Watsonville	1.238
CA-Santa Rosa-Petaluma	1.115
CA-Stockton	1.314
CA-Vallejo-Fairfield	1.263

Area	Factor
CA-Visalia-Porterville	0.925
CA-Yuba City	1.207
CA-Non-MSA Areas	1.142
CO-Boulder	0.834
CO-Colorado Springs	0.844
CO-Denver-Aurora	0.936
CO-Fort Collins-Loveland	0.798
CO-Grand Junction	0.796
CO-Greeley	0.846
CO-Pueblo	1.019
CO-Non-MSA Areas	0.848
CT-Bridgeport-Stamford	1.012
CT-Hartford	0.903
CT-New Haven-Milford	0.990
CT-Norwich-New London	0.820
CT-Non-MSA Areas	0.861
DE-Dover	1.004
DE-Wilmington	0.999
DE-Non-MSA Areas	0.867
DC-Washington	0.905
FL-Cape Coral-Fort Myers	1.158
FL-Deltona-Daytona Beach	1.008
FL-Fort Lauderdale	1.184
FL-Fort Walton Beach	1.142
FL-Gainesville	1.183
FL-Jacksonville	1.113
FL-Lakeland	1.123
FL-Miami	1.250
FL-Naples-Marco Island	1.031
FL-Ocala	1.037
FL-Orlando-Kissimmee	1.035
FL-Palm Bay-Melbourne	0.992
FL-Panama City-Lynn Haven	1.102
FL-Pensacola-Ferry Pass	1.133
FL-Port St. Lucie-Fort Pierce	1.216
FL-Punta Gorda	1.036
FL-Sarasota-Bradenton	1.034
FL-Sebastian-Vero Beach	0.901
FL-Tallahassee	0.903
FL-Tampa-St. Petersburg	1.143

Area	Factor
FL-West Palm Beach	1.249
FL-Non-MSA Areas	1.032
GA-Albany	0.839
GA-Athens-Clarke County	0.933
GA-Atlanta-Sandy Springs	0.886
GA-Augusta	0.991
GA-Brunswick	0.870
GA-Chattanooga	0.991
GA-Columbus	0.832
GA-Dalton	0.930
GA-Gainesville	0.932
GA-Hinesville-Fort Stewart	0.889
GA-Macon	1.048
GA-Rome	0.932
GA-Savannah	0.953
GA-Valdosta	0.824
GA-Warner Robins	0.999
GA-Non-MSA Areas	0.848
HI-Honolulu	0.851
HI-Non-MSA Areas	0.787
ID-Boise City-Nampa	0.734
ID-Coeur d'Alene	0.776
ID-Idaho Falls	0.812
ID-Lewiston	0.819
ID-Logan	0.712
ID-Pocatello	0.804
ID-Non-MSA Areas	0.752
IL-Bloomington-Normal	0.913
IL-Champaign-Urbana	0.974
IL-Chicago-Naperville-Joliet	1.104
IL-Danville	0.886
IL-Davenport-Moline	0.836
IL-Decatur	0.907
IL-Kankakee-Bradley	1.023
IL-Lake-Kenosha	1.121
IL-Peoria	0.964
IL-Rockford	0.983
IL-St. Louis	1.006
IL-Springfield	1.024
IL-Non-MSA Areas	0.847

Area	Factor
IN-Anderson	0.813
IN-Bloomington	0.837
IN-Cincinnati-Middletown	0.906
IN-Columbus	0.850
IN-Elkhart-Goshen	0.835
IN-Evansville	0.833
IN-Fort Wayne	0.839
IN-Gary	1.009
IN-Indianapolis-Carmel	0.935
IN-Kokomo	0.923
IN-Lafayette	0.864
IN-Louisville	0.988
IN-Michigan City-La Porte	0.892
IN-Muncie	0.940
IN-South Bend-Mishawaka	0.886
IN-Terre Haute	0.942
IN-Non-MSA Areas	0.821
IA-Ames	0.798
IA-Cedar Rapids	0.822
IA-Davenport-Moline	0.836
IA-Des Moines	0.862
IA-Dubuque	0.852
IA-Iowa City	0.954
IA-Omaha-Council Bluffs	1.047
IA-Sioux City	0.807
IA-Waterloo-Cedar Falls	0.914
IA-Non-MSA Areas	0.826
KS-Kansas City	0.975
KS-Lawrence	0.963
KS-St. Joseph	0.873
KS-Topeka	0.834
KS-Wichita	0.915
KS-Non-MSA Areas	0.851
KY-Bowling Green	0.815
KY-Cincinnati-Middletown	0.906
KY-Clarksville	0.908
KY-Elizabethtown	0.811
KY-Evansville	0.833
KY-Huntington-Ashland	0.961
KY-Lexington-Fayette	0.841

Area	Factor
KY-Louisville	0.988
KY-Owensboro	0.808
KY-Non-MSA Areas	0.863
LA-Alexandria	1.057
LA-Baton Rouge	0.847
LA-Houma-Bayou Cane	0.914
LA-Lafayette	0.927
LA-Lake Charles	1.050
LA-Monroe	1.025
LA-New Orleans-Metairie	1.236
LA-Shreveport-Bossier City	1.110
LA-Non-MSA Areas	0.998
ME-Bangor	0.762
ME-Lewiston-Auburn	0.911
ME-Portland	0.779
ME-Non-MSA Areas	0.793
MD-Baltimore-Towson	0.883
MD-Bethesda-Gaithersburg	0.889
MD-Cumberland	0.747
MD-Hagerstown	0.781
MD-Salisbury	0.686
MD-Washington	0.905
MD-Wilmington	0.999
MD-Non-MSA Areas	0.695
MA-Barnstable Town	0.876
MA-Boston-Quincy	0.941
MA-Cambridge-Newton	0.903
MA-Essex County	0.822
MA-Pittsfield	0.884
MA-Providence-New Bedford	0.919
MA-Springfield	0.807
MA-Worcester	0.831
MA-Non-MSA Areas	0.960
MI-Ann Arbor	1.023
MI-Battle Creek	0.826
MI-Bay City	0.872
MI-Detroit-Livonia-Dearborn	0.966
MI-Flint	0.866
MI-Grand Rapids-Wyoming	0.707
MI-Holland-Grand Haven	0.711

Area	Factor
MI-Jackson	0.829
MI-Kalamazoo-Portage	0.840
MI-Lansing-East Lansing	0.805
MI-Monroe	0.933
MI-Muskegon-Norton Shores	0.709
MI-Niles-Benton Harbor	0.794
MI-Saginaw	0.865
MI-South Bend-Mishawaka	0.886
MI-Warren-Troy	0.935
MI-Non-MSA Areas	0.759
MN-Duluth	0.898
MN-Fargo	0.755
MN-Grand Forks	0.828
MN-La Crosse	0.984
MN-Minneapolis-St. Paul	0.955
MN-Rochester	1.123
MN-St. Cloud	0.802
MN-Non-MSA Areas	0.824
MS-Gulfport-Biloxi	1.258
MS-Hattiesburg	1.043
MS-Jackson	0.999
MS-Memphis	0.996
MS-Pascagoula	1.234
MS-Non-MSA Areas	0.834
MO-Columbia	0.978
MO-Fayetteville-Springdale	0.791
MO-Jefferson City	0.864
MO-Joplin	0.919
MO-Kansas City	0.975
MO-St. Joseph	0.873
MO-St. Louis	1.006
MO-Springfield	0.836
MO-Non-MSA Areas	0.879
MT-Billings	0.801
MT-Great Falls	0.753
MT-Missoula	0.786
MT-Non-MSA Areas	0.740
NE-Lincoln	0.860
NE-Omaha-Council Bluffs	1.047
NE-Sioux City	0.807

Area	Factor
NE-Non-MSA Areas	0.871
NV-Carson City	1.072
NV-Las Vegas-Paradise	1.164
NV-Reno-Sparks	1.081
NV-Non-MSA Areas	1.016
NH-Manchester-Nashua	0.765
NH-Rockingham-Strafford	0.828
NH-Non-MSA Areas	0.831
NJ-Allentown-Bethlehem	1.065
NJ-Atlantic City	1.478
NJ-Camden	1.523
NJ-Edison	1.538
NJ-Newark-Union	1.460
NJ-New York-White Plains	1.300
NJ-Ocean City	1.313
NJ-Trenton-Ewing	1.679
NJ-Vineland-Millville	1.530
NJ-Wilmington	0.999
NM-Albuquerque	0.791
NM-Farmington	0.715
NM-Las Cruces	0.853
NM-Santa Fe	0.778
NM-Non-MSA Areas	0.966
NY-Albany-Schenectady-Troy	0.865
NY-Binghamton	0.774
NY-Buffalo-Niagara Falls	0.739
NY-Elmira	0.796
NY-Glens Falls	0.777
NY-Ithaca	0.728
NY-Kingston	0.938
NY-Nassau-Suffolk	1.290
NY-New York-White Plains	1.300
NY-Poughkeepsie-Newburgh	1.125
NY-Rochester	0.688
NY-Syracuse	0.796
NY-Utica-Rome	0.785
NY-Non-MSA Areas	0.746
NC-Asheville	0.807
NC-Burlington	0.781
NC-Charlotte-Gastonia	0.870

Area	Factor
NC-Durham	0.964
NC-Fayetteville	0.948
NC-Goldsboro	0.844
NC-Greensboro-High Point	0.725
NC-Greenville	0.913
NC-Hickory-Lenoir-Morganton	0.897
NC-Jacksonville	0.886
NC-Raleigh-Cary	0.861
NC-Rocky Mount	0.847
NC-Virginia Beach-Norfolk	0.840
NC-Wilmington	0.913
NC-Winston-Salem	0.764
NC-Non-MSA Areas	0.808
ND-Bismarck	0.800
ND-Fargo	0.755
ND-Grand Forks	0.828
ND-Non-MSA Areas	0.826
OH-Akron	0.940
OH-Canton-Massillon	0.758
OH-Cincinnati-Middletown	0.906
OH-Cleveland-Elyria-Mentor	1.019
OH-Columbus	0.890
OH-Dayton	0.886
OH-Huntington-Ashland	0.961
OH-Lima	0.807
OH-Mansfield	0.783
OH-Parkersburg-Marietta	0.879
OH-Sandusky	0.876
OH-Springfield	0.816
OH-Toledo	1.019
OH-Weirton-Steubenville	0.915
OH-Wheeling	0.941
OH-Youngstown-Warren	0.946
OH-Non-MSA Areas	0.840
OK-Fort Smith	0.851
OK-Lawton	0.979
OK-Oklahoma City	0.986
OK-Tulsa	0.808
OK-Non-MSA Areas	0.964
OR-Bend	0.727

Area	Factor
OR-Corvallis	0.757
OR-Eugene-Springfield	0.822
OR-Medford	0.827
OR-Portland-Vancouver	0.763
OR-Salem	0.726
OR-Non-MSA Areas	0.763
PA-Allentown-Bethlehem	1.065
PA-Altoona	0.865
PA-Erie	0.969
PA-Harrisburg-Carlisle	0.892
PA-Johnstown	0.901
PA-Lancaster	0.831
PA-Lebanon	0.854
PA-Newark-Union	1.460
PA-Philadelphia	1.704
PA-Pittsburgh	1.022
PA-Reading	0.825
PA-Scranton-Wilkes-Barre	0.934
PA-State College	0.819
PA-Williamsport	0.860
PA-York-Hanover	0.699
PA-Youngstown-Warren	0.946
PA-Non-MSA Areas	0.838
RI-Providence-New Bedford	0.919
SC-Anderson	0.946
SC-Augusta	0.991
SC-Charleston	1.096
SC-Charlotte-Gastonia	0.870
SC-Columbia	0.938
SC-Florence	1.037
SC-Greenville	0.960
SC-Myrtle Beach-Conway	0.966
SC-Spartanburg	1.014
SC-Sumter	0.975
SC-Non-MSA Areas	0.926
SD-Rapid City	0.826
SD-Sioux City	0.807
SD-Sioux Falls	0.880
SD-Non-MSA Areas	0.903
TN-Chattanooga	0.991

Area	Factor
TN-Clarksville	0.908
TN-Cleveland	0.928
TN-Jackson	0.926
TN-Johnson City	0.931
TN-Kingsport-Bristol	0.955
TN-Knoxville	0.998
TN-Memphis	0.996
TN-Morristown	0.955
TN-Nashville-Davidson	0.976
TN-Non-MSA Areas	0.894
TX-Abilene	0.865
TX-Amarillo	0.936
TX-Austin-Round Rock	0.901
TX-Beaumont-Port Arthur	1.075
TX-Brownsville-Harlingen	1.011
TX-College Station-Bryan	1.009
TX-Corpus Christi	1.075
TX-Dallas-Plano-Irving	0.968
TX-El Paso	1.152
TX-Fort Worth-Arlington	0.939
TX-Houston-Sugar Land	1.071
TX-Killeen-Temple	0.856
TX-Laredo	0.963
TX-Longview	1.006
TX-Lubbock	1.219
TX-McAllen-Edinburg-Mission	1.045
TX-Midland	0.829
TX-Odessa	0.837
TX-San Angelo	0.935
TX-San Antonio	0.898
TX-Sherman-Denison	0.911
TX-Texarkana	0.953
TX-Tyler	1.207
TX-Victoria	1.045
TX-Waco	0.845
TX-Wichita Falls	0.929
TX-Non-MSA Areas	0.968
UT-Logan	0.712
UT-Ogden-Clearfield	0.721
UT-Provo-Orem	0.705

Area	Factor
UT-St. George	0.706
UT-Salt Lake City	0.782
UT-Non-MSA Areas	0.702
VT-Burlington	0.810
VT-Non-MSA Areas	0.727
VA-Blacksburg	0.856
VA-Charlottesville	0.866
VA-Danville	0.718
VA-Harrisonburg	0.711
VA-Kingsport-Bristol	0.955
VA-Lynchburg	0.728
VA-Richmond	1.074
VA-Roanoke	0.848
VA-Virginia Beach-Norfolk	0.840
VA-Washington	0.905
VA-Winchester	0.727
VA-Non-MSA Areas	0.839
WA-Bellingham	0.812
WA-Bremerton-Silverdale	0.809
WA-Kennewick-Richland-Pasco	0.760
WA-Lewiston	0.819
WA-Longview	0.751
WA-Mount Vernon-Anacortes	0.791
WA-Olympia	0.893
WA-Portland-Vancouver	0.763
WA-Seattle-Bellevue-Everett	0.850
WA-Spokane	0.762
WA-Tacoma	0.848
WA-Wenatchee	0.709
WA-Yakima	0.758
WA-Non-MSA Areas	0.769
WV-Charleston	0.938
WV-Cumberland	0.747
WV-Hagerstown	0.781
WV-Huntington-Ashland	0.961
WV-Morgantown	0.936
WV-Parkersburg-Marietta	0.879
WV-Washington	0.905
WV-Weirton-Steubenville	0.915
WV-Wheeling	0.941

Area	Factor
WV-Winchester	0.727
WV-Non-MSA Areas	0.880
WI-Appleton	0.854
WI-Duluth	0.898
WI-Eau Claire	0.921
WI-Fond du Lac	0.827
WI-Green Bay	0.831
WI-Janesville	0.943
WI-La Crosse	0.984
WI-Lake-Kenosha	1.121
WI-Madison	0.999
WI-Milwaukee-Waukesha	1.081
WI-Minneapolis-St. Paul	0.955
WI-Oshkosh-Neenah	0.845
WI-Racine	0.956
WI-Sheboygan	0.955
WI-Wausau	0.820
WI-Non-MSA Areas	0.873
WY-Casper	0.836
WY-Cheyenne	0.825
WY-Non-MSA Areas	0.872

Duration Adjustment:

Adjustment = Number of days / 365

Trend Adjustment:

8.0% per Year

Note: The above claim costs are effective for calendar year 2014. In subsequent years, the trend factor will adjust claims costs from the midpoint of calendar year 2014 to the midpoint of the future coverage period.

Receipt of First Covered Expenses Adjustment Factor:

The following factors are applied if a claim is required to be reported within [x] days after the claim incurred.

Period	Factor
30 days	0.80000
60 days	0.85000
90 days	0.90000

Period	Factor
180 days	0.95000
365 days	1.00000
730 days	1.15000

Benefit Period Adjustment Factor:

Period	Factor for Deductibles <$10,000	Factor for Deductibles >=$10,000
0.5 years	0.950	0.909
1 year	1.000	1.000
2 years	1.150	1.100
3 years	1.200	1.175
4 years	1.250	1.224
5 years	1.300	1.273
6 years	1.350	1.322
7 years	1.400	1.371
8 years	1.450	1.420
9 years	1.500	1.469
10 years	1.550	1.518
11 years	1.600	1.541
12 years	1.650	1.564
13 years	1.700	1.587
14 years	1.750	1.611
15 years	1.800	1.634
16 years	1.850	1.657
17 years	1.900	1.680
18 years	1.950	1.704
19 years	2.000	1.727
20 years	2.050	1.750

HMO/PPO Denial Adjustment Factor:

The following adjustments will be used if an HMO/PPO Denial Dollar Limit or Indemnity benefit applies.

Dollar Limit Factors:

$ Limit	Per Year Factor	Per Injury Factor
$50	0.85756	0.85772
$100	0.86410	0.86439
$500	0.89743	0.89838
$1,000	0.91925	0.92064

$ Limit	Per Year Factor	Per Injury Factor
$5,000	0.96686	0.96920
$10,000	0.98176	0.98439

Indemnity Benefit Factors:

Indemnity Benefit	Per Year Factor	Per Injury Factor
$500	0.85735	0.85750
$1,000	0.86471	0.86500
$2,000	0.87941	0.88000
$5,000	0.92353	0.92500
$10,000	0.99706	1.00000

The following factors should be applied when the Percent of Usual and Customary Charges covered is reduced by the percentages in the table below for the HMO/PPO Denial Adjustment Factor.

Percent of Usual Customary Reduction Adjustment Factor:

Percent Reduction	Factor
0%	1.00000
10%	0.99600
20%	0.99200
30%	0.98800
40%	0.98400
50%	0.98000

Accidental Medical Expense Manual Rating Example

Accidental Medical Expense ("AME") Sample Benefit Features

- Primary Coverage with $0 Deductible, 100% of Usual & Customary (U&C) up to $25,000 benefit maximum
- Coverage period is 1/1/2014 to 12/31/2014.
- First expenses must be incurred within 60 days of accident date
- Benefit period of 52 weeks.
- No HMO/PPO Denial Adjustment
- Covered Benefits:
    - Starting Included Benefits: Inpatient Hospital Semi-Private Room Benefit = 90% of U&C up to $5,000 per stay, Ambulance Benefit = $500
    - Additional Benefit: Motor Vehicle Accident Benefit Limit = $500

Step 1: Develop Benefit Adjustments

- Inpatient Hospital Semi-Private Room = 90% of U&C up to $5,000 per stay
    - Starting Benefit Weight = 0.10003
    - 90% U&C adjustment = 0.91044
    - $5,000 limit per stay adjustment = 0.83594
    - Adjusted Benefit Weight = 0.10003 X 0.91044 X 0.83594 = 0.07613
- Ambulance = $500
    - Starting Benefit Weight = 0.00460
    - $500 indemnity benefit adjustment = 0.71429
    - Adjusted Benefit Weight = 0.00460 X 0.71429 = 0.00329
- Total Benefit Adjustment = 0.07613 + 0.00329 = 0.07942

Step 2: Total Annual Claim Cost

- Base Annual Claim Cost = $24.51
- Total Benefit Adjustment from Step 1 = 0.07942
- Motor Vehicle Accident = $500 benefit limit
    - Starting Annual Claim Cost per Covered Person = $0.36
    - $500 benefit limit adjustment = 0.78183
    - Adjusted Annual Claim Cost = $0.36 X 0.78183 = $0.28
- Total Annual Claim Cost = $24.51 X 0.07942 + $0.28 = $2.23

Step 3: Rating Adjustments

- Deductible and Maximum Factor = 1.32981
- Primary Coverage = 1.0
- Duration of 1 year = 365 / 365 = 1.0
- Trend adjustment = 1.0
- First expenses must be incurred within 60 days of accident date = 0.85
- 52 week benefit period = 1.0
- No HMO/PPO Denial Adjustment = 1.0
- Total Rate Adjustment = 1.32981 X 1.0 X 1.0 X 1.0 X 0.85 X 1.0 X 1.0 = 1.13034

Step 4: To determine the final annual cost, multiply the total annual claim costs from Step 2 by the Rating Adjustment in Step 3

- Final annual cost = $2.23 X 1.13034 = $2.52

(4) Accidental Severe Burn and Disfigurement Benefit

Coverage may be provided for the losses listed below. The percentage of the Accidental Death Benefit associated with each loss may vary from 10.0% to 100.0%.

Accidental Burn Benefit Weights

% of Body Burned	Adjustment Factor
75-100%	0.010152
50-74%	0.038375
25-49%	0.215429
10-24%	0.736045

The accidental severe burn and disfigurement base costs are adjusted by the sum of all the adjustment factors associated with the selected covered losses from above. If all covered losses are selected the adjustment factor is 1.0.

The claim costs per $1,000 of benefit for the base accidental severe burn and disfigurement coverage for all covered losses included and at 100% of the Accidental Death benefit are shown in the tables below. These claim costs will be adjusted if the above adjustment factor is less than 1.0 and/or if the percentage of Accidental Death benefit for any covered loss is different than 100%.

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
0 to 14	0.36163	0.13307
15 to 24	0.18746	0.07889
25 to 44	0.19239	0.08601
45 to 64	0.16316	0.05177
65 +	0.18860	0.04698

(5) Accommodations and Travel Ticket Benefit

The Accommodations and Travel Ticket Benefit reimburses for expenses up to the maximum benefit limit. The assumed average benefit is $5,000 per occurrence. The minimum of the assumed average benefit and the maximum benefit limit will be applied to the rate below.

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 5	1.45763	1.06950
5 to 14	1.45763	1.06950
15 to 24	1.81988	1.38000
25 to 34	1.43175	1.27650
35 to 44	1.43175	1.27650
45 to 54	1.15575	1.06950
55 to 64	1.15575	1.06950
65 to 74	0.97463	1.02638

Age Band	Male	Female
75 +	1.56975	1.65600

(6) Alternative Commuting Benefit

Gender and Age Banded Annual Claim Costs per $1,000 Benefit (for Accidental Death)

Age Band	Male	Female
< 25	0.00145	0.00059
25 to 34	0.00106	0.00038
35 to 44	0.00101	0.00039
45 to 54	0.00112	0.00050
55 to 64	0.00119	0.00052
65 +	0.00118	0.00056

Gender and Age Banded Annual Claim Costs per $1,000 Benefit (for Dismemberment, Coma, Paralysis, Permanent Total Disability)

Age Band	Male	Female
< 25	0.00044	0.00024
25 to 34	0.00026	0.00015
35 to 44	0.00023	0.00013
45 to 54	0.00018	0.00014
55 to 64	0.00017	0.00012
65 +	0.00015	0.00013

(7) Assault Benefit

Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male/Female
<25	0.86568
25 to 34	0.72048
35 to 49	0.47864
50 to 64	0.28214
65 +	0.15619

(8) ATM Assault Benefit

The ATM Assault Benefit pays a fixed dollar amount for a covered insured that suffers an accidental death and reimburses medical and other expenses up to the maximum benefit limit. The assumed average medical expense benefit is $5,000 per occurrence and the assumed average benefit to cover other expenses is $500 per occurrence. The minimum of the assumed average benefit and the maximum benefit limit will be applied to the rate below.

Annual Claim Costs per $1,000 Benefit

Trigger	Claim Cost
Death	0.00024
Injury	0.00480

(9) Baggage Delay Benefit

The Baggage Delay Benefit reimburses for expenses up to the maximum benefit limit. The assumed average benefit is $500 per occurrence. The minimum of the assumed average benefit and the maximum benefit limit will be applied to the rate below.

Final Claim Cost = CC x Aggregate Limit / $100 x DESF

Claim Cost per $100 Aggregate Limit by Delay (CC)

Minimum Delay	Per Trip Claim Cost
12	0.14
24	0.13
48	0.10
72	0.08
96	0.07

Number of Destinations (DESF)

# of Destinations	Factor
1	1
2+	1.15

(10) Bedside Visit Benefit

The Bedside Visit Benefit reimburses for expenses up to the maximum benefit limit. The assumed average benefit is $5,000 per occurrence. The minimum of the assumed average benefit and the maximum benefit limit will be applied to the rate below.

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 5	0.27330	0.20053
5 to 14	0.27330	0.20053
15 to 24	0.34123	0.25875
25 to 34	0.26845	0.23934
35 to 44	0.26845	0.23934
45 to 54	0.21670	0.20053
55 to 64	0.21670	0.20053
65 to 74	0.18274	0.19245
75 +	0.29433	0.31050

(11) Bereavement and Trauma Counseling Benefit

Gender and Age Banded Bereavement Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 5	0.05405	0.04052
5 to 14	0.01998	0.01201
15 to 24	0.20500	0.05905
25 to 34	0.22466	0.06114
35 to 44	0.19389	0.07645
45 to 54	0.19049	0.08592
55 to 64	0.16190	0.06602
65 to 74	0.18026	0.08956
75 +	0.58882	0.44201

Gender and Age Banded Trauma Annual Claim Costs per $1,000 Benefit (including Brain Death)

Age Band	Male	Female
< 15	0.02381	0.01910
15 to 24	0.07736	0.03335
25 to 44	0.07881	0.03585
45 to 64	0.09767	0.04904
65 +	0.33044	0.27626

Gender and Age Banded Trauma Annual Claim Costs per $1,000 Benefit (excluding Brain Death)

Age Band	Male	Female
< 15	0.01712	0.01393
15 to 24	0.02882	0.01633
25 to 44	0.03295	0.02369
45 to 64	0.05279	0.03720
65 +	0.23244	0.23394

(12) Brain Damage or Brain Death Benefit

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 5	1.90806	1.60235
5 to 9	0.96848	0.54648
10 to 14	1.19988	0.39824
15 to 19	1.43603	0.86394
20 to 24	1.27420	0.70409
25 to 34	0.78500	0.56047
35 to 44	0.54556	0.38729
45 to 54	0.45857	0.36036
55 to 64	0.44788	0.28644
65 to 74	0.53975	0.42940
75 +	1.12438	1.17440

(13) Bullet Proof Vest Benefit

Annual Claim Costs per $1,000 Benefit

Age Band	Male/Female
Adult	0.00579

(14) Burial and Cremation Benefit

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 5	0.10810	0.08104
5 to 14	0.03996	0.02402
15 to 24	0.41000	0.11810
25 to 34	0.44932	0.12228
35 to 44	0.38777	0.15289
45 to 54	0.38098	0.17184
55 to 64	0.32380	0.13204
65 to 74	0.36052	0.17911
75 +	1.17764	0.88401

(15) Camp Cancellation and Interruption Benefit

Claim Cost per $100 of Benefit (CC)

Benefit Amount	Per Trip Claim Cost
< $2,500	0.56
$2,501 to $3,000	0.59
$3,001 to $3,500	0.62
$3,501 to $4,000	0.65
$4,001 to $5,000	0.67
$5,001 to $6,000	0.76
$6,001 to $7,000	0.79
$7,001 to $10,000	0.84
$10,001 to $15,000	0.90
$15,000 +	0.95

Note: Other benefit amounts not listed above will be interpolated from the above tables.

(16) Carjacking Benefit

Gender Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
Adult	0.01242	0.00594

(17) Carry-On or Checked, Lost or Stolen Baggage Benefit

Final Claim Cost = [CC – DEDC] x PEXF x DESF

Claim Cost by Benefit Amount per Trip (CC)

Benefit Amount	Per Trip Claim Cost
$500	0.55
$1,000	1.10
$2,500	2.20
$5,000	3.60
$10,000	6.05
$15,000	8.25
$20,000	10.20
$25,000	11.85
$30,000	13.50
$35,000	14.85
$40,000	16.25
$45,000	17.35
$50,000	18.45

Deductible Credit (DEDC)

Deductible	Credit
$0	0.00
$50	0.05
$100	0.10
$200	0.20
$250	0.20
$300	0.25
$400	0.35
$500	0.45
$600	0.70
$700	0.95
$750	1.10
$800	1.25
$900	1.60
$1,000	2.00

Note: Other benefit amounts and deductibles not listed above will be interpolated from the above table.

Primary/Excess Coverage Factor (PEXF)

Coverage	Factor
Primary	1.02
Excess	1.00

Number of Destinations (DESF)

# of Destinations	Factor
1	1.00
2 +	1.15

(18) Catastrophic Cash Benefit

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 5	0.05287	0.04595
5 to 9	0.03487	0.03215
10 to 14	0.04567	0.03455
15 to 19	0.18632	0.07984
20 to 24	0.25172	0.07324
25 to 34	0.18332	0.05824
35 to 44	0.16712	0.06184
45 to 54	0.19570	0.07299
55 to 64	0.19930	0.07419
65 to 74	0.32994	0.14830
75 +	0.63834	0.30550

(19) Child Care Center Benefit

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 35	0.20696	0.05632
35 to 44	0.17861	0.07042
45 to 54	0.17548	0.07915
55 +	0.14914	0.06082

(20) Child Survivor Benefit

Gender and Age Banded Annual Claim Costs per $1,000 Benefit (for Accidental Death only)

Age Band	Male	Female
< 35	0.42057	0.11445
35 to 44	0.44736	0.17638
45 to 54	0.45784	0.20651
55 to 64	0.30503	0.12439
65 +	0.11321	0.05624

Gender and Age Banded Annual Claim Costs per $1,000 Benefit (for Accidental Death & Dismemberment including Brain Death)

Age Band	Male	Female
< 35	0.66644	0.22632
35 to 44	0.75041	0.31426
45 to 54	0.84909	0.40294
55 to 64	0.61172	0.27837
65 +	0.45907	0.34541

Gender and Age Banded Annual Claim Costs per $1,000 Benefit (for Accidental Death & Dismemberment excluding Brain Death)

Age Band	Male	Female
< 35	0.52337	0.18837
35 to 44	0.57406	0.26749
45 to 54	0.66929	0.35552
55 to 64	0.47078	0.24119
65 +	0.35650	0.30111

Gender and Age Banded Annual Claim Costs per $1,000 Benefit (for Accidental Death and Permanent Total Disability)

Age Band	Male	Female
< 35	10.57622	7.68206
35 to 44	11.85130	10.22478
45 to 54	11.83835	11.42478
55 to 64	10.17741	10.10510
65 +	3.71173	3.67674

Gender and Age Banded Annual Claim Costs per $1,000 Benefit (for Accidental Death, Dismemberment and Permanent Total Disability including Brain Death)

Age Band	Male	Female
< 35	10.62540	7.70443
35 to 44	11.91192	10.25235
45 to 54	11.91660	11.46407
55 to 64	10.23875	10.13589
65 +	3.78090	3.73458

Gender and Age Banded Annual Claim Costs per $1,000 Benefit (for Accidental Death, Dismemberment and Permanent Total Disability excluding Brain Death)

Age Band	Male	Female
< 35	10.59678	7.69684
35 to 44	11.87665	10.24300
45 to 54	11.88064	11.45458
55 to 64	10.21055	10.12846
65 +	3.76039	3.72572

(21) Children's Additional Indemnity Dismemberment, Paralysis, Coma Benefit

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Benefit	Male	Female
Including Brain Death	0.15376	0.08339
Excluding Brain Death	0.07331	0.04975

(22) Coma Benefit

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 15	0.01927	0.02015
15 to 24	0.01892	0.01924
25 to 44	0.01892	0.01924
45 to 64	0.03130	0.02979
65 +	0.10854	0.08110

(23) Common Accident Benefit

Annual Claim Costs per $1,000 Benefit

Age Band	Male/Female
Adult	0.04000

(24) Common Carrier Benefit

Annual Claim Costs per $1,000 Benefit

Age Band	Male/Female
All	0.04055

(25) Commuting Benefit

Gender and Age Banded Annual Claim Costs per $1,000 Benefit (for Accidental Death)

Age Band	Male	Female
< 25	0.03635	0.01471
25 to 34	0.02645	0.00959
35 to 44	0.02535	0.00968
45 to 54	0.02802	0.01259
55 to 64	0.02975	0.01303
65 +	0.02943	0.01407

Gender and Age Banded Annual Claim Costs per $1,000 Benefit (for Dismemberment, Coma, Paralysis, Permanent Total Disability)

Age Band	Male	Female
< 25	0.01102	0.00591
25 to 34	0.00657	0.00387
35 to 44	0.00580	0.00337
45 to 54	0.00458	0.00358
55 to 64	0.00426	0.00288
65 +	0.00385	0.00316

(26) Crisis Death Benefit

Annual Claim Costs per $1,000 Benefit

Type of Insured	Male/Female
K-12 Students	0.00100
College Students	0.00175
Workers	0.00371

(27) Emergency Care Benefit

The Emergency Care Benefit may pay a fixed dollar benefit or may reimburse for expenses up to the maximum benefit limit. If the benefit reimburses expenses, a first dollar deductible may apply. The assumed average benefit for expense reimbursement is $1,700 per occurrence. The minimum of the assumed average benefit and the maximum benefit limit will be applied to the rate below.

Final Claim Cost = CC x Benefit Amount / $1,000 x DEDF x DBF

Annual Claim Costs per $1,000 Benefit (CC)

Age Band	Male/Female
All	36.97093

Deductible Factor (DEDF)

Deductible	Factor
$0	1.00000
$50	0.81967
$100	0.69559
$200	0.52941
$500	0.28235
$1,000	0.10835

Note: Other deductibles not listed above will be interpolated from the above table.

Deductible Basis Factor (DBF)

Basis Type	Factor
Per Ailment	0.98039
Per Year	1.00000

(28) Employment Recruitment Expense Benefit

The Employment Recruitment Expense Benefit reimburses for expenses up to the maximum benefit limit. The assumed average benefit is $25,000 per occurrence. The minimum of the assumed average benefit and the maximum benefit limit will be applied to the rate below.

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 25	0.12190	0.08036
25 to 34	0.22619	0.16445
35 to 44	0.20576	0.17706
45 to 54	0.19722	0.19064
55 to 64	0.21648	0.21504
65 +	0.12241	0.11878

(29) Escalator Inflation Benefit

Percent Annual Increase Applied to Accidental Death benefit

Years of Increase	1%	2%	3%	4%	5%	6%	7%	8%	9%	10%
2	1.86%	3.72%	5.59%	7.45%	9.31%	11.17%	13.03%	14.90%	16.76%	18.62%
3	2.60%	5.20%	7.80%	10.40%	13.00%	15.60%	18.20%	20.80%	23.40%	26.00%
4	3.23%	6.46%	9.68%	12.91%	16.14%	19.37%	22.59%	25.82%	29.05%	32.28%
5	3.76%	7.51%	11.27%	15.03%	18.78%	22.54%	26.29%	30.05%	33.81%	37.56%
6	4.20%	8.39%	12.59%	16.79%	20.98%	25.18%	29.38%	33.57%	37.77%	41.97%
7	4.56%	9.12%	13.67%	18.23%	22.79%	27.35%	31.91%	36.47%	41.02%	45.58%
8	4.85%	9.70%	14.55%	19.40%	24.25%	29.10%	33.95%	38.80%	43.65%	48.50%
9	5.08%	10.16%	15.24%	20.32%	25.40%	30.48%	35.56%	40.64%	45.72%	50.80%
10	5.25%	10.51%	15.76%	21.02%	26.27%	31.53%	36.78%	42.04%	47.29%	52.55%

(30) Family Expense Benefit

The Family Expense Benefit reimburses for expenses up to the maximum benefit limit. The assumed average benefit for each component is shown in the table below:

Family Expense Benefit Component	Assumed Average Benefit
Family Counseling for an Immediate Family Member	$100 per session
Rehabilitative Training for an Immediate Family Member	$2,000

Family Expense Benefit Component	Assumed Average Benefit
Travel for Immediate Family Members	$2,500 per person
Family Lost Earnings	$45,000 per year

Any combination of the above components can be used. The minimum of the assumed average benefit and the maximum benefit limit will be applied to the rate below.

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 30	5.03236	3.43458
30 to 39	5.98107	4.86939
40 to 49	5.93044	5.66031
50 to 59	6.23461	6.33962
60 +	7.65643	7.70319

(31) Family Income Benefit

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 35	0.22371	0.06088
35 to 44	0.23796	0.09382
45 to 54	0.24353	0.10984
55 to 64	0.21633	0.08822
65 to 74	0.24086	0.11966
75 +	0.78678	0.59061

(32) Heart and Circulatory Malfunction Benefit

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 15	0.04404	0.04568
15 to 24	0.07295	0.07143
25 to 44	0.14816	0.15244
45 to 64	0.11233	0.12195
65 +	0.25165	0.26100

(33) Hepatitis Accident Benefit

Annual Claim Costs per $1,000 Benefit

Age	Male/Female
All	0.01300

(34) HIV Accident Benefit

Annual Claim Costs per $1,000 Benefit

Age	Male/Female
All	0.02316

(35) Home Health Care Benefit

Annual Claim Costs per $1,000 Benefit

Age Band	Male/Female
All	1.25501

(36) Home Recuperation Benefit

Annual Claim Costs per $1,000 Benefit

Age Band	Male/Female
All	1.04584

(37) Hospital Confinement Benefit

Final Claim Cost = CC X Benefit Amount / $1,000 X UTILF X Days Covered

Annual Claim Costs per $1,000 Benefit (CC)

Age Band	Male/Female
All	3.35563

Age Banded Hospital Confinement Benefit Utilization Adjustment Factor (UTILF)

Days Covered	Age < 14	Age 15 to 44	Age 45 to 64	Age 65+
1	1.000	1.000	1.000	1.000
2	1.000	1.000	1.000	1.000
3	1.000	1.000	1.000	1.000
4	1.000	1.000	1.000	1.000
5	1.000	0.831	1.000	1.000
6	0.950	0.718	0.887	1.000
7	0.900	0.637	0.806	0.911
8	0.850	0.577	0.745	0.844
9	0.800	0.530	0.698	0.792
10	0.750	0.492	0.660	0.750
11	0.700	0.462	0.629	0.716
12	0.650	0.436	0.603	0.688
13	0.625	0.414	0.582	0.663
14	0.600	0.396	0.563	0.643
15	0.575	0.379	0.547	0.625
16	0.550	0.365	0.533	0.609

Days Covered	Age < 14	Age 15 to 44	Age 45 to 64	Age 65+
17	0.525	0.353	0.520	0.596
18	0.500	0.342	0.509	0.583
19	0.485	0.332	0.499	0.572
20	0.470	0.323	0.490	0.563
21	0.455	0.315	0.482	0.554
22	0.440	0.308	0.475	0.545
23	0.425	0.301	0.468	0.538
24	0.410	0.295	0.462	0.531
25	0.395	0.289	0.456	0.525
26	0.381	0.284	0.451	0.519
27	0.368	0.279	0.446	0.514
28	0.356	0.275	0.441	0.509
29	0.344	0.271	0.437	0.504
30 +	0.333	0.267	0.433	0.500

(38) Identification of Remains Benefit

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 5	0.02957	0.02217
5 to 14	0.01093	0.00657
15 to 24	0.11217	0.03231
25 to 34	0.12293	0.03345
35 to 44	0.10609	0.04183
45 to 54	0.10423	0.04701
55 to 64	0.08859	0.03612
65 to 74	0.09863	0.04900
75 +	0.32219	0.24186

(39) Loss of Travel Documents Benefit

Claim Cost by Benefit Amount

Benefit Amount	Per Trip Claim Cost
$500	0.10
$1,000	0.20
$2,500	0.40
$5,000	0.65
$10,000	1.10
$15,000	1.50
$20,000	1.85
$25,000	2.15

Note: Other benefit amounts not listed above will be interpolated from the above table.

(40) Medical Evacuation Benefit

The Medical Evacuation Benefit reimburses for expenses up to the maximum benefit limit. The assumed average benefit is $20,000 per occurrence. The minimum of the assumed average benefit and the maximum benefit limit will be applied to the rate below.

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male/Female
All	0.12000

(41) Medical, Vision, Dental Insurance Continuation Benefit

The Medical, Vision, Dental Insurance Continuation Benefit reimburses for expenses up to the maximum benefit limit. The assumed average benefit for 2014 is $1,300 per month. Average benefits for subsequent years will be increased at a trend of 8.0% per annum. The minimum of the assumed average benefit and the maximum benefit limit will be applied to the rate below.

Gender and Age Banded Annual Claim Costs per $1,000 Monthly Benefit

Age Band	Male	Female
< 25	0.08364	0.02409
25 to 34	0.09166	0.02495
35 to 44	0.07911	0.03119
45 to 54	0.07772	0.03506
55 to 64	0.06606	0.02694
65 to 74	0.07355	0.03654
75 +	0.24024	0.18034

Insurance Continuation Utilization Adjustment Factor

Months Covered	Factor
1	0.99832
2	0.99664
3	0.99496
4	0.99329
5	0.99162
6	0.98995
7	0.98828
8	0.98662
9	0.98496
10	0.98331
11	0.98165
12	0.98000
13	0.97835
14	0.97671
15	0.97506
16	0.97342
17	0.97179

Months Covered	Factor
18	0.89831
19	0.89297
20	0.88767
21	0.88239
22	0.87715
23	0.87194
24	0.86676
25	0.86161
26	0.85649
27	0.85141
28	0.84635
29	0.84132
30	0.83632
31	0.83136
32	0.82642
33	0.82151
34	0.81663
35	0.81178
36	0.80695

(42) Monthly Mortgage Benefit

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 25	0.26650	0.07676
25 to 34	0.29206	0.07948
35 to 44	0.25205	0.09938
45 to 54	0.24763	0.11170
55 to 64	0.21047	0.08582
65 to 74	0.23434	0.11642
75 +	0.76546	0.57461

(43) Natural Disaster Benefit

Annual Claim Costs per $1,000 Benefit

Age Band	Male/Female
Adult	0.04849

(44) Pandemic Influenza Vaccination Benefit

Annual Claim Costs per $1,000 Benefit

Benefit	Male/Female
Vaccination	0.05262
Quarantine	0.00087

(45) Paralysis Benefit

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 15	0.03122	0.02177
15 to 24	0.09467	0.04597
25 to 44	0.09047	0.05503
45 to 64	0.18170	0.12468
65 +	0.60565	0.41606

(46) Parental Care Benefit

Gender and Age Banded Annual Claim Costs per $1,000 Benefit (for Accidental Death only)

Age Band	Male	Female
< 35	0.00030	0.00017
35 to 44	0.00052	0.00041
45 to 54	0.05143	0.04640
55 to 64	0.05464	0.04456
65 to 74	0.04867	0.04836
75 +	0.03975	0.05967

Gender and Age Banded Annual Claim Costs per $1,000 Benefit (for Accidental Death & Dismemberment including Brain Death)

Age Band	Male	Female
< 35	0.00048	0.00033
35 to 44	0.00088	0.00074
45 to 54	0.09538	0.09053
55 to 64	0.10958	0.09973
65 to 74	0.19737	0.29700
75 +	0.07692	0.12183

Gender and Age Banded Annual Claim Costs per $1,000 Benefit (for Accidental Death & Dismemberment excluding Brain Death)

Age Band	Male	Female
< 35	0.00038	0.00027
35 to 44	0.00067	0.00063
45 to 54	0.07519	0.07988

Age Band	Male	Female
55 to 64	0.08433	0.08641
65 to 74	0.15327	0.25891
75 +	0.06589	0.11231

Gender and Age Banded Accidental Death & Permanent Total Disability Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 35	0.00763	0.01108
35 to 44	0.01387	0.02393
45 to 54	1.32988	2.56685
55 to 64	1.82314	3.62038
65 to 74	1.59577	3.16146
75 +	0.42652	0.83795

Gender and Age Banded Annual Claim Costs per $1,000 Benefit (for Accidental Death, Dismemberment & Permanent Total Disability including Brain Death)

Age Band	Male	Female
< 35	0.00766	0.01111
35 to 44	0.01394	0.02399
45 to 54	1.33867	2.57567
55 to 64	1.83413	3.63141
65 to 74	1.62551	3.21119
75 +	0.43396	0.85038

Gender and Age Banded Annual Claim Costs per $1,000 Benefit (for Accidental Death, Dismemberment & Permanent Total Disability excluding Brain Death)

Age Band	Male	Female
< 35	0.00764	0.01110
35 to 44	0.01390	0.02397
45 to 54	1.33463	2.57354
55 to 64	1.82908	3.62875
65 to 74	1.61669	3.20357
75 +	0.43175	0.84847

(47) Permanent Total Disability Benefit

Gender and Age Banded Annual Claim Costs per $1 Benefit

Age Band	Elimination Period	Male	Female
< 30	30 Days	0.01137	0.00776
< 30	60 Days	0.00608	0.00465
< 30	90 Days	0.00244	0.00156
< 30	180 Days	0.00081	0.00051
30 to 39	30 Days	0.01033	0.00841
30 to 39	60 Days	0.00514	0.00437

Age Band	Elimination Period	Male	Female
30 to 39	90 Days	0.00174	0.00147
30 to 39	180 Days	0.00055	0.00050
40 to 49	30 Days	0.00944	0.00901
40 to 49	60 Days	0.00489	0.00455
40 to 49	90 Days	0.00168	0.00168
40 to 49	180 Days	0.00057	0.00068
50 to 59	30 Days	0.00950	0.00966
50 to 59	60 Days	0.00510	0.00507
50 to 59	90 Days	0.00212	0.00230
50 to 59	180 Days	0.00091	0.00109
60 +	30 Days	0.01146	0.01153
60 +	60 Days	0.00568	0.00586
60 +	90 Days	0.00324	0.00369
60 +	180 Days	0.00156	0.00180

(48) Personal Property Benefit

Final Claim Cost = [CC – DEDC] x PEXF

Claim Cost by Benefit Amount (CC)

Benefit Amount	Per Trip Claim Cost
$500	0.55
$1,000	1.10
$2,500	2.20
$5,000	3.60
$10,000	6.05
$15,000	8.25
$20,000	10.20
$25,000	11.85
$30,000	13.50
$35,000	14.85
$40,000	16.25
$45,000	17.35
$50,000	18.45
$60,000	20.35
$75,000	23.10
$100,000	26.95
$150,000	33.00
$200,000	38.50
$250,000	42.65

Deductible Credit (DEDC)

Deductible	Credit
$0	0.00
$50	0.05
$100	0.10
$200	0.20
$250	0.20
$300	0.25
$400	0.35
$500	0.45
$600	0.70
$700	0.95
$750	1.10
$800	1.25
$900	1.60
$1,000	2.00

Note: Other benefit and deductible amounts not listed above will be interpolated from the above tables.

Primary/Excess Coverage Factor (PEXF)

Coverage	Factor
Primary	1.02
Excess	1.00

(49) Physical, Occupational, Speech Therapy Benefit

Final Claim Cost = (CC with or without Brain Death) x Benefit Amount / $1,000 x UAF x Visits Covered

Gender and Age Banded Annual Claim Costs per $1,000 Benefit (including Brain Death) (CC)

Age Band	Male	Female
< 5	0.04763	0.03820
5 to 14	0.04763	0.03820
15 to 24	0.15472	0.06671
25 to 34	0.15761	0.07171
35 to 44	0.15761	0.07171
45 to 54	0.19534	0.09808
55 to 64	0.19534	0.09808
65 to 74	0.66087	0.55253
75 +	0.66087	0.55253

Gender and Age Banded Annual Claim Costs per $1,000 Benefit (excluding Brain Death) (CC)

Age Band	Male	Female
< 5	0.03424	0.02786
5 to 14	0.03424	0.02786

Age Band	Male	Female
15 to 24	0.05763	0.03266
25 to 34	0.06590	0.04738
35 to 44	0.06590	0.04738
45 to 54	0.10557	0.07440
55 to 64	0.10557	0.07440
65 to 74	0.46488	0.46789
75 +	0.46488	0.46789

Therapy Benefit Utilization Adjustment Factor (UAF)

Visits Covered	Utilization Adjustment Factor
1	1.000
2	1.000
3	1.000
4	1.000
5	1.000
6	0.950
7	0.900
8	0.850
9	0.800
10	0.750
11	0.700
12	0.650
13	0.625
14	0.600
15	0.575
16	0.550
17	0.525
18	0.500
19	0.485
20	0.470
21	0.455
22	0.440
23	0.425
24	0.410
25	0.395
26	0.381
27	0.368
28	0.356
29	0.344
30 +	0.333

(50) Private Passenger Benefit

Gender and Age Banded Annual Claim Costs per $1,000 Death Benefit

Age Band	Male	Female
< 15	0.00985	0.00808
15 to 24	0.04137	0.02730
25 to 34	0.02131	0.01280
35 to 44	0.01172	0.01064
45 to 54	0.00878	0.01136
55 to 64	0.00688	0.01055
65 to 74	0.00865	0.01510
75 +	0.02186	0.02762

Gender and Age Banded Annual Claim Costs per $1,000 Benefit (for Dismemberment, Coma, Paralysis, Permanent Total Disability)

Age Band	Male	Female
< 15	0.00931	0.01032
15 to 24	0.03112	0.02273
25 to 34	0.01299	0.00992
35 to 44	0.00734	0.00756
45 to 54	0.00445	0.00746
55 to 64	0.00401	0.00672
65 to 74	0.00290	0.00698
75 +	0.00635	0.00820

(51) Prosthesis Benefit

The Prosthesis Benefit reimburses for expenses up to the maximum benefit limit. The assumed average benefit is $10,000 per occurrence. The minimum of the assumed average benefit and the maximum benefit limit will be applied to the rate below.

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 15	0.00289	0.00302
15 to 24	0.00135	0.00142
25 to 44	0.00146	0.00073
45 to 64	0.00157	0.00149
65 +	0.00904	0.00541

(52) Qualified Education Expense Benefit

The Qualified Education Expense Benefit reimburses for expenses up to the maximum benefit limit. The assumed average benefit is $25,000 per occurrence. The minimum of the assumed average benefit and the maximum benefit limit will be applied to the rate below.

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 30	0.81000	0.51000
30 +	0.55000	0.50000

(53) Rehabilitation Benefit

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 15	0.01888	0.01431
15 to 24	0.04868	0.02440
25 to 44	0.04669	0.02824
45 to 64	0.09320	0.06502
65 +	0.33032	0.24020

(54) Relocation

Gender and Age Banded Annual Claim Costs per $1,000 Benefit (including Brain Death)

Age Band	Male	Female
< 5	0.05747	0.03927
5 to 14	0.05713	0.03898
15 to 24	0.05916	0.03950
25 to 34	0.05416	0.04278
35 to 44	0.05385	0.04293
45 to 54	0.04943	0.04607
55 to 64	0.04944	0.04912
65 to 74	0.06020	0.05947
75 +	0.06429	0.06299

Gender and Age Banded Annual Claim Costs per $1,000 Benefit (excluding Brain Death)

Age Band	Male	Female
< 5	0.05745	0.03925
5 to 14	0.05711	0.03897
15 to 24	0.05900	0.03944
25 to 34	0.05401	0.04274
35 to 44	0.05370	0.04289
45 to 54	0.04928	0.04603
55 to 64	0.04929	0.04908
65 to 74	0.05988	0.05933
75 +	0.06396	0.06285

(55) Repatriation Benefit

The Repatriation Benefit reimburses for expenses up to the maximum benefit limit. The assumed average benefit is $2,500 per occurrence. The minimum of the assumed average benefit and the maximum benefit limit will be applied to the rate below.

Annual Claim Costs per $1,000 Benefit

Age Band	Male/Female
All	0.00024

(56) Repatriation of Remains Benefit

The Repatriation of Remains Benefit reimburses for expenses up to the maximum benefit limit. The assumed average benefit is $7,500 per occurrence. The minimum of the assumed average benefit and the maximum benefit limit will be applied to the rate below.

Annual Claim Costs per $1,000 Benefit

Age Band	Male/Female
All	0.00032

(57) Repatriation Reunion Benefit

The Repatriation Reunion Benefit reimburses for expenses up to the maximum benefit limit. The assumed average benefit is $5,000 per occurrence. The minimum of the assumed average benefit and the maximum benefit limit will be applied to the rate below.

Annual Claim Costs per $1,000 Benefit

Age Band	Male/Female
All	0.00032

(58) Return Minor Child(ren) Benefit

The Return Minor Children Benefit reimburses for expenses up to the maximum benefit limit. The assumed average benefit is $10,000 per occurrence. The minimum of the assumed average benefit and the maximum benefit limit will be applied to the rate below.

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 25	0.42548	0.32264
25 to 34	0.57073	0.50884
35 to 44	0.71924	0.64125
45 to 54	0.60707	0.56177
55 +	0.63697	0.58943

(59) Safety Gear or Personal Flotation Death

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 5	0.00004	0.00001
5 to 14	0.00054	0.00009
15 to 24	0.01401	0.00105
25 to 34	0.01730	0.00118
35 to 44	0.01526	0.00178
45 to 54	0.01581	0.00229
55 to 64	0.00754	0.00053
65 to 74	0.01348	0.00086
75 +	0.00519	0.00022

(60) Seatbelt and Supplemental Restraint System Benefit

Gender and Age Banded Seatbelt Only Annual Claim Costs per $1,000 Benefit

Age Band	**Male**	**Female**
< 5	0.00030	0.00012
5 to 14	0.00054	0.00022
15 to 24	0.00473	0.00192
25 to 44	0.00647	0.00263
45 to 64	0.00553	0.00225
65 to 74	0.00149	0.00061
75 +	0.00197	0.00080

Gender and Age Banded Seatbelt and Supplemental Restraint Annual Claim Costs per $1,000 Benefit

Age Band	**Male**	**Female**
< 5	0.00003	0.00001
5 to 14	0.00006	0.00002
15 to 24	0.00049	0.00020
25 to 44	0.00067	0.00027
45 to 64	0.00058	0.00023
65 to 74	0.00016	0.00006
75 +	0.00021	0.00008

(61) Security Protection Benefit

Final Claim Cost = CC x CF x Days Covered

Claim Cost by Benefit Amount – Claim Costs on a per day basis (CC)

Benefit Amount	Security Evacuation	Natural Disaster Evacuation	Kidnap Consultant Covered Expenses
$500	$0.04071	$0.01571	n/a
$1,000	$0.05071	$0.01929	n/a
$2,500	$0.08143	$0.03071	n/a
$5,000	$0.12214	$0.04643	n/a
$10,000	$0.16286	$0.06143	n/a
$25,000	$0.18357	$0.06929	n/a
$50,000	$0.20357	$0.07714	$0.02786
$100,000	$0.23429	$0.08857	$0.03714
$250,000	$0.29500	$0.11143	$0.05143
$500,000	$0.38714	$0.14571	$0.06571
$1,000,000	$0.50929	$0.19214	$0.09357
$2,000,000	$0.71286	$0.26857	n/a
$5,000,000	$1.01786	$0.38429	n/a
$10,000,000	$1.42500	$0.53786	n/a
$15,000,000	$1.73071	$0.65286	n/a
$20,000,000	$1.93429	$0.72929	n/a
$30,000,000	$2.13786	$0.80643	n/a
$50,000,000	n/a	$0.92143	n/a
$100,000,000	n/a	$1.15214	n/a

Note: Other benefit amounts not listed above will be interpolated from the above table.

Country Factor (CF)

Country War Risk Classification	Adjustment Factor
A - None	1.00
B - Low	1.25
C - Moderate	1.50
D - High	2.00
E - Severe	3.00
F - Extreme	4.00

Note: Each country's classification will be updated periodically based on world events.

For security protection benefit aggregates that are higher than 10 times the maximum security protection principal sum, a surcharge will be added. The following additional annual costs per $1,000 for higher aggregates would be used:

- First $1,000,000: 0.13650
- Second $1,000,000: 0.11050
- Third $1,000,000: 0.08450
- Fourth $1,000,000: 0.05200

- Fifth or higher $1,000,000: 0.04095

(62) Special Accommodation, Home/Vehicle Alteration Benefit

The Special Accommodation, Home/Vehicle Alteration Benefit reimburses for expenses up to the maximum benefit limit. The assumed average benefit is $10,000 per occurrence. The minimum of the assumed average benefit and the maximum benefit limit will be applied to the rate below.

Gender and Age Banded Home/Vehicle Alteration Annual Claim Costs per $1,000 Benefit (including Brain Death)

Age Band	Male	Female
<15	0.03969	0.03183
15 to 24	0.12894	0.05559
25 to 44	0.13135	0.05976
45 to 64	0.16279	0.08173
65 +	0.55073	0.46044

Gender and Age Banded Home/Vehicle Alteration Annual Claim Costs per $1,000 Benefit (excluding Brain Death)

Age Band	Male	Female
<15	0.02854	0.02322
15 to 24	0.04803	0.02722
25 to 44	0.05492	0.03949
45 to 64	0.08798	0.06200
65 +	0.38740	0.38991

Gender and Age Banded Special Accommodation Annual Claim Costs per $1,000 Benefit (including Brain Death)

Age Band	Male	Female
<15	0.03969	0.03183
15 to 24	0.12894	0.05559
25 to 44	0.13135	0.05976
45 to 64	0.16279	0.08173
65 +	0.55073	0.46044

Gender and Age Banded Special Accommodation Annual Claim Costs per $1,000 Benefit (excluding Brain Death)

Age Band	Male	Female
<15	0.02854	0.02322
15 to 24	0.04803	0.02722
25 to 44	0.05492	0.03949
45 to 64	0.08798	0.06200
65 +	0.38740	0.38991

(63) Sponsored Event Covered Activity Withdrawal Benefit

The Sponsored Event Covered Activity Withdrawal Benefit reimburses for expenses up to the maximum benefit limit. The assumed average benefit is $10,000 per occurrence. The minimum of the assumed average benefit and the maximum benefit limit will be applied to the rate below.

Gender and Age Banded Annual Claim Costs per $1,000 Benefit per Trip

Age Band	Male	Female
< 5	17.00810	12.48104
5 to 14	16.93996	12.42402
15 to 24	21.51000	16.11810
25 to 34	17.04932	14.92228
35 to 44	16.98777	14.95289
45 to 54	13.78098	12.57184
55 to 64	13.72380	12.53204
65 to 74	11.66052	12.07911
75 +	19.37764	20.08401

(64) Sporting Equipment and Sporting Uniforms Benefit

Final Claim Cost = [CC – DEDC] x PEXF

Claim Cost by Benefit Amount (CC)

Benefit Amount	Per Trip Claim Cost
$500	0.55
$1,000	1.10
$2,500	2.20
$5,000	3.60
$10,000	6.05
$15,000	8.25
$20,000	10.20
$25,000	11.85
$30,000	13.50
$35,000	14.85
$40,000	16.25
$45,000	17.35
$50,000	18.45
$60,000	20.35
$75,000	23.10
$100,000	26.95
$150,000	33.00
$200,000	38.50
$250,000	42.65

Deductible Credit (DEDC)

Deductible	Credit
$0	0.00
$50	0.05
$100	0.10
$200	0.20
$250	0.20
$300	0.25
$400	0.35
$500	0.45
$600	0.70
$700	0.95
$750	1.10
$800	1.25
$900	1.60
$1,000	2.00

Note: Other benefit and deductible amounts not listed above will be interpolated from the above tables.

Primary/Excess Coverage Factor (PEXF)

Coverage	Factor
Primary	1.02
Excess	1.00

(65) Spousal Retraining Benefit

The Spousal Retraining Benefit reimburses for expenses up to the maximum benefit limit. The assumed average benefit is $10,000 per occurrence. The minimum of the assumed average benefit and the maximum benefit limit will be applied to the rate below.

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male	Female
< 35	0.31228	0.08498
35 to 44	0.26950	0.10626
45 to 54	0.26478	0.11943
55 to 64	0.22504	0.09177
65 +	0.25056	0.12448

(66) Surgical Reattachment Benefit

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male/Female
All	0.00960

(67) Survivor Education Benefit

The Survivor Education Benefit reimburses for expenses up to the maximum benefit limit. The assumed average benefit is $25,000 per occurrence. The minimum of the assumed average benefit and the maximum benefit limit will be applied to the rate below.

Gender and Age Banded Annual Claim Costs per $1,000 Benefit For Child(ren) Only (for Accidental Death only)

Age Band	Male	Female
< 35	0.31966	0.08699
35 to 44	0.27587	0.10877
45 to 54	0.27104	0.12225
55 to 64	0.17277	0.07045
65 +	0.06412	0.03186

Gender and Age Banded Annual Claim Costs per $1,000 Benefit For Child(ren) Only (for Accidental Death & Dismemberment including Brain Death)

Age Band	Male	Female
< 35	0.50654	0.17202
35 to 44	0.46275	0.19379
45 to 54	0.50266	0.23854
55 to 64	0.34648	0.15767
65 +	0.26002	0.19564

Gender and Age Banded Annual Claim Costs per $1,000 Benefit For Child(ren) Only (for Accidental Death & Dismemberment excluding Brain Death)

Age Band	Male	Female
< 35	0.39779	0.14317
35 to 44	0.35401	0.16495
45 to 54	0.39621	0.21047
55 to 64	0.26665	0.13662
65 +	0.20192	0.17055

Gender and Age Banded Annual Claim Costs per $1,000 Benefit For Child(ren) Only (for Accidental Death & Permanent Total Disability)

Age Band	Male	Female
< 35	8.03863	5.83887
35 to 44	7.30831	6.30529
45 to 54	7.00824	6.76341
55 to 64	5.76458	5.72362
65 +	2.10236	2.08254

Gender and Age Banded Annual Claim Costs per $1,000 Benefit For Child(ren) Only (for Accidental Death, Dismemberment and Permanent Total Disability including Brain Death)

Age Band	Male	Female
< 35	8.07601	5.85588

Age Band	Male	Female
35 to 44	7.34569	6.32229
45 to 54	7.05457	6.78667
55 to 64	5.79932	5.74106
65 +	2.14154	2.11530

Gender and Age Banded Annual Claim Costs per $1,000 Benefit For Child(ren) Only (for Accidental Death, Dismemberment and Permanent Total Disability excluding Brain Death)

Age Band	Male	Female
< 35	8.05426	5.85011
35 to 44	7.32394	6.31653
45 to 54	7.03328	6.78105
55 to 64	5.78335	5.73685
65 +	2.12992	2.11028

Gender and Age Banded Annual Claim Costs per $1,000 Benefit For Spouse Only (for Accidental Death only)

Age Band	Male	Female
< 35	0.24982	0.06799
35 to 44	0.21560	0.08501
45 to 54	0.21182	0.09554
55 to 64	0.18003	0.07341
65 +	0.20045	0.09959

Gender and Age Banded Annual Claim Costs per $1,000 Benefit For Spouse Only (for Accidental Death & Dismemberment including Brain Death)

Age Band	Male	Female
< 35	0.39588	0.13444
35 to 44	0.36166	0.15145
45 to 54	0.39284	0.18643
55 to 64	0.36105	0.16430
65 +	0.81286	0.61159

Gender and Age Banded Annual Claim Costs per $1,000 Benefit For Spouse Only (for Accidental Death & Dismemberment excluding Brain Death)

Age Band	Male	Female
< 35	0.31089	0.11190
35 to 44	0.27667	0.12891
45 to 54	0.30965	0.16449
55 to 64	0.27786	0.14236
65 +	0.63124	0.53316

Gender and Age Banded Annual Claim Costs per $1,000 Benefit For Spouse Only (for Accidental Death & Permanent Total Disability)

Age Band	Male	Female
< 35	6.28242	4.56325

Age Band	Male	Female
35 to 44	5.71166	4.92777
45 to 54	5.47714	5.28580
55 to 64	6.00691	5.96423
65 +	6.57221	6.51027

Gender and Age Banded Annual Claim Costs per $1,000 Benefit For Spouse Only (for Accidental Death, Dismemberment and Permanent Total Disability including Brain Death)

Age Band	Male	Female
< 35	6.31163	4.57654
35 to 44	5.74087	4.94106
45 to 54	5.51335	5.30398
55 to 64	6.04312	5.98241
65 +	6.69469	6.61267

Gender and Age Banded Annual Claim Costs per $1,000 Benefit For Spouse Only (for Accidental Death, Dismemberment and Permanent Total Disability excluding Brain Death)

Age Band	Male	Female
< 35	6.29464	4.57203
35 to 44	5.72387	4.93655
45 to 54	5.49671	5.29959
55 to 64	6.02648	5.97802
65 +	6.65837	6.59698

(68) Temporary Total Disability Benefit

Gender and Age Banded Annual Claim Costs per $1 per Week

Age Band	EP (Days)/Benefit (Weeks)	Male	Female
< 30	7/13	0.22816	0.09624
< 30	14/13	0.11214	0.06382
< 30	30/13	0.05010	0.05140
< 30	7/26	0.28652	0.12136
< 30	14/26	0.14985	0.08516
< 30	30/26	0.07572	0.07710
< 30	7/52	0.34097	0.14302
< 30	14/52	0.18503	0.10355
< 30	30/52	0.09963	0.09925
< 30	7/104	0.39607	0.16365
< 30	14/104	0.22064	0.12108
< 30	30/104	0.12382	0.12036
30 to 39	7/13	0.23721	0.10200
30 to 39	14/13	0.11001	0.06629
30 to 39	30/13	0.04619	0.05356
30 to 39	7/26	0.30111	0.12890
30 to 39	14/26	0.14874	0.08870

Age Band	EP (Days)/Benefit (Weeks)	Male	Female
30 to 39	30/26	0.07093	0.08105
30 to 39	7/52	0.36523	0.15407
30 to 39	14/52	0.18760	0.10966
30 to 39	30/52	0.09576	0.10678
30 to 39	7/104	0.44093	0.18240
30 to 39	14/104	0.23347	0.13326
30 to 39	30/104	0.12506	0.13572
40 to 49	7/13	0.22308	0.11009
40 to 49	14/13	0.10093	0.06694
40 to 49	30/13	0.04223	0.05998
40 to 49	7/26	0.28525	0.13921
40 to 49	14/26	0.13738	0.08969
40 to 49	30/26	0.06515	0.09083
40 to 49	7/52	0.35084	0.16803
40 to 49	14/52	0.17584	0.11219
40 to 49	30/52	0.08933	0.12135
40 to 49	7/104	0.43906	0.20535
40 to 49	14/104	0.22758	0.14133
40 to 49	30/104	0.12185	0.16087
50 to 59	7/13	0.20533	0.12334
50 to 59	14/13	0.10041	0.07021
50 to 59	30/13	0.04298	0.02563
50 to 59	7/26	0.26387	0.15595
50 to 59	14/26	0.13729	0.09432
50 to 59	30/26	0.06619	0.03868
50 to 59	7/52	0.33093	0.19132
50 to 59	14/52	0.17955	0.12047
50 to 59	30/52	0.09277	0.05284
50 to 59	7/104	0.43158	0.24292
50 to 59	14/104	0.24297	0.15861
50 to 59	30/104	0.13267	0.07350
60 +	7/13	0.17747	0.12718
60 +	14/13	0.10446	0.07618
60 +	30/13	0.04518	0.02851
60 +	7/26	0.22751	0.15959
60 +	14/26	0.14281	0.10223
60 +	30/26	0.06846	0.04228
60 +	7/52	0.28832	0.19715
60 +	14/52	0.18942	0.13243
60 +	30/52	0.09675	0.05823
60 +	7/104	0.38510	0.25569
60 +	14/104	0.26360	0.17950
60 +	30/104	0.14177	0.08309

(69) Trip Cancellation Benefit

Final Claim Cost = [CC x Benefit Amount / $100 – DEDC] x AGEF

Claim Cost per $100 of Benefit (CC)

Benefit Amount	Per Trip Claim Cost
< $2,500	0.78
$2,501 to $3,000	0.82
$3,001 to $3,500	0.86
$3,501 to $4,000	0.90
$4,001 to $5,000	0.94
$5,001 to $6,000	1.06
$6,001 to $7,000	1.09
$7,001 to $10,000	1.17
$10,001 to $15,000	1.25
$15,000 +	1.33

Deductible Credit (DEDC)

Deductible	Credit
$0	0.00
$50	0.25
$100	0.60
$200	1.25
$250	1.55
$300	1.85
$400	2.50
$500	3.10
$600	4.20
$700	4.90
$750	5.25
$800	5.60
$900	6.30
$1,000	7.00

Note: Other benefit and deductible amounts not listed above will be interpolated from the above tables.

Age Factor (AGEF)

Age	Factor
< 18	0.600
18 to 22	0.745
23 to 34	0.850
35 to 39	0.895
40 to 49	1.000
50 to 60	1.095

Age	Factor
61 to 70	1.260
71 to 75	1.680
76 to 80	2.055
81 to 85	2.925
86 +	4.440

(70) Trip Delay Benefit

Final Claim Cost = ∑CC x Benefit Amount / $100 x LIMF x MDLF x DESF

Base Limit Claim Cost per $100 per Trip by Covered Reason (CC)

Covered Reason	Per Trip Claim Cost
Strike	0.006
Civil Commotion	0.012
Hijacking	0.002
Natural Disaster	0.012
Common Carrier	0.394
Quarantine	0.002
Loss of Travel Documents	0.007

Lifetime Limit Factor (LIMF)

Limit	Factor
$100	0.150
$150	0.250
$200	0.350
$250	0.450
$300	0.550
$350	0.650
$400	0.750
$450	0.875
$500	1.000
$750	1.625
$1,000	2.250
$1,500	3.500
$2,000	4.750
$2,500	6.000
$4,000	9.750
$5,000	12.250

Note: Other benefit amounts not listed above will be interpolated from the above costs.

Minimum Delay Factor (MDLF)

Minimum Delay (Hours)	Factor
3	1.275
6	1.175
9	1.075
12	1.000
18	0.875
24	0.775
36	0.675
48	0.600

Number of Destinations Factor (DESF)

# of Destinations	Factor
1	1.000
2 +	1.150

(71) Trip Interruption Benefit

Final Claim Cost = [CC x Benefit Amount / $100 – DEDC] x AGEF x TLF

Claim Cost per $100 of Benefit (CC)

Benefit Amount	Per Trip Claim Cost
< $2,500	0.22
$2,501 to $3,000	0.23
$3,001 to $3,500	0.24
$3,501 to $4,000	0.25
$4,001 to $5,000	0.26
$5,001 to $6,000	0.29
$6,001 to $7,000	0.30
$7,001 to $10,000	0.33
$10,001 to $15,000	0.35
$15,000 +	0.37

Deductible Credit (DEDC)

Deductible	Credit
$0	0.00
$50	0.10
$100	0.15
$200	0.35
$250	0.45
$300	0.50
$400	0.70
$500	0.85
$600	1.15

Deductible	Credit
$700	1.35
$750	1.45
$800	1.55
$900	1.75
$1,000	1.95

Note: Other benefit and deductible amounts not listed above will be interpolated from the above tables.

Age Factor (AGEF)

Age	Factor
< 18	0.600
18 to 22	0.745
23 to 34	0.850
35 to 39	0.895
40 to 49	1.000
50 to 60	1.095
61 to 70	1.260
71 to 75	1.680
76 to 80	2.055
81 to 85	2.925
86 +	4.440

Trip Length Factor (TLF)

Trip Length (in Days)	Factor
1	0.250
2 to 3	0.500
4	0.625
5	0.750
6 to 7	0.875
8	1.000
9	1.050
10	1.075
11	1.100
12	1.150
13	1.200
14	1.250
15	1.500
16 to 21	1.625
22 to 30	2.250
31 to 35	2.500
36 to 42	2.675
43 to 60	3.000
61 to 89	3.500
90 +	4.000

(72) Vehicle Return Benefit

Claim Cost per $100 Benefit

Benefit Amount	Per Trip Claim Cost
All	0.020

(73) Vocational Training Expense Benefit

The Vocational Training Expense benefit reimburses for expenses up to the maximum benefit limit. The assumed average benefit is $10,000 per occurrence. The minimum of the assumed average benefit and the maximum benefit limit will be applied to the rate below.

Gender and Age Banded Annual Claim Costs per $1,000 Benefit

Age Band	Male/Female
Adult	0.08310

Section IV – Rider Benefits

(74) Concussion Benefit Rider

The Concussion Rider reimburses for expenses up to the maximum benefit limit. The assumed average benefit is $5,000 per occurrence. The minimum of the assumed average benefit and the maximum benefit limit will be applied to the rate below.

Annual Claim Costs by Sport, Gender and School Type per $1,000 Benefit

	Male			Female		
Sport	Elementary	High School	College	Elementary	High School	College
Football/Rugby	0.31333	0.47000	0.61000	0.31333	0.47000	0.61000
Hockey	0.23000	0.34500	0.55000	0.27667	0.41500	0.62000
Soccer	0.14667	0.22000	0.49000	0.24000	0.36000	0.63000
Volleyball	0.05000	0.05000	0.18000	0.05000	0.05000	0.18000
Basketball	0.07000	0.07000	0.27000	0.21000	0.21000	0.43000
Wrestling	0.12000	0.18000	0.42000	0.12000	0.18000	0.42000
Baseball	0.05000	0.05000	0.09000	0.05000	0.05000	0.09000
Softball	0.07000	0.07000	0.19000	0.07000	0.07000	0.19000
Total	0.16667	0.25000	0.45000	0.15048	0.18000	0.38000

Note: Any sport not listed above will be assigned a classification based upon a similar sport.

Gender and Age Banded Annual Claim Costs for Overall School and Other Non-Sports Groups per $1,000 Benefit

Age	Male	Female
< 5	0.03688	0.06284
5 to 9	0.00928	0.01061
10 to 14	0.00565	0.00382
15 to 19	0.02779	0.03433
20 to 24	0.02512	0.02820
25 to 34	0.03300	0.04646
35 to 44	0.02332	0.03199
45 to 54	0.04333	0.05612
55 to 64	0.05284	0.05360
65 to 74	0.06920	0.06034
75 +	0.20083	0.17053

Section V – Conditions of Coverage

(75) 24 Hour – Business or Pleasure

If the covered insured is covered under all circumstances, the total benefit costs are multiplied by a factor of 1.00.

(76) Occupation Protection

If the covered insured is covered under all circumstances arising from and occurring while the covered insured is on assignment by or at the direction of the policyholder in accordance with his/her occupational or assigned duties, the total benefit costs are multiplied by a factor of 0.16.

(77) Non-Occupational

If the covered insured is covered under all circumstances arising from and occurring while the covered insured may be exposed anywhere in the world where he/she is not on assignment by or at the direction of the policyholder, the total benefit costs are multiplied by a factor of 0.84.

(78) Aircraft, Owned, Leased, Operated, or Controlled

If the covered insured is covered under all circumstances arising from and occurring while the covered insured is traveling or flying in, including entering or exiting, any aircraft that is owned, leased, operated or controlled by the policyholder or any of its subsidiaries or affiliates, the following rating conditions apply:

- Net AD&D Claims Cost = 1.25 per 1,000 per year
- For rotorcraft, multiply the base rate by 2.40

- For operation to and from off-shore landing sites, multiply the base rate by 1.50
- If the licensed pilot or instructor has a minimum of the following pilot hours logged, multiply the base rates by the appropriate factor:

Pilot Hours	Factor
50	1.20
100	1.15
250	1.10
500	1.05
1000	1.00
Requirement Waived	1.50

- If the provision for substitute aircraft coverage is included and the substitute aircraft will have combined passenger and crew member seating capacity which is equal to or smaller than the policyholder's designated aircraft, multiply the base rate by 1%. If the substitute aircraft is larger in passenger and crew member seat capacity than the designated covered aircraft, multiply the base rates by one of the following adjustment factors:

Number of Additional Seats per Substitute Aircraft	Factor
1 to 2	1.010
3 to 5	1.020
6 to 10	1.035
10+	1.050

- Modified or Special Usage Aircraft Loads

Modified/Special Use	Factor
Acrobatic or Stunt Flying	4.00
Racing	2.00
Endurance Tests	2.00
Rocket-Propelled or Rocket Launched	2.00
Crop Dusting	2.00
Crop Seeding	2.00
Crop Spraying	2.00
Fire Fighting	3.00
Exploration	1.15
Pipe Line Inspection	1.25
Power Line Inspection	1.25
Hunting	2.00
Bird or Fowl Herding	2.00
Aerial Photography	1.15
Banner Towing	1.15
Test or Experimental Purpose	3.00
Travel to and from Work	1.01

- Use the following factors is the policyholder has a fleet of aircraft:

Number of Aircraft	Factor
1 to 2	1.000
3	0.833
4	0.800
5	0.769
6	0.741
7	0.714
8	0.694
9	0.680
10	0.667

    - A factor of 1.01 is applied to newly acquired aircraft
    - The fleet factors above are recalculated as of the date of coverage begins for the newly acquired aircraft. The adjustment factors are modified appropriately for partial year.
- Usage Adjustment = Min (50, Number of Days Flying During the Year) ÷ 365
- Benefit Maximum = Min (Aggregate limit, Number of Seats Covered x Benefit Per Seat)

(79) Alternative Commuting

If the covered insured is covered under all circumstances arising from and occurring while the covered insured is commuting directly between home and the policyholder's premises where the covered insured normally works and when such use is necessitated by discontinuance of service, strike, or major breakdown of one or more Public Conveyance transportation systems which the covered insured regularly uses in commuting, a factor of 1.005 is applied to either the Business Travel, Occupational, Line of Duty Occupational, Non-employees or Director, Pilot and Crew, or Volunteer Covered Activities conditions of coverage.

(80) Business Travel (Domestic or Foreign)

If the covered insured is covered under all circumstances arising from and occurring while the covered insured is traveling in the course of the business of the policyholder or on a covered trip authorized in advance by the policyholder, the following rating conditions apply:

- Benefit cost adjustment = Min (50, Number of Days Traveling During the Year) ÷ 365
    - Does not apply to benefits on a per trip basis

- Personal Deviation Case Adjustment:

Length of Personal Deviation (Days)	Factor
1 to 3	1.010
4 to 7	1.015
8 to 15	1.020
15+	1.025

(81) Camp Coverage

If the covered insured is covered under all circumstances arising from and occurring while the covered insured is attending or participating in a camp, the following rating conditions apply:

- Camp Type Adjustment:

Camp Type	< Age 12	Ages 13 to 15	Ages 16 to 18
Non-sports	0.40	0.60	0.80
Sports non-contact	0.50	0.75	1.00
Sports contact	0.80	1.20	1.75
Football	1.25	1.75	2.50

- Day Camp only adjustment = 0.75
- Duration Adjustment
  - 1 Day = 1%
  - 2 to 3 Days = 2%
  - 4 to 7 Days = 3%
  - More than 7 Days = 3% per week (or any part thereof)

(82) Common Carrier Coverage

If the covered insured is covered under all circumstances arising from and occurring while the covered insured is in, entering, exiting or being struck by a common carrier or public conveyance, the total benefit costs are multiplied by a factor of 0.10.

(83) Line of Duty Occupational Coverage

If the covered insured is covered under all circumstances arising from and occurring while the covered insured is on duty or acting in the line of duty during a response to an emergency while off duty, the total benefit costs are multiplied by a factor of 0.75.

(84) Non-employee/Director/Officer/Trustee Coverage

If the covered insured is covered under all circumstances arising from and occurring while the covered insured is a non-employee, director, officer or trustee of the policyholder and is traveling to, during the course of, or returning from a meeting or a trip taken at the policyholder's request, the following rating conditions apply:

- Benefit cost adjustment = Min (50, Number of Days Flying During the Year) ÷ 365
  - Does not apply to benefits on a per trip basis
- Personal Deviation Case Adjustment:

Length of Personal Deviation (Days)	Factor
1 to 3	1.010
4 to 7	1.015
8 to 15	1.020
15+	1.025

(85) Passenger Coverage

If the covered insured is covered under all circumstances arising from and occurring while the covered insured is a fare paying passenger riding, boarding or alighting from a private passenger automobile dispatched by the policyholder, the total benefit costs are multiplied by a factor of 0.333.

(86) Pilot and Crew Coverage

If the covered insured is covered under all circumstances arising from and occurring while the covered insured is flying as a licensed pilot or as a member of the crew of an aircraft, the following rating conditions apply:

- If the licensed pilot, instructor, or student pilot has a minimum of one of the following number of pilot hours logged, the accidental death net claims cost is multiplied by the appropriate factor:

Pilot Hours	Factor
50	3.60
100	3.45
250	3.30
500	3.15
1000	3.00

(87) School Coverage

If the covered insured is covered under all circumstances arising from and occurring while the covered insured is participating in or attending classroom instruction, recess, lunch period, study period or sponsored school activity, the following rating conditions apply:

- School Coverage Type Adjustment:

School Coverage Type	K thru 8th	K thru 12th	9th thru 12th	College
School only (no sports)	0.45	0.50	0.60	1.50
School + Sports (exclude Football)	0.80	1.00	1.40	*
School + Sports (include Football)	0.90	1.40	2.40	*

*Experience-rated only

- Coverage for school day only adjustment = 0.75
- Duration adjustment = Number of school days during school year ÷ 365

(88) Sports Coverage

If the covered insured is covered under all circumstances arising from and occurring while the covered insured is participating in or attending practice, training, a competition game, or an exhibition game, the following rating conditions apply:

- Sport Classification:

Classification	Sport
A	Archery
A	Badminton
A	Baton Twirling
A	Coaching
A	Spectator
A	Table Tennis
B	Aerobics
B	Bowling
B	Broomball
B	Golf
B	Pistol
B	Rifle
B	Skeet
B	Softball
B	T-ball
C	Basketball
C	Bicycling
C	Cheerleading
C	Cricket
C	Cross Country
C	Flag Football
C	Hiking
C	Ice Skating
C	In-Line Skating
C	Kickball
C	Racquetball
C	Rowing
C	Sailing
C	Skiing - Cross Country
C	Swimming
C	Tennis
C	Touch Football

Classification	Sport
C	Ultimate Frisbee
C	Volleyball
C	Baseball
D	Diving
D	Fencing
D	Gymnastics
D	Handball
D	Lacrosse
D	Paintball
D	Roller Hockey
D	Running
D	Soccer
D	Squash
D	Track
D	Wall Climbing
D	Water Polo
D	Weightlifting
E	Field Hockey
E	Football
E	Ice Hockey
E	Marathon
E	Polo
E	Rock Climbing
E	Rugby
E	Skateboarding
E	Skiing - Downhill
E	Snowboarding
E	Surfing
E	Triathlon
E	Wrestling
F	Boxing
F	Judo
F	Karate
F	Kickboxing
F	Mixed Martial Arts
F	Rodeo
F	Toughman Competition

Note: Any sport not listed above will be assigned a classification based upon a similar sport that is listed above.

- Sports Classification Adjustment:

Sports Classification	< Age 10	10 to 12	13 to 15	16 to 18	Adults
A	0.25	0.50	0.75	2.50	8.75
B	0.25	0.50	1.00	3.75	11.25

Sports Classification	< Age 10	10 to 12	13 to 15	16 to 18	Adults
C	0.25	0.50	1.50	5.00	12.50
D	0.50	0.75	2.00	6.25	15.50
E	0.75	1.25	3.25	12.00	24.00
F	1.50	2.50	6.50	24.00	48.00

- Duration Adjustment = Number of covered hours ÷ (365 x 24 hours)

(89) Supervised and Sponsored Covered Activities

If the covered insured is covered under all circumstances arising from and occurring while the covered insured is participating in or attending a sponsored covered activity, the following rating conditions apply:

- Covered Activity Classification:
  - Class A
    - Adult Study Schools, Alter Boys, American Legion, Bible Schools, Bingo Associations, BlueBirds, B'nai Brith, Booster Clubs, Brownie Scouts, Card Clubs, Catholic Youth Organizations (non-athletic), Child Day Care Centers, Child Development Centers, Christian Day Schools, Choral Concert Groups, Church Congregations, Church Pre-Schools, Citizen Band Clubs, Civic Clubs, Concert Groups, Conferences, Dance Clubs, Discussion Groups, Exhibits Fashion Shows, Glee Clubs, Golden Age Clubs, Gray Ladies, Head Start Programs, Instrumental Groups, Jaycees, Junior Chamber of Commerce, Kiwanis Clubs, Knights of Columbus, Lutheran Leagues, Nurseries, P.T.A., Play Schools, Radio Clubs, Rainbow Girls, Royal Ambassadors, Self-Help Programs, Senior Citizens Clubs, Veteran of Foreign Wars, Webelos, Youth Choirs
  - Class B
    - Amateur Theater, Baton Marching Groups, Beauty Contests & Pageants, Bugle Corps, Business Schools, Church Youth Groups, Dances Schools (Excluding Clogging), Dog Clubs, Drill Teams, Drum Corps, Exchange Clubs, 4-H Clubs, Future Farmers of America, Garden Clubs, Handicapped Child Programs, Hay Rides, Majorettes, Marching Groups, Pageants, Safety Patrol Schools, Senior Class Trips, Youth Activities (excluding sports)
  - Class C
    - Archery Clubs, Bicycle Clubs, Boys Clubs (non-athletic), Community Centers (non-athletic), Country Club, Golf Clubs, Ice Skating Clubs, Recreation Centers, Roller Skating Centers, Soap Box Derbies, Social Centers, Summer Playgrounds, Youth Social Centers
  - Class D
    - Auto Clubs, Boat Trips (excluding white water rafting), Boating Clubs, Boy Scouts, Campfire Girls, Candy Stripers, Charity Workers, Church Activities, Cub Scouts, Festivals, Fund Raising Drives, Girl Scouts, Hospital Auxiliary, Karting Clubs, Key Clubs, Swimming Clubs, Yacht Clubs

- Class E
  - Big Brothers, Clogging, Conventions, Fishing Clubs, Gun Clubs, Horseback Riding Clubs, Hunting Clubs, Motor Clubs, Picnics or Organization Outings, Rod and Gun Clubs, Skeet/Trap/Turkey Shoots, Sportsman's Clubs, Trips and Tours
- Class F
  - Alligator Wrestlers, Athletic Associations or Clubs, Bowling Clubs, Circus Amateurs, Judo Schools, Playgrounds, Sport Tournaments and Meets
- Class G
  - Auto Mechanic Schools, Flagpole Sitters, Harness Racing, Hiking Clubs, Manual Training Schools, Rehabilitation Training Programs, Science Field of Study, Technical Schools, Vocational Training Programs, Welding Schools
- Class H
  - Backpacking Clubs, Outward-Bound Program, Pathfinders, Ski Clubs (including water skiing), Student Drivers, White Water Rafting)
- Class I
  - Jai Alai, Scuba Diving
- Class J
  - Go-Karting, Minibike Clubs, Skateboarding Clubs, Snowmobile Clubs
- Class K
  - Aerialists, Bungee Jumping, Parachutists, Rodeo, Sky Divers

Note: Any activity not listed above will be assigned a classification based upon a similar activity that is listed above.

- Covered Activity Classification Adjustment:

Covered Activity Class	Adjustment Factor
A	0.375
B	0.750
C	1.350
D	2.250
E	3.550
F	6.000
G	9.750
H	16.250
I	26.750
J	44.150
K	72.750

- Duration adjustment = Number of days of activity ÷ 365

(90) Terrorism Coverage

If the covered insured is covered under all circumstances arising from and occurring from a terrorism act while the covered insured is on the policyholder's premises, a factor of 1.01 is applied to the business travel condition of coverage.

(91) Voluntary Coverage

School Policyholders: If any benefit options are voluntary for the covered insured, a factor of 2.00 is applied to the applicable conditions of coverage.

All Other Policyholders: If any benefit options are voluntary for the covered insured, a factor of 1.10 is applied to the applicable conditions of coverage.

(92) Volunteer Covered Activities Coverage

If the covered insured is covered under all circumstances arising from and occurring while the covered insured is participating as a volunteer for the policyholder and while participating in a covered activity, the following rating conditions apply:

- Covered Activity Classification:
  - Class A
    - Non-Sports and Church Youth Groups with Little to No Rigorous Physical Activity Required
  - Class B
    - Non-Sports and Church Youth Groups with Some Rigorous Physical Activity Required
  - Class C
    - Youth Sports and Camping Groups with Some Rigorous Physical Activity Required
  - Class D
    - Youth Sports and Camping Groups with Some Rigorous Physical Activity Required, Rehabilitation, Vocational Training
  - Class E
    - Groups using Weapons or Firearms
  - Class F
    - Hazardous Sporting Activities
  - Class G
    - Groups using Potentially Hazardous Machinery
  - Class H
    - Construction, Demolition
  - Class I
    - Ambulance Attendants
  - Class J
    - Law Enforcement

- Class K
  - Firefighting, First Responders

Note: Any activity not listed above will be assigned a classification based upon a similar activity that is listed above.

- Covered Activity Classification Adjustment:

Covered Activity Class	Adjustment Factor
A	0.375
B	0.750
C	1.350
D	2.250
E	3.550
F	6.000
G	9.750
H	16.250
I	26.750
J	44.150
K	72.750

- Duration adjustment = Number of days of activity ÷ 365

(93) War Risk Coverage

If the covered insured is covered under all circumstances arising from and occurring while the covered insured is on business travel or traveling during the participation of a covered activity during war or an act of war, the following rating conditions apply:

- War Risk AD&D (Base Rates per $1,000 of Benefit)

Coverage Period	AD&D Rate
1 Week	$0.42
2 Weeks	$0.63
3 Weeks	$0.85
1 Month	$1.06
2 Months	$1.48
3 Months	$2.12
6 Months	$3.17
12 Months	$4.23

Note: For time periods other than those listed, rates will be interpolated linearly.

- War Risk AD&D and Permanent Total Disability (Base Rates per $1,000 of Benefit)

Coverage Period	AD&D and PTD Rate
1 Week	$0.79

Coverage Period	AD&D and PTD Rate
2 Weeks	$1.18
3 Weeks	$1.57
1 Month	$1.96
2 Months	$2.75
3 Months	$3.93
6 Months	$5.89
12 Months	$7.85

Note: For time periods other than those listed, rates will be interpolated linearly.

- War Risk – Temporary Total Disability – Payable 52 weeks with 14 day elimination period (Base Rates per $10 per weekly benefit)

Coverage Period	TTD Rate
1 Week	$0.53
2 Weeks	$0.79
3 Weeks	$1.06
1 Month	$1.33
2 Months	$1.85
3 Months	$2.65
6 Months	$3.96
12 Months	$5.29

Note: For time periods other than those listed, rates will be interpolated linearly.

- War Risk – Accidental Medical Expense (Base Rates per $1,000 of Maximum Benefit)

Benefit Maximum	1 Week	2 Weeks	3 Weeks	1 Month
<= $25,000	$0.85	$1.27	$1.69	$2.12
$25,001 to $50,000	$0.63	$0.97	$1.27	$1.57
$50,001 to $150,000	$0.42	$0.63	$0.85	$1.06
$150,001 to $250,000	$0.25	$0.38	$0.51	$0.63

- War Risk – Emergency Evacuation (Base Rates per $1,000 of Benefit)

Benefit Maximum	1 Week	2 Weeks	3 Weeks	1 Month
<= $25,000	$0.07	$0.10	$0.14	$0.17
$25,001 to $50,000	$0.13	$0.21	$0.25	$0.34
$50,001 to $150,000	$0.17	$0.25	$0.34	$0.42

- War Risk – Repatriation of Remains (Base Rates per $1,000 of Benefit)

Benefit Maximum	1 Week	2 Weeks – 1 Month
<= $15,000	$0.42	$0.55
$15,001 to $50,000	$0.34	$0.42

- Country War Risk Classification Adjustment:

Classification	Adjustment Factor
A - None	1.00
B - Low	1.25
C - Moderate	1.50
D - High	2.00
E - Severe	3.00
F - Extreme	4.00

Note: Each country's classification will be updated periodically based on world events.

- Hazardous Area/Occupation Adjustment:
  - An additional adjustment factor of 2.0 will be applied for occupations that are near hazardous areas or are closely aligned with hostile activities.

Section VI – Rating Adjustments

(94) Industry Factor

Industry Factors are mapped to SIC codes. This factor is applicable only to groups that have adult participants or members. The industry factor will apply to all benefits other than Accommodations and Travel Ticket, Alternative Commuting, Baggage Delay, Bedside Visit, Bullet Proof Vest, Camp Cancellation and Interruption, Carjacking, Carry-On or Checked/Lost/Stolen Baggage, Children's Additional Dismemberment and Paralysis, Common Accident, Common Carrier, Commuting, Crisis Death, Employment Recruitment, Escalator Inflation, Hepatitis Accident, HIV Accident, Loss of Travel Documents, Natural Disaster, Pandemic Influenza Vaccination, Personal Property, Private Passenger, Relocation, Repatriation, Repatriation Reunion, Return Minor Children, Safety Helmet and Personal Flotation Device, Seatbelt/Supplemental Restraint System, Security Protection, Sponsored Event Cancellation, Sporting Equipment and Sporting Uniforms, Trip Cancellation, Trip Delay, Trip Interruption, Vehicle Return and Waiver of Premium.

Industry Factors by SIC Code Range

Low Range	High Range	Specific Industry	Factor
0	130	Cash Grains	1.25
131	160	Field Crops, except Cash Grains	1.25
161	170	Vegetable & Melons	1.25
171	180	Fruit & Tree Nuts	1.25
181	190	Horticulture Specialties	1.25
191	199	General Farms, Primarily Crop	1.25
200	250	Agriculture Production - Livestock	1.25
251	269	Agriculture Production - Poultry	1.25

Low Range	High Range	Specific Industry	Factor
270	699	Agriculture Production - Other Livestock	1.25
700	722	Soil Preparation Services, Crop Planting, etc.	1.25
723	723	Crop Preparation except Cotton Ginning	1.25
724	740	Cotton Ginning	1.25
741	750	Veterinary Services	1.25
751	760	Animal Services except Veterinary	1.25
761	780	Farm Labor & Management Services	1.25
781	799	Landscape & Horticultural Services	1.25
800	899	Forestry	1.25
900	920	Commercial Fishing	1.25
921	970	Fish Hatcheries & Preserve	1.25
971	999	Hunting/Trapping	1.25
1000	1099	Metals	1.20
1100	1220	Coal	1.20
1221	1299	Coal Mining, Lignite Mining	1.20
1300	1399	Oil & Gas Extraction	1.20
1400	1499	Non-metallic Minerals, except Fuels	1.20
1500	1530	General Building Contractors - Residential	1.10
1531	1540	Operative Builders	1.10
1541	1541	General Building - Industrial/Warehouses	1.10
1542	1599	General Building - Nonresidential	1.10
1600	1619	Highway & Street Construction	1.10
1620	1699	Heavy Construction - Water, Sewer, Power Lines	1.10
1700	1720	Plumbing, Heating, Air-Conditioning	1.10
1721	1730	Painting, Paper Hanging & Decorating	1.10
1731	1740	Electrical Work	1.10
1741	1741	Masonry/Stone Setting/Stone Work	1.10
1742	1742	Plastering/Drywall/Acoustical/Insulation	1.10
1743	1750	Terrazzo/Tile/Marble/Mosaic Work	1.10
1751	1760	Carpentry, Floor Laying & Floor Work	1.10
1761	1770	Roofing, Siding & Sheet Metal Work	1.10
1771	1780	Concrete Work	1.10
1781	1790	Water Well Drilling	1.10
1791	1792	Structural Steel Erection	1.10
1793	1793	Glass & Glazing Work	1.10
1794	1794	Excavation Work	1.10
1795	1795	Wrecking & Demolition Work	1.10
1796	1798	Installing Building Equipment	1.10
1799	1999	Special Trade Contractors	1.10
2000	2020	Meat Products	1.00

Low Range	High Range	Specific Industry	Factor
2021	2031	Dairy Products	1.00
2032	2040	Fruit & Vegetable Products	1.00
2041	2050	Grain Mill Products	1.00
2051	2060	Bakery Products	1.00
2061	2073	Sugar, Candy & Nut Products	1.00
2074	2081	Fats & Oils	1.00
2082	2090	Beverage Products	1.00
2091	2094	Fish & Seafood Products	1.00
2095	2095	Roasted Coffee	1.00
2096	2096	Food Snacks	1.00
2097	2097	Manufactured Ice (except Dry Ice)	1.00
2098	2098	Pasta Products	1.00
2099	2099	Other Food Products	1.00
2100	2210	Tobacco	1.00
2211	2299	Textile Mill Products	1.00
2300	2389	Apparel	1.00
2390	2399	Other Textile Products	1.00
2400	2419	Logging	1.00
2420	2425	Sawmills	1.00
2426	2429	Hardwood Floor Manufacturing	1.00
2430	2439	Lumber Products	1.00
2440	2449	Wood Products	1.00
2451	2451	Mobile Homes	1.00
2452	2499	Other Wood Products	1.00
2500	2599	Furniture & Fixtures	1.00
2600	2651	Pulp, Paper & Paperboard Mills	1.00
2652	2670	Paperboard Boxes & Containers	1.00
2671	2699	Converted Paper/Paperboard Products	1.00
2700	2730	Newspapers & Periodicals	0.85
2731	2751	Book Publishing	0.85
2752	2799	Other Printing & Publishing	1.00
2800	2815	Alkalis & Chlorine, Industrial Gases	1.00
2816	2820	Inorganic Chemicals	1.00
2821	2832	Plastics, Rubbers & Fibers	1.00
2833	2840	Drugs	1.00
2841	2849	Soaps, Paint, Organic & Agricultural Chemicals	1.00
2850	2859	Paints	1.00
2860	2864	Industrial Organic Chemicals	1.00
2865	2868	Cyclic Crudes & Intermediates	1.00
2869	2869	Industrial Organic Chemicals	1.00

Low Range	High Range	Specific Industry	Factor
2870	2872	Agricultural Chemicals	1.00
2873	2874	Fertilizers	1.00
2875	2878	Fertilizers Mixing Only	1.00
2879	2890	Agricultural Chemicals	1.00
2891	2891	Adhesives & Sealants	1.00
2892	2892	Explosives	1.00
2893	2899	Printing Ink, Carbon Black, Chemicals	1.00
2900	2949	Petroleum & Coal Products	1.00
2950	2991	Asphalt Products	1.00
2992	2999	Lubricating Oils, Petroleum & Coal Products	1.00
3000	3019	Tire & Inner Tube Manufacturing	1.00
3020	3099	Rubber & Plastic Products	1.00
3100	3129	Leather Tanning & Finishing	1.00
3130	3149	Footwear, except Rubber	1.00
3150	3159	Leather Gloves & Mitten Manufacturing	1.00
3160	3199	Other Leather Products	1.00
3200	3210	Stone, Clay & Glass Products	1.00
3211	3239	Glass Products	1.00
3240	3259	Clay Products	1.00
3260	3279	Stone Products	1.00
3280	3289	Cut Stone Products	1.00
3290	3291	Abrasive Products	1.00
3292	3294	Asbestos Products	1.00
3295	3299	Minerals	1.00
3300	3320	Blast Furnace & Basic Steel Products	1.00
3321	3329	Iron & Steel Foundries	1.00
3330	3399	Nonferrous Metals	1.00
3400	3419	Metal Cans & Shipping Containers	1.00
3420	3430	Cutlery Hand Tools & Hardware	1.00
3431	3440	Plumbing & Heating, except Electrical	1.00
3441	3450	Fabricated Structural Metal Products	1.00
3451	3479	Metal Stampings	1.00
3480	3483	Ammunition & Guns	1.00
3484	3488	Small Arms	1.00
3489	3489	Ordnance & Accessories	1.00
3490	3499	Misc. Fabricated Metal Products	1.00
3500	3518	Turbines	1.00
3519	3522	Other Internal Combustion Engines	1.00
3523	3523	Farm Machinery	1.00
3524	3529	Lawn & Garden Equipment	1.00

Low Range	High Range	Specific Industry	Factor
3530	3531	Construction Machinery	1.00
3532	3532	Mining Machinery	1.00
3533	3533	Oil & Gas Field Machinery	1.00
3534	3539	Elevators, Conveyors, Hoists, Tractors	1.00
3540	3569	Metal Working & Industrial Machinery	1.00
3570	3579	Office & Computing Machinery	1.00
3580	3581	Vending Machines	1.00
3582	3591	Refrigeration/Service Industry Machinery	1.00
3592	3599	Misc. Industrial/Commercial Equipment	1.00
3600	3619	Electric Distributing Equipment	1.00
3620	3629	Industrial, Household, Lighting Electrical Apparatus	1.00
3630	3639	Household Appliances	1.00
3640	3649	Electric Lighting & Wiring	1.00
3650	3669	Radio, TV & Communication Equipment	1.00
3670	3689	Electronic Components, Misc. Electrical Equipment	1.00
3690	3699	Storage Batteries, etc.	1.00
3700	3719	Motor Vehicles & Equipment	1.00
3720	3723	Aircraft & Parts	1.00
3724	3727	Aircraft Engines & Parts	1.00
3728	3742	Other Transportation Equipment	1.00
3743	3760	Railroad Equipment, Motorcycles, Bicycles & Parts	1.00
3761	3763	Guided Missiles & Space Vehicles	1.00
3764	3791	Space Equipment	1.00
3792	3794	Travel Trailers & Campers	1.00
3795	3798	Tanks & Tank Components	1.00
3799	3799	Transportation Equipment	1.00
3800	3824	Scientific Instruments & Related Products	1.00
3825	3825	Instruments to Measure Electricity	1.00
3826	3839	Scientific Instruments	1.00
3840	3859	Medical Instruments & Equipment	1.00
3860	3872	Photographic Equipment	1.00
3873	3899	Watches & Clocks	1.00
3900	3950	Misc. Manufacturing Industries	1.00
3951	3960	Marking Devices	1.00
3961	3989	Costume Jewelry	1.00
3990	3999	Manufacturing Industries	1.00
4000	4099	Railroad Transportation	1.15
4100	4119	Local/International Urban Passenger Transit	1.15
4120	4130	Taxicabs	1.15
4131	4139	Intercity & Rural Bus Transportation	1.15

Low Range	High Range	Specific Industry	Factor
4140	4142	Bus Charter Service	1.15
4143	4149	Local Passenger Charter Service	1.15
4150	4172	School Buses	1.15
4173	4199	Bus Terminal & Service Facilities	1.15
4200	4219	Trucking	1.15
4220	4229	Warehousing	1.15
4230	4299	Trucking Terminal Facilities	1.15
4300	4399	U.S. Postal Service	1.15
4400	4411	Other Water Transportation	1.15
4412	4499	Water Transportation	1.15
4500	4579	Transportation by Air	1.15
4580	4599	Airports. Flying Fields & Airport Terminal Services	1.15
4600	4699	Pipe Lines, Except Natural Gas	1.15
4700	4729	Passenger Transport Arrangements	1.15
4730	4739	Freight Transportation Arrangement	1.15
4740	4782	Rental of Railroad Cars	1.15
4783	4799	Packing & Crating, Transportation Services	1.15
4800	4811	Other Communication	1.15
4812	4831	Telephone & Telegraph Communication	0.85
4832	4840	Radio & Television Broadcasting Stations	0.85
4841	4898	Cable & Other Pay Television Services	0.85
4899	4899	Communication Services	0.85
4900	4921	Electric Services	1.15
4922	4929	Natural Gas Services	1.15
4930	4931	Electric & Other Services Combined	1.15
4932	4938	Gas & Other Services Combined	1.15
4939	4940	Combination Utility Services	1.15
4941	4951	Water Supply	1.15
4952	4959	Sanitary Services	1.15
4960	4969	Steam & Air Conditioning Supply	1.15
4970	4999	Irrigation Systems	1.15
5000	5012	Motor Vehicle Parts	1.05
5013	5019	Motor Vehicles & Automobiles	1.05
5020	5020	Wholesale Furniture	1.05
5021	5029	Durable Goods	1.05
5030	5039	Construction Material	1.05
5040	5042	Toy & Hobby, Photo	1.05
5043	5049	Office Equipment	1.05
5050	5062	Metals Service/Coal/Minerals	1.05
5063	5069	Electrical Equipment Hardware	1.05

Low Range	High Range	Specific Industry	Factor
5070	5073	Plumbing/Construction/Industrial	1.05
5074	5079	Plumbing/Construction/Industrial	1.05
5080	5084	Machinery, Equipment Supplies	1.05
5085	5089	Industrial Supplies	1.05
5090	5092	Sporting Goods/Toys/Hobbies	1.05
5093	5093	Scrap	1.05
5094	5099	Other Durable	1.05
5100	5110	Paper & Products	1.05
5111	5119	Non-durable Goods	1.05
5120	5129	Drugs & Sundries	1.05
5130	5139	Clothing & Shoes	1.05
5140	5142	Groceries	1.05
5143	5144	Dairy/Poultry	1.05
5145	5149	Produce/Meats/Grain	1.05
5150	5159	Farm Products, Livestock	1.05
5160	5161	Petroleum, Chemicals, Alcoholic Bevs.	1.05
5162	5179	Plastics/Chemicals/Petroleum	1.05
5180	5199	Non-durable Goods	1.05
5200	5210	Retail Building Materials & Farm Equipment	0.85
5211	5229	Lumber & Other Building Materials	0.85
5230	5249	Building Materials & Garden Supplies	0.85
5250	5259	Hardware Stores	0.85
5260	5269	Retail Nurseries & Garden Stores	0.85
5270	5299	Mobile Home Dealers	0.85
5300	5399	General Merchandise Stores	0.85
5400	5439	Food Stores	0.85
5440	5459	Candy, Nut, Confectionary & Dairy Product Stores	0.85
5460	5498	Retail Bakeries	0.85
5499	5499	Misc. Food Stores	0.85
5500	5529	Auto Dealers & Service Stations	0.85
5530	5539	Auto & Home Supply Stores	0.85
5540	5549	Gasoline Service Stations	0.85
5550	5599	Boat, Recreation, Motorcycle, Automotive Dealers	0.85
5600	5699	Apparel	0.85
5700	5711	Furniture & Home Furnishings	0.85
5712	5799	Furniture	0.85
5800	5899	Eating & Drinking Places	0.85
5900	5919	Stores	0.85
5920	5982	Misc. Retail	0.85
5983	5988	Fuel Oil Dealers	0.85

Low Range	High Range	Specific Industry	Factor
5989	5991	Fuel Dealers	0.85
5992	5992	Florists	0.85
5993	5999	Florists, Tobacco & News Stores & Misc. Retail	0.85
6000	6034	Banking	0.80
6035	6059	Savings Institutions	0.80
6060	6079	Credit Unions	0.80
6080	6099	Other Banking	0.80
6100	6140	Federal Credit Agencies	0.80
6141	6161	Personal & Business Credit Agencies	0.80
6162	6199	Mortgage Bankers & Brokers	0.80
6200	6299	Security Brokers	0.80
6300	6310	Insurance Carriers	0.80
6311	6399	Insurance	0.80
6400	6499	Insurance Agents, Brokers & Services	0.80
6500	6529	Real Estate Operators & Lessors	0.80
6530	6540	Real Estate Agent & Managers	0.80
6541	6699	Title Abstract Offices/Land Subdividers	0.80
6700	6721	Holding Companies	0.80
6722	6731	Investment Companies	0.80
6732	6791	Trusts	0.80
6792	6999	Other Finance	0.80
7000	7199	Hotels	0.90
7200	7219	Laundry Services	1.00
7220	7229	Photographic Studios	1.00
7230	7239	Beauty Shops	1.00
7240	7249	Barber Shops	1.00
7250	7259	Shoe Repair & Shine	1.00
7260	7289	Funeral Services & Crematories	1.00
7290	7298	Tax Return Preparation Services	1.00
7299	7299	Miscellaneous Personal Services	1.00
7300	7311	Advertising Agencies	1.00
7312	7312	Outdoor Advertising Services	1.00
7313	7318	Radio, TV, Publisher Representatives	1.00
7319	7321	Advertising Services	1.00
7322	7329	Credit Reporting & Collection	1.00
7330	7334	Direct Mail, Photocopying & Duplicating Services	1.00
7335	7337	Commercial Photography, Art & Graphic Design	1.00
7338	7341	Secretarial & Court Reporting	1.00
7342	7348	Disinfecting & Pest Control Services	1.00
7349	7351	Building Maintenance Services	1.00

Low Range	High Range	Specific Industry	Factor
7352	7359	Equipment Rental & Leasing	1.00
7360	7362	Employment Agencies	1.00
7363	7369	Personnel Supply Services	1.00
7370	7373	Computer Programming Services	1.00
7374	7374	Data Processing & Preparation	1.00
7375	7376	Information Retrieval & Computer Facilities Mgmt	0.85
7377	7379	Computer Rental, Leasing, Maintenance & Repair	1.00
7380	7381	Detective, Guard & Armored Car Service	1.00
7382	7382	Security System Services	1.00
7383	7383	News Syndicates	0.85
7384	7388	Photo Finishing Laboratories	1.00
7389	7499	Business Services	1.00
7500	7512	Auto Repair Service, Garage	1.00
7513	7519	Automotive & Truck Leasing & Rental	1.00
7520	7531	Automobile Parking	1.00
7532	7541	Automotive Repair Shops	1.00
7542	7599	Car Washes & Automotive Services	1.00
7600	7799	Misc. Repairs	1.00
7800	7811	Motion Picture	1.00
7812	7821	Motion Picture & Video Production Services	1.00
7822	7831	Motion Picture Distribution Services	0.85
7832	7839	Motion Picture Theaters	0.85
7840	7899	Video Tape Rentals	1.00
7900	7947	Amusement & Recreation Facilities	1.00
7948	7990	Racing, Including Track Operation	1.00
7991	7995	Phys Ed/Golf/Coin Op. Amusement	1.00
7996	7999	Amusement Parks	1.00
8000	8010	Other Medical & Health Services	0.80
8011	8019	Offices/clinics of Doctors	0.80
8020	8029	Offices/clinics of Dentists	0.80
8030	8031	Offices/clinics of Doctors of Osteopathy	0.80
8032	8049	Other Health Practitioners	0.80
8050	8061	Nursing & Personal Care	0.80
8062	8069	Hospitals	0.80
8070	8081	Medical & Dental Laboratories	0.80
8082	8091	Home Health Care Services	0.80
8092	8099	Health & Allied Services	0.80
8100	8199	Legal Services	1.00
8200	8219	Elementary & Secondary Schools	0.80
8220	8229	Colleges & Universities	0.80

Low Range	High Range	Specific Industry	Factor
8230	8242	Libraries	0.80
8243	8299	Vocational Schools	0.80
8300	8321	Social Services	0.80
8322	8329	Individual & Family Services	0.80
8330	8349	Job Training & Related Services	0.80
8350	8359	Child Day Care Services	0.80
8360	8398	Residential Care	0.80
8399	8399	Other Social Services	0.80
8400	8411	Museums, Botanical/Zoological Gardens	1.00
8412	8421	Museums & Art Galleries	1.00
8422	8599	Botanical/Zoological Gardens	1.00
8600	8619	Business Associations	1.00
8620	8629	Professional Organizations	1.00
8630	8639	Labor Organizations	1.00
8640	8659	Civil/Social/Political/Fraternal Organizations	1.00
8660	8698	Religious/Membership Organizations	1.00
8699	8699	Other Membership Organizations	1.00
8700	8719	Engineering, Architectural Surveying	1.00
8720	8729	Accounting, Auditing, Bookkeeping Services	1.00
8730	8730	Other White Collar Misc. Services	1.00
8731	8731	Commercial Physical Research	1.00
8732	8732	Commercial Nonphysical Research	1.00
8733	8733	Noncommercial Research Organizations	1.00
8734	8740	Testing Laboratories	1.00
8741	8741	Management & Public Relations Service	1.00
8742	8742	Management Consulting	1.00
8743	8743	Public Relations Services	1.00
8744	8747	Facilities Support Services	1.00
8748	8799	Business Consulting	1.00
8800	8998	Private Households	1.00
8999	8999	Other White Collar Misc. Services	1.00
9000	9199	Executive Offices	0.95
9200	9220	Courts	0.95
9221	9221	Police Protection	0.95
9222	9222	Public Administration	0.95
9223	9223	Correctional Institutions	0.95
9224	9228	Fire Protection	0.95
9229	9229	Public Order & Safety	0.95
9230	9299	Public Finance Administration	0.95
9300	9399	Finance, Taxation & Monetary Policy	0.95

Low Range	High Range	Specific Industry	Factor
9400	9410	Human Resources Administration	0.95
9411	9429	Administration of Education Programs	0.95
9430	9439	Administration of Public Health Programs	0.95
9440	9449	Administration of Social & Manpower Programs	0.95
9450	9499	Administration of Veterans' Affairs	0.95
9500	9510	Environmental Quality & Housing	0.95
9511	9599	Administration of Environmental Quality & Housing	0.95
9600	9610	Social Programs	0.95
9611	9699	Administration of Economic Programs	0.95
9700	9710	National Security Affairs	0.95
9711	9719	National Security	0.95
9720	9998	International Affairs	0.95
9999	9999	Non-classifiable Establishments	1.00

(95) State Factor

Assignment of area cost adjustments will be based on the most appropriate setting given the location of the group or the covered activity. This factor is applied to all benefits other than Accidental Severe Burn and Disfigurement, Accommodations and Travel Ticket, Baggage Delay, Bedside Visit, Bullet Proof Vest, Camp Cancellation and Interruption, Carry-On or Checked/Lost/Stolen Baggage, Common Carrier, Employment Recruitment, Escalator Inflation, Exposure and Disappearance, Hepatitis Accident, HIV Accident, Loss of Travel Documents, Medical Evacuation, Accidental Medical Expense, Natural Disaster, Pandemic Influenza Vaccination, Personal Property, Relocation, Repatriation, Repatriation Reunion, Return Minor Children, Security Protection, Sponsored Event Cancellation, Sporting Equipment and Sporting Uniforms, Trip Cancellation, Trip Delay, Trip Interruption, Vehicle Return and Waiver of Premium.

State Factor

State	Factor
AK	1.15
AL	1.20
AR	1.15
AZ	1.10
CA	0.85
CO	1.10
CT	1.00
DC	0.80
DE	1.00
FL	1.15
GA	1.00
HI	0.85

State	Factor
IA	1.05
ID	1.05
IL	0.90
IN	1.00
KS	1.05
KY	1.20
LA	1.20
MA	0.85
MD	0.80
ME	1.10
MI	0.95
MN	1.00
MO	1.15
MS	1.20
MT	1.25
NC	1.10
ND	1.20
NE	1.00
NH	0.95
NJ	0.85
NM	1.25
NV	1.05
NY	0.80
OH	1.10
OK	1.20
OR	1.10
PA	1.10
RI	1.10
SC	1.15
SD	1.10
TN	1.20
TX	0.95
UT	0.90
VA	0.95
VT	1.15
WA	1.00
WI	1.10
WV	1.25
WY	1.25

(96) Optional Exclusions

To remove one of the optional exclusions listed below, the total benefit costs will be adjusted as follows:

Exclusion	Adjustment
Alcohol	6% load
Drug	4% load
Military Service/National Guard[1]	20% load

[1]The adjustment for the Military Service/National Guard exclusion will not apply if the War Risk Condition of Coverage adjustment is applied.

(97) Underwriting Adjustment

The starting factor is 1.000. This factor can be adjusted +/- 25% depending upon other group characteristics not addressed by rating factors and prior carrier experience.

(98) Target Loss Ratio

The target loss ratio is 50.0%.

Section VII –Waiver of Premium

(99) Waiver of Premium Benefit

Gender and Age Banded Annual Claim Costs per $1 Benefit

Age Band	EP (Days)/Benefit (Months)	Male	Female
< 30	90/12	0.00862	0.00549
< 30	90/24	0.01157	0.00737
< 30	90/36	0.01318	0.00839
< 30	90/60	0.01596	0.01016
< 30	180/12	0.00330	0.00207
< 30	180/24	0.00663	0.00416
< 30	180/36	0.00907	0.00569
< 30	180/60	0.01335	0.00838
< 30	360/24	0.00326	0.00182
< 30	360/36	0.00496	0.00316
< 30	360/60	0.00700	0.00550
< 30	720/36	0.00233	0.00125
< 30	720/60	0.00640	0.00344
30 to 39	90/12	0.01126	0.00717
30 to 39	90/24	0.02069	0.01168
30 to 39	90/36	0.02782	0.01510
30 to 39	90/60	0.03943	0.02127

Age Band	EP (Days)/Benefit (Months)	Male	Female
30 to 39	180/12	0.00248	0.00222
30 to 39	180/24	0.00562	0.00505
30 to 39	180/36	0.00828	0.00743
30 to 39	180/60	0.01306	0.01172
30 to 39	360/24	0.00284	0.00227
30 to 39	360/36	0.00499	0.00418
30 to 39	360/60	0.00850	0.00763
30 to 39	720/36	0.00201	0.00173
30 to 39	720/60	0.00565	0.00486
40 to 49	90/12	0.01184	0.01036
40 to 49	90/24	0.02370	0.01975
40 to 49	90/36	0.03414	0.02805
40 to 49	90/60	0.05318	0.04336
40 to 49	180/12	0.00271	0.00321
40 to 49	180/24	0.00669	0.00792
40 to 49	180/36	0.01028	0.01218
40 to 49	180/60	0.01691	0.02002
40 to 49	360/24	0.00352	0.00371
40 to 49	360/36	0.00664	0.00706
40 to 49	360/60	0.01232	0.01325
40 to 49	720/36	0.00278	0.00306
40 to 49	720/60	0.00791	0.00871
50 to 59	90/12	0.01585	0.01560
50 to 59	90/24	0.03329	0.03189
50 to 59	90/36	0.04928	0.04693
50 to 59	90/60	0.07886	0.07488
50 to 59	180/12	0.00446	0.00535
50 to 59	180/24	0.01148	0.01378
50 to 59	180/36	0.01798	0.02158
50 to 59	180/60	0.03007	0.03609
50 to 59	360/24	0.00641	0.00700
50 to 59	360/36	0.01230	0.01347
50 to 59	360/60	0.02320	0.02550
50 to 59	720/36	0.00537	0.00614
50 to 59	720/60	0.01537	0.01757
60 +	90/12	0.02448	0.02519
60 +	90/24	0.05172	0.05177
60 +	90/36	0.07562	0.07573
60 +	90/60	0.11521	0.11892
60 +	180/12	0.00783	0.00546
60 +	180/24	0.02033	0.01418
60 +	180/36	0.03165	0.02208
60 +	180/60	0.05206	0.03632
60 +	360/24	0.01220	0.01282
60 +	360/36	0.02301	0.02444

Age Band	EP (Days)/Benefit (Months)	Male	Female
60 +	360/60	0.04090	0.04537
60 +	720/36	0.01043	0.01179
60 +	720/60	0.02922	0.03305

Section VIII –Premium Modalization Factors

(100) Premium Modalization Adjustment Factors

Mode	Adjustment Factor
Monthly	0.090
Quarterly	0.265
Semi-Annual	0.520
Annual	1.000
Two Years	1.900
Three Years	2.775
Four Years	3.700
Five Years	4.625

Liberty Insurance Underwriters Inc.

Blanket Accident

Out of Country Medical Rider

Manual Rate

Documentation

November 2013

Form LIUI BACC OOCMR01 (Ed. 08 13)

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Section I - Introduction

Liberty Insurance Underwriters' Blanket Accident Out of Country Medical Rider premiums are developed based upon a combination of group demographics and plan design. This manual will allow an underwriter to quote a premium for a fully insured Out of Country Medical Rider product.

Daily Claim Cost Formula

= ((Base Daily Claim Cost for Out of Country Medical for 0 to 30 Days
OR
= ((Base Daily Claim Cost for Out of Country Medical for 31+ Days

+ Base Daily Claim Cost for Home Country Medical for 0 to 30 Days)
OR
+ Base Daily Claim Cost for Home Country Medical for 31+ Days)

X Benefits Adjustment
X Sum of (Starting Included Benefit Weight x Limit or Indemnity Factor x Percent of Usual and Customary Charges Covered for Each Service))

> Note: If all benefits are selected and there are no additional or aggregate/total benefit limits, then the Total Included Benefit Adjustment factor is 1.0. If any limit is used that is different from what is presented, then the factor will be interpolated from the appropriate table.

X Intercollegiate Sports Injury Adjustment

X Pre-Existing Conditions Adjustment

X Pregnancy Adjustment

X Coverage Adjustment

X Age/Gender Factor

X Country Factor

X Trend Factor

X Personal Deviation Factor

X War Risk Factor

X Underwriting Adjustment

÷ Target Loss Ratio

X Number of Covered Days

Note: Please see page 14 for a manual rate calculation example.

Section II – Assumed Group Census Distributions

If census information is not available from the group, the following census distribution will be assumed when generating quotes. Benefits that are applied to a specific age or gender group will be reweighted [1] based upon this distribution. Groups with population distributions with broader or narrower bands than defined below will be allocated proportionately.

[1] For example, a group that is targeted toward a male-only sports activity for ages from 25 to 34 will be assumed to have 51.5% (= 3.45% ÷ (3.45% + 3.25%)) of its population in the 25 to 29 age band and 48.5% (= 3.25% ÷ (3.45% + 3.25%)) of its population in the 30 to 34 age band.

Assumed Distribution of Members

	Male	Female
<5	3.34%	3.19%
5 - 9	3.36%	3.22%
10 - 14	3.42%	3.27%
15 - 19	3.64%	3.46%
20 - 24	3.57%	3.43%
25 - 29	3.45%	3.39%
30 - 34	3.25%	3.24%
35 - 39	3.23%	3.26%
40 - 44	3.36%	3.39%
45 - 49	3.61%	3.71%
50 - 54	3.54%	3.68%
55 - 59	3.10%	3.30%
60 - 64	2.64%	2.85%
65 - 69	1.90%	2.14%
70 - 74	1.38%	1.63%
75 - 79	1.03%	1.34%
80 - 84	0.74%	1.11%
85 - 89	0.42%	0.76%
90 - 94	0.14%	0.33%
95 - 99	0.03%	0.09%
100+	0.00%	0.01%

Section III - Benefits

(1) Out of Country Medical Benefit

The Out of Country Medical Benefit reimburses for medical expenses up to the maximum benefit limit while the covered insured is traveling outside his country of primary residence.

Base Starting Out of Country Medical Daily Claim Cost per Covered Person:

Base Out of Country Medical Daily Claim Cost – 0 to 30 Days

Benefit Maximum	Deductible						
	$0	**$50**	**$100**	**$150**	**$250**	**$500**	**$1,000**
$50,000	$1.03	$1.02	$0.93	$0.92	$0.82	$0.73	$0.61
$100,000	$1.16	$1.15	$1.05	$1.04	$0.95	$0.86	$0.74
$250,000	$1.31	$1.30	$1.21	$1.20	$1.11	$1.01	$0.90
$500,000	$1.34	$1.33	$1.24	$1.23	$1.13	$1.04	$0.93
$1,000,000	$1.37	$1.36	$1.26	$1.25	$1.16	$1.06	$0.95

Base Out of Country Medical Daily Claim Cost – 31+ Days

Benefit Maximum	Deductible						
	$0	**$50**	**$100**	**$150**	**$250**	**$500**	**$1,000**
$50,000	$2.28	$2.26	$2.22	$2.20	$2.12	$1.97	$1.67
$100,000	$3.00	$2.97	$3.00	$2.97	$2.84	$2.69	$2.38
$250,000	$4.54	$4.50	$4.54	$4.50	$4.39	$4.52	$3.92
$500,000	$7.10	$7.05	$7.04	$6.98	$6.95	$6.80	$6.48
$1,000,000	$7.81	$7.75	$7.74	$7.68	$7.64	$7.48	$7.13

The Home Country Medical Emergency and Home Country Medical Extension benefits reimburse for medical expenses up to the maximum benefit limit while the covered insured is temporarily traveling back to his country of primary residence or is continuing medical treatment that began during the course of a covered trip.

Base Home Country Medical Emergency and Home Country Medical Extension Daily Claim Cost – 0 to 30 Days

Benefit Maximum	Deductible						
	$0	**$50**	**$100**	**$150**	**$250**	**$500**	**$1,000**
$50,000	$1.55	$1.53	$1.39	$1.37	$1.24	$1.10	$0.93
$100,000	$1.74	$1.73	$1.58	$1.57	$1.43	$1.29	$1.12
$250,000	$1.97	$1.95	$1.81	$1.80	$1.66	$1.52	$1.35
$500,000	$2.01	$1.99	$1.85	$1.84	$1.70	$1.56	$1.39
$1,000,000	$2.05	$2.04	$1.89	$1.88	$1.74	$1.60	$1.43

Base Home Country Medical Emergency and Home Country Medical Extension Daily Claim Cost – 31+ Days

Benefit Maximum	Deductible						
	$0	**$50**	**$100**	**$150**	**$250**	**$500**	**$1,000**
$50,000	n/a	$3.67	$3.33	$3.30	$3.19	$2.95	$2.50

Benefit Maximum	Deductible						
	$0	**$50**	**$100**	**$150**	**$250**	**$500**	**$1,000**
$100,000	n/a	$4.90	$4.49	$4.45	$4.26	$4.03	$3.57
$250,000	n/a	$7.34	$6.81	$6.75	$6.58	$6.78	$5.87
$500,000	n/a	$11.37	$10.56	$10.47	$10.43	$10.20	$9.73
$1,000,000	n/a	$12.48	$11.61	$11.52	$11.46	$11.22	$10.70

Included Out of Country Medical Benefits:

Chiropractic Treatment:

Starting Benefit Weight: 0.00984

Additional Benefit Adjustments:

$ Limit Factors:

$ Limit	Factor
up to $200	0.97000
$1,000	0.99123
$10,000	0.99964
Unlimited	1.00000

Indemnity Factors:

Indemnity Benefit	Factor
up to $200	0.97000
$400	1.00000

Visit Limit Factors:

Indemnity Benefit	Factor
up to 10	0.98000
30	0.99162
365	1.00000

Dental – Alleviation of Pain

Starting Benefit Weight: 0.00004

Additional Benefit Adjustments:

$ Limit Factors:

$ Limit	Factor
up to $2000	0.97000
$4,000	1.00000
Unlimited	1.00000

Indemnity Factors:

Indemnity Benefit	Factor
up to $2000	0.97000
$4,000	1.00000

Dental - Injury

Starting Benefit Weight: 0.00004

Additional Benefit Adjustments:

$ Limit Factors:

$ Limit	Factor
up to $200	0.98000
$400	0.98083
$5,000	1.00000
Unlimited	1.00000

Indemnity Factors:

Indemnity Benefit	Factor
up to $200	0.98000
$400	0.98083
$5,000	1.00000

Emergency Room:

Starting Benefit Weight: 0.04616

Additional Benefit Adjustments:

Deductible Factors:

Deductible	Factor
$0	1.00000
$50	0.99230
$100	0.98701
$200	0.97986
$500	0.96900
$1,000	0.96142
$5,000	0.95000

Maximum Number of ER Visits for Inbound Coverage:

Visits	Inbound
1	0.95
2	0.97
5	0.98
10	1
15	1

Visits	Inbound
20	1

Inpatient Prescription Drugs:

Starting Benefit Weight: 0.01024

Additional Benefit Adjustments:

$ Limit Factors:

$ Limit	Factor
up to $5,000	0.94000
$10,000	0.98087
Unlimited	1.00000

Indemnity Factors:

Indemnity Benefit	Factor
up to $5,000	0.94000
$10,000	1.00000

Inpatient Hospital Private/Semi-Private Room:

Starting Benefit Weight: 0.10002

Additional Benefit Adjustments:

$ Limit Factors:

$ Limit Per Day	Factor
up to $2,500	0.96000
$5,000	0.98217
$10,000	0.99306
Unlimited	1.00000

Indemnity Per Day Factors:

Indemnity Benefit	Factor
up to $2,500	0.96000
$4,100	1.00000

Inpatient Mental and Nervous Disorders:

Starting Benefit Weight: 0.01073

Additional Benefit Adjustments:

$ Limit Factors:

$ Limit	Factor
up to $5,000	0.97000

$ Limit	Factor
$10,000	0.99024
Unlimited	1.00000

Indemnity Factors:

Indemnity Benefit	Factor
up to $5,000	0.97000
$10,000	1.00000

Intensive Care Unit/Critical Care Unit:

Starting Benefit Weight: 0.02778

Additional Benefit Adjustments:

$ Limit Factors:

$ Limit Per Day	Factor
up to $5,000	0.96000
$10,000	0.99048
Unlimited	1.00000

Indemnity Per Day Factors:

Indemnity Benefit	Factor
up to $5,000	0.96000
$10,000	1.00000

Outpatient Mental and Nervous Disorders:

Starting Benefit Weight: 0.00875

Additional Benefit Adjustments:

$ Limit Factors:

$ Limit	Factor
up to $2,500	0.96000
$10,000	0.98859
Unlimited	1.00000

Indemnity Factors:

Indemnity Benefit	Factor
up to $2,500	0.96000
$10,000	1.00000

Outpatient Prescription Drugs:

Starting Benefit Weight: 0.13410

Additional Benefit Adjustments:

$ Limit Factors:

$ Limit	Factor
up to $2,500	0.96000
$5,000	0.97459
$10,000	0.98593
Unlimited	1.00000

Indemnity Factors:

Indemnity Benefit	Factor
up to $2,500	0.96000
$5,000	1.00000

All Other Services:

Includes Surgeon, Physician, Registered Nursing, X-Ray, MRI, CT Scan, Lab Tests, Ambulatory Medical Center, Ambulance, Rehabilitation, Durable Medical Equipment, Prosthetics, etc.

Benefit Weight: 0.65230

Percent of Usual & Customary Charges Covered for Each Service (Single Level):

Percent	Factor
50%	0.55074
60%	0.64852
70%	0.74631
75%	0.79117
80%	0.83603
85%	0.87702
90%	0.91802
95%	0.95901
100%	1.00000

Percent of Usual & Customary Charges Covered for Each Service (70% of Usual & Customary Charges Covered up to $1,000, 100% of Usual & Customary Charges Covered Thereafter):

Benefit Maximum	Deductible						
	$0	$50	$100	$150	$250	$500	$1,000
$50,000	0.93832	0.93895	0.93955	0.94018	0.94135	0.94396	0.94830
$100,000	0.94250	0.94312	0.94369	0.94431	0.94544	0.94796	0.95214
$250,000	0.94573	0.94633	0.94689	0.94749	0.94859	0.95106	0.95514
$500,000	0.94672	0.94732	0.94788	0.94847	0.94957	0.95202	0.95607
$1,000,000	0.94715	0.94774	0.94830	0.94890	0.94999	0.95244	0.95648

Percent of Usual & Customary Charges Covered for Each Service (70% of Usual & Customary Charges Covered up to $2,500, 100% of Usual & Customary Charges Covered Thereafter):

Benefit Maximum	Deductible						
	$0	$50	$100	$150	$250	$500	$1,000
$50,000	0.88492	0.88573	0.88651	0.88732	0.88884	0.89236	0.89848
$100,000	0.89223	0.89303	0.89380	0.89459	0.89609	0.89955	0.90553
$250,000	0.89806	0.89886	0.89962	0.90041	0.90189	0.90532	0.91125
$500,000	0.89991	0.90070	0.90147	0.90225	0.90374	0.90716	0.91308
$1,000,000	0.90070	0.90149	0.90226	0.90304	0.90453	0.90795	0.91387

Percent of Usual & Customary Charges Covered for Each Service (70% of Usual & Customary Charges Covered up to $5,000, 100% of Usual & Customary Charges Covered Thereafter):

Benefit Maximum	Deductible						
	$0	$50	$100	$150	$250	$500	$1,000
$50,000	0.83536	0.83617	0.83696	0.83776	0.83928	0.84282	0.84889
$100,000	0.84470	0.84551	0.84630	0.84710	0.84863	0.85216	0.85821
$250,000	0.85264	0.85346	0.85425	0.85506	0.85661	0.86018	0.86630
$500,000	0.85526	0.85608	0.85689	0.85770	0.85925	0.86285	0.86901
$1,000,000	0.85639	0.85722	0.85802	0.85884	0.86039	0.86400	0.87018

Percent of Usual & Customary Charges Covered for Each Service (80% of Usual & Customary Charges Covered up to $1,000, 100% of Usual & Customary Charges Covered Thereafter):

Benefit Maximum	Deductible						
	$0	$50	$100	$150	$250	$500	$1,000
$50,000	0.96290	0.96330	0.96367	0.96408	0.96481	0.96643	0.96911
$100,000	0.96543	0.96582	0.96618	0.96657	0.96727	0.96884	0.97142
$250,000	0.96738	0.96776	0.96810	0.96848	0.96917	0.97070	0.97322
$500,000	0.96798	0.96835	0.96870	0.96908	0.96976	0.97128	0.97378
$1,000,000	0.96823	0.96861	0.96895	0.96933	0.97001	0.97152	0.97402

Percent of Usual & Customary Charges Covered for Each Service (80% of Usual & Customary Charges Covered up to $2,500, 100% of Usual & Customary Charges Covered Thereafter):

Benefit Maximum	Deductible						
	$0	$50	$100	$150	$250	$500	$1,000
$50,000	0.92923	0.92976	0.93028	0.93081	0.93180	0.93410	0.93806
$100,000	0.93379	0.93431	0.93482	0.93534	0.93631	0.93856	0.94242
$250,000	0.93740	0.93792	0.93842	0.93893	0.93990	0.94212	0.94593
$500,000	0.93854	0.93905	0.93955	0.94006	0.94103	0.94325	0.94705
$1,000,000	0.93902	0.93954	0.94004	0.94055	0.94151	0.94373	0.94753

Percent of Usual & Customary Charges Covered for Each Service (80% of Usual & Customary Charges Covered up to $5,000, 100% of Usual & Customary Charges Covered Thereafter):

Benefit Maximum	Deductible						
	$0	$50	$100	$150	$250	$500	$1,000
$50,000	0.89674	0.89728	0.89780	0.89833	0.89935	0.90171	0.90601
$100,000	0.90277	0.90331	0.90383	0.90436	0.90538	0.90773	0.91198
$250,000	0.90781	0.90835	0.90888	0.90941	0.91044	0.91281	0.91708
$500,000	0.90946	0.91000	0.91053	0.91107	0.91210	0.91448	0.91877
$1,000,000	0.91017	0.91071	0.91124	0.91178	0.91282	0.91520	0.91950

Note: For deductibles, limits or percentages of Usual & Customary not shown, the factors will be interpolated or extrapolated from the above tables.

Intercollegiate Sports Injury Adjustment:

Included?	Factor
No	1.00000
Yes	1.30000

Pre-Existing Conditions Adjustment:

$ Limit	Factor
up to $500	1.05000
$1,000	1.05907
$5,000	1.08319
$10,000	1.09131
$50,000	1.10212
Unlimited	1.12000

Pregnancy Adjustment:

Included?	Factor
No	1.00000
Yes	1.02500

Coverage Adjustment:

Coverage Type	Factor
Accident + Sickness	1.00000
Accident + Emergency Sickness	0.86957
Accident Only	0.25390

Age and Gender Adjustments:

Age	Male	Female
< 2	1.55519	1.55519

Age	Male	Female
2 to 6	0.35440	0.35440
7 to 18	0.41797	0.41797
19 to 22	0.58706	0.58706
23 to 25	0.45544	0.73205
26 to 29	0.50233	0.87012
30 to 34	0.60529	0.97587
35 to 39	0.74010	1.09723
40 to 44	0.92958	1.25419
45 to 49	1.20320	1.46177
50 to 54	1.60525	1.79396
55 to 59	2.15289	2.15061
60 to 64	2.80509	2.61495
65 +	3.72689	3.32848

Out of Country Medical Rider Manual Rating Example

Out of Country Medical ("OOCM") Rider Sample Benefit Features

- Out of Country Medical Coverage for Male age 35 in Canada with $1,000 Deductible, 100% of Usual & Customary (U&C) up to $50,000 benefit maximum
- Coverage period is 7/1/2014
- Limited Benefits: Inpatient Hospital Semi-Private Room Benefit = 90% of U&C up to $5,000 per stay, Outpatient Prescription Drugs Benefit = $2,500
- All other benefits (including ICU/CCU, Emergency Room, Chiropractic, Mental Health, Dental, Surgeon, Physician, Registered Nursing, X-Ray, MRI, CT Scan, Lab Tests, Ambulatory Medical Center, Ambulance, Rehabilitation, Durable Medical Equipment, Prosthetics, etc.) are covered at the overall plan deductible, percent of U&C and benefit maximum
- Coverage for Intercollegiate Sports Injury
- Coverage for Accident & Emergency Sickness Only
- No Personal Deviation
- Target Loss Ratio = 50.0%

Step 1: Develop Benefit Adjustments

- Inpatient Hospital Semi-Private Room = 90% of U&C up to $5,000 per stay
    - Starting Benefit Weight = 0.10002
    - 90% U&C adjustment = 0.91802
    - $5,000 limit per stay adjustment = 0.98217
    - Adjusted Benefit Weight = 0.10002 X 0.91802 X 0.98217 = 0.09018
- Outpatient Prescription Drugs = $2,500
    - Starting Benefit Weight = 0.13410
    - $2,500 indemnity benefit adjustment = 0.96000
    - Adjusted Benefit Weight = 0.13410 X 0.96000 = 0.12874
- Sum of Starting Benefit Weights for Remaining Benefits = 0.76588
- Total Benefit Adjustment = 0.09018 + 0.12874 + 0.76588 = 0.98480

Step 2: Total Daily Claim Cost

- Base Daily Claim Cost for Out of Country Medical (0 to 30 days) = $0.61
- Total Benefit Adjustment from Step 1 = 0.98480
- Intercollegiate Sports Injury Adjustment = 1.30000
- Coverage Adjustment for Accident & Emergency Sickness = 0.86957
- Age/Gender Adjustment: 0.74010
- Total Daily Claim Cost = $0.61 X 0.98480 X 1.30000 X 0.86957 X 0.74010 = $0.50

Step 3: Conditions of Coverage and Rating Adjustments

- Personal Deviation Factor = 1.0
- War Risk Factor = 1.0
- Country Factor = 1.28627
- Trend adjustment = 1.0
- Underwriting adjustment = 1.0
- Total Rate Adjustment = 1.0 X 1.0 X 1.28627 X 1.0 X 1.0 = 1.28627

Step 4: To determine the final premium, multiply the total daily claim costs from Step 2 by the Conditions of Coverage and Rating Adjustment in Step 3, divide by the target loss ratio and multiply by the number of covered days:

- Final premium = $0.50 X 1.28627 ÷ 50.0% X 1 = $1.29

Section IV – Conditions of Coverage

(2) Personal Deviation

If the covered insured is covered under all circumstances arising from and occurring while the covered insured is on the business of the Policyholder during the course of any bona fide trip and engaged in activities, for a specified period of time, that is neither reasonably related to or incidental to the purpose of business travel, the following adjustment applies:

Length of Personal Deviation (Days)	Factor
1 to 3	1.010
4 to 7	1.015
8 to 15	1.020
15+	1.025

(3) War Risk Coverage

If the covered insured is covered under all circumstances arising from and occurring while the covered insured is on business travel or traveling during the participation of a covered activity during war or an act of war, the following rating conditions apply:

- Country War Risk Classification Adjustment:

Classification	Adjustment Factor
A - None	1.00
B - Low	1.25
C - Moderate	1.50
D - High	2.00
E - Severe	3.00
F - Extreme	4.00

Note: Each country's classification will be updated periodically based on world events.

- Hazardous Area/Occupation Adjustment:
    - An additional adjustment factor of 2.0 will be applied for occupations that are near hazardous areas or are closely aligned with hostile activities.

Section V – Rating Adjustments

(4) Country Adjustments:

Assignment of country adjustments will be based on the most appropriate setting given the location of the group or the covered activity.

Country	Factor
Australia	1.07820
Austria	1.28984
Belgium	1.21636
Canada	1.28627
Chile	0.45270
Czech Republic	0.57777
Denmark	1.28333
Estonia	0.38526
Finland	0.96355
France	1.18907
Germany	1.30164
Greece	0.69746
Hungary	0.49108
Iceland	0.98978
Ireland	1.05446
Israel	0.57831
Italy	0.85483
Japan	0.89590
Korea	0.62900
Luxembourg	1.19729
Mexico	0.27433
Netherlands	1.41869
New Zealand	0.95303
Norway	1.63462
Poland	0.40463
Portugal	0.74081
Slovak Republic	0.54748
Slovenia	0.69976
Spain	0.90172
Sweden	1.10912
Switzerland	1.68990
Turkey	0.24579
United Kingdom	0.98252
United States	2.44829
All Others / If Unknown	1.00000

(5) Trend Adjustment:

The base daily claim costs are effective for calendar year 2014. In subsequent years, a trend factor will adjust claims costs from the midpoint of calendar year 2014 to the midpoint of the future coverage period using a country-specific trend assumption based upon recent market conditions in that country.

(6) Underwriting Adjustment

The starting factor is 1.000. This factor can be adjusted +/- 25% depending upon other group characteristics not addressed by rating factors and prior carrier experience.

(7) Target Loss Ratio

The target loss ratio is 50.0%.

SERFF Tracking #:	*PERR-129346630*	***State Tracking #:***		***Company Tracking #:***	*LIUI-AH-BA-DC-1401R*

State:	*District of Columbia*	***Filing Company:***	*Liberty Insurance Underwriters, Inc.*
TOI/Sub-TOI:	*H04 Health - Blanket Accident /Sickness/H04.000 Health - Blanket Accident /Sickness*		
Product Name:	*Blanket Accident Insurance Policy*		
Project Name/Number:	*LIUI-AH-BA-DC-1401R/LIUI-AH-BA-DC-1401R*		

Supporting Document Schedules

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

Satisfied - Item:	Certificate of Authority to File
Comments:	
Attachment(s):	LIUI Authorization Letter 2013.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Liberty Insurance Underwriters Blanket Accident Actuarial Memorandum December 2013.pdf Liberty Insurance Underwriters OOCM Rider Actuarial Memorandum.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	Acknowledged. Please see Actuarial Memorandum
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Comments:	Acknowledged
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	

State: District of Columbia **Filing Company:** Liberty Insurance Underwriters, Inc.
TOI/Sub-TOI: H04 Health - Blanket Accident /Sickness/H04.000 Health - Blanket Accident /Sickness
Product Name: Blanket Accident Insurance Policy
Project Name/Number: LIUI-AH-BA-DC-1401R/LIUI-AH-BA-DC-1401R

Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

PERR & KNIGHT

January 8, 2014

Honorable Chester A. McPherson
Acting Commissioner, District of Columbia
Department of Insurance, Security & Banking
Insurance Products Division
810 First Street North East – Suite 701
Washington, D.C. 20002-422

Submitted via SERFF

Re: ***Liberty Insurance Underwriters Inc., FEIN 13-4916020, NAIC 111-19917***
Blanket Accident Insurance Policy – Rate Filing
Proposed Effective Date: Earliest Date According to Filing Law
Company Filing Number: LIUI-AH-BA-DC-13-01R

Honorable Chester A. McPherson:

With this filing, Liberty Insurance Underwriters Inc. ("Company" or "LIUI") is introducing its new Blanket Accident Insurance Policy.

Please review the actuarial memorandum for additional details.

We are respectfully requesting for the filing to come into effect on the earliest possible date according to filing law.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the material contained in this filing. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

Sincerely,

Vanessa Haydon

Vanessa M. Haydon
State Filings Analyst
Phone: 310.889.0966
Fax: 310.889.0978
E-mail: doi@perrknight.com

Enclosures

Liberty International Underwriters US
55 Water Street, 18th Floor
New York, NY 10041

February 28, 2013

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of Liberty Insurance Underwriters Inc. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed in be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight, Inc. at the following address:

State Filings Department
Perr&Knight, Inc.
401 Wilshire Boulevard, Suite 300
Santa Monica, CA 90401
Tel: (888) 201-5123
Fax: (310) 230-1061
doi@perrknight.com

Please contact me at 212.208.8868 if you have any questions regarding this authorization.

Sincerely,

Joseph Hobbs
Senior Vice President and Assistant Secretary
55 Water Street, 18th Floor
New York, NY 10041
212.208.8868
joseph.hobbs@libertyiu.com

Liberty Insurance Underwriters, Inc.
Actuarial Memorandum
Blanket Accident Policy
Form LIUI BACC P001 (Ed. 12 13)
Form LIUI BACC CONR001 (Ed. 08 13)
December 2013

1. Purpose of Filing

This actuarial memorandum has been created for the purpose of demonstrating that the anticipated loss ratio standard of the product, Blanket Accident, meets the minimum requirements of your state. This memorandum is not intended to be used for other purposes.

2. Description of Benefits

Accidental Death:

The Accidental Death benefit pays a fixed dollar amount for a covered insured that perishes due to a covered accident or unavoidable exposure to the elements. Benefit amounts may vary from $500 to $100,000,000 or may be a multiple of the primary insured's salary.

Optional Benefits

Accidental Dismemberment or Injury:

The Accidental Dismemberment benefit pays a fixed dollar amount to a covered insured for an occurrence of any of the following covered dismemberments or injuries. The list of covered dismemberments or injuries may vary and their benefits may vary from 25.0% to 500.0% of the Accidental Death benefit amount.

Benefit Description
Heart Failure
Brain Death
Loss of Two or More Hands or Feet
Loss of Sight in Both Eyes
Loss of Speech and Hearing (in Both Ears)
Loss of One Hand or Foot and Sight in One Eye
Loss of Use of Two or More Hands or Feet
Quadriplegia

Benefit Description
Paraplegia
Hemiplegia
Diplegia
Uniplegia
Coma
Loss of One Hand or Foot
Loss of Use of One Hand or Foot
Loss of Sight in One Eye
Loss of Speech
Loss of Hearing (in Both Ears)
Loss of Thumb and Index Finger of the Same Hand
Loss of Four Fingers on the Same Hand
Loss of All Toes on the Same Foot
Loss of Thumb

Accident Medical Expense Benefit:

The Accident Medical Expense benefit may pay a fixed dollar amount or may pay 0% to 100% of the Usual and Customary Charges, subject to the maximum benefit amount, for certain medical services required as a result of a covered injury. The benefits payable may be in excess of other insurance or a deductible amount of $0 to $50,000,000 may apply. In addition, separate benefit limits per accident may apply. Covered services may include one or more of the following:

Inpatient Services:

- Anesthesia and its Administration: Fixed dollar benefit amounts may vary from $50 to $500,000, in increments of $50 per year, visit or covered injury.
- Assistant Surgeon: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year, procedure or covered injury.
- CT Scan: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year, test or covered injury. This benefit may be combined with Laboratory Tests, MRI and/or X-ray for a combined maximum benefit amount which may vary from $50 to $1,000,000, in increments of $50 per year or covered injury.
- Emergency Room Treatment: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year or covered injury. The maximum

number of visits covered may vary from 1 to 25 days per year or covered injury. The number of hours within which the Emergency Room Treatment must occur may vary from 24 to 96 hours after the covered injury. A deductible may apply and may be waived upon admission to the hospital. This deductible may vary from $0 to $5,000.

- Hospital Miscellaneous Expenses: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year, hospital confinement or covered injury. The maximum number of days covered may vary from 2 to 365 days. This benefit may be combined with Private/Semi-Private Room and/or Intensive Care Unit/Critical Care Unit for an aggregate maximum benefit amount which may vary from $50 to $1,000,000, in increments of $50 per year, day or covered injury.
- Inpatient Prescription Drugs: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year, hospital confinement or covered injury. The maximum number of prescriptions covered may vary from 1 to 25 prescriptions per year, hospital confinement or covered injury.
- Inpatient Hospital Private/Semi-Private Room: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year, day or covered injury. The maximum number of days covered may vary from 2 to 365 days. This benefit may be combined with Intensive Care Unit/Critical Care Unit and/or Hospital Miscellaneous Expenses for an aggregate maximum benefit amount which may vary from $50 to $1,000,000, in increments of $50 per year, day or covered injury.
- Inpatient Mental and Nervous Disorders: Fixed dollar benefit amounts for hospital expenses may vary from $50 to $1,000,000, in increments of $50 per year, visit or covered injury. The maximum number of days of hospital confinement covered may vary from 1 to 365 days.
- Intensive Care Unit/Critical Care Unit: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year or covered injury. The maximum number of days covered may vary from 2 to 365 days. This benefit may be combined with Private/Semi-Private Room and/or Hospital Miscellaneous Expenses for an aggregate maximum benefit amount which may vary from $50 to $1,000,000, in increments of $50 per year, day or covered injury.
- Laboratory Tests: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year, test or covered injury. This benefit may be combined with CT Scan, MRI and/or X-ray for a combined maximum benefit

amount which may vary from $50 to $1,000,000, in increments of $50 per year or covered injury.

- MRI: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year, test or covered injury. This benefit may be combined with CT Scan, Laboratory Tests and/or X-ray for a combined maximum benefit amount which may vary from $50 to $1,000,000, in increments of $50 per year or covered injury.
- Physician Assistant: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year, visit or covered injury.
- Physician Expenses: Fixed dollar benefit amounts may vary from $50 to $1,000,000 per day, year or covered disorder. The maximum number of visits covered may vary from 1 to 365 visits.
- Physician In-Hospital Visits: Fixed dollar benefit amounts may vary from $50 to $500,000, in increments of $50 per year, visit or covered injury. In addition, benefits for the first visit may vary from $50 to $5,000 per visit and benefits for additional visits may vary from $25 to $5,000 per visit. The maximum number of visits covered may vary from 2 to 365 visits per year or covered injury. This benefit may be combined with Outpatient Physician Office Visits for a combined maximum benefit amount which may vary from $10 to $500,000, in increments of $50 per year or covered injury. The maximum number of combined inpatient and outpatient visits covered may vary from 2 to 365 visits per year or covered injury.
- Registered Nursing Services: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year or covered injury.
- Second Opinion or Consultation: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year or covered injury.
- Surgery: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year, procedure or covered injury.
- Use of Physician's Surgical Facilities: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year, procedure or covered injury.
- X-Ray: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year, test or covered injury. Benefits may be separated by x-rays for fractures vs. x-rays for non-fractures. This benefit may be combined with CT Scan, Laboratory Tests and/or MRI for a combined maximum benefit amount which may vary from $50 to $1,000,000, in increments of $50 per year or covered injury.

Outpatient Services:

- Ambulance Services: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year.
- Ambulatory Medical Center: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year or covered injury.
- Chiropractic Treatment: Fixed dollar benefit amounts may vary from $25 to $1,000,000, in increments of $25 per year, visit or covered injury. The maximum number of chiropractic visits that are covered may vary from 1 to 365 visits per year or covered injury.
- CT Scan: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year, test or covered injury. This benefit may be combined with Laboratory Tests, MRI and/or X-ray for a combined maximum benefit amount which may vary from $50 to $1,000,000, in increments of $50 per year or covered injury.
- Hospital Outpatient Surgery Facilities Payment: Fixed dollar benefit amounts may vary from $25 to $1,000,000, in increments of $25 per year or covered injury. The maximum number of days covered may vary from 2 to 365 days.
- Laboratory Tests: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year, test or covered injury. This benefit may be combined with CT Scan, MRI and/or X-ray for a combined maximum benefit amount which may vary from $50 to $1,000,000, in increments of $50 per year or covered injury.
- MRI: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year, test or covered injury. This benefit may be combined with CT Scan, Laboratory Tests and/or X-ray for a combined maximum benefit amount which may vary from $50 to $1,000,000, in increments of $50 per year or covered injury.
- Outpatient Mental and Nervous Disorders: Fixed dollar benefit amounts for physician expenses may vary from $50 to $1,000,000 per day, year or covered disorder. The maximum number of visits covered may vary from 1 to 365 visits.
- Outpatient Nursing Services: Fixed dollar benefit amounts may vary from $25 to $1,000,000, in increments of $25 per year or covered injury.
- Outpatient Orthopedic Appliances: Fixed dollar benefit amounts may vary from $25 to $1,000,000, in increments of $25 per year or covered injury.
- Outpatient Physiotherapy: Fixed dollar benefit amounts may vary from $25 to $1,000,000, in increments of $25 per year, visit or covered injury. The maximum number of physiotherapy visits may vary from 1 to 4 visits per day. Covered

physiotherapy services may include acupuncture, microthermy, manipulation, diathermy, massage therapy, heat treatment, and/or ultrasonic treatment.

- Outpatient Prescription Drugs: Fixed dollar benefit amounts may vary from $25 to $1,000,000, in increments of $25 per year, day or covered injury. The maximum number of prescriptions covered may vary from 1 to 365 prescriptions per year, day or covered injury.
- Physician Office Visits: Fixed dollar benefit amounts may vary from $10 to $1,000,000, in increments of $10 per year, visit or covered injury. In addition, benefits for the first visit may vary from $50 to $25,000 per visit and benefits for additional visits may vary from $25 to $25,000 per visit. The maximum number of visits covered may vary from 2 to 365 visits per year or covered injury. This benefit may be combined with Inpatient Physician for a combined maximum benefit amount which may vary from $10 to $500,000, in increments of $50 per year or covered injury. The maximum number of combined inpatient and outpatient visits covered may vary from 2 to 365 visits per year or covered injury.
- X-Ray: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year, test or covered injury. Benefits may be separated by x-rays for fractures vs. x-rays for non-fractures. This benefit may be combined with CT Scan, Laboratory Tests and/or MRI for a combined maximum benefit amount which may vary from $50 to $1,000,000, in increments of $50 per year or covered injury.

Other Accident Medical Expense Benefits:

- Artificial Limbs: Fixed dollar benefit amounts may vary from $25 to $5,000,000, in increments of $25 per year or covered injury. Alternatively, fixed dollar benefit amounts may vary from $0 to $5,000,000 each year during the first 2 to 10 years after the covered injury and benefit amounts of $0 to $1,000,000 may be payable for each consecutive year or ten-year period immediately thereafter. Also, if the artificial limb is required for an amputation of the leg above the knee, a fixed dollar benefit of $0 to $5,000,000 may be payable. The lifetime maximum amount for this benefit may vary from $0 to $5,000,000.
- Artificial Limbs, Eyes and Larynx: Fixed dollar benefit amounts may vary from $25 to $500,000, in increments of $25 per year or covered injury.
- Complication of Pregnancy due to a Covered Accident: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year or covered injury.

- Custodial Care: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year or covered injury. This benefit may be combined with Home Health Care and/or Private Duty Nursing for a combined maximum benefit amount which may vary from $50 to $1,000,000, in increments of $50 per year or covered injury.
- Deferred Treatment Expense Benefits: Fixed dollar benefit amounts may vary from $25 to $1,000,000, in increments of $25 per year, tooth or covered injury. Treatment may be deferred up to a maximum age that may vary from age 12 to 30, or may be for the covered insured's lifetime.
- Dental Services: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year, tooth or covered injury. The benefit period for dental services may vary from 3 to 12 months or 1 to 5 years.
- Expanded Medical Benefit for Covered Sports: Fixed dollar benefit amounts may vary from $25 to $5,000,000, in increments of $25 per year or covered injury. Covered sports conditions may include bursitis, sprains, hernia, muscle tears, tendonitis, and/or repetitive motion injuries.
- Extended Care Facility: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year or covered injury. The number of days within which the Extended Care Facility stay must begin may vary from 1 to 7 days after the covered insured has been continually hospital confined. The number of days which the covered insured must be continually hospital confined may vary from 1 to 7 days.
- Eyeglasses, Contacts, Hearing Aids: Fixed dollar benefit amounts may vary from $25 to $500,000, in increments of $25 per year or covered injury.
- Heart and Circulatory Condition: Fixed dollar benefit amounts may vary from $25 to $5,000,000, in increments of $25 per year or covered injury. Covered heart and circulatory conditions may include heat exhaustion, heart attack, stroke, burst aneurysm and/or dehydration.
- HMO/PPO Denial Benefit: Fixed dollar benefit amounts may vary from $25 to $1,000,000, in increments of $25 per year or covered injury.
- Home Health Care: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year or covered injury. The number of days within which the Home Health Care stay must begin may vary from 1 to 7 days after the covered insured has been continually confined in a hospital, extended care facility or rehabilitation facility. The number of days which the covered insured must be continually hospital confined in a hospital, extended care facility or rehabilitation facility may vary from 1 to 7 days. This benefit may be combined with Custodial Care and/or Private Duty Nursing for a combined

maximum benefit amount which may vary from $50 to $1,000,000, in increments of $50 per year or covered injury.

- Medical Equipment Rental: Fixed dollar benefit amounts may vary from $25 to $1,000,000, in increments of $25 per year.
- Pre-Existing Injury: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year or covered injury.
- Private Duty Nursing: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year or covered injury. This benefit may be combined with Custodial Care and/or Home Health Care for a combined maximum benefit amount which may vary from $50 to $1,000,000, in increments of $50 per year or covered injury.
- Rehabilitation Care: Fixed dollar benefit amounts may vary from $50 to $1,000,000, in increments of $50 per year or covered injury.

Accidental Severe Burn and Disfigurement Benefit:

The Accidental Severe Burn and Disfigurement benefit pays a fixed dollar amount to a covered insured for an occurrence of a severe burn. Benefit amounts may vary from $500 to $50,000,000. The total benefit level varies from 10.0% to 100.0% of the stated Accidental Severe Burn and Disfigurement benefit depending upon the percentage of the body surface burned.

Accommodations and Travel Ticket Benefit:

The Accommodations and Travel Ticket Benefit pays eligible expenses, subject to the maximum benefit amount, to a covered insured who is unable to use their originally purchased travel tickets and/or requires overnight accommodations because the insured or their traveling companion must remain in the locale in which the covered activity or trip occurred due to a covered injury or emergency sickness. The maximum number of tickets covered in a Policy term will vary from 1 to 20 tickets per covered injury or emergency sickness. The maximum number of days covered in a Policy term will vary from 1 to 90 days.

Alternative Commuting Benefit:

The Alternative Commuting benefit pays a fixed dollar amount for a covered insured for a covered accidental death or covered dismemberment, coma, paralysis or permanent total disability which results when the covered insured is forced to use an alternative means of transportation for commuting directly between home and work. Benefit amounts may vary from $500 to $50,000,000.

Assault Benefit:

The Assault benefit pays a fixed dollar amount to a covered insured for a covered loss which results from a willful and unlawful use of force or violence and is classified as a felony or misdemeanor. Benefit amounts may vary from $500 to $50,000,000.

Automated Teller Machine (ATM) Assault or Robbery Occurrence Benefit:

The Assault benefit pays a fixed dollar amount to a covered insured for a covered injury which results from a willful and unlawful use of force or violence and is classified as a felony or misdemeanor. Benefit amounts may vary from $50 to $125,000. This benefit may also pay eligible expenses, subject to the maximum benefit amount, to a covered insured that requires medical treatment or must incur expenses to close an account, change to a new bank account, order new checks, obtain a duplicate driver license, or change any locks as a result of the ATM assault or robbery. The benefits payable may be in excess of other insurance.

Baggage Delay Benefit:

The Baggage Delay benefit pays eligible expenses, subject to the maximum benefit amount, for the emergency purchase of essential items needed by the covered insured if the covered insured's baggage is delayed while traveling via common carrier. The benefits payable may be in excess of other insurance.

Bedside Visit Benefit:

The Bedside Visit benefit pays eligible expenses, subject to the maximum benefit amount, for a covered insured or immediate family member to join their family member who is confined to a hospital due to a covered injury or emergency sickness.

Bereavement and Trauma Counseling Benefit:

The Bereavement and Trauma Counseling benefit pays a fixed dollar amount to a covered insured or their immediate family member that requires bereavement or trauma counseling as a result from a covered accidental death or dismemberment. Benefit amounts may vary from $50 to $1,000 per session for any one covered accidental death or injury. The maximum number of counseling sessions covered in a Policy Year will vary from 5 to 40 sessions per covered insured.

Brain Damage or Brain Death Benefit:

The Brain Damage or Brain Death benefit pays a fixed dollar amount to a covered insured for a covered injury which results in Brain Damage or Brain Death. Benefit amounts may vary from $500 to $50,000,000.

Bullet Proof Vest Benefit:

The Bullet Proof Vest benefit pays a fixed dollar amount to a covered insured that dies while wearing a Bullet Proof Vest from a gunshot that penetrated the Bullet Proof Vest. Benefit amounts may vary from $500 to $50,000,000.

Burial and Cremation Benefit:

The Burial and Cremation benefit pays a fixed dollar amount for the burial or cremation of a covered insured that perishes due to a covered accident. Benefit amounts may vary from $1,000 to $50,000.

Camp Cancellation and Interruption Benefit:

In the event that a covered insured is prevented from attending or must withdraw from camp, the Camp Cancellation and Interruption benefit refunds any pre-paid fees that have been paid by or for the camper, subject to the maximum benefit amount.

Carjacking Benefit:

The Carjacking benefit pays a fixed dollar amount to a covered insured for a covered loss during a carjacking of a private passenger automobile or taxi cab that the covered insured was operating, entering, exiting or riding in as a passenger. Benefit amounts may vary from $500 to $50,000,000.

Carry-On or Checked, Lost or Stolen Baggage Benefit:

The Carry-On or Checked, Lost or Stolen Baggage benefit pays eligible expenses, subject to the maximum benefit amount, for a covered insured, immediate family member or traveling companion in the event that their baggage is lost or stolen. The benefits payable may be in excess of other insurance and a deductible amount of $0 to $1,000 may apply.

Catastrophic Cash Benefit:

The Catastrophic Cash benefit pays a benefit to a covered insured that has been deemed totally disabled due to paralysis, coma or brain death. The benefit may be paid

as a fixed lump sum, annual benefit or monthly benefit, or can be paid as a combination of lump sum with annual or monthly benefits. The total benefit amount may vary from $5,000 to $10,000,000.

Child Care Center Benefit:

In the event of a covered accidental death of a covered insured, the Child Care Center benefit pays a fixed dollar amount for the care of each surviving dependent child in a child care center. Benefit amounts may vary from $1,000 to $100,000 per policy year. The maximum number of annual payments will vary due to the defined limiting age.

Child Survivor Benefit:

In the event of a covered accidental death, dismemberment, coma, paralysis or permanent total disability of a covered insured, the Child Survivor benefit pays a lump sum amount to a surviving dependent child at the earlier of the time of the claim or when the dependent child reaches the age of majority. Benefit amounts may vary from $500 to $50,000.

Children's Additional Indemnity Dismemberment, Paralysis, Coma Benefit:

The Children's Additional Indemnity Dismemberment, Paralysis, Coma benefit pays an additional fixed dollar amount to or on behalf of a covered child for which an Accidental Death, Dismemberment, Coma or Paralysis benefit is payable. The total benefit amount may vary from $5,000 to $50,000,000.

Coma Benefit:

The Coma benefit pays a fixed dollar amount to a covered insured that becomes comatose as a result of a covered accident. The total benefit amount may vary from $500 to $50,000,000.

Common Accident Benefit:

The Common Accident benefit pays a fixed dollar amount if a covered insured and the covered insured's spouse both die as a result of the same accident or during different accidents that occur within 24-96 hours of each other. The benefit amount paid will be equal to the covered insured's principal sum less the amount that is payable for the death of the covered insured's spouse.

Common Carrier Benefit:

The Common Carrier benefit pays a fixed dollar amount if a covered insured suffers an accidental death, dismemberment, coma, paralysis or permanent total disability while entering, exiting or riding a common carrier. Benefit amounts may vary from $500 to $50,000,000.

Commuting Benefit:

The Commuting benefit pays a fixed dollar amount if a covered insured suffers a covered accidental death or covered dismemberment, coma, paralysis or permanent total disability which results when the covered insured is commuting directly between home and work. Benefit amounts may vary from $500 to $50,000,000.

Crisis Death Benefit:

The Crisis Death benefit pays a fixed dollar amount if a covered insured suffers a covered accidental death which results from another person's use of a gun, knife, gases or other explosives to commit an act of violence during the policy period. Benefit amounts may vary from $500 to $100,000,000 per covered insured.

Emergency Care Benefit:

The Emergency Care benefit pays a fixed dollar amount to a covered insured or pays eligible expenses, subject to the maximum benefit amount, for necessary treatment of an insured person who suffers from an ailment while participating in a covered activity and requires emergency care. Benefit amounts may vary from $50 to $50,000 and a deductible of $0 to $1,000 per ailment or per year may apply.

Employment Recruitment Expense Benefit:

The Employment Recruitment Expense benefit pays eligible expenses, subject to the maximum benefit amount, for recruitment fees necessary to replace a covered insured after the accidental death or permanent total disability of the covered insured during a business trip.

Escalator Inflation Benefit:

The Escalator Inflation benefit increases the principal sum for every year that the covered insured remains continuously covered under the policy. The increase per year may vary from 1% to 50% of the principal sum, up to a maximum total increase of 15% to 100% of the principal sum.

Family Expense(s) Benefit:

In the event that the covered insured becomes totally disabled, the Family Expense benefit will pay eligible expenses, subject to the maximum benefit amount, for the covered insured's family members to attend counseling and rehabilitative training sessions. The maximum benefit per counseling session may vary from $20 to $250 per session for up to 365 sessions. The maximum benefit for rehabilitative training may vary from $500 to $250,000.

The Family Expense benefit may also pay eligible expenses, subject to the maximum benefit amount for travel expenses for the covered insured's immediate family members and lost earnings of the covered insured's immediate family member which results from caring for the covered insured. The number of family members for which travel expenses may be reimbursed may vary from 1 to 4. The maximum weekly benefit for lost earnings may vary from $100 to $10,000 per week from 2 to 52 weeks.

The total maximum benefit amount for family expense may vary from $1,000 to $5,000,000.

Family Income Benefit:

In the event of a covered accidental death of a covered insured, the Family Income benefit pays a monthly fixed dollar amount to a dependent that survives after the covered insured's death. Only one Family Income benefit will be paid regardless of the number of dependents who survive the covered insured. Benefit amounts may vary from $250 to $50,000 per month. The benefit period may vary from 6 to 24 months or until the death of the last surviving dependent, whichever comes first.

Heart and Circulatory Malfunction Benefit:

The Heart and Circulatory Malfunction benefit pays a fixed dollar amount for a covered insured who suffers a sudden heart and/or circulatory malfunction that occurs during participation of a covered activity and results in death. The first symptoms of the malfunction must be diagnosed during the coverage period. Benefit amounts may vary from $500 to $50,000,000.

Hepatitis Accident Benefit:

The Hepatitis Accident benefit pays a fixed dollar amount to a covered insured for a covered injury (may include test) that is incurred while performing assigned duties and results in the covered insured acquiring Hepatitis B, C, or D. Benefit amounts may vary from $1,000 to $1,000,000.

HIV Accident Benefit:

The HIV Accident benefit pays a fixed dollar amount to a covered insured for a covered injury (may include test) that is incurred while performing assigned duties and results in the covered insured acquiring the Human Immunodeficiency Virus. Benefit amounts may vary from $1,000 to $1,000,000.

Home Health Care Benefit:

The Home Health Care benefit pays a weekly fixed dollar amount for Home Health Care treatment that is prescribed by a physician for treatment of a covered insured's covered injury. Weekly benefit amounts may vary from $10 to $5,000. The maximum benefit period may vary by days, weeks or depending on the length of the preceding hospital confinement.

Home Recuperation Benefit:

The Home Recuperation benefit pays a weekly or monthly fixed dollar amount if a physician recommends that the covered insured recuperates at home following a hospital confinement for a covered injury. Benefit amounts may vary from $50 to $50,000 per week or month. The maximum benefit period may vary by weeks or months. A minimum preceding hospital stay of 1 to 30 days may be required.

Hospital Confinement Benefit:

The Home Confinement benefit pays a fixed dollar amount to a covered insured that requires a hospital confinement due to a covered injury. The maximum number of days per hospital confinement may vary from 3 to 730 days.

Identification of Remains Benefit:

In the event of an insured's covered accidental death that occurs a minimum distance away from the covered insured's primary residence, the Identification benefit pays a fixed dollar amount to the insured's immediate family member or authorized representative who must travel for the purpose of identifying the covered insured's remains. Benefit amounts may vary from $2,000 to $50,000.

Loss of Travel Documents Benefit:

The Loss of Travel Documents benefit pays eligible expenses, subject to the maximum benefit amount, for accommodations and travel expenses if a covered insured needs to replace essential travel documents that are lost, stolen or damaged during a covered trip or covered activity.

Medical Evacuation Benefit:

The Medical Evacuation benefit pays eligible expenses, subject to the maximum benefit amount, to a covered insured that requires an emergency evacuation as a result of a covered injury or emergency sickness that occurs outside a minimum distance away from the insured's primary place of residence.

Medical, Vision, Dental Insurance Continuation Benefit:

In the event of the death of a covered insured, the Medical, Vision, Dental Insurance Continuation benefit will pay eligible expenses, subject to the maximum benefit amount, if the surviving spouse or dependent elects to continue the insurance coverage that provided to the covered insured by the policyholder.

Monthly Mortgage Benefit:

The Monthly Mortgage benefit amount pays a fixed monthly benefit for a covered insured that dies as a result of a covered accident and if the covered insured's spouse who is a co-borrower has an outstanding balance on a mortgage loan at the time of the covered insured's death. The benefit may be payable until the earliest of the covered insured's spouse's death, the mortgage loan is paid in full, the house is sold or the maximum benefit period has expired. Benefit amounts may vary from $500 to $50,000 or be a percentage of the principal sum. The maximum benefit period may vary from 3 to 12 consecutive months.

Natural Disaster Benefit:

The Natural Disaster benefit pays a fixed dollar amount if a covered insured suffers an accidental death, dismemberment, coma, paralysis or permanent total disability as a result of a covered injury that occurred in a declared disaster area during a covered natural disaster. Benefit amounts may vary from $500 to $50,000,000.

Pandemic Influenza Vaccination Benefit:

The Pandemic Influenza Vaccination benefit pays a fixed dollar amount if a covered insured is exposed to a pandemic influenza virus and requires a vaccination as a result. Benefit amounts may vary from $10 to $500 per shot.

This benefit may also pay a daily fixed dollar amount if the covered insured is quarantined in a foreign country as a result of a pandemic influenza outbreak. Benefit amounts may vary from $50 to $5,000 per day up to a maximum of 1 to 30 days or from $50 to $50,000 per year or covered trip.

Paralysis Benefit:

The Paralysis benefit pays a fixed dollar amount if a covered insured becomes partially or totally paralyzed as a result of a covered accident. The total benefit amount may vary from $500 to $50,000,000. If the covered insured suffers more than one type of paralysis as a result of the same accident, only the largest amount will be paid.

Parent Care Benefit:

In the event of a covered accidental death, dismemberment, or permanent total disability of a covered insured, the Parent Care benefit pays a fixed dollar amount on behalf of any dependent parents of the covered insured. Only one Parental Care benefit will be paid regardless of the number of dependent parents who survive the covered insured. Benefit amounts may vary from $500 to $250,000.

Permanent Total Disability Benefit:

The Permanent Total Disability benefit pays a fixed lump sum, monthly benefit, or a combination of both to a covered insured that suffers from a permanent total disability as a result of a covered injury. The primary insured total benefit may vary from $500 to $50,000,000.

Personal Property Benefit:

The Personal Property benefit pays eligible expenses, subject to the maximum benefit amount, if a covered insured loses personal property during a covered activity or covered trip. The benefits payable may be in excess of other insurance and a deductible amount of $0 to $1,000 may apply.

Physical, Occupational, Speech Therapy Benefit:

The Physical, Occupational, and Speech Therapy benefit pays a fixed dollar amount to a covered insured that requires medically necessary physical, occupational, or speech therapy to treat a covered injury. Benefit amounts may vary from $10 to $5,000 per visit. The maximum number of visits covered in a Policy year can vary from 1 to50 visits per insured per covered injury.

Private Passenger Benefit:

The Private Passenger benefit pays a fixed dollar amount if a covered insured suffers an accidental death, dismemberment, coma, paralysis or permanent total disability while entering, exiting or riding as a passenger in a private passenger automobile. Benefit amounts may vary from $1,000 to $50,000,000.

Prosthesis Benefit:

The Prosthesis benefit pays eligible expenses, subject to the maximum benefit amount, to a covered insured that requires a prosthetic device as a result of a covered injury.

Qualified Educational Expense Benefit:

In the event of a covered total disability of a covered insured, the Qualified Educational Expense benefit pays eligible expenses, subject to the maximum benefit amount, to the covered insured for completion of a degree program at a qualified institution. The maximum number of years during which benefits are payable will vary from 5 to 20 years.

Rehabilitation Benefit:

The Rehabilitation benefit pays a fixed dollar amount to a covered insured that requires rehabilitation as a result of a covered injury. Benefit amounts may vary from $500 to $5,000,000 per covered injury.

Relocation Benefit:

The Relocation benefit pays a fixed dollar amount for a covered insured that suffers a covered accidental death, dismemberment, coma, paralysis or permanent total disability while relocating for a new place of employment. Benefit amounts may vary from $500 to $5,000,000.

Repatriation Benefit:

In the event that the Repatriation of Remains benefit becomes payable, the Repatriation benefit pays eligible travel expenses, subject to the maximum benefit amount, for a one way trip so that a covered insured's spouse or traveling companion may return back to his/her current place of primary residence. The spouse or traveling companion must have been traveling with the covered insured at the time of the covered insured's death. The covered accidental death must occur a minimum distance away from the covered insured's primary residence.

Repatriation of Remains Benefit:

In the event of an insured's covered death as a result of an accident or emergency sickness that occurs a minimum distance away from the covered insured's primary residence, the Repatriation benefit pays any eligible expenses, subject to the maximum benefit amount, to return the covered insured's body to his/her current place of primary residence.

Repatriation Reunion Benefit:

The Repatriation Reunion benefit pays eligible travel expenses, subject to the maximum benefit amount, for a covered insured's immediate family member to accompany the deceased person's remains back to his/her current place of primary residence. The covered accidental death must occur a minimum distance away from the covered insured's primary residence.

Return Minor Child(ren) Benefit:

In the event that a covered insured is the only person traveling with minor children and requires hospital confinement or medical evacuation due to a covered accidental injury or emergency sickness, the Return Minor Child(ren) benefit will pay eligible expenses, subject to the maximum benefit amount, to return each minor child to his/her home country.

Safety Gear or Personal Flotation Death Benefit:

The Safety Gear or Personal Flotation Death benefit pays a fixed dollar amount for a covered accidental death while wearing safety gear or personal flotation device. Benefit amounts may vary from $500 to $5,000,000 per any one covered accidental death.

Seatbelt and Supplemental Restraint System Benefit:

The Seatbelt and Supplemental Restraint System benefit pays a fixed dollar amount if a covered insured suffers a covered accidental death while operating or riding as a passenger in a private passenger automobile and while wearing a seatbelt and being positioned in a seat protected by a properly-functioning and properly-deployed supplemental restraint system. Benefit amounts may vary from $500 to $50,000,000 per any one covered accidental death.

Security Protection Benefit:

The Security Protection benefit pays eligible expenses, subject to the maximum benefit amount, to a covered insured for kidnap consultant services or security protection services required to transport the covered insured to the nearest place of safety.

Special Accommodation Expense, Home Alteration and Vehicle Modification Benefit:

The Special Accommodation Expense, Home Alteration and Vehicle Modification benefit pays eligible expenses, subject to the maximum benefit amount if a covered insured suffers a covered injury and as a result requires special accommodations or adaptation

of his/her residence and/or vehicle to maintain an independent lifestyle. Benefit amounts may vary from $2,000 to $1,000,000 per covered injury.

Sponsored Event Covered Activity Withdrawal Benefit:

In the event that a covered insured must withdraw from a sponsored event or covered activity due to an injury, emergency sickness or death of the covered insured or covered insured's immediate family member, the Sponsored Event Covered Activity Withdrawal benefit refunds any pre-paid fees paid by or for the covered insured, subject to the maximum benefit amount, if the fees are not refundable by the policyholder.

Sporting Equipment and Sporting Uniforms Benefit:

The Sporting Equipment and Sporting Uniforms benefit pays eligible expenses, subject to the maximum benefit amount, for the replacement of the covered insured's sporting equipment or sporting uniform that is lost during a covered trip or during a covered activity. The benefits payable may be in excess of other insurance and a deductible amount of $0 to $1,000 may apply.

Spouse Retraining Benefit:

In the event of an insured's covered accidental death, the Spouse Retraining benefit pays a fixed dollar amount to a dependent spouse for occupational or educational training that is necessary for the dependent spouse's employment. Benefit amounts may vary from 1% to 100% of the principal sum.

Surgical Reattachment Benefit:

The Surgical Reattachment benefit pays a fixed dollar amount for the surgical reattachment of a severed limb, part of a limb or appendage as a result of a covered accidental dismemberment. Benefit amounts may vary from $5,000 to $5,000,000.

Survivor Education Benefit:

In the event of a covered accidental death of a covered insured, the Survivor Education benefit pays a fixed dollar amount for each qualifying dependent child and may also pay for the surviving spouse or domestic partner for post-secondary education. Benefit amounts may vary from $500 to $100,000 per policy year. The maximum number of annual payments will vary from 1 to 6 years.

Temporary Total Disability Benefit:

The Temporary Total Disability benefit pays a weekly benefit to a covered insured that suffers from a total disability as a result of a covered injury. The benefit is paid weekly until the earliest of death, no longer being totally disabled, becoming eligible for the accidental dismemberment benefit for the same covered injury or having received benefits for the maximum number of weeks shown in the schedule of benefits. The benefit may vary from 50% to 85% of weekly salary. The number of days after which benefits begin may vary between 2 to 31 days.

Trip Cancellation Benefit:

The Trip Cancellation benefit pays eligible pre-paid and non-refundable travel expenses, subject to the maximum benefit amount, if a covered insured cancels a covered trip due to a covered reason. The benefits payable may be in excess of other insurance or a deductible amount of $0 to $1,000 may apply.

Trip Delay Benefit:

The Trip Delay benefit pays eligible travel expenses, subject to the maximum benefit amount, if a covered insured's covered trip is delayed due to a covered reason. The number of hours the trip must be delayed may vary from 6 to 48 hours and the benefits payable may be in excess of other insurance.

Trip Interruption Benefit:

The Trip Interruption benefit pays eligible travel expenses, subject to the maximum benefit amount, if a covered insured is on a covered trip and becomes unable to continue a covered trip due to a covered reason. The benefits payable may be prorated according to the amount of time remaining on the trip and may be in excess of other insurance. A deductible amount of $0 to $1,000 may also apply.

Vehicle Return Benefit:

In the event a covered insured or their immediate family member or traveling companion suffers an injury or emergency sickness on a covered trip, the Vehicle Return benefit pays eligible expenses, subject to the maximum benefit amount, to transport the insured person's owned or rented vehicle back to his primary residence or a rental agency. This benefit may also cover expenses for a vehicle that is stolen during a covered trip.

Vocational Training Expense Benefit:

The Vocational Training benefit pays eligible expenses, subject to the maximum benefit amount, to a covered insured that requires vocational training as a result of a covered injury.

Waiver of Premium Benefit:

The Waiver of Premium benefit waives premium payments for a covered insured that suffers from a total disability as a result of a covered injury. The premium is waived until the earliest of no longer being totally disabled, failing to provide required proof of continuing total disability or having the maximum number of payments waived as shown in the schedule of benefits.

Concussion Benefit Rider:

The Concussion benefit rider pays eligible expenses, subject to the maximum benefit amount, for covered medical services required as a result of a covered concussion. Diagnosis or Treatment of the concussion must be within 5 to 90 days of the covered injury. Benefits may be covered from 4 to 104 weeks.

3. Renewability

This policy is optionally renewable.

4. Marketing and Underwriting Method

This policy will be marketed to all eligible groups that comply with the applicable laws of your state. This policy will be marketed by either salaried sales representatives or selected independent brokers.

This product will be underwritten at the group level with consideration given to the characteristics and prior experience of the group.

5. Rate Development

The manual rate expected claims costs for this policy were developed from a variety of publicly available and proprietary census, morbidity and accident data which include the following:

- U.S. Census Bureau, Statistical Abstract of the United States: 2012

- Centers for Disease Control: www.cdc.gov
- Bureau of Labor Statistics: www.bls.gov
- Bureau of Justice Statistics: www.bjs.gov
- National Safety Council Injury Facts: 2012 Edition
- National Hospital Discharge Survey: 2005 Annual Summary with Detailed Diagnosis and Procedure Data
- National Hospital Ambulatory Medical Care Survey: 2008 Emergency Department Summary
- American Burn Association, National Burn Repository: 2012 Report
- Population Reference Bureau: www.prb.org
- Publicly available data from Travel Assistance companies
- 2012 SOA IDEC Disability Claim Incidence and Termination Tables
- Proprietary group medical claims data with diagnosis codes ranging within 800-999 or E000-E999
- MarketScan Commercial Claims and Encounters distribution provided by Health and Human Services in the Minimum Value Calculator
- Publicly available blanket accident rate filings
- Publicly available property and casualty rate filings
- American Heart Association Journals: www.ahajournals.org
- U.S. National Library of Medicine: www.ncbi.nlm.nih.gov/pubmed
- California Bankers Association Survey: 1995 ATM Crime Survey Report
- U.S. Department of Labor: www.dol.gov
- 1993 SOA Study of Simultaneous Deaths Under Second-to-Die Policies
- National Highway Traffic Safety Administration: www.nhtsa.gov
- Center for Education Reform: www.edreform.com
- Federal Bureau of Investigation: www.fbi.gov
- Mayo Clinic: www.mayoclinic.com
- Insurance Institute for Highway Safety: www.iihs.org

Adjustments to publicly available data were made to account for differences between the publicly available data and an insured population and for the common exclusions of the policy.

Gross premiums are based upon the manual rate expected claims costs and group experience, if credible, that are adjusted for benefit options and then loaded with provisions for expenses, commissions, and profit.

Groups that provide prior experience will have their experience considered in the development of their premium rate.

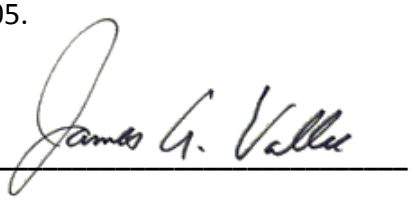
6. Anticipated Loss Ratio

The rates filed in the accompanying rate manual are anticipated to develop a loss ratio of 50.0% based upon our expected distribution of business. Outlined below are the anticipated expense components as a percentage of premium, corresponding with the anticipated loss ratio referenced above.

Loss Ratio:	50.0%
Commissions:	20.0%
Expense and Premium Taxes:	15.0%
Profit and Contingency Margin:	15.0%
Total:	100.0%

7. Actuarial Certification

In my opinion, rates for the product described in this actuarial memorandum have been developed using reasonable actuarial assumptions and methods. I believe the premiums to be reasonable in relation to the benefits. I certify that, to the best of my knowledge and judgment, the entire rate filing is in compliance with the applicable laws of the state and with the rules of the Department of Insurance, and complies with Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans", as adopted by the Actuarial Standards Board, December, 2005.



12/12/2013

James A. Vallee, FSA, MAAA **Date**

Perr & Knight

Liberty Insurance Underwriters, Inc.
Actuarial Memorandum
Blanket Accident Policy
Out of Country Medical Rider
Form LIUI BACC OOCMR001 (Ed. 08 13)
November 2013

1. Purpose of Filing

This actuarial memorandum has been created for the purpose of demonstrating that the anticipated loss ratio standard of the product, Blanket Accident Out of Country Medical Rider, meets the minimum requirements of your state. This memorandum is not intended to be used for other purposes.

2. Description of Benefits

This rider pays a benefit based upon the occurrence of a covered unintentional, unanticipated accident that is external to the body and/or sickness or emergency sickness, while the covered insured person is traveling outside his or her country of permanent residence. Benefits may be fixed dollar benefits or may pay a percentage up to 100% of the Usual and Customary Charges, subject to the maximum benefit amount, for certain medical services required as a result of a covered injury or sickness. Separate deductibles may apply for Covered Injury Only, Sickness Only and/or Emergency Sickness Only. Separate benefit limits may be applied for Accident Only, Sickness Only, Emergency Sickness Only, Pregnancy and/or Pre-Existing Conditions.

Benefits:

- **Ambulance Services**: Fixed dollar or maximum benefit amounts may vary from $100 to $500,000.
- **Anesthetist**: Fixed dollar or maximum benefit amounts may vary from $100 to $5,000,000.
- **Assistant Surgeon**: Fixed dollar or maximum benefit amounts may vary from $100 to $5,000,000.
- **CAT Scan, PET Scan or MRI**: Inpatient and outpatient fixed dollar or maximum benefit amounts may vary from $100 to $500,000.
- **Chiropractic**: Inpatient and outpatient fixed dollar or maximum benefit amounts may vary from $100 to $500,000. The maximum number of outpatient Chiropractic visits covered per day can vary from 1 to 4 visits. The total maximum number of Chiropractic visits covered may vary from 5 to 365 visits per year, injury, sickness or emergency sickness.

- **Consulting Physician**: Fixed dollar or maximum benefit amounts may vary from $25 to $5,000,000.
- **Dental Treatment**: Fixed dollar or maximum benefit amounts may vary from $25 to $50,000 for alleviation of pain. Fixed dollar or maximum benefit amounts may vary from $25 to $100,000 for injury only.
- **Diagnostic X-rays and Lab Services**: Inpatient and outpatient fixed dollar or maximum benefit amounts may vary from $100 to $500,000.
- **Home Country Medical Emergency**: Fixed dollar or maximum benefit amounts may vary from $100 to $1,000,000. The length of time within which treatment must occur may vary from 10 to 90 days of the return from a covered trip to the covered insured's home country.
- **Home Country Medical Extension**: The maximum length of time which coverage may be extended may vary from 10 to 90 days of the return from a covered trip to the covered insured's home country.
- **Hospital Emergency Room**: Fixed dollar or maximum benefit amounts may vary from $100 to $500,000 per Emergency Room visit. A deductible of $0 to $500,000 which must be satisfied with 10 to 180 days may apply. This deductible may be waived if the covered insured is admitted to the hospital. The maximum number of Emergency Room visits covered in a Policy period may vary from 1 to 20 visits.
- **Hospital Intensive Care Unit or Critical Care Unit**: Fixed dollar or maximum benefit amounts may vary from $500 to $5,000,000 per day. The total maximum number of days of confinement covered during a period of confinement or Policy period may vary from 1 to 180 days per insured.
- **Hospital Room (Semi-Private) Room and Board**: Fixed dollar or maximum benefit amounts may vary from $500 to $5,000,000 per day. The total maximum number of days of confinement covered during a period of confinement or Policy period may vary from 1 to 180 days per insured.
- **Initial Orthopedic Prosthesis or Brace**: Fixed dollar or maximum benefit amounts may vary from $100 to $500,000.
- **Intercollegiate Sports Injury**: Fixed dollar or maximum benefit amounts may vary from $100 to $5,000,000.
- **Mental and Nervous Conditions**: Inpatient and outpatient fixed dollar or maximum benefit amounts may vary from $25 to $500,000. The maximum number of inpatient or outpatient days covered can vary from 5 to 364 days.
- **Out of Country Medical Guarantee**: Fixed dollar or maximum benefit amounts may vary from $1,000 to $1,000,000.
- **Physical, Occupational, Speech or Cognitive Therapy**: Inpatient and outpatient fixed dollar benefit amounts may vary from $100 to $500,000. The maximum number of outpatient physical, occupational, speech or cognitive therapy visits covered per day can vary from 1 to 4 visits. The total maximum number of outpatient physical, occupational, speech or cognitive therapy visits covered may vary from 5 to 365 visits.

- **Physician's Visits**: Fixed dollar or maximum benefit amounts may vary from $25 to $2,500 per Physician visit. The maximum number of Physician's visits per day may vary from 1 to 10 visits per day. The total number of Physician's visits covered may vary from 10 to 60 visits.
- **Physiotherapy**: Fixed dollar or maximum benefit amounts may vary from $25 to $500 per Physiotherapy visit. The maximum number of physiotherapy visits covered can vary from 1 to 4 visits per day.
- **Pre-Admission Tests**: Fixed dollar or maximum benefit amounts may vary from $25 to $500,000. The period of time in which the tests must occur may vary from 1 to 21 days prior to hospital admission.
- **Prescription**: Inpatient and outpatient fixed dollar or maximum benefit amounts may vary from $100 to $100,000.
- **Private Duty Nursing**: Inpatient and outpatient fixed dollar or maximum benefit amounts may vary from $100 to $1,000,000 Fixed dollar benefit.
- **Surgeon Services**: Fixed dollar or maximum benefit amounts may vary from $1,000 to $5,000,000.
- **Therapeutic Termination of Pregnancy**: Fixed dollar or maximum benefit amounts may vary from $100 to $50,000.

3. Renewability

This policy is optionally renewable.

4. Marketing and Underwriting Method

This policy will be marketed to all eligible groups that comply with the applicable laws of your state. This policy will be marketed by either salaried sales representatives or selected independent brokers.

This product will be underwritten at the group level with consideration given to the characteristics and prior experience of the group.

5. Rate Development

The manual rate expected claims costs for this policy were developed from a variety of publicly available and proprietary census, morbidity and accident data which include the following:

- U.S. Census Bureau, Statistical Abstract of the United States: 2012
- Centers for Disease Control: www.cdc.gov
- National Safety Council Injury Facts: 2012 Edition

- National Hospital Discharge Survey: 2010 Annual Summary with Detailed Diagnosis and Procedure Data
- National Hospital Ambulatory Medical Care Survey: 2008 Emergency Department Summary
- American Heart Association Journals: www.ahajournals.org
- U.S. National Library of Medicine: www.ncbi.nlm.nih.gov/pubmed
- Organization for Economic Co-operation and Development: www.oecd.org
- MarketScan Commercial Claims and Encounters distribution provided by Health and Human Services in the Minimum Value Calculator
- Proprietary group medical claims data
- Data from publicly available blanket accident rate filings

Adjustments to publicly available data were made to account for differences between the publicly available data and an insured population and for the common exclusions of the policy.

Gross premiums are based upon the manual rate expected claims costs and group experience, if credible, that are adjusted for benefit options and then loaded with provisions for expenses, commissions, and profit.

Groups that provide prior experience will have their experience considered in the development of their premium rate.

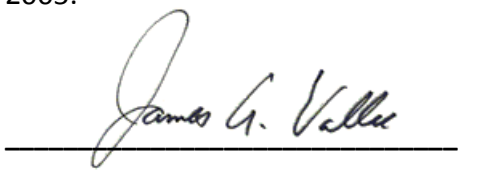
6. Anticipated Loss Ratio

The rates filed in the accompanying rate manual are anticipated to develop a loss ratio of 50.0% based upon our expected distribution of business. Outlined below are the anticipated expense components as a percentage of premium, corresponding with the anticipated loss ratio referenced above.

Loss Ratio:	50.0%
Commissions:	20.0%
Expense and Premium Taxes:	15.0%
Profit and Contingency Margin:	15.0%
Total:	100.0%

7. Actuarial Certification

In my opinion, rates for the product described in this actuarial memorandum have been developed using reasonable actuarial assumptions and methods. I believe the premiums to be reasonable in relation to the benefits. I certify that, to the best of my knowledge and judgment, the entire rate filing is in compliance with the applicable laws of the state and with the rules of the Department of Insurance, and complies with Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans", as adopted by the Actuarial Standards Board, December, 2005.



11/25/2013

James A. Vallee, FSA, MAAA **Date**

Perr & Knight