

State: District of Columbia **Filing Company:** Loyal American Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.002A Dread Disease - Cancer Only
Product Name: LY-CT-BA
Project Name/Number: LY-CT-BA/LY-CT-BA

Filing at a Glance

Company: Loyal American Life Insurance Company
 Product Name: LY-CT-BA
 State: District of Columbia
 TOI: H071 Individual Health - Specified Disease - Limited Benefit
 Sub-TOI: H071.002A Dread Disease - Cancer Only
 Filing Type: Rate
 Date Submitted: 07/17/2014
 SERFF Tr Num: UTAC-129641065
 SERFF Status: Assigned
 State Tr Num:
 State Status:
 Co Tr Num: RATES
 Implementation: On Approval
 Date Requested:
 Author(s): Denise Cox, Alycia Sumbera, Ashley Heath, Victor Morales, Erica Bond, Regenia Green, Stacey Forsythe, Julie McGill, April Laws
 Reviewer(s): Darniece Shirley (primary), Alula Selassie, John Morgan
 Disposition Date:
 Disposition Status:
 Implementation Date:
 State Filing Description:

State: District of Columbia **Filing Company:** Loyal American Life Insurance Company
TOI/Sub-TOI: H07I Individual Health - Specified Disease - Limited Benefit/H07I.002A Dread Disease - Cancer Only
Product Name: LY-CT-BA
Project Name/Number: LY-CT-BA/LY-CT-BA

General Information

Project Name: LY-CT-BA Status of Filing in Domicile: Pending
 Project Number: LY-CT-BA Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments: Ohio is our domicile state and was filed on 3/27/2014.
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: Resubmission Previous Filing Number: UTAC-129476543
 Individual Market Type: Overall Rate Impact:
 Filing Status Changed: 07/23/2014
 State Status Changed: Deemer Date:
 Created By: April Laws Submitted By: April Laws
 Corresponding Filing Tracking Number: UTAC-129476543

Filing Description:

Re: Loyal American Life Insurance Company
 NAIC # 65722 FEIN # 63-0343428

A correction has been made to the Payroll Base on Exhibit 1, Cigna Supplemental Benefits, Cancer Treatment Insurance Policy Form, Annual Issue Age Rounded Premium Rates indicating that Payroll rates apply to All Ages, ages 18 -99.

The rates were previously approved under SERFF tracking # UTAC-129476543.

The documents were prepared on a personal computer and will ultimately be printed from another data processing system that may cause some print style and/or page spacing changes. However, there will not be any changes to the actual text of the contract other than listed or bracketed variables.

If there are any questions or comments, please call me at (800) 633-6752 extension 4617, or email me at April.Laws@cigna.com.

Sincerely,
 April Laws
 Compliance Senior Associate
 Loyal American Life Insurance Company

Company and Contact

Filing Contact Information

April Laws, Compliance Associate april.laws@cigna.com
 11200 Lakeline Blvd 512-807-4617 [Phone]
 Suite 100
 Austin, TX 78717

State: District of Columbia **Filing Company:** Loyal American Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.002A Dread Disease - Cancer Only
Product Name: LY-CT-BA
Project Name/Number: LY-CT-BA/LY-CT-BA

Filing Company Information

Loyal American Life Insurance
Company
11200 Lakeline Blvd., Suite 100
P.O. Box 559004
Austin, TX 78755-9004
(800) 633-6752 ext. [Phone]

CoCode: 65722
Group Code: 901
Group Name:
FEIN Number: 63-0343428

State of Domicile: Ohio
Company Type: Insurance
Company
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

SERFF Tracking #:

UTAC-129641065

State Tracking #:

Company Tracking #:

RATES

State:

District of Columbia

Filing Company:

Loyal American Life Insurance Company

TOI/Sub-TOI:

H071 Individual Health - Specified Disease - Limited Benefit/H071.002A Dread Disease - Cancer Only

Product Name:

LY-CT-BA

Project Name/Number:

LY-CT-BA/LY-CT-BA

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Cancer Treatment Premiums	LY-CT-BA	New		GAF06 Premiums Rounded GN55% 20140708.pdf,

Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Base - 1 Unit*

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$28.75	\$46.00	\$35.00	\$52.50
25-29	\$28.75	\$46.00	\$35.00	\$52.50
30-34	\$28.75	\$46.00	\$35.00	\$52.50
35-39	\$28.75	\$46.00	\$35.00	\$52.50
40-44	\$34.75	\$56.50	\$40.50	\$62.50
45-49	\$44.00	\$74.00	\$49.25	\$79.75
50-54	\$53.75	\$92.75	\$58.50	\$97.75
55-59	\$66.00	\$116.25	\$70.25	\$120.50
60-64	\$79.25	\$141.75	\$83.00	\$145.25
65-69	\$93.25	\$166.25	\$96.75	\$169.50
70-74	\$99.00	\$178.75	\$102.00	\$181.25
75-79	\$99.00	\$178.75	\$102.00	\$181.25
80-84	\$99.00	\$178.75	\$102.00	\$181.25
85-89	\$99.00	\$178.75	\$102.00	\$181.25
90-94	\$99.00	\$178.75	\$102.00	\$181.25
95-99	\$99.00	\$178.75	\$102.00	\$181.25

*Contains some fixed benefits that do not vary by unit.

Payroll Base - 1 Unit*

Payroll (All Ages)	\$39.25	\$65.25	\$44.75	\$71.25
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Base - 2 Units*

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$52.00	\$83.50	\$63.50	\$95.00
25-29	\$52.00	\$83.50	\$63.50	\$95.00
30-34	\$52.00	\$83.50	\$63.50	\$95.00
35-39	\$52.00	\$83.50	\$63.50	\$95.00
40-44	\$63.00	\$102.75	\$73.25	\$113.50
45-49	\$79.75	\$134.75	\$89.25	\$144.75
50-54	\$97.50	\$168.75	\$106.00	\$177.25
55-59	\$119.75	\$211.00	\$127.25	\$218.50
60-64	\$143.25	\$257.00	\$150.00	\$263.25
65-69	\$168.25	\$301.50	\$174.50	\$307.50
70-74	\$178.50	\$323.50	\$184.00	\$328.00
75-79	\$178.50	\$323.50	\$184.00	\$328.00
80-84	\$178.50	\$323.50	\$184.00	\$328.00
85-89	\$178.50	\$323.50	\$184.00	\$328.00
90-94	\$178.50	\$323.50	\$184.00	\$328.00
95-99	\$178.50	\$323.50	\$184.00	\$328.00

*Contains some fixed benefits that do not vary by unit.

Payroll Base - 2 Units*

Payroll (All Ages)	\$71.50	\$118.75	\$81.25	\$129.25
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Base - 3 Units*

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$75.50	\$121.00	\$91.75	\$137.75
25-29	\$75.50	\$121.00	\$91.75	\$137.75
30-34	\$75.50	\$121.00	\$91.75	\$137.75
35-39	\$75.50	\$121.00	\$91.75	\$137.75
40-44	\$91.50	\$149.00	\$106.25	\$164.50
45-49	\$115.75	\$195.50	\$129.50	\$210.00
50-54	\$141.50	\$244.50	\$153.75	\$257.00
55-59	\$173.25	\$305.75	\$184.25	\$316.50
60-64	\$207.25	\$372.00	\$217.00	\$381.50
65-69	\$243.50	\$436.50	\$252.50	\$445.25
70-74	\$258.00	\$468.00	\$265.75	\$474.50
75-79	\$258.00	\$468.00	\$265.75	\$474.50
80-84	\$258.00	\$468.00	\$265.75	\$474.50
85-89	\$258.00	\$468.00	\$265.75	\$474.50
90-94	\$258.00	\$468.00	\$265.75	\$474.50
95-99	\$258.00	\$468.00	\$265.75	\$474.50

*Contains some fixed benefits that do not vary by unit.

Payroll Base - 3 Units*

Payroll (All Ages)	\$103.75	\$172.25	\$117.75	\$187.25
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Base - 4 Units*

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$99.00	\$158.50	\$120.00	\$180.25
25-29	\$99.00	\$158.50	\$120.00	\$180.25
30-34	\$99.00	\$158.50	\$120.00	\$180.25
35-39	\$99.00	\$158.50	\$120.00	\$180.25
40-44	\$120.00	\$195.25	\$139.25	\$215.50
45-49	\$151.75	\$256.00	\$169.50	\$275.00
50-54	\$185.25	\$320.25	\$201.25	\$336.50
55-59	\$227.00	\$400.50	\$241.00	\$414.50
60-64	\$271.25	\$487.25	\$284.00	\$499.50
65-69	\$318.75	\$571.75	\$330.25	\$583.00
70-74	\$337.75	\$612.75	\$347.75	\$621.25
75-79	\$337.75	\$612.75	\$347.75	\$621.25
80-84	\$337.75	\$612.75	\$347.75	\$621.25
85-89	\$337.75	\$612.75	\$347.75	\$621.25
90-94	\$337.75	\$612.75	\$347.75	\$621.25
95-99	\$337.75	\$612.75	\$347.75	\$621.25

*Contains some fixed benefits that do not vary by unit.

Payroll Base - 4 Units*

Payroll (All Ages)	\$135.75	\$225.50	\$154.25	\$245.25
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Base - 5 Units*

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$122.25	\$196.00	\$148.50	\$222.75
25-29	\$122.25	\$196.00	\$148.50	\$222.75
30-34	\$122.25	\$196.00	\$148.50	\$222.75
35-39	\$122.25	\$196.00	\$148.50	\$222.75
40-44	\$148.50	\$241.25	\$172.00	\$266.25
45-49	\$187.75	\$316.75	\$209.50	\$340.00
50-54	\$229.00	\$396.25	\$248.75	\$416.25
55-59	\$280.50	\$495.00	\$298.00	\$512.25
60-64	\$335.50	\$602.50	\$351.00	\$617.50
65-69	\$394.00	\$706.75	\$408.25	\$720.75
70-74	\$417.25	\$757.25	\$429.50	\$767.75
75-79	\$417.25	\$757.25	\$429.50	\$767.75
80-84	\$417.25	\$757.25	\$429.50	\$767.75
85-89	\$417.25	\$757.25	\$429.50	\$767.75
90-94	\$417.25	\$757.25	\$429.50	\$767.75
95-99	\$417.25	\$757.25	\$429.50	\$767.75

*Contains some fixed benefits that do not vary by unit.

Payroll Base - 5 Units*

Payroll (All Ages)	\$168.00	\$279.00	\$190.75	\$303.25
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Base - 6 Units*

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$145.75	\$233.50	\$176.75	\$265.25
25-29	\$145.75	\$233.50	\$176.75	\$265.25
30-34	\$145.75	\$233.50	\$176.75	\$265.25
35-39	\$145.75	\$233.50	\$176.75	\$265.25
40-44	\$176.75	\$287.50	\$205.00	\$317.25
45-49	\$223.75	\$377.25	\$249.50	\$405.00
50-54	\$273.00	\$472.00	\$296.25	\$495.75
55-59	\$334.25	\$589.75	\$355.00	\$610.25
60-64	\$399.50	\$717.75	\$418.00	\$735.50
65-69	\$469.00	\$842.00	\$486.25	\$858.50
70-74	\$496.75	\$902.00	\$511.50	\$914.50
75-79	\$496.75	\$902.00	\$511.50	\$914.50
80-84	\$496.75	\$902.00	\$511.50	\$914.50
85-89	\$496.75	\$902.00	\$511.50	\$914.50
90-94	\$496.75	\$902.00	\$511.50	\$914.50
95-99	\$496.75	\$902.00	\$511.50	\$914.50

*Contains some fixed benefits that do not vary by unit.

Payroll Base - 6 Units*

Payroll (All Ages)	\$200.25	\$332.50	\$227.25	\$361.25
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Base - 7 Units*

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$169.25	\$271.25	\$205.25	\$308.00
25-29	\$169.25	\$271.25	\$205.25	\$308.00
30-34	\$169.25	\$271.25	\$205.25	\$308.00
35-39	\$169.25	\$271.25	\$205.25	\$308.00
40-44	\$205.25	\$333.75	\$237.75	\$368.25
45-49	\$259.50	\$438.00	\$289.75	\$470.00
50-54	\$316.75	\$547.75	\$343.75	\$575.50
55-59	\$387.75	\$684.50	\$411.75	\$708.25
60-64	\$463.50	\$833.00	\$485.25	\$853.50
65-69	\$544.25	\$977.25	\$564.00	\$996.25
70-74	\$576.25	\$1,046.50	\$593.25	\$1,061.00
75-79	\$576.25	\$1,046.50	\$593.25	\$1,061.00
80-84	\$576.25	\$1,046.50	\$593.25	\$1,061.00
85-89	\$576.25	\$1,046.50	\$593.25	\$1,061.00
90-94	\$576.25	\$1,046.50	\$593.25	\$1,061.00
95-99	\$576.25	\$1,046.50	\$593.25	\$1,061.00

*Contains some fixed benefits that do not vary by unit.

Payroll Base - 7 Units*

Payroll (All Ages)	\$232.50	\$386.00	\$263.75	\$419.25
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Base - 8 Units*

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$192.75	\$308.75	\$233.50	\$350.50
25-29	\$192.75	\$308.75	\$233.50	\$350.50
30-34	\$192.75	\$308.75	\$233.50	\$350.50
35-39	\$192.75	\$308.75	\$233.50	\$350.50
40-44	\$233.75	\$380.00	\$270.75	\$419.25
45-49	\$295.50	\$498.75	\$329.75	\$535.25
50-54	\$360.50	\$623.50	\$391.50	\$655.00
55-59	\$441.50	\$779.25	\$468.75	\$806.25
60-64	\$527.50	\$948.25	\$552.25	\$971.75
65-69	\$619.50	\$1,112.25	\$642.00	\$1,134.25
70-74	\$655.75	\$1,191.25	\$675.25	\$1,207.75
75-79	\$655.75	\$1,191.25	\$675.25	\$1,207.75
80-84	\$655.75	\$1,191.25	\$675.25	\$1,207.75
85-89	\$655.75	\$1,191.25	\$675.25	\$1,207.75
90-94	\$655.75	\$1,191.25	\$675.25	\$1,207.75
95-99	\$655.75	\$1,191.25	\$675.25	\$1,207.75

*Contains some fixed benefits that do not vary by unit.

Payroll Base - 8 Units*

Payroll (All Ages)	\$264.75	\$439.25	\$300.25	\$477.25
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Base - 9 Units*

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$216.00	\$346.25	\$262.00	\$393.00
25-29	\$216.00	\$346.25	\$262.00	\$393.00
30-34	\$216.00	\$346.25	\$262.00	\$393.00
35-39	\$216.00	\$346.25	\$262.00	\$393.00
40-44	\$262.00	\$426.25	\$303.75	\$470.00
45-49	\$331.50	\$559.25	\$369.75	\$600.25
50-54	\$404.50	\$699.50	\$439.00	\$734.75
55-59	\$495.00	\$874.00	\$525.75	\$904.25
60-64	\$591.50	\$1,063.50	\$619.25	\$1,089.75
65-69	\$694.75	\$1,247.50	\$719.75	\$1,272.00
70-74	\$735.25	\$1,336.00	\$757.00	\$1,354.25
75-79	\$735.25	\$1,336.00	\$757.00	\$1,354.25
80-84	\$735.25	\$1,336.00	\$757.00	\$1,354.25
85-89	\$735.25	\$1,336.00	\$757.00	\$1,354.25
90-94	\$735.25	\$1,336.00	\$757.00	\$1,354.25
95-99	\$735.25	\$1,336.00	\$757.00	\$1,354.25

*Contains some fixed benefits that do not vary by unit.

Payroll Base - 9 Units*

Payroll (All Ages)	\$296.75	\$492.75	\$336.75	\$535.25
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Base - 10 Units*

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$239.50	\$383.75	\$290.25	\$435.75
25-29	\$239.50	\$383.75	\$290.25	\$435.75
30-34	\$239.50	\$383.75	\$290.25	\$435.75
35-39	\$239.50	\$383.75	\$290.25	\$435.75
40-44	\$290.50	\$472.50	\$336.50	\$521.00
45-49	\$367.50	\$620.00	\$409.75	\$665.25
50-54	\$448.25	\$775.25	\$486.50	\$814.25
55-59	\$548.75	\$968.75	\$582.50	\$1,002.25
60-64	\$655.75	\$1,178.75	\$686.25	\$1,207.75
65-69	\$769.75	\$1,382.50	\$797.75	\$1,409.75
70-74	\$814.75	\$1,480.50	\$839.00	\$1,501.00
75-79	\$814.75	\$1,480.50	\$839.00	\$1,501.00
80-84	\$814.75	\$1,480.50	\$839.00	\$1,501.00
85-89	\$814.75	\$1,480.50	\$839.00	\$1,501.00
90-94	\$814.75	\$1,480.50	\$839.00	\$1,501.00
95-99	\$814.75	\$1,480.50	\$839.00	\$1,501.00

*Contains some fixed benefits that do not vary by unit.

Payroll Base - 10 Units*

Payroll (All Ages)	\$329.00	\$546.25	\$373.25	\$593.25
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Chemotherapy and Radiation Benefits - 1 Unit

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$4.50	\$7.00	\$5.00	\$7.75
25-29	\$4.50	\$7.00	\$5.00	\$7.75
30-34	\$4.50	\$7.00	\$5.00	\$7.75
35-39	\$4.50	\$7.00	\$5.00	\$7.75
40-44	\$5.75	\$9.25	\$6.50	\$9.75
45-49	\$8.25	\$13.00	\$8.75	\$13.50
50-54	\$11.00	\$17.75	\$11.50	\$18.25
55-59	\$14.75	\$24.00	\$15.25	\$24.50
60-64	\$19.25	\$31.75	\$19.50	\$32.00
65-69	\$24.75	\$40.50	\$25.00	\$40.75
70-74	\$32.75	\$55.00	\$33.00	\$55.25
75-79	\$32.75	\$55.00	\$33.00	\$55.25
80-84	\$32.75	\$55.00	\$33.00	\$55.25
85-89	\$32.75	\$55.00	\$33.00	\$55.25
90-94	\$32.75	\$55.00	\$33.00	\$55.25
95-99	\$32.75	\$55.00	\$33.00	\$55.25

Payroll Chemotherapy and Radiation Benefits - 1 Unit

<i>Payroll (All Ages)</i>	\$7.00	\$11.00	\$7.50	\$11.75
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Chemotherapy and Radiation Benefits - 2 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$9.00	\$14.00	\$10.00	\$15.50
25-29	\$9.00	\$14.00	\$10.00	\$15.50
30-34	\$9.00	\$14.00	\$10.00	\$15.50
35-39	\$9.00	\$14.00	\$10.00	\$15.50
40-44	\$11.50	\$18.50	\$13.00	\$19.50
45-49	\$16.50	\$26.00	\$17.50	\$27.00
50-54	\$22.00	\$35.50	\$23.00	\$36.50
55-59	\$29.50	\$48.00	\$30.50	\$49.00
60-64	\$38.50	\$63.50	\$39.00	\$64.00
65-69	\$49.50	\$81.00	\$50.00	\$81.50
70-74	\$65.50	\$110.00	\$66.00	\$110.50
75-79	\$65.50	\$110.00	\$66.00	\$110.50
80-84	\$65.50	\$110.00	\$66.00	\$110.50
85-89	\$65.50	\$110.00	\$66.00	\$110.50
90-94	\$65.50	\$110.00	\$66.00	\$110.50
95-99	\$65.50	\$110.00	\$66.00	\$110.50

Payroll Chemotherapy and Radiation Benefits - 2 Units

<i>Payroll (All Ages)</i>	<i>\$14.00</i>	<i>\$22.00</i>	<i>\$15.00</i>	<i>\$23.50</i>
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Chemotherapy and Radiation Benefits - 3 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$13.50	\$21.00	\$15.00	\$23.25
25-29	\$13.50	\$21.00	\$15.00	\$23.25
30-34	\$13.50	\$21.00	\$15.00	\$23.25
35-39	\$13.50	\$21.00	\$15.00	\$23.25
40-44	\$17.25	\$27.75	\$19.50	\$29.25
45-49	\$24.75	\$39.00	\$26.25	\$40.50
50-54	\$33.00	\$53.25	\$34.50	\$54.75
55-59	\$44.25	\$72.00	\$45.75	\$73.50
60-64	\$57.75	\$95.25	\$58.50	\$96.00
65-69	\$74.25	\$121.50	\$75.00	\$122.25
70-74	\$98.25	\$165.00	\$99.00	\$165.75
75-79	\$98.25	\$165.00	\$99.00	\$165.75
80-84	\$98.25	\$165.00	\$99.00	\$165.75
85-89	\$98.25	\$165.00	\$99.00	\$165.75
90-94	\$98.25	\$165.00	\$99.00	\$165.75
95-99	\$98.25	\$165.00	\$99.00	\$165.75

Payroll Chemotherapy and Radiation Benefits - 3 Units

<i>Payroll (All Ages)</i>	<i>\$21.00</i>	<i>\$33.00</i>	<i>\$22.50</i>	<i>\$35.25</i>
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Chemotherapy and Radiation Benefits - 4 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$18.00	\$28.00	\$20.00	\$31.00
25-29	\$18.00	\$28.00	\$20.00	\$31.00
30-34	\$18.00	\$28.00	\$20.00	\$31.00
35-39	\$18.00	\$28.00	\$20.00	\$31.00
40-44	\$23.00	\$37.00	\$26.00	\$39.00
45-49	\$33.00	\$52.00	\$35.00	\$54.00
50-54	\$44.00	\$71.00	\$46.00	\$73.00
55-59	\$59.00	\$96.00	\$61.00	\$98.00
60-64	\$77.00	\$127.00	\$78.00	\$128.00
65-69	\$99.00	\$162.00	\$100.00	\$163.00
70-74	\$131.00	\$220.00	\$132.00	\$221.00
75-79	\$131.00	\$220.00	\$132.00	\$221.00
80-84	\$131.00	\$220.00	\$132.00	\$221.00
85-89	\$131.00	\$220.00	\$132.00	\$221.00
90-94	\$131.00	\$220.00	\$132.00	\$221.00
95-99	\$131.00	\$220.00	\$132.00	\$221.00

Payroll Chemotherapy and Radiation Benefits - 4 Units

<i>Payroll (All Ages)</i>	<i>\$28.00</i>	<i>\$44.00</i>	<i>\$30.00</i>	<i>\$47.00</i>
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Chemotherapy and Radiation Benefits - 5 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$22.50	\$35.00	\$25.00	\$38.75
25-29	\$22.50	\$35.00	\$25.00	\$38.75
30-34	\$22.50	\$35.00	\$25.00	\$38.75
35-39	\$22.50	\$35.00	\$25.00	\$38.75
40-44	\$28.75	\$46.25	\$32.50	\$48.75
45-49	\$41.25	\$65.00	\$43.75	\$67.50
50-54	\$55.00	\$88.75	\$57.50	\$91.25
55-59	\$73.75	\$120.00	\$76.25	\$122.50
60-64	\$96.25	\$158.75	\$97.50	\$160.00
65-69	\$123.75	\$202.50	\$125.00	\$203.75
70-74	\$163.75	\$275.00	\$165.00	\$276.25
75-79	\$163.75	\$275.00	\$165.00	\$276.25
80-84	\$163.75	\$275.00	\$165.00	\$276.25
85-89	\$163.75	\$275.00	\$165.00	\$276.25
90-94	\$163.75	\$275.00	\$165.00	\$276.25
95-99	\$163.75	\$275.00	\$165.00	\$276.25

Payroll Chemotherapy and Radiation Benefits - 5 Units

<i>Payroll (All Ages)</i>	<i>\$35.00</i>	<i>\$55.00</i>	<i>\$37.50</i>	<i>\$58.75</i>
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Chemotherapy and Radiation Benefits - 6 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$27.00	\$42.00	\$30.00	\$46.50
25-29	\$27.00	\$42.00	\$30.00	\$46.50
30-34	\$27.00	\$42.00	\$30.00	\$46.50
35-39	\$27.00	\$42.00	\$30.00	\$46.50
40-44	\$34.50	\$55.50	\$39.00	\$58.50
45-49	\$49.50	\$78.00	\$52.50	\$81.00
50-54	\$66.00	\$106.50	\$69.00	\$109.50
55-59	\$88.50	\$144.00	\$91.50	\$147.00
60-64	\$115.50	\$190.50	\$117.00	\$192.00
65-69	\$148.50	\$243.00	\$150.00	\$244.50
70-74	\$196.50	\$330.00	\$198.00	\$331.50
75-79	\$196.50	\$330.00	\$198.00	\$331.50
80-84	\$196.50	\$330.00	\$198.00	\$331.50
85-89	\$196.50	\$330.00	\$198.00	\$331.50
90-94	\$196.50	\$330.00	\$198.00	\$331.50
95-99	\$196.50	\$330.00	\$198.00	\$331.50

Payroll Chemotherapy and Radiation Benefits - 6 Units

<i>Payroll (All Ages)</i>	<i>\$42.00</i>	<i>\$66.00</i>	<i>\$45.00</i>	<i>\$70.50</i>
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Chemotherapy and Radiation Benefits - 7 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$31.50	\$49.00	\$35.00	\$54.25
25-29	\$31.50	\$49.00	\$35.00	\$54.25
30-34	\$31.50	\$49.00	\$35.00	\$54.25
35-39	\$31.50	\$49.00	\$35.00	\$54.25
40-44	\$40.25	\$64.75	\$45.50	\$68.25
45-49	\$57.75	\$91.00	\$61.25	\$94.50
50-54	\$77.00	\$124.25	\$80.50	\$127.75
55-59	\$103.25	\$168.00	\$106.75	\$171.50
60-64	\$134.75	\$222.25	\$136.50	\$224.00
65-69	\$173.25	\$283.50	\$175.00	\$285.25
70-74	\$229.25	\$385.00	\$231.00	\$386.75
75-79	\$229.25	\$385.00	\$231.00	\$386.75
80-84	\$229.25	\$385.00	\$231.00	\$386.75
85-89	\$229.25	\$385.00	\$231.00	\$386.75
90-94	\$229.25	\$385.00	\$231.00	\$386.75
95-99	\$229.25	\$385.00	\$231.00	\$386.75

Payroll Chemotherapy and Radiation Benefits - 7 Units

<i>Payroll (All Ages)</i>	\$49.00	\$77.00	\$52.50	\$82.25
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Chemotherapy and Radiation Benefits - 8 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$36.00	\$56.00	\$40.00	\$62.00
25-29	\$36.00	\$56.00	\$40.00	\$62.00
30-34	\$36.00	\$56.00	\$40.00	\$62.00
35-39	\$36.00	\$56.00	\$40.00	\$62.00
40-44	\$46.00	\$74.00	\$52.00	\$78.00
45-49	\$66.00	\$104.00	\$70.00	\$108.00
50-54	\$88.00	\$142.00	\$92.00	\$146.00
55-59	\$118.00	\$192.00	\$122.00	\$196.00
60-64	\$154.00	\$254.00	\$156.00	\$256.00
65-69	\$198.00	\$324.00	\$200.00	\$326.00
70-74	\$262.00	\$440.00	\$264.00	\$442.00
75-79	\$262.00	\$440.00	\$264.00	\$442.00
80-84	\$262.00	\$440.00	\$264.00	\$442.00
85-89	\$262.00	\$440.00	\$264.00	\$442.00
90-94	\$262.00	\$440.00	\$264.00	\$442.00
95-99	\$262.00	\$440.00	\$264.00	\$442.00

Payroll Chemotherapy and Radiation Benefits - 8 Units

<i>Payroll (All Ages)</i>	<i>\$56.00</i>	<i>\$88.00</i>	<i>\$60.00</i>	<i>\$94.00</i>
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Chemotherapy and Radiation Benefits - 9 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$40.50	\$63.00	\$45.00	\$69.75
25-29	\$40.50	\$63.00	\$45.00	\$69.75
30-34	\$40.50	\$63.00	\$45.00	\$69.75
35-39	\$40.50	\$63.00	\$45.00	\$69.75
40-44	\$51.75	\$83.25	\$58.50	\$87.75
45-49	\$74.25	\$117.00	\$78.75	\$121.50
50-54	\$99.00	\$159.75	\$103.50	\$164.25
55-59	\$132.75	\$216.00	\$137.25	\$220.50
60-64	\$173.25	\$285.75	\$175.50	\$288.00
65-69	\$222.75	\$364.50	\$225.00	\$366.75
70-74	\$294.75	\$495.00	\$297.00	\$497.25
75-79	\$294.75	\$495.00	\$297.00	\$497.25
80-84	\$294.75	\$495.00	\$297.00	\$497.25
85-89	\$294.75	\$495.00	\$297.00	\$497.25
90-94	\$294.75	\$495.00	\$297.00	\$497.25
95-99	\$294.75	\$495.00	\$297.00	\$497.25

Payroll Chemotherapy and Radiation Benefits - 9 Units

<i>Payroll (All Ages)</i>	\$63.00	\$99.00	\$67.50	\$105.75
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Chemotherapy and Radiation Benefits - 10 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$45.00	\$70.00	\$50.00	\$77.50
25-29	\$45.00	\$70.00	\$50.00	\$77.50
30-34	\$45.00	\$70.00	\$50.00	\$77.50
35-39	\$45.00	\$70.00	\$50.00	\$77.50
40-44	\$57.50	\$92.50	\$65.00	\$97.50
45-49	\$82.50	\$130.00	\$87.50	\$135.00
50-54	\$110.00	\$177.50	\$115.00	\$182.50
55-59	\$147.50	\$240.00	\$152.50	\$245.00
60-64	\$192.50	\$317.50	\$195.00	\$320.00
65-69	\$247.50	\$405.00	\$250.00	\$407.50
70-74	\$327.50	\$550.00	\$330.00	\$552.50
75-79	\$327.50	\$550.00	\$330.00	\$552.50
80-84	\$327.50	\$550.00	\$330.00	\$552.50
85-89	\$327.50	\$550.00	\$330.00	\$552.50
90-94	\$327.50	\$550.00	\$330.00	\$552.50
95-99	\$327.50	\$550.00	\$330.00	\$552.50

Payroll Chemotherapy and Radiation Benefits - 10 Units

<i>Payroll (All Ages)</i>	<i>\$70.00</i>	<i>\$110.00</i>	<i>\$75.00</i>	<i>\$117.50</i>
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Travel Benefits - 1 Unit

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$22.25	\$36.75	\$27.50	\$41.75
25-29	\$22.25	\$36.75	\$27.50	\$41.75
30-34	\$22.25	\$36.75	\$27.50	\$41.75
35-39	\$22.25	\$36.75	\$27.50	\$41.75
40-44	\$26.25	\$43.75	\$31.00	\$48.75
45-49	\$32.25	\$56.25	\$36.75	\$60.75
50-54	\$38.50	\$68.50	\$42.25	\$72.25
55-59	\$45.25	\$82.00	\$48.75	\$85.25
60-64	\$51.50	\$94.50	\$54.50	\$97.50
65-69	\$55.50	\$102.00	\$58.25	\$104.50
70-74	\$47.75	\$87.50	\$50.00	\$89.75
75-79	\$47.75	\$87.50	\$50.00	\$89.75
80-84	\$47.75	\$87.50	\$50.00	\$89.75
85-89	\$47.75	\$87.50	\$50.00	\$89.75
90-94	\$47.75	\$87.50	\$50.00	\$89.75
95-99	\$47.75	\$87.50	\$50.00	\$89.75

Payroll Travel Benefits - 1 Unit

<i>Payroll (All Ages)</i>	\$29.25	\$50.00	\$33.75	\$54.75
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Continuation of Care Benefits - 1 Unit

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$3.25	\$5.50	\$3.50	\$5.75
25-29	\$3.25	\$5.50	\$3.50	\$5.75
30-34	\$3.25	\$5.50	\$3.50	\$5.75
35-39	\$3.25	\$5.50	\$3.50	\$5.75
40-44	\$4.50	\$7.50	\$4.75	\$7.75
45-49	\$6.50	\$11.25	\$6.75	\$11.25
50-54	\$9.00	\$15.50	\$9.25	\$15.75
55-59	\$12.50	\$21.50	\$12.75	\$21.75
60-64	\$17.25	\$29.25	\$17.25	\$29.50
65-69	\$23.25	\$38.75	\$23.25	\$39.00
70-74	\$40.25	\$66.25	\$40.25	\$66.25
75-79	\$40.25	\$66.25	\$40.25	\$66.25
80-84	\$40.25	\$66.25	\$40.25	\$66.25
85-89	\$40.25	\$66.25	\$40.25	\$66.25
90-94	\$40.25	\$66.25	\$40.25	\$66.25
95-99	\$40.25	\$66.25	\$40.25	\$66.25

Payroll Continuation of Care Benefits - 1 Unit

<i>Payroll (All Ages)</i>	\$5.50	\$9.25	\$5.75	\$9.50
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Continuation of Care Benefits - 2 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$6.50	\$11.00	\$7.00	\$11.50
25-29	\$6.50	\$11.00	\$7.00	\$11.50
30-34	\$6.50	\$11.00	\$7.00	\$11.50
35-39	\$6.50	\$11.00	\$7.00	\$11.50
40-44	\$9.00	\$15.00	\$9.50	\$15.50
45-49	\$13.00	\$22.50	\$13.50	\$22.50
50-54	\$18.00	\$31.00	\$18.50	\$31.50
55-59	\$25.00	\$43.00	\$25.50	\$43.50
60-64	\$34.50	\$58.50	\$34.50	\$59.00
65-69	\$46.50	\$77.50	\$46.50	\$78.00
70-74	\$80.50	\$132.50	\$80.50	\$132.50
75-79	\$80.50	\$132.50	\$80.50	\$132.50
80-84	\$80.50	\$132.50	\$80.50	\$132.50
85-89	\$80.50	\$132.50	\$80.50	\$132.50
90-94	\$80.50	\$132.50	\$80.50	\$132.50
95-99	\$80.50	\$132.50	\$80.50	\$132.50

Payroll Continuation of Care Benefits - 2 Units

<i>Payroll (All Ages)</i>	<i>\$11.00</i>	<i>\$18.50</i>	<i>\$11.50</i>	<i>\$19.00</i>
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Continuation of Care Benefits - 3 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$9.75	\$16.50	\$10.50	\$17.25
25-29	\$9.75	\$16.50	\$10.50	\$17.25
30-34	\$9.75	\$16.50	\$10.50	\$17.25
35-39	\$9.75	\$16.50	\$10.50	\$17.25
40-44	\$13.50	\$22.50	\$14.25	\$23.25
45-49	\$19.50	\$33.75	\$20.25	\$33.75
50-54	\$27.00	\$46.50	\$27.75	\$47.25
55-59	\$37.50	\$64.50	\$38.25	\$65.25
60-64	\$51.75	\$87.75	\$51.75	\$88.50
65-69	\$69.75	\$116.25	\$69.75	\$117.00
70-74	\$120.75	\$198.75	\$120.75	\$198.75
75-79	\$120.75	\$198.75	\$120.75	\$198.75
80-84	\$120.75	\$198.75	\$120.75	\$198.75
85-89	\$120.75	\$198.75	\$120.75	\$198.75
90-94	\$120.75	\$198.75	\$120.75	\$198.75
95-99	\$120.75	\$198.75	\$120.75	\$198.75

Payroll Continuation of Care Benefits - 3 Units

<i>Payroll (All Ages)</i>	\$16.50	\$27.75	\$17.25	\$28.50
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Continuation of Care Benefits - 4 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$13.00	\$22.00	\$14.00	\$23.00
25-29	\$13.00	\$22.00	\$14.00	\$23.00
30-34	\$13.00	\$22.00	\$14.00	\$23.00
35-39	\$13.00	\$22.00	\$14.00	\$23.00
40-44	\$18.00	\$30.00	\$19.00	\$31.00
45-49	\$26.00	\$45.00	\$27.00	\$45.00
50-54	\$36.00	\$62.00	\$37.00	\$63.00
55-59	\$50.00	\$86.00	\$51.00	\$87.00
60-64	\$69.00	\$117.00	\$69.00	\$118.00
65-69	\$93.00	\$155.00	\$93.00	\$156.00
70-74	\$161.00	\$265.00	\$161.00	\$265.00
75-79	\$161.00	\$265.00	\$161.00	\$265.00
80-84	\$161.00	\$265.00	\$161.00	\$265.00
85-89	\$161.00	\$265.00	\$161.00	\$265.00
90-94	\$161.00	\$265.00	\$161.00	\$265.00
95-99	\$161.00	\$265.00	\$161.00	\$265.00

Payroll Continuation of Care Benefits - 4 Units

<i>Payroll (All Ages)</i>	<i>\$22.00</i>	<i>\$37.00</i>	<i>\$23.00</i>	<i>\$38.00</i>
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Continuation of Care Benefits - 5 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$16.25	\$27.50	\$17.50	\$28.75
25-29	\$16.25	\$27.50	\$17.50	\$28.75
30-34	\$16.25	\$27.50	\$17.50	\$28.75
35-39	\$16.25	\$27.50	\$17.50	\$28.75
40-44	\$22.50	\$37.50	\$23.75	\$38.75
45-49	\$32.50	\$56.25	\$33.75	\$56.25
50-54	\$45.00	\$77.50	\$46.25	\$78.75
55-59	\$62.50	\$107.50	\$63.75	\$108.75
60-64	\$86.25	\$146.25	\$86.25	\$147.50
65-69	\$116.25	\$193.75	\$116.25	\$195.00
70-74	\$201.25	\$331.25	\$201.25	\$331.25
75-79	\$201.25	\$331.25	\$201.25	\$331.25
80-84	\$201.25	\$331.25	\$201.25	\$331.25
85-89	\$201.25	\$331.25	\$201.25	\$331.25
90-94	\$201.25	\$331.25	\$201.25	\$331.25
95-99	\$201.25	\$331.25	\$201.25	\$331.25

Payroll Continuation of Care Benefits - 5 Units

<i>Payroll (All Ages)</i>	\$27.50	\$46.25	\$28.75	\$47.50
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Continuation of Care Benefits - 6 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$19.50	\$33.00	\$21.00	\$34.50
25-29	\$19.50	\$33.00	\$21.00	\$34.50
30-34	\$19.50	\$33.00	\$21.00	\$34.50
35-39	\$19.50	\$33.00	\$21.00	\$34.50
40-44	\$27.00	\$45.00	\$28.50	\$46.50
45-49	\$39.00	\$67.50	\$40.50	\$67.50
50-54	\$54.00	\$93.00	\$55.50	\$94.50
55-59	\$75.00	\$129.00	\$76.50	\$130.50
60-64	\$103.50	\$175.50	\$103.50	\$177.00
65-69	\$139.50	\$232.50	\$139.50	\$234.00
70-74	\$241.50	\$397.50	\$241.50	\$397.50
75-79	\$241.50	\$397.50	\$241.50	\$397.50
80-84	\$241.50	\$397.50	\$241.50	\$397.50
85-89	\$241.50	\$397.50	\$241.50	\$397.50
90-94	\$241.50	\$397.50	\$241.50	\$397.50
95-99	\$241.50	\$397.50	\$241.50	\$397.50

Payroll Continuation of Care Benefits - 6 Units

<i>Payroll (All Ages)</i>	\$33.00	\$55.50	\$34.50	\$57.00
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Continuation of Care Benefits - 7 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$22.75	\$38.50	\$24.50	\$40.25
25-29	\$22.75	\$38.50	\$24.50	\$40.25
30-34	\$22.75	\$38.50	\$24.50	\$40.25
35-39	\$22.75	\$38.50	\$24.50	\$40.25
40-44	\$31.50	\$52.50	\$33.25	\$54.25
45-49	\$45.50	\$78.75	\$47.25	\$78.75
50-54	\$63.00	\$108.50	\$64.75	\$110.25
55-59	\$87.50	\$150.50	\$89.25	\$152.25
60-64	\$120.75	\$204.75	\$120.75	\$206.50
65-69	\$162.75	\$271.25	\$162.75	\$273.00
70-74	\$281.75	\$463.75	\$281.75	\$463.75
75-79	\$281.75	\$463.75	\$281.75	\$463.75
80-84	\$281.75	\$463.75	\$281.75	\$463.75
85-89	\$281.75	\$463.75	\$281.75	\$463.75
90-94	\$281.75	\$463.75	\$281.75	\$463.75
95-99	\$281.75	\$463.75	\$281.75	\$463.75

Payroll Continuation of Care Benefits - 7 Units

<i>Payroll (All Ages)</i>	\$38.50	\$64.75	\$40.25	\$66.50
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Continuation of Care Benefits - 8 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$26.00	\$44.00	\$28.00	\$46.00
25-29	\$26.00	\$44.00	\$28.00	\$46.00
30-34	\$26.00	\$44.00	\$28.00	\$46.00
35-39	\$26.00	\$44.00	\$28.00	\$46.00
40-44	\$36.00	\$60.00	\$38.00	\$62.00
45-49	\$52.00	\$90.00	\$54.00	\$90.00
50-54	\$72.00	\$124.00	\$74.00	\$126.00
55-59	\$100.00	\$172.00	\$102.00	\$174.00
60-64	\$138.00	\$234.00	\$138.00	\$236.00
65-69	\$186.00	\$310.00	\$186.00	\$312.00
70-74	\$322.00	\$530.00	\$322.00	\$530.00
75-79	\$322.00	\$530.00	\$322.00	\$530.00
80-84	\$322.00	\$530.00	\$322.00	\$530.00
85-89	\$322.00	\$530.00	\$322.00	\$530.00
90-94	\$322.00	\$530.00	\$322.00	\$530.00
95-99	\$322.00	\$530.00	\$322.00	\$530.00

Payroll Continuation of Care Benefits - 8 Units

<i>Payroll (All Ages)</i>	<i>\$44.00</i>	<i>\$74.00</i>	<i>\$46.00</i>	<i>\$76.00</i>
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Continuation of Care Benefits - 9 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$29.25	\$49.50	\$31.50	\$51.75
25-29	\$29.25	\$49.50	\$31.50	\$51.75
30-34	\$29.25	\$49.50	\$31.50	\$51.75
35-39	\$29.25	\$49.50	\$31.50	\$51.75
40-44	\$40.50	\$67.50	\$42.75	\$69.75
45-49	\$58.50	\$101.25	\$60.75	\$101.25
50-54	\$81.00	\$139.50	\$83.25	\$141.75
55-59	\$112.50	\$193.50	\$114.75	\$195.75
60-64	\$155.25	\$263.25	\$155.25	\$265.50
65-69	\$209.25	\$348.75	\$209.25	\$351.00
70-74	\$362.25	\$596.25	\$362.25	\$596.25
75-79	\$362.25	\$596.25	\$362.25	\$596.25
80-84	\$362.25	\$596.25	\$362.25	\$596.25
85-89	\$362.25	\$596.25	\$362.25	\$596.25
90-94	\$362.25	\$596.25	\$362.25	\$596.25
95-99	\$362.25	\$596.25	\$362.25	\$596.25

Payroll Continuation of Care Benefits - 9 Units

<i>Payroll (All Ages)</i>	\$49.50	\$83.25	\$51.75	\$85.50
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Continuation of Care Benefits - 10 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$32.50	\$55.00	\$35.00	\$57.50
25-29	\$32.50	\$55.00	\$35.00	\$57.50
30-34	\$32.50	\$55.00	\$35.00	\$57.50
35-39	\$32.50	\$55.00	\$35.00	\$57.50
40-44	\$45.00	\$75.00	\$47.50	\$77.50
45-49	\$65.00	\$112.50	\$67.50	\$112.50
50-54	\$90.00	\$155.00	\$92.50	\$157.50
55-59	\$125.00	\$215.00	\$127.50	\$217.50
60-64	\$172.50	\$292.50	\$172.50	\$295.00
65-69	\$232.50	\$387.50	\$232.50	\$390.00
70-74	\$402.50	\$662.50	\$402.50	\$662.50
75-79	\$402.50	\$662.50	\$402.50	\$662.50
80-84	\$402.50	\$662.50	\$402.50	\$662.50
85-89	\$402.50	\$662.50	\$402.50	\$662.50
90-94	\$402.50	\$662.50	\$402.50	\$662.50
95-99	\$402.50	\$662.50	\$402.50	\$662.50

Payroll Continuation of Care Benefits - 10 Units

<i>Payroll (All Ages)</i>	\$55.00	\$92.50	\$57.50	\$95.00
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Family Care Benefits - 1 Unit

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$2.75	\$4.50	\$4.00	\$6.00
25-29	\$2.75	\$4.50	\$4.00	\$6.00
30-34	\$2.75	\$4.50	\$4.00	\$6.00
35-39	\$2.75	\$4.50	\$4.00	\$6.00
40-44	\$2.50	\$4.25	\$3.50	\$5.50
45-49	\$2.50	\$4.50	\$3.50	\$5.50
50-54	\$2.75	\$5.00	\$3.75	\$6.00
55-59	\$3.50	\$6.00	\$4.25	\$7.00
60-64	\$4.25	\$7.50	\$5.00	\$8.25
65-69	\$5.00	\$9.00	\$5.75	\$9.75
70-74	\$5.25	\$9.75	\$6.00	\$10.25
75-79	\$5.25	\$9.75	\$6.00	\$10.25
80-84	\$5.25	\$9.75	\$6.00	\$10.25
85-89	\$5.25	\$9.75	\$6.00	\$10.25
90-94	\$5.25	\$9.75	\$6.00	\$10.25
95-99	\$5.25	\$9.75	\$6.00	\$10.25

Payroll Family Care Benefits - 1 Unit

<i>Payroll (All Ages)</i>	\$2.50	\$4.25	\$3.50	\$5.50
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Family Care Benefits - 2 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$5.50	\$9.00	\$8.00	\$12.00
25-29	\$5.50	\$9.00	\$8.00	\$12.00
30-34	\$5.50	\$9.00	\$8.00	\$12.00
35-39	\$5.50	\$9.00	\$8.00	\$12.00
40-44	\$5.00	\$8.50	\$7.00	\$11.00
45-49	\$5.00	\$9.00	\$7.00	\$11.00
50-54	\$5.50	\$10.00	\$7.50	\$12.00
55-59	\$7.00	\$12.00	\$8.50	\$14.00
60-64	\$8.50	\$15.00	\$10.00	\$16.50
65-69	\$10.00	\$18.00	\$11.50	\$19.50
70-74	\$10.50	\$19.50	\$12.00	\$20.50
75-79	\$10.50	\$19.50	\$12.00	\$20.50
80-84	\$10.50	\$19.50	\$12.00	\$20.50
85-89	\$10.50	\$19.50	\$12.00	\$20.50
90-94	\$10.50	\$19.50	\$12.00	\$20.50
95-99	\$10.50	\$19.50	\$12.00	\$20.50

Payroll Family Care Benefits - 2 Units

<i>Payroll (All Ages)</i>	\$5.00	\$8.50	\$7.00	\$11.00
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Family Care Benefits - 3 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$8.25	\$13.50	\$12.00	\$18.00
25-29	\$8.25	\$13.50	\$12.00	\$18.00
30-34	\$8.25	\$13.50	\$12.00	\$18.00
35-39	\$8.25	\$13.50	\$12.00	\$18.00
40-44	\$7.50	\$12.75	\$10.50	\$16.50
45-49	\$7.50	\$13.50	\$10.50	\$16.50
50-54	\$8.25	\$15.00	\$11.25	\$18.00
55-59	\$10.50	\$18.00	\$12.75	\$21.00
60-64	\$12.75	\$22.50	\$15.00	\$24.75
65-69	\$15.00	\$27.00	\$17.25	\$29.25
70-74	\$15.75	\$29.25	\$18.00	\$30.75
75-79	\$15.75	\$29.25	\$18.00	\$30.75
80-84	\$15.75	\$29.25	\$18.00	\$30.75
85-89	\$15.75	\$29.25	\$18.00	\$30.75
90-94	\$15.75	\$29.25	\$18.00	\$30.75
95-99	\$15.75	\$29.25	\$18.00	\$30.75

Payroll Family Care Benefits - 3 Units

<i>Payroll (All Ages)</i>	<i>\$7.50</i>	<i>\$12.75</i>	<i>\$10.50</i>	<i>\$16.50</i>
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Family Care Benefits - 4 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$11.00	\$18.00	\$16.00	\$24.00
25-29	\$11.00	\$18.00	\$16.00	\$24.00
30-34	\$11.00	\$18.00	\$16.00	\$24.00
35-39	\$11.00	\$18.00	\$16.00	\$24.00
40-44	\$10.00	\$17.00	\$14.00	\$22.00
45-49	\$10.00	\$18.00	\$14.00	\$22.00
50-54	\$11.00	\$20.00	\$15.00	\$24.00
55-59	\$14.00	\$24.00	\$17.00	\$28.00
60-64	\$17.00	\$30.00	\$20.00	\$33.00
65-69	\$20.00	\$36.00	\$23.00	\$39.00
70-74	\$21.00	\$39.00	\$24.00	\$41.00
75-79	\$21.00	\$39.00	\$24.00	\$41.00
80-84	\$21.00	\$39.00	\$24.00	\$41.00
85-89	\$21.00	\$39.00	\$24.00	\$41.00
90-94	\$21.00	\$39.00	\$24.00	\$41.00
95-99	\$21.00	\$39.00	\$24.00	\$41.00

Payroll Family Care Benefits - 4 Units

<i>Payroll (All Ages)</i>	<i>\$10.00</i>	<i>\$17.00</i>	<i>\$14.00</i>	<i>\$22.00</i>
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Family Care Benefits - 5 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$13.75	\$22.50	\$20.00	\$30.00
25-29	\$13.75	\$22.50	\$20.00	\$30.00
30-34	\$13.75	\$22.50	\$20.00	\$30.00
35-39	\$13.75	\$22.50	\$20.00	\$30.00
40-44	\$12.50	\$21.25	\$17.50	\$27.50
45-49	\$12.50	\$22.50	\$17.50	\$27.50
50-54	\$13.75	\$25.00	\$18.75	\$30.00
55-59	\$17.50	\$30.00	\$21.25	\$35.00
60-64	\$21.25	\$37.50	\$25.00	\$41.25
65-69	\$25.00	\$45.00	\$28.75	\$48.75
70-74	\$26.25	\$48.75	\$30.00	\$51.25
75-79	\$26.25	\$48.75	\$30.00	\$51.25
80-84	\$26.25	\$48.75	\$30.00	\$51.25
85-89	\$26.25	\$48.75	\$30.00	\$51.25
90-94	\$26.25	\$48.75	\$30.00	\$51.25
95-99	\$26.25	\$48.75	\$30.00	\$51.25

Payroll Family Care Benefits - 5 Units

<i>Payroll (All Ages)</i>	\$12.50	\$21.25	\$17.50	\$27.50
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Family Care Benefits - 6 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$16.50	\$27.00	\$24.00	\$36.00
25-29	\$16.50	\$27.00	\$24.00	\$36.00
30-34	\$16.50	\$27.00	\$24.00	\$36.00
35-39	\$16.50	\$27.00	\$24.00	\$36.00
40-44	\$15.00	\$25.50	\$21.00	\$33.00
45-49	\$15.00	\$27.00	\$21.00	\$33.00
50-54	\$16.50	\$30.00	\$22.50	\$36.00
55-59	\$21.00	\$36.00	\$25.50	\$42.00
60-64	\$25.50	\$45.00	\$30.00	\$49.50
65-69	\$30.00	\$54.00	\$34.50	\$58.50
70-74	\$31.50	\$58.50	\$36.00	\$61.50
75-79	\$31.50	\$58.50	\$36.00	\$61.50
80-84	\$31.50	\$58.50	\$36.00	\$61.50
85-89	\$31.50	\$58.50	\$36.00	\$61.50
90-94	\$31.50	\$58.50	\$36.00	\$61.50
95-99	\$31.50	\$58.50	\$36.00	\$61.50

Payroll Family Care Benefits - 6 Units

<i>Payroll (All Ages)</i>	<i>\$15.00</i>	<i>\$25.50</i>	<i>\$21.00</i>	<i>\$33.00</i>
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Family Care Benefits - 7 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$19.25	\$31.50	\$28.00	\$42.00
25-29	\$19.25	\$31.50	\$28.00	\$42.00
30-34	\$19.25	\$31.50	\$28.00	\$42.00
35-39	\$19.25	\$31.50	\$28.00	\$42.00
40-44	\$17.50	\$29.75	\$24.50	\$38.50
45-49	\$17.50	\$31.50	\$24.50	\$38.50
50-54	\$19.25	\$35.00	\$26.25	\$42.00
55-59	\$24.50	\$42.00	\$29.75	\$49.00
60-64	\$29.75	\$52.50	\$35.00	\$57.75
65-69	\$35.00	\$63.00	\$40.25	\$68.25
70-74	\$36.75	\$68.25	\$42.00	\$71.75
75-79	\$36.75	\$68.25	\$42.00	\$71.75
80-84	\$36.75	\$68.25	\$42.00	\$71.75
85-89	\$36.75	\$68.25	\$42.00	\$71.75
90-94	\$36.75	\$68.25	\$42.00	\$71.75
95-99	\$36.75	\$68.25	\$42.00	\$71.75

Payroll Family Care Benefits - 7 Units

<i>Payroll (All Ages)</i>	\$17.50	\$29.75	\$24.50	\$38.50
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Family Care Benefits - 8 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$22.00	\$36.00	\$32.00	\$48.00
25-29	\$22.00	\$36.00	\$32.00	\$48.00
30-34	\$22.00	\$36.00	\$32.00	\$48.00
35-39	\$22.00	\$36.00	\$32.00	\$48.00
40-44	\$20.00	\$34.00	\$28.00	\$44.00
45-49	\$20.00	\$36.00	\$28.00	\$44.00
50-54	\$22.00	\$40.00	\$30.00	\$48.00
55-59	\$28.00	\$48.00	\$34.00	\$56.00
60-64	\$34.00	\$60.00	\$40.00	\$66.00
65-69	\$40.00	\$72.00	\$46.00	\$78.00
70-74	\$42.00	\$78.00	\$48.00	\$82.00
75-79	\$42.00	\$78.00	\$48.00	\$82.00
80-84	\$42.00	\$78.00	\$48.00	\$82.00
85-89	\$42.00	\$78.00	\$48.00	\$82.00
90-94	\$42.00	\$78.00	\$48.00	\$82.00
95-99	\$42.00	\$78.00	\$48.00	\$82.00

Payroll Family Care Benefits - 8 Units

<i>Payroll (All Ages)</i>	\$20.00	\$34.00	\$28.00	\$44.00
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Family Care Benefits - 9 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$24.75	\$40.50	\$36.00	\$54.00
25-29	\$24.75	\$40.50	\$36.00	\$54.00
30-34	\$24.75	\$40.50	\$36.00	\$54.00
35-39	\$24.75	\$40.50	\$36.00	\$54.00
40-44	\$22.50	\$38.25	\$31.50	\$49.50
45-49	\$22.50	\$40.50	\$31.50	\$49.50
50-54	\$24.75	\$45.00	\$33.75	\$54.00
55-59	\$31.50	\$54.00	\$38.25	\$63.00
60-64	\$38.25	\$67.50	\$45.00	\$74.25
65-69	\$45.00	\$81.00	\$51.75	\$87.75
70-74	\$47.25	\$87.75	\$54.00	\$92.25
75-79	\$47.25	\$87.75	\$54.00	\$92.25
80-84	\$47.25	\$87.75	\$54.00	\$92.25
85-89	\$47.25	\$87.75	\$54.00	\$92.25
90-94	\$47.25	\$87.75	\$54.00	\$92.25
95-99	\$47.25	\$87.75	\$54.00	\$92.25

Payroll Family Care Benefits - 9 Units

<i>Payroll (All Ages)</i>	\$22.50	\$38.25	\$31.50	\$49.50
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Exhibit 1
 Cigna Supplemental Benefits
 Cancer Treatment Insurance Policy Form LY-CT-BA
 Annual Issue Age Rounded Premium Rates - Uni-Tobacco, Unisex

Non-Payroll Family Care Benefits - 10 Units

Issue Ages	EEOnly	EE+Spouse	EE+Child	Family
18-24	\$27.50	\$45.00	\$40.00	\$60.00
25-29	\$27.50	\$45.00	\$40.00	\$60.00
30-34	\$27.50	\$45.00	\$40.00	\$60.00
35-39	\$27.50	\$45.00	\$40.00	\$60.00
40-44	\$25.00	\$42.50	\$35.00	\$55.00
45-49	\$25.00	\$45.00	\$35.00	\$55.00
50-54	\$27.50	\$50.00	\$37.50	\$60.00
55-59	\$35.00	\$60.00	\$42.50	\$70.00
60-64	\$42.50	\$75.00	\$50.00	\$82.50
65-69	\$50.00	\$90.00	\$57.50	\$97.50
70-74	\$52.50	\$97.50	\$60.00	\$102.50
75-79	\$52.50	\$97.50	\$60.00	\$102.50
80-84	\$52.50	\$97.50	\$60.00	\$102.50
85-89	\$52.50	\$97.50	\$60.00	\$102.50
90-94	\$52.50	\$97.50	\$60.00	\$102.50
95-99	\$52.50	\$97.50	\$60.00	\$102.50

Payroll Family Care Benefits - 10 Units

<i>Payroll (All Ages)</i>	<i>\$25.00</i>	<i>\$42.50</i>	<i>\$35.00</i>	<i>\$55.00</i>
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State: District of Columbia **Filing Company:** Loyal American Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.002A Dread Disease - Cancer Only
Product Name: LY-CT-BA
Project Name/Number: LY-CT-BA/LY-CT-BA

Supporting Document Schedules

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

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	GAF05.ActMemo.Cancer.GN55%.20140328.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	GAF05.ActMemo.Cancer.GN55%.20140328.pdf
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	New product filing, NA.
Attachment(s):	
Item Status:	
Status Date:	

SERFF Tracking #:

UTAC-129641065

State Tracking #:

Company Tracking #:

RATES

State:

District of Columbia

Filing Company:

Loyal American Life Insurance Company

TOI/Sub-TOI:

H071 Individual Health - Specified Disease - Limited Benefit/H071.002A Dread Disease - Cancer Only

Product Name:

LY-CT-BA

Project Name/Number:

LY-CT-BA/LY-CT-BA

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	New product filing, NA.
Attachment(s):	
Item Status:	
Status Date:	

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



Life Insurance Company®

[P.O. Box 559004, Austin, TX 78755-9004]

[Toll Free: 866-459-4272]

Filing Description:

Re: Loyal American Life Insurance Company
NAIC # 65722 FEIN # 63-0343428

NEW POLICY FORMS DESCRIPTION

LY-CT-BA-B-DC	Cancer Treatment Insurance Policy
LY-CT-BA.SCH.PG-DC	Schedule Page
LY-CT-OC-B-DC	Cancer Treatment Outline of Coverage
LY-CT-APP-B-DC	Cancer Treatment Application

Actuarial Memorandum Rates

The forms and rates described above are submitted for review and approval. These forms and rates are new and do not replace any forms or rates previously approved by your department.

The policy forms and riders described above will provide cancer treatment coverage and will be sold through licensed agents.

1. The following forms have been previously submitted under a recent Lump Sum Cancer and Heart filing UTAC-129368051 and was approved on 2-21-2014:

LY-LSH-RD-DC	Lump Sum Heart and Stroke Rider
LY-LSC-RD-DC	Lump Sum Cancer Rider
LY-HICU-RD-DC	Hospital and Intensive Care Unit Indemnity Benefit Rider
LY-HI-RD-DC	Hospital Indemnity Benefit Rider
LY-ICU-RD-DC	Intensive Care Unit Indemnity Benefit Rider
LY-ROP-D.....	Return of Premium Rider

2. To be used with previously approved endorsement L-4465 approved on 3-7-1995.

3. PLEASE NOTE THAT THIS POLICY INCLUDES AN ARBITRATION PROVISION.

The documents were prepared on a personal computer and will ultimately be printed from another date processing system that may cause some print style and/or page spacing changes. However, there will not be any changes to the actual text of the contract other than listed or bracketed variables.

If there are any questions or comments, please call me at (800) 633-6752 extension 4945, or email me at Ashley.Heath@cigna.com.

Sincerely,
Ashley Heath
Compliance Senior Associate
Loyal American Life Insurance Company

Loyal American Life Insurance Company

Actuarial Memorandum

Cancer Treatment Insurance Policy Form LY-CT-BA

1. Scope & Purpose

This Actuarial Memorandum describes the benefits provided in this new cancer policy. This memorandum supports the rates being filed. This is a new form. This memorandum is not intended to be used for any other purpose.

2. Benefit Description

This section contains a brief description of the benefits provided within the base form. A detailed description of the benefits and limitations are identified in the policy form. This policy provides cancer coverage.

Outpatient diagnostic benefit: pays a benefit when an insured person receives and incurs a charge for any type of laboratory test, biopsy, x-ray, or other imaging tests used to establish the positive diagnosis of cancer.

Hospital confinement benefit: pays a benefit when an insured person is confined to a hospital as an inpatient for the care and treatment of cancer. The benefit is doubled beginning on the 31st day of stay.

Inpatient drugs and medicine benefit: pays a benefit for each day an insured person receives and incurs a charge for drugs and medicine administered while confined as an inpatient in a hospital.

Attending physician benefit: pays a benefit for each day an insured person receives and incurs a charge for the professional services of an attending physician while confined as an inpatient in a hospital.

Private duty nursing benefit: pays a benefit for each day an insured person receives and incurs a charge for private duty nursing services that are required while confined as an inpatient in a hospital.

Second or third surgical opinions schedule benefit: pays a benefit when surgery has been recommended by a physician for the care and treatment of cancer and the insured person receives a documented second surgical opinion. If the second surgical opinion differs from the first, the benefit will pay a third surgical opinion benefit.

Physician's office surgical benefit: pays a benefit for each day an insured person incurs a charge for surgery performed in a physician's office for the care and treatment of cancer.

Anesthesia for physician's office surgery benefit: pays a benefit when an insured person incurs a charge for the administration of anesthesia during a surgical procedure performed in a physician's office for the care and treatment of cancer.

Outpatient facility surgical benefit: pays a benefit for each day an insured person incurs a charge for surgery performed at an outpatient facility or on an outpatient basis within a hospital for the care and treatment of cancer.

Anesthesia for physician's office surgery benefit: pays a benefit when an insured person incurs a charge for the administration of anesthesia during a surgical procedure performed in an outpatient facility or on an outpatient basis within a hospital for the care and treatment of cancer.

Inpatient hospital facility surgical benefit: pays a benefit for each day an insured person incurs a charge for surgery performed in a hospital on an inpatient basis for the care and treatment of cancer.

Anesthesia for inpatient hospital facility surgery benefit: pays a benefit when an insured person incurs a charge for the administration of anesthesia during a surgical procedure performed in an inpatient hospital facility for the care and treatment of cancer.

Blood, plasma and platelet benefit: pays a benefit for each day an insured person incurs a charge for and receives blood, plasma and platelets for the care and treatment of cancer.

Bone marrow transplant benefit: pays a benefit when an insured person incurs a charge for and receives a bone marrow transplant for the treatment of cancer.

Stem cell transplant benefit: pays a benefit for each day any insured person incurs a charge for undergoing a peripheral stem cell transplant for the treatment of cancer.

Reconstructive breast surgery benefit: pays a benefit when an insured person incurs a charge for and receives reconstructive breast surgery as a direct result of surgery for cancer covered under this policy. Each breast is considered a separate surgical event. This includes reconstructive breast surgery on the opposite normal breast to obtain symmetry after breast cancer surgery.

Surgically implanted prosthesis benefit: pays a benefit when an insured person incurs a charge for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for cancer covered under this policy.

Non-surgical prosthesis benefit: pays a benefit when an insured person incurs a charge for the purchase of a physician-prescribed prosthetic device that does not require surgical implantation as a direct result of treatment for cancer covered under this policy. A non-surgical prosthetic device is limited to items that do not require surgical implantation, such as special bras, removable breast prostheses, voice boxes, ostomy pouches, wigs and hairpieces.

Skin cancer benefit: pays a benefit for each day an insured person is diagnosed with skin cancer by a physician and has the skin cancer removed.

Ambulance benefit: pays a benefit when a charge is incurred for the transportation of an insured person to or from a hospital by ground or air ambulance for the treatment of cancer.

Waiver of premium: future premium payments due under this policy and any attached riders will be waived when the policyowner meets the following conditions:

- The policyowner is diagnosed with cancer after the thirty (30) day waiting period has expired and while they are covered under this policy; and
- The policyowner is totally disabled for more than sixty (60) days as the result of their diagnosis and treatment of cancer; and
- Premium payments continue for sixty (60) days after the commencement of the policyowner's total disability.

Immunotherapy benefit: pays a benefit for each calendar month when an insured person incurs a charge for and receives physician-prescribed immunotherapy for the treatment of cancer.

Injected chemotherapy benefit: pays a benefit for each calendar week in which an insured person incurs a charge for and receives physician prescribed injected chemotherapy for the treatment of cancer.

Non-hormonal oral chemotherapy benefit: pays a benefit for each calendar month in which an insured person incurs a charge for and receives physician prescribed non-hormonal oral chemotherapy for the treatment of cancer.

Hormonal oral chemotherapy benefit: pays a benefit for each calendar month in which an insured person incurs a charge for and receives physician prescribed hormonal oral chemotherapy for the treatment of cancer.

Anti-nausea drug benefit: pays a benefit for each calendar month in which an insured person incurs a charge for physician-prescribed anti-nausea drug during the treatment of cancer.

Radiation benefit: pays a benefit for each calendar week any insured person incurs a charge and receives radiation therapy for the treatment of cancer.

Experimental treatment for cancer benefit: pays a benefit for each day any insured person incurs a charge for and receives hospital, medical or surgical care in connection with an experimental treatment for cancer within the United States.

Transportation and lodging benefit (patient & adult companion): pays a benefit when an insured person is prescribed treatment for cancer by a physician that cannot be obtained at a hospital or outpatient facility within 100 miles from the center of the city where the insured person resides. Treatment must occur within the United States.

Rehabilitative therapy benefit: pays a benefit for each day an insured person receives and incurs a charge for physical therapy, occupational therapy or speech therapy prescribed by a physician for the care and treatment of cancer.

Extended care facility benefit: pays a benefit for each day an insured person incurs a charge for confinement in an extended care facility for the care and treatment of cancer. The confinement must be recommended by the attending physician.

Hospice care benefit: pays a benefit for each day an insured person incurs a charge and receives hospice care, as the result of cancer, provided by a licensed hospice facility or provider at home. Benefits will be paid if an insured person is diagnosed as terminally ill with a prognosis for life of six (6) months or less by a physician and is no longer receiving treatment to cure their cancer.

Child tutorial services benefit: pays a benefit for each day an insured child incurs a charge and receives scholastic tutorial services provided by a tutor accredited by a state, regional or national accrediting organization while receiving treatment for cancer.

Counseling benefit: pays a benefit for each day an insured person incurs a charge for counseling sessions with a licensed or certified mental health professional while receiving care and treatment for cancer.

Child cancer diagnosis benefit: pays a benefit to the policyowner when a child covered under the policy is diagnosed with cancer and confined to a hospital for the care and treatment of cancer.

Child care benefit: pays a benefit for each day that the policyowner or their covered spouse/domestic partner incurs charges for dependent child care services by a licensed child care provider or facility while the policyowner or

their spouse/domestic partner is confined to a hospital for the care and treatment of cancer.

Pet boarding or pet daycare benefit: pays a benefit for each day that the policyowner or their covered spouse/domestic partner incurs charges for pet boarding or pet daycare services at a licensed kennel, pet daycare, or veterinarian's office for his or her pet(s) while confined to a hospital for the care and treatment of cancer.

3. Renewability

The base policy is guaranteed renewable for life.

4. Applicability

This filing is for a new form. This is a first time rate filing for this form. There are no policies currently in force.

5. Morbidity

The morbidity assumptions for this form were developed using the following sources:

- 1985 NAIC Cancer Tables
- SEER Cancer Statistics Review 1975–2010
- www.skincancer.org
- Milliman's Health Cost Guidelines™
- CDC, Health, United States, 2010
- American Cancer Society, Clinical Trials: What You Need to Know
- Bone Marrow and Cord Blood Donation and Transplantation
- Report of the 2010 Plastic Surgery Statistics
- Co-morbid mental health conditions in cancer patients at working age - prevalence, risk profiles, and care uptake.
- AVMA - U.S. Pet Ownership Statistics
- www.ranswers.org
- Cancer Facts and Figures 2005
- Parity for Oral and Intravenous/Injected Cancer Drugs
- US Census

6. Mortality

Mortality used is 100% of the 2001 CSO Life Table.

7. Persistency

The assumed termination rates are shown below:

Policy Year	Termination
1	25.0%
2	15.0%
3	12.5%
4	10.0%
5	9.0%
6	9.0%
7+	8.0%

8. Expenses

Expenses, commissions, premium tax, and profit and contingencies will be no more than 45% of the premium.

9. Marketing Method

This policy form will be marketed through direct response and broker channels.

10. Underwriting

This product is underwritten with a yes/no simplified issue application on an accept/reject basis.

11. Premium Classes

Premium rates vary based on issue age, benefit amount, and family tier (Individual, Couple, One Parent, Family).

12. Issue Age Range

Issue age range is from 18 to age 99.

13. Area Factors

There were no specific area factor assumptions used in developing the rates for the benefits included in this form.

14. Average Annual Premium

The expected average annual premium for this cancer product is \$349.

15. Premium Modalization Rules

	Credit Card	Direct Bill	Payroll Deduction	PAC
<i>Monthly</i>	0.0850	N/A	0.0900	0.0850
<i>Quarterly</i>	0.2650	0.2650	0.2650	0.2650
<i>Semi-Annual</i>	0.5200	0.5200	0.5200	0.5200
<i>Annual</i>	1.0000	1.0000	1.0000	1.0000

16. Claim Liability and Reserves

Claim reserves will be set using appropriate actuarial methodology. There are currently no claim reserves held since these are new forms.

17. Active Life Reserves

Active life reserves will be set using appropriate actuarial methodology as necessary. There are currently no active life reserves held since this is a new form.

18. Trend Assumptions

There were no trend assumptions used in developing the rates for the benefits included in this form.

19. Minimum Loss Ratio

The minimum loss ratio for this form is 55%.

20. Anticipated Loss Ratio

The anticipated loss ratio for this cancer product is not to be less than the minimum loss ratio of 55%.

21. Experience - Past and Future

As this is a new policy, no historical experience is available.

22. Lifetime Loss Ratio

The projected lifetime loss ratio is the same as the anticipated loss ratio, and is not expected to fall below 55%.

23. History of Rate Adjustments

As this is a new form, there have been no rate adjustments.

24. Number of Policyholders

As this is a new form, there are no policyholders.

25. Proposed Effective Date

The rates are to become effective upon approval by your Department of Insurance. No policies will be sold until the form and rates have been submitted and/or approved as required by your regulations.

26. Statement of Reliance

In preparing this actuarial memorandum, I relied on data provided to me by Loyal American Life Insurance Company. I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this memorandum may be materially affected.

27. Actuarial Certification

I, Ashlee Borcan, am a Member of the American Academy of Actuaries and meet its qualification standards for preparing rate filings. Milliman has been retained by Loyal American Life Insurance Company to determine rates for this policy. As a consulting actuary with Milliman, I have written this actuarial memorandum to describe the rates intended to be used for the health benefits included in this product.

To the best of my knowledge and judgment, I certify that:

- (I) This rate filing is in compliance with the applicable laws and regulations of your Department of Insurance;
- (II) Complies with all applicable Actuarial Standards of Practice; and
- (III) The benefits provided are reasonable in relation to the proposed premiums. The premium schedule is not excessive, inadequate, or unfairly discriminatory.



Ashlee Borcan, FSA, MAAA
Fellow, Society of Actuaries
Member, American Academy of Actuaries
March, 2014

Loyal American Life Insurance Company

Actuarial Memorandum

Cancer Treatment Insurance Policy Form LY-CT-BA

1. Scope & Purpose

This Actuarial Memorandum describes the benefits provided in this new cancer policy. This memorandum supports the rates being filed. This is a new form. This memorandum is not intended to be used for any other purpose.

2. Benefit Description

This section contains a brief description of the benefits provided within the base form. A detailed description of the benefits and limitations are identified in the policy form. This policy provides cancer coverage.

Outpatient diagnostic benefit: pays a benefit when an insured person receives and incurs a charge for any type of laboratory test, biopsy, x-ray, or other imaging tests used to establish the positive diagnosis of cancer.

Hospital confinement benefit: pays a benefit when an insured person is confined to a hospital as an inpatient for the care and treatment of cancer. The benefit is doubled beginning on the 31st day of stay.

Inpatient drugs and medicine benefit: pays a benefit for each day an insured person receives and incurs a charge for drugs and medicine administered while confined as an inpatient in a hospital.

Attending physician benefit: pays a benefit for each day an insured person receives and incurs a charge for the professional services of an attending physician while confined as an inpatient in a hospital.

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Second or third surgical opinions schedule benefit: pays a benefit when surgery has been recommended by a physician for the care and treatment of cancer and the insured person receives a documented second surgical opinion. If the second surgical opinion differs from the first, the benefit will pay a third surgical opinion benefit.

Physician's office surgical benefit: pays a benefit for each day an insured person incurs a charge for surgery performed in a physician's office for the care and treatment of cancer.

Anesthesia for physician's office surgery benefit: pays a benefit when an insured person incurs a charge for the administration of anesthesia during a surgical procedure performed in a physician's office for the care and treatment of cancer.

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Surgically implanted prosthesis benefit: pays a benefit when an insured person incurs a charge for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for cancer covered under this policy.

Non-surgical prosthesis benefit: pays a benefit when an insured person incurs a charge for the purchase of a physician-prescribed prosthetic device that does not require surgical implantation as a direct result of treatment for cancer covered under this policy. A non-surgical prosthetic device is limited to items that do not require surgical implantation, such as special bras, removable breast prostheses, voice boxes, ostomy pouches, wigs and hairpieces.

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Radiation benefit: pays a benefit for each calendar week any insured person incurs a charge and receives radiation therapy for the treatment of cancer.

Experimental treatment for cancer benefit: pays a benefit for each day any insured person incurs a charge for and receives hospital, medical or surgical care in connection with an experimental treatment for cancer within the United States.

Transportation and lodging benefit (patient & adult companion): pays a benefit when an insured person is prescribed treatment for cancer by a physician that cannot be obtained at a hospital or outpatient facility within 100 miles from the center of the city where the insured person resides. Treatment must occur within the United States.

Rehabilitative therapy benefit: pays a benefit for each day an insured person receives and incurs a charge for physical therapy, occupational therapy or speech therapy prescribed by a physician for the care and treatment of cancer.

Extended care facility benefit: pays a benefit for each day an insured person incurs a charge for confinement in an extended care facility for the care and treatment of cancer. The confinement must be recommended by the attending physician.

Hospice care benefit: pays a benefit for each day an insured person incurs a charge and receives hospice care, as the result of cancer, provided by a licensed hospice facility or provider at home. Benefits will be paid if an insured person is diagnosed as terminally ill with a prognosis for life of six (6) months or less by a physician and is no longer receiving treatment to cure their cancer.

Child tutorial services benefit: pays a benefit for each day an insured child incurs a charge and receives scholastic tutorial services provided by a tutor accredited by a state, regional or national accrediting organization while receiving treatment for cancer.

Counseling benefit: pays a benefit for each day an insured person incurs a charge for counseling sessions with a licensed or certified mental health professional while receiving care and treatment for cancer.

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Child care benefit: pays a benefit for each day that the policyowner or their covered spouse/domestic partner incurs charges for dependent child care services by a licensed child care provider or facility while the policyowner or

their spouse/domestic partner is confined to a hospital for the care and treatment of cancer.

Pet boarding or pet daycare benefit: pays a benefit for each day that the policyowner or their covered spouse/domestic partner incurs charges for pet boarding or pet daycare services at a licensed kennel, pet daycare, or veterinarian's office for his or her pet(s) while confined to a hospital for the care and treatment of cancer.

3. Renewability

The base policy is guaranteed renewable for life.

4. Applicability

This filing is for a new form. This is a first time rate filing for this form. There are no policies currently in force.

5. Morbidity

The morbidity assumptions for this form were developed using the following sources:

- 1985 NAIC Cancer Tables
- SEER Cancer Statistics Review 1975–2010
- www.skincancer.org
- Milliman's Health Cost Guidelines™
- CDC, Health, United States, 2010
- American Cancer Society, Clinical Trials: What You Need to Know
- Bone Marrow and Cord Blood Donation and Transplantation
- Report of the 2010 Plastic Surgery Statistics
- Co-morbid mental health conditions in cancer patients at working age - prevalence, risk profiles, and care uptake.
- AVMA - U.S. Pet Ownership Statistics
- www.ranswers.org
- Cancer Facts and Figures 2005
- Parity for Oral and Intravenous/Injected Cancer Drugs
- US Census

6. Mortality

Mortality used is 100% of the 2001 CSO Life Table.

7. Persistency

The assumed termination rates are shown below:

Policy Year	Termination
1	25.0%
2	15.0%
3	12.5%
4	10.0%
5	9.0%
6	9.0%
7+	8.0%

8. Expenses

Expenses, commissions, premium tax, and profit and contingencies will be no more than 45% of the premium.

9. Marketing Method

This policy form will be marketed through direct response and broker channels.

10. Underwriting

This product is underwritten with a yes/no simplified issue application on an accept/reject basis.

11. Premium Classes

Premium rates vary based on issue age, benefit amount, and family tier (Individual, Couple, One Parent, Family).

12. Issue Age Range

Issue age range is from 18 to age 99.

13. Area Factors

There were no specific area factor assumptions used in developing the rates for the benefits included in this form.

14. Average Annual Premium

The expected average annual premium for this cancer product is \$349.

15. Premium Modalization Rules

	Credit Card	Direct Bill	Payroll Deduction	PAC
<i>Monthly</i>	0.0850	N/A	0.0900	0.0850
<i>Quarterly</i>	0.2650	0.2650	0.2650	0.2650
<i>Semi-Annual</i>	0.5200	0.5200	0.5200	0.5200
<i>Annual</i>	1.0000	1.0000	1.0000	1.0000

16. Claim Liability and Reserves

Claim reserves will be set using appropriate actuarial methodology. There are currently no claim reserves held since these are new forms.

17. Active Life Reserves

Active life reserves will be set using appropriate actuarial methodology as necessary. There are currently no active life reserves held since this is a new form.

18. Trend Assumptions

There were no trend assumptions used in developing the rates for the benefits included in this form.

19. Minimum Loss Ratio

The minimum loss ratio for this form is 55%.

20. Anticipated Loss Ratio

The anticipated loss ratio for this cancer product is not to be less than the minimum loss ratio of 55%.

21. Experience - Past and Future

As this is a new policy, no historical experience is available.

22. Lifetime Loss Ratio

The projected lifetime loss ratio is the same as the anticipated loss ratio, and is not expected to fall below 55%.

23. History of Rate Adjustments

As this is a new form, there have been no rate adjustments.

24. Number of Policyholders

As this is a new form, there are no policyholders.

25. Proposed Effective Date

The rates are to become effective upon approval by your Department of Insurance. No policies will be sold until the form and rates have been submitted and/or approved as required by your regulations.

26. Statement of Reliance

In preparing this actuarial memorandum, I relied on data provided to me by Loyal American Life Insurance Company. I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this memorandum may be materially affected.

27. Actuarial Certification

I, Ashlee Borcan, am a Member of the American Academy of Actuaries and meet its qualification standards for preparing rate filings. Milliman has been retained by Loyal American Life Insurance Company to determine rates for this policy. As a consulting actuary with Milliman, I have written this actuarial memorandum to describe the rates intended to be used for the health benefits included in this product.

To the best of my knowledge and judgment, I certify that:

- (I) This rate filing is in compliance with the applicable laws and regulations of your Department of Insurance;
- (II) Complies with all applicable Actuarial Standards of Practice; and
- (III) The benefits provided are reasonable in relation to the proposed premiums. The premium schedule is not excessive, inadequate, or unfairly discriminatory.



Ashlee Borcan, FSA, MAAA
Fellow, Society of Actuaries
Member, American Academy of Actuaries
March, 2014