

DELAWARE

Redacted by  
State



STATE OF DELAWARE  
OFFICE OF THE GOVERNOR  
TATNALL BUILDING, SECOND FLOOR  
WILLIAM PENN STREET, DOVER, DE 19901

JACK A. MARKELL  
GOVERNOR

PHONE: 302-744-4101  
FAX: 302-739-2775

July 2, 2010

The Honorable Kathleen Sebelius  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Ave, S.W.  
Washington D.C. 20201

RE: Grants to States for Health Insurance Premium Review-Cycle 1  
Letter of Support for the Delaware Department of Insurance

Dear Secretary Sebelius:

I am writing to express my support for the Delaware Department of Insurance's application for the Premium Rate Review grant available through the Patient Protection and Affordable Care Act.

I am confident that the grant will enhance the Delaware Department of Insurance's ability to perform the premium rate filings in accordance with the requirements the Act and will enable the Department to collect and provide detailed reports concerning insurance companies' rates.

Sincerely,

*Jack Markell*

Jack A. Markell  
Governor

**EXHIBIT I   Sections of Delaware Code related to rates**

§ 505. Certificate of authority required.

(a) No person shall act as an insurer and no insurer shall transact insurance in this State by mail or otherwise, except as authorized by a subsisting certificate of authority granted to it by the Commissioner and except as to such transactions as are expressly otherwise provided for in this title.

(d) Notwithstanding any other provision of law, and except as provided herein, any person or other entity which provides coverage in this State for medical, surgical, chiropractic, physical therapy, speech pathology, audiology, professional mental health, dental, hospital or optometric expenses, whether such coverage is by direct payment, reimbursement or by direct payment, reimbursement or otherwise, shall be presumed to be subject to the jurisdiction and authority of the Commissioner unless the person or other entity shows that while providing such services it is subject to the jurisdiction of another agency of this or another state, any subdivisions thereof, or the federal government. The jurisdiction and authority of the Commissioner shall be governed by the following provisions:

(1) A person or entity may show that it is subject to the jurisdiction of another agency of this or another state, any subdivision thereof, or the federal government by providing the Commissioner the appropriate certificate, license or other document issued by the other governmental agency which permits or qualifies it to provide those services.

(2) Any person or entity which is unable to show that it is subject to the jurisdiction of another agency of this or another state, any subdivision thereof or the federal government shall submit to an examination by the Commissioner to determine the organization and solvency of the person or the entity, and to determine whether or not such person or entity is in compliance with the applicable provisions of this Code.

(3) Any person or entity unable to show that it is subject to the jurisdiction of another agency of this or another state, any subdivision thereof or the federal government shall be subject to all appropriate provisions of this Code regarding the conduct of its business.

**Title 18, Chapter 25 contains the provisions with regard to rate filings;**

§ 2501. Purpose of chapter; interpretation.

The purpose of this chapter is to promote the public welfare by regulating insurance rates (in accordance with the intent of Congress as expressed in Public Law 15--79th Congress) and to the end that they shall not be excessive, inadequate or unfairly discriminatory and to authorize and regulate cooperative action among insurers in rate making and in other matters within the scope of this chapter. Nothing in this chapter is intended (1) to prohibit or discourage reasonable competition, or (2) to prohibit, or encourage except to the extent necessary to accomplish the aforementioned purpose, uniformity in insurance rates, rating systems, rating plans or practices. This chapter shall be liberally interpreted to carry into effect this section.

18 Del. C. 1953, § 2501; 56 Del. Laws, c. 380, § 1.;

§ 2502. Scope of chapter.

(a) This chapter applies to:

(4) Health insurance, group health insurance, blanket health insurance, Medicare supplement insurance and health service corporations ;( Health service corporations refer to the non profit segment of the market in Delaware.)

Regulation 1305 outlines the filing procedures that apply to health insurers, health service corporations and managed care organizations.

All health product lines, including HMO, PPO, POS, Indemnity, Major Medical, are regulated by the Department of Insurance as provided by the various sections of the Insurance Code Title 18 and regulations. The regulation extends to fully insured plans issued in the large and small group markets and policies issued in the individual market.

ATTACHMENT C

APPLICATION COVER SHEET AND CHECK-OFF LIST

Page 1 of 2

Identifying Information:

Grant Opportunity: HHS Health Insurance Rate Review Grants-Cycle I

DUNS #: 809645492 Grant Award: \$1 million

Applicant: DE - Department of Insurance

Primary Contact Person, Name: Linda Nemes

Telephone Number: 302-674-7373 Fax number: 302-739-5280

Email address: Linda.Nemes@State.de.us

SERFF Tracking Number: AMMS-126179374

State:

Delaware

Filing Company:

State Tracking Number:

31167

Company Tracking Number: RATE FILING

TOI: H161 Individual Health - Major Medical

Sub-TOI:

H161.005C Individual - Other

Product Name: DE Rate Filing

Project Name/Number: DE Rate Filing/

## Filing at a Glance

Company:

Product Name: DE Rate Filing

TOI: H161 Individual Health - Major Medical

Sub-TOI: H161.005C Individual - Other

Filing Type: Rate

SERFF Tr Num: AMMS-126179374 State: Delaware

SERFF Status: Closed-Filed

State Tr Num: 31167

Co Tr Num: RATE FILING

State Status: Filed

Reviewer(s): Jennifer Dawson  
(LRF), Linda Nemes (LRF)

Disposition Date: 09/11/2009

Authors: Jean Davis, Jennifer

Konschake, Debra Connolly, et al

Devo, et al

Date Submitted: 06/05/2009

Disposition Status: Filed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: DE Rate Filing

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/11/2009

Deemer Date:

Submitted By:

PPACA: Pre-PPACA Submission

Filing Description:

Please see cover letter.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 09/11/2009

Created By: S. [REDACTED]

Corresponding Filing Tracking Number:

## Company and Contact

### Filing Contact Information

[REDACTED], Contract Analyst

3100 AMS Blvd

[REDACTED]  
920-661-6913 [Phone]

SERFF Tracking Number: AMMS-126179374

State:

Delaware

Filing Company:

State Tracking Number:

31167

Company Tracking Number: RATE FILING

TOI: H161 Individual Health - Major Medical

Sub-TOI:

H161.005C Individual - Other

Product Name: DE Rate Filing

Project Name/Number: DE Rate Filing/

Green Bay, WI 54313

920-661-9861 [FAX]

### Filing Company Information

Golden Rule Insurance Company

CoCod

State of Domicile: Indiana

7440 Woodland Drive

Group Code: 707

Company Type: Life and Health

Indianapolis, IN 46278

Group Name:

State ID Number:

(317) 297-0358 ext. [Phone]

FEIN Number: 37-6028756

### Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: \$50.00 x 1 = \$50.00

Per Company: Yes

COMPANY

AMOUNT

DATE PROCESSED

TRANSACTION #

Golden Rule Insurance Company

\$50.00

06/05/2009

28397905

SERFF Tracking Number: AMMS-126179374

State: Delaware

Filing Company: Golden Rule Insurance Company

State Tracking Number: 31167

Company Tracking Number: RATE FILING

TOI: H161 Individual Health - Major Medical

Sub-TOI: H161.005C Individual - Other

Product Name: DE Rate Filing

Project Name/Number: DE Rate Filing/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
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Filed	[REDACTED] (LRF)	09/11/2009	09/11/2009
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### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
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Pending	Jennifer [REDACTED] (LRF)	07/17/2009	07/17/2009
Industry Response			

#### Response Letters

Responded By	Created On	Date Submitted
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Sondra Grosse	07/20/2009	07/20/2009
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Pending	Jennifer Dawson (LRF)	06/23/2009	06/23/2009
Industry Response			

Sondra Grosse	06/24/2009	06/24/2009
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### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
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Supporting Document	Response Letter	[REDACTED]	06/26/2009	06/26/2009
Filing Notes				

Subject	Note Type	Created By	Created On	Date Submitted
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status update	Note To Reviewer	Sondra Grosse	09/11/2009	09/11/2009
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Response	Note To Filer	Jennifer Dawson (LRF)	06/25/2009	06/25/2009
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### Actuarial Review



SERFF Tracking Number: AMMS-126179374

State: Delaware

Filing Company:

State Tracking Number: 31167

Company Tracking Number: RATE FILING

TOI: H161 Individual Health - Major Medical

Sub-TOI: H161.005C Individual - Other

Product Name: DE Rate Filing

Project Name/Number: DE Rate Filing/

Note To Filer

Jennifer Dawson 06/19/2009 06/19/2009  
(LRF)

SERFF Tracking Number: AMMS-126179374

State: Delaware

Filing Company:

State Tracking Number: 31167

Company Tracking Number: RATE FILING

TOI: H161 Individual Health - Major Medical

Sub-TOI: H161.005C Individual - Other

Product Name: DE Rate Filing

Project Name/Number: DE Rate Filing/

## Disposition

Disposition Date: 09/11/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMS-126179374

State: Delaware

Filing Company:

State Tracking Number: 31167

Company Tracking Number: RATE FILING

TOI: H161 Individual Health - Major Medical

Sub-TOI: H161.005C Individual - Other

Product Name: DE Rate Filing

Project Name/Number: DE Rate Filing/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter	No	
Supporting Document	Actuarial Memorandum	No	
Supporting Document	State Specifics	No	
Supporting Document	Experience Exhibit	No	
Supporting Document	Cover Letter	No	
Supporting Document	Response Letter	No	
Supporting Document	Response Letter 7/20/09	No	
Rate	Rate Filing	Yes	
Rate (revised)	Optional Benefit Rates	No	
Rate	Optional Benefit Rates	No	

SERFF Tracking Number: AMMS-126179374 State: Delaware  
Filing Company: Golden Rule Insurance Company State Tracking Number: 31167  
Company Tracking Number: RATE FILING  
TOI: H161 Individual Health - Major Medical Sub-TOI: H161.005C Individual - Other  
Product Name: DE Rate Filing  
Project Name/Number: DE Rate Filing/

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 07/17/2009  
Submitted Date 07/17/2009  
Respond By Date 08/14/2009

Dear Sondra Grosse,

Please review the attached letter and respond back to the Department

Sincerely,

[REDACTED]

Karen Weldin Stewart, CIR-ML  
Commissioner



Delaware Department of Insurance

July 17, 2009

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED] 54313

RE: Major Medical Forms: GRI-N21M-07, GRI-N21S-07  
Filing No.: 31167 (SERFF Tracking Number: AMMS-126179374)

Dear Ms. Grosse,

[REDACTED] Insurance Company has submitted a rate increase request of 30.7% for the above referenced forms.

The Delaware Department of Insurance has reviewed this filing in its entirety. Based on supporting documentation submitted by Golden Rule, the proposed increase of 30.7% appears to be too high. The Department believes that a 10% increase in rates is justifiable at this time.

Please provide the Department with revised rate sheets reflecting the 10%.

If you have any questions feel free to contact Jennifer Dawson at 302-674-7385.

Sincerely,

*Gene Reed*

Gene Reed  
Director of Market Conduct & Analysis

841 Silver Lake Blvd., Dover, DE 19904-2465 ♦ [www.delawareinsurance.gov](http://www.delawareinsurance.gov)  
(302) 674-7300 ♦ (302) 739-5280 fax ♦ (302) 577-5280 Wilmington

SERFF Tracking Number: AMMS-126179374

State:

Delaware

Filing Company:

State Tracking Number:

31167

Company Tracking Number: RATE FILING

TOI: H161 Individual Health - Major Medical

Sub-TOI:

H161.005C Individual - Other

Product Name: DE Rate Filing

Project Name/Number: DE Rate Filing/

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 07/20/2009  
Submitted Date 07/20/2009

Dear Jennifer Dawson (LRF),

### Comments:

We received your objection dated July 17, 2009.

### Response 1

Comments: Please see the attached response letter dated July 20, 2009, and the updated copies of the Prescription Drug Optional Benefit table as well as the Preventive Care Optional Benefit table.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Response Letter 7/20/09

Comment:

No Form Schedule items changed.

#### Rate/Rule Schedule Item Changes

Document Name: Affected Form Numbers: Rate Action:

Rate Action Information: Attach Document:

Optional Benefit GRI-N21M-07, GRI-N21S-07New  
Rates

Previous State Filing Number

0

#### Previous Version

Optional Benefit GRI-N21S-07, GRI-N21M-07New  
Rates

Previous State Filing Number

0

If you have any questions, please contact me at (800) 232-5432, Ext. 16913, via email at [Sondra.Grosse@eAMS.com](mailto:Sondra.Grosse@eAMS.com) or via facsimile at (920) 661-9861.

Sincerely,

SERFF Tracking Number: AMMS-126179374 State: Delaware  
Filing Company: [REDACTED] State Tracking Number: 31167  
Company Tracking Number: RATE FILING  
TOI: H161 Individual Health - Major Medical Sub-TOI: H161.005C Individual - Other  
Product Name: DE Rate Filing  
Project Name/Number: DE Rate Filing/  
Debra Schneider, Jean Davis, Jennifer Konschake, Pam Devos, Sondra Grosse

SERFF Tracking Number: AMMS-126179374

State:

Delaware

Filing Company:

State Tracking Number:

31167

Company Tracking Number: RATE FILING

TOI:

H161 Individual Health - Major Medical

Sub-TOI:

H161.005C Individual - Other

Product Name:

DE Rate Filing

Project Name/Number:

DE Rate Filing/

## Objection Letter

Objection Letter Status

Pending Industry Response

Objection Letter Date

06/23/2009

Submitted Date

06/23/2009

Respond By Date

07/21/2009

Dear Sondra Grosse,

Please respond to the below via SERFF and also via email directly to Art Lucker at [ALucker@insconsultants.org](mailto:ALucker@insconsultants.org)

In order to continue my review of the above referenced filing please provide the following information:

A study that shows the 30.7% increase is justified.

The optional benefit rates for preventive care and prescription drug before the 30.7% increase.

The calculation showing how you got the average overall impact of 3% (why is the increase 0.3% on the DE State Specifics sheet?).

Please reply to me via e-mail and also put your response into SERFF.

Thank you.

[REDACTED]  
Consultants

4 [REDACTED]

[REDACTED] 16447

[REDACTED] 625-9877

Sincerely,

Jennifer Dawson (LRF)



SERFF Tracking Number: AMMS-126179374

State: Delaware

Filing Company:

State Tracking Number: 31167

Company Tracking Number: RATE FILING

TOI: H161 Individual Health - Major Medical

Sub-TOI: H161.005C Individual - Other

Product Name: DE Rate Filing

Project Name/Number: DE Rate Filing/

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/24/2009
Submitted Date	06/24/2009

Dear Jennifer Dawson (LRF),

### Comments:

We received your letter of objection letter dated June 23, 2009 requesting additional information.

### Response 1

Comments: Attached is a letter dated June 24, 2009 from Michelle L. Peters, FSA, MAAA Associate Director, Actuarial Services, and an Exhibit showing the Optional Benefit Rates.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Cover Letter

Comment:

No Form Schedule items changed.

#### Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
Optional Benefit Rates	GRI-N21S-07, GRI-N21M-07New		Previous State Filing Number	

0

Thank you for your time and attention to this filing.

Sincerely,

Debra Schneider, Jean Davis, Jennifer Konschake, Pam Devos, Sondra Grosse

SERFF Tracking Number: AMMS-126179374 State: Delaware  
Filing Company: Golden Rule Insurance Company State Tracking Number: 31167  
Company Tracking Number: RATE FILING  
TOI: H161 Individual Health - Major Medical Sub-TOI: H161.005C Individual - Other  
Product Name: DE Rate Filing  
Project Name/Number: DE Rate Filing/

**Note To Reviewer**

**Created By:**

Sondra Grosse on 09/11/2009 10:45 AM

**Last Edited By:**

Sondra Grosse

**Submitted On:**

09/11/2009 10:46 AM

**Subject:**

status update

**Comments:**

Dear Ms. Dawson,

I just wanted to check the status of this filing and see if you need anything further from me at this time.

If you have any questions, I can be reached at (800) 232-5432 x16913 or via email at [Sondra.Grosse@eAMS.com](mailto:Sondra.Grosse@eAMS.com).

Thank you for your time and attention to this filing.

Sondra Grosse

Contract Analyst

SERFF Tracking Number: AMMS-126179374

State: Delaware

Filing Company: ~~Golden Rule~~

State Tracking Number: 31167

Company Tracking Number: RATE FILING

TOI: H161 Individual Health - Major Medical

Sub-TOI: H161.005C Individual - Other

Product Name: DE Rate Filing

Project Name/Number: DE Rate Filing/

**Amendment Letter**

Submitted Date: 06/26/2009

**Comments:**

We received a request from Arthur Lucker on June 25, 2009, requesting additional information. Attached is a letter in response to his request.

This information will also be sent to Mr. Lucker via email.

Thank you for your time and attention to this filing.

Sincerely,

Sondra Grosse

Contract Analyst, Policy Compliance

**Changed Items:**

**Supporting Document Schedule Item Changes:**

User Added -Name: Response Letter

Comment:

Response 2.pdf

SERFF Tracking Number: AMMS-126179374

State:

Delaware

Filing Company:

State Tracking Number:

31167

Company Tracking Number: RATE FILING

TOI:

H161 Individual Health - Major Medical

Sub-TOI:

H161.005C Individual - Other

Product Name:

DE Rate Filing

Project Name/Number:

DE Rate Filing/

**Note To Filer**

**Created By:**

Jennifer Dawson (LRF) on 06/25/2009 08:50 AM

**Last Edited By:**

Jennifer Dawson (LRF)

**Submitted On:**

06/25/2009 08:50 AM

**Subject:**

Response

**Comments:**

Please be sure that the response was also emailed directly to Art Lucker

SERFF Tracking Number: AMMS-126179374

State: Delaware

Filing Company:

State Tracking Number: 31167

Company Tracking Number: RATE FILING

TOI: H161 Individual Health - Major Medical

Sub-TOI: H161.005C Individual - Other

Product Name: DE Rate Filing

Project Name/Number: DE Rate Filing/

**Note To Filer**

**Created By:**

Jennifer Dawson (LRF) on 06/19/2009 08:06 AM

**Last Edited By:**

Jennifer Dawson (LRF)

**Submitted On:**

06/19/2009 08:06 AM

**Subject:**

Actuarial Review

**Comments:**

Please see the attached memo

Karen Weldin Stewart, CIR-ML  
Commissioner



Delaware Department of Insurance

RE: Actuarial Review

The Delaware Department of Insurance utilizes INS Consultants, Inc. as its actuarial representative for the purpose of reviewing rate and policy form filings.

Your filing has been assigned to INS for review. They have been authorized to contact you directly with any questions or additional data requests. Your cooperation with them will expedite their review of your filing.

If you have any questions regarding this procedure, please contact the Delaware Department of Insurance at (302) 674 7385.

Sincerely,

*Gene Reed*

Gene Reed  
Director of Market Conduct & Analysis

Cc: Jennifer Dawson

SERFF Tracking Number: AMMS-126179374

State: Delaware

Filing Company:

State Tracking Number: 31167

Company Tracking Number: RATE FILING

TOI: H161 Individual Health - Major Medical

Sub-TOI: H161.005C Individual - Other

Product Name: DE Rate Filing

Project Name/Number: DE Rate Filing/

## Rate/Rule Schedule

Schedule Item	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Rate Filing	GRI-N21S-07, GRI-N21M-07	New		DE Rate Manual.pdf
	Optional Benefit Rates	GRI-N21M-07, GRI-N21S-07	New		Prescription Drug Optional Benefit Rider.pdf Preventive Care Optional Benefit table.pdf

## **IG PRODUCTS**

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### **MASTER POLICIES:**

**GRI-N21S-07**

**GRI-N21M-07**

**CERTIFICATES ISSUED APPROXIMATELY 09/06 -**

**Effective October 1, 2009**



**PREMIUM RATE CALCULATIONS: Delaware**

**MONTHLY BASE RATE CALCULATIONS**

Adjusted Base Rate (Given) =  $RDC(\text{Base Rate} * (\text{Preexisting Waiver Factor (if applicable)} = 1.10) * 65+ \text{ Factor (if applicable)})$

Note: The 65+ rates assume enrollment in Medicare Part A and Part B. Otherwise, multiply by the appropriate Age 65+ Factor.

Monthly Base Rate =  $RDD[(\text{Adjusted Base Rate} + RDC(\text{Adjusted Base Rate} * \text{Endorsement \%})) * \text{Monthly Modal}^A]$

RDD = Round to 0 decimals  
RDC = Round to 2 decimals

**MONTHLY FINAL RATE CALCULATIONS**

Adult (Male, Female, Individual, or Husband/Wife) Rate  
=  $\text{Monthly Base Rate} * \text{Health Class Factor} * (1 + \text{Underwriting Rating Factor})$

Child Rate (except Child only, see note below)  
=  $\text{Monthly Base Rate} * (1 + \text{Underwriting Rating Factor})$

Child/ren Only  
= Youngest child receives an adult rate for the appropriate age/gender, the other children are rated as described above in the Child Rate formula.

The preferred health class factor applies as follows:  
primary insured and/or spouse are at least age 18 and satisfy the underwriting requirements.  
(can apply for a child/ren only policy if conditions are satisfied)

Sum base premium rates for all persons to be covered.

Multiply by Durational Rate Increase Factor.

Multiply by Quarterly Trend Factor.

Multiply by Coinsurance Factor.

Multiply by  $RDC((\text{Area Factor} * (1 - \text{Network Discount \%})) * \text{State Variation Factor} * \text{Non Network Factor (if applicable)}) = 1.149$ .

Round the result to the nearest cent.

Add the rates for any optional benefits selected and the rate for child health supervision services (if applicable).

Total Monthly Premium = Sum of all family member rates for all benefits.

Total Quarterly Premium = Total Monthly Premium \* 3

<sup>A</sup> - Monthly Modal = .083333

**\*\*Note\*\***

There is an administrative fee for processing checks returned for non-sufficient funds.  
This will only be imposed after the insured has received written notice of the fee.

The Underwriting Rating Factors range from 0-100%.

[REDACTED]  
[REDACTED]  
June 24, 2009

Mr. Arthur Lucker, FSA, MAAA  
INS Consultants  
419 S. 2<sup>nd</sup> Street, Suite 206  
Philadelphia, PA 19147

RE: **Response to your email on June 22, 2009 concerning ~~Golden Rule Insurance Company~~  
~~for Delaware (DID #31167)~~ – Request for Additional Information.**

Dear Mr. Lucker:

This letter is in response to your email sent June 22, 2009.

Attached to this letter is an Exhibit showing the current and proposed optional benefit rates for preventive care and prescription drug.

Rates for the optional benefits have not changed since these plans were introduced in September 2006. The requested increase is due to trend.


The optional benefits when selected are a small percentage of total premium. The total premium would include the base medical plan rate along with any optional benefits selected. On average, an individual member with an optional benefit could see an overall increase of approximately 3% as a result of the proposed changes.

We calculated average monthly medical premium for each plan/deductible combination using weighted membership as well as average optional prescription drug and preventive care benefit premium both before and after the increase. Optional benefit rates were added to the medical rates for the plans that could have the optional benefit. The optional benefits are not available on all plans. The prescription drug buy-up is available only when a Copay Select, Plan 80, or Plan 100 plan is selected. The preventive care benefit is available on all plans except for Copay Select. The average total rates from before the increase were compared to the average total rates after the increase giving us about a 3% overall rate impact per individual with optional benefit.

The rate deviation of 0.3% shown on the DE State Specifics sheet is the premium deviation that can be expected over the entire block. There are only 158 members that have selected either of these optional benefits so the impact to total premium volume will be minimal. Because of the lack of membership selecting the optional benefits, any option specific data is not credible.

If you have any questions feel free to call me at 1-800-232-5432 extension 15648.

Sincerely,

  
Michelle L. Peters, FSA, MAAA  
Associate Director, Actuarial Services

**Golden Rule**

June 26, 2009

Mr. Arthur Lucker, FSA, MAAA  
INS Consultants  
419 S. 2<sup>nd</sup> Street, Suite 206  
Philadelphia, PA 19147

RE: **Response to your email on June 25, 2009 concerning [REDACTED] Medical Rate Filing for Delaware (DID #31167) – Request for Additional Information.**

Dear Mr. Lucker:

This letter is in response to your email sent June 25, 2009.

Rates for the optional benefits have not changed since these plans were introduced in September 2006. The requested increase is due to trend.

The following components of trend were taken from the PPO and Prescription Drug categories found in the January – March 2009 issue of the Health Trend Report published by SHPS, Inc.

**PPO**

Pure Price Inflation	4.00%
Deductible Leveraging	1.00%
Utilization & Technology	4.00%
Cost Shifting	1.00%

**Prescription Drug**

Pure Price Inflation	3.50%
Deductible Leveraging	0.50%
Utilization & Technology	4.00%

We also need to account for the aging of our block of business from select to ultimate risks. Since this product is sold to individuals it is very sensitive to durational effects. As duration increases, the positive effect of underwriting will wear off.

Also, anti-selection on terminations and benefit designs has a magnified impact on individual business. Healthy risks that can pass new business underwriting can move freely from one insurer to the next while poor risks have no alternative but to stay. Benefit designs and options can be selected and changed to fit utilization very easily compared to group insurance business.

We believe that the items listed above justify the 30.7% trend increase to the optional benefits.

Below are the calculations showing how the overall rate impact per individual with optional benefit was calculated. The optional benefits are not available on all plans. The prescription drug buy-up is available only when a Copay Select, Plan 80, or Plan 100 plan is selected. The preventive care benefit is available on all plans except for Copay Select.

Preventive Care Option

Average Monthly Medical Premium for Plans on which the Preventive Care Optional Benefit is Available	\$171.49
Average Preventive Care Option Premium Before Increase	\$16.37
Average Preventive Care Option Premium After Increase	\$21.39

Total Average Premium Before Increase	\$187.86
Total Average Premium After Increase	\$192.88

Individual Impact	<u>2.7%</u>
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Prescription Drug Option

Average Monthly Medical Premium for Plans on which the Prescription Drug Buy-up is Available	\$232.05
Average Prescription Drug Option Premium Before Increase	\$20.09
Average Prescription Drug Option Premium After Increase	\$26.24

Total Average Premium Before Increase	\$252.14
Total Average Premium After Increase	\$258.29

Individual Impact	<u>2.4%</u>
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The rate deviation of 0.3% shown on the DE State Specifics sheet is the premium deviation that can be expected over the entire block. There are only 158 members that have selected either of these optional benefits so the impact to total premium volume will be minimal.

DE Membership without Optional Benefit Selected	91.2%	x 0% increase
DE Membership with Optional Benefit Selected	8.8%	x 3% increase

Premium Deviation over Entire Block	<u>0.3%</u>
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If you have any questions feel free to call me at 1-800-232-5432 extension 15648.

Sincerely,



Michelle L. Peters, FSA, MAAA  
Associate Director, Actuarial Services

[REDACTED]  
[REDACTED]  
A [REDACTED]

July 20, 2009

Mr. Gene Reed  
Director of Market Conduct & Analysis  
841 Silver Lake Blvd.  
Dover, DE 19904-2465

RE: Response to your letter on July 17, 2009 concerning [REDACTED] Golden Rule Insurance Company  
Medical Rate Filing for Delaware (DID #31167).

Dear Mr. Reed:

This letter is in response to your letter sent July 17, 2009.

We would like to move ahead with a 10% increase to optional benefit rates for preventive care and prescription drug for an October 1, 2009 effective date.

Attached to this letter are updated copies of the Prescription Drug Optional Benefit table as well as the Preventive Care Optional Benefit table. These are to replace what was initially submitted on June 5, 2009. The attached tables reflect the 10% increase to these optional benefits.

If you have any questions feel free to call me at 1-800-232-5432 extension 15648.

Sincerely,



Michelle L. Peters, FSA, MAAA  
Associate Director, Actuarial Services

SERFF Tracking Number: AMMS-126179374

State: Delaware

Filing Company: [REDACTED]

State Tracking Number: 31167

Company Tracking Number: RATE FILING

TOI: H161 Individual Health - Major Medical

Sub-TOI: H161.005C Individual - Other

Product Name: DE Rate Filing

Project Name/Number: DE Rate Filing/

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/24/2009	Rate and Rule	Optional Benefit Rates	07/20/2009	Optional Benefit Rates.pdf (Superseded)

**OPTIONAL BENEFIT RATES****PBM MONTHLY BASE RATES**

\$0 Generic Deductible \$20 Copay; \$250 Brand Deductible \$50 Copay

<u>Current Rate</u>		<u>Proposed Rate</u>		<u>Change</u>
AGE	ADULT	AGE	ADULT	
00-24	9.58	00-24	12.51	30.6%
25-29	11.18	25-29	14.61	30.7%
30-34	12.79	30-34	16.71	30.6%
35-39	13.53	35-39	17.68	30.7%
40-44	16.30	40-44	21.30	30.7%
45-49	18.14	45-49	23.72	30.8%
50-54	20.16	50-54	26.35	30.7%
55-59	25.51	55-59	33.35	30.7%
60-64	32.00	60-64	41.82	30.7%
65-99	35.64	65-99	46.58	30.7%
CHILD	9.58	CHILD	12.51	30.6%

**PBM DEDUCTIBLE FACTORS**

DED	FACTOR
2500+	1.36

**PBM RATE CALCULATION (ROUND TO 2 DECIMALS)**

ROUND(ROUND((PBM BASE RATE) \* (PBM DEDUCTIBLE FACTOR)) \* (PBM STATE FACTOR))

**PREVENTIVE CARE OPTIONAL BENEFIT**

Premium Rates for Routine Physicals (with \$35 Copay, \$300 covered expenses and 1st Dollar Preventive Benefits)  
Only available if Network Option is selected.

All Plans (except Copay Select)  
Monthly Premium

<u>Current Rate</u>			<u>Proposed Rate</u>			<u>Change</u>	
	Male	Female		Male	Female	Male	Female
< 25	10.56	14.95	< 25	13.80	19.54	30.7%	30.7%
25-29	10.56	14.95	25-29	13.80	19.54	30.7%	30.7%
30-34 *	12.37	16.76	30-34	16.17	21.90	30.7%	30.7%
35-39	12.37	19.42	35-39	16.17	25.38	30.7%	30.7%
40-44	16.13	23.79	40-44	21.08	31.09	30.7%	30.7%
45-49	16.13	23.79	45-49	21.08	31.09	30.7%	30.7%
50-54	16.82	25.12	50-54	21.98	32.83	30.7%	30.7%
55-59	16.82	25.12	55-59	21.98	32.83	30.7%	30.7%
60-64	16.82	25.12	60-64	21.98	32.83	30.7%	30.7%
65+	16.82	25.12	65+	21.98	32.83	30.7%	30.7%
Children 0-6	13.00	13.00	Children 0-6	16.99	16.99	30.7%	30.7%

## **V. APPLICATION REVIEW CRITERIA AND INFORMATION**

### **Narrative**

**Rate Review Capacity:** Delaware has the capacity to review rates as the Commissioner has the authority to review and approve or deny. Staffing for the review is at capacity and actuaries are contracted to provide the actuarial reviews.

### **General health insurance rate regulation information:**

**Which health insurance products (HMO, PPO etc) are licensed and regulated by the States' DOI or the relevant state agency by market segment (e.g. small group, large group, individual markets, not for profit as applicable).**

As demonstrated by Title 18 of the Delaware Code, all carriers/companies that operate in the state are to be licensed by the Department of Insurance. Chapter 5 outlines the requirement for the Certificate of Authority. Chapter 25 outlines the filing requirements. The sections of the chapters related to licensing and filing are attached as **Exhibit I**.

Regulation 1305 outlines the filing procedures that apply to health insurers, health service corporations and managed care organizations.

All health product lines, including HMO, PPO, POS, Indemnity, Major Medical, are regulated by the Department of Insurance as provided by the various sections of the Insurance Code Title 18 and regulations. The regulation extends to fully insured plans issued in the large and small group markets and policies issued in the individual market.

Rates for the large group market are subject to Title 18, Chapter 25 of the Delaware Insurance Code;

The small group market is subject to Chapters 25, 72, and Regulation 1308;

The individual market is regulated by Title 18, Chapter 3333, which establishes that individual policies are subject to the provisions of Chapter 25.



**Rating rules (e.g. adjusted commuting rating, rating bands, and actuarial justification) and case characteristics used (e.g. geographic location and age) for rate regulation by market segment together with a description of the rating rules in the narrative and including copies of any relevant statutory and regulatory authority as an appendix to the application.**

**Individual Market:** The rate must be actuarially justified as provided in Regulation 1303, **Individual Accident and Health Minimum Loss Ratio Standards**, which establishes minimum standards for the reasonableness of benefits provided under individual accident and health policies in relation to premiums charged.

**Small Group Market:** Rating rules can be found in Title 18, Chapter 72 and Regulation 1308. The rules are quite extensive and places restrictions with regard to what the carrier may do in applying premiums. Chapter 72 permits the use of age, industry (subject to § 7205(6)0, geographic area, family composition, unhealthy lifestyle choices and group size. Within certain parameters the carrier may establish classes of business but restrictions limit the amount that one class may differ from another. Actuarial justification is also part of the rating rules.

**Large Group Market:** Actuarial justification is necessary for premium rates.

**Health Insurance rate review and filing requirements:**

**Type of data to be included in the insurers' rate filings**

Please see Exhibit II for listing. The data to be included includes the company name and NAIC cocode, description of the business, type of policy, general marketing methods, issue age, period issued, rate guarantees, scope and reason for rate revision, history of rate increases nationwide and in Delaware, average premium before and after rate increase, number of policyholders, distribution of business tables, outline of assumptions underlying the projection of future experience including a description of the basis for the assumptions, actual historical loss ratio and description of how it was calculated, anticipated future loss ratio and description of calculation, anticipated loss ratio that combines cumulative and future experience, exhibit of historical experience by calendar year.

**A comprehensive description of the rate review process, including rates subject to review, resources and a breakdown of State staff and private sector consultants, if any employed in the review process**

Filings are received through the NAIC SERFF system. The intake analyst does an initial review to be sure that the filing contains all the filing requirement documentation and is assigned a state tracking number. If something is missing, the intake analyst will ask for additional information and the filing is put on a pending status until the information is received. If complete, the filing is then assigned to the Life and Health Analyst, who does a further review for completeness and forwards to the actuary. The received date of the filing is logged into a spreadsheet for tracking.

All rate filings must contain an Actuarial Memorandum. The main items in the Actuarial Memorandum are as follows: description of the policy, proposed rate revision(s), the reason for the rate revision(s), a description of all rate changes and the effect on rates, a description of how the revised rates were determined, a history of rate increases nationwide and in Delaware, the number of policyholders nationwide and in Delaware, the average premium before and after the rate increase, nationwide and DE historical experience, nationwide and DE projected future experience, support for all assumptions underlying the projection of future experience, a description of the credibility measure assigned to DE experience, the minimum lifetime loss ratio, Company anticipated lifetime loss ratio and certification by a qualified actuary that the rate submission is in compliance with Delaware law and benefits are reasonable in relation to premiums.

Delaware's actuaries make sure all items in the Actuarial Memorandum are reasonable and comply with Delaware law and regulations. The actuary performs a trend calculation (using data provided by the Company) to validate the Company's trend assumption. The actuary also does an independent projection of future experience using appropriate assumptions (trend, persistency, interest rate, proposed increase, etc.). The historical and projected future experience is combined to produce a lifetime loss ratio. If the lifetime loss ratio is greater than or equal to the minimum loss ratio the actuary suggests approval of the

proposed rate increase. Otherwise the actuary will suggest disapproval of the rate filing and recommend a lower increase or no increase at all. During the review process the actuary and/or department personnel may have communication with the insurance company regarding the filing. If it is determined that a lower rate increase is justified, the actuary/department personnel may ask the company to cut its request to the amount indicated by the actuarial review.

When the filing is returned by the actuary, the analyst prepares a synopsis and discusses the filing with the Commissioner, who will then approve, ask questions when necessary to obtain more information or disapprove the requested increase.

**Exhibit II** Titled DE Medical Rate Filing Review Steps is attached

**Criteria for implementing legal authority for rate review and how rates are evaluated**

support for trend assumptions, outline of pricing assumptions, Delaware Insurance Code and Regulations define the rate review process. Regulation 1305 outlines the rate review criteria/process. Regulation 1305 provides that the Commissioner shall review and approve, provide notice of deficiencies or disapprove the initial filing within thirty (30) days of receipt. Any notice of deficiencies or disapproval shall be in writing and based only on the specific provisions of the applicable statutes, regulations or bulletins published by the Commissioner... Rates are evaluated based on the criteria and provisions contained in the Delaware Insurance Code and Regulations. An essential part of the evaluations is the premium rate for the value of the policy or plan benefits.

See Exhibit I and Exhibit II of review process and the regulations and codes relating to premium rates.

**Grounds for rate approval, modification and rejection**

Health rate filings will be approved if the rate is adequate to insure solvency of the company, the rate is justified by the documentation provided by the carrier and the benefits are reasonable in relation to the

premiums. Minimum Loss ratios as outlined in Regulation 1303 must be met at a minimum. For small employer plans, the rates must meet the requirements of Title 18, Chapter 72 and Regulation 1308.

Health rate filings may be disapproved if the filing is incomplete, does not provide documentation that the rates are not reasonable in relation to the benefits offered, if the rates are excessive based on the actuarial justification/memorandum and supporting documentation submitted by the company. In the small employer market, if the proposed increases fall outside the parameters contained in Chapter 72 and Regulation 1308.

In October 2009, legislation was passed that provides authority to the Commissioner to disapprove rates under Title 18 Chapter 25, Regulation 1303, adopted in January 2010, outlines the rules for filing and review. As stated in previous sections there are additional requirements for small employer plans outlined in Chapter 72 and Regulation 1308.

See Exhibit III for the regulation 1308, which enacts Chapter 25 regarding rates.

**An explanation as to whether rates are approved, modified or rejected prospectively (i.e. before implementation) or retrospectively (after implementation).**

Rates are approved on a prospective basis. The rates must be filed in advance of implementation and the Commissioner has 30 days to approve or disapprove a complete filing. The Commissioner may notify the insurance company that more time is needed. If so, the rates may not be implemented until the review is completed as long as the Commissioner takes action within the time frames provided under Regulation 1308. See Exhibit III for Regulation 1308.

**An explanation of the factors that trigger retrospective review, whether or not rebates provided to consumers if rates are determined to be unjustified and, if so, how rebates are calculated and disbursed**

Under the recently enacted law and regulation, there should be little if any retrospective reviews.

However, if subsequent to approve, it was learned that false assumptions, trends or other errors were

made in a filing, the filing could be reopened and a review performed. If found that rates higher than justified were charged, the Commissioner could disapprove the rate and/or hold a hearing. The carrier would be required to refund any amounts of premium that was overcharged.

**An explanation of current level of resources and capacity for reviewing health insurance rates:  
Information Technology (IT) and systems capacity**

A description of the extent to which current IT systems such as the System for Electronic Rate and Form Filing (SERFF), support the State's rate review process, cross-referencing planned systems enhancements proposed elsewhere in the application.

Delaware requires submissions of all filings be made through the SERFF system. The intake analyst and the rates analyst use the filings from the system and forward them to the actuary via SERFF.

Communications back to the companies and approvals/disapprovals are made via SERFF. Records of the filings are maintained electronically in SERFF; no paper records are kept. SERFF tracking numbers are used for the excel file that the Department maintains to track filings and to quickly identify product lines that have had filings, companies and requested and approved rates.

**An explanation of current level of resources and capacity for reviewing health insurance rates:  
Budget and Staffing**

A description of annual overall total budget and revenue for the Insurance Department.

Please see Exhibit V for the overall Department budget.

3 staff members are assigned to life and health filings: Intake Analyst, Rates and Forms Analyst and the Sr. Insurance Research Analyst, who has supervisory duties. Based on volume of health rates about 4% of the analysts time and about 75% of the Sr. Research Analyst time is spent on activities directly related to health rates filings. The time referenced above equates to \$3,388 in compensation and \$821.35 in fringe benefits.

**A description of the qualifications (education and professional background) of the Insurance Department staff responsible for rate review. To the extent that actuarial services are contracted, please provide the name of the company and description of the nature of the contract service.**

The person who coordinates the health rate filings activities has a BS degree, holds the FLMI designation from LOMA and the MCM designation from Insurance Regulatory Examiner Society. She has 18 years experience in the health insurance industry and has been with the Department for 13 years. The rates and forms analyst is a high school graduate and has been with the Department for 11 years. She has held several positions and has participated in many training courses held by the Department and the NAIC. The intake analyst is a high school graduate and several years of college training, and has 15 years experience in the health insurance industry. She has been with the Department for 3 years. Delaware contracts actuarial services with INS Regulatory Specialists. INS performs the actual review of rates filings, communicates with companies with regard to filing deficiencies, problems and/or questions concerning rate filings. After review, the actuary reports back to the Department and makes a suggestion, which includes a summary of findings and basis, with regard to approval or disapproval of the premium rate filing. INS assists the Department with studies, trends etc on as requested basis.

**If available, provide the total number of health insurance rate filings that are received for the individual and/or group markets (annually and/or monthly), and the average amount of time that is required to complete the review process.**

In 2009, the Department received 57 premium rate filings that related to health insurance. The average amount of time spent on a filing, including the actuarial review is about 6 hours; Staff time equals about 3 hours. The time will vary based on the complexity of the filing, issues with the filing and the intensity of the work needed to bring closure to the filing.

#### **Consumer protections:**

**Are rate filings publicly disclosed? If so, what is the mechanism for public access to rates and rate filings? Describe the State laws and regulations that govern disclosure and public access and disclosure to rate filings and public access to the Insurance Department in general.**

Delaware does not publish rate filings. The filings are available upon request by members of the public.

The filings are available after being finalized by the Department. The public may request a copy of the filing. A computer is available for use and the filing may be printed. If a consumer desires, a copy of the filing will be sent to him or her.

**Are summaries of rate changes offered in plain language for consumers? Please provide an example.**

The filings are presented as filed. If a consumer has an issue with a rate increase, the consumer services unit will require the company to provide information with regard to the increase. The Department will explain the increase to the consumer. See Exhibit III as an example of a filing.

**How much advanced notice is given to consumers prior to proposed rate changes? Are consumers provided with official comment periods to review and comment on proposed rate changes?**

The Delaware Insurance Department does not provide notice. Carriers generally provide notice 30 days in advance.

**What processes exist for public meetings and/or hearings on rate filings?**

Chapter 505 of Title 18 provides the authority for hearing processes to the Insurance Commissioner.

**Provide the number and summarize the nature of consumer inquiries and complaints related to health insurance rates that have been received for the past two plan years.**

The Department received 129 complaints and inquiries related to health insurance rates over the past two years. A majority of the communications were related to concerns about why the premium increased and whether the Department has been notified. Some concerns in the small group market related to the size of the increase and the explanation provided by the carriers. A portion of the complaint and inquiries was related to self funded plans and the Department had no authority in the issue.

**Examination and Oversight:**

**Describe actions taken against insurance companies over the past two plan years regarding health insurance rates; include in the description a discussion of the market share and the number of affected policyholders for the cited insurance company.**

No actions have been taken that specifically target rates. In the course of rate reviews negotiations occurred to reduce the rates filed when the actuaries determined that the filed premium rates were not actuarially justified.

**Describe formal hearings held over the past two plan years regarding health insurance rates.**

None

**When possible, applicants should incorporate additional summary statistics related to rate review and approval activities in order to highlight accomplishments and to provide context for the scope of existing activities. The description should also discuss challenges in the current rate review processes, including whether or not the State has access to and the ability to collect, complete policy**

**forms and the comprehensiveness of the data collected (i.e. is the State receiving the necessary forms and data it needs from the insurers)?**

Delaware did not have rate approval authority until January 2010 when the Regulation was promulgated.

Therefore, the experience in approving/disapproving is different from in prior years. As a result, the staff and actuaries are going through an adjustment with regard to the depth of and approach to reviews. We are finding that additional information would definitely enhance the ability to make appropriate judgments with regard to filings and have incorporated the enhancements throughout this application.

**b) Proposed rate review enhancements for health insurance**

Delaware has begun officially reviewing and approving/disapproving rates during 2010. Because of some issues with the new procedures and the need to look at the filings differently than in the past, Delaware will be using some of the funds for training opportunities for the in house staff. A better understanding and knowledge of the ratemaking process will enhance the quality of the approval/disapproval process. The training will equip the staff to look at the overall objective and consequence of a rate filing and make appropriate challenges.

Companies will be required to report additional information including retention components, profit, commissions, product line financial analysis and overall company financial analysis.

The end product will be a premium that enables a company to operate but ensures that the rate is not unfairly discriminatory or excessive.

**Improving rate filing requirements:** States may use grant funds to develop and implement more rigorous rate filing requirements that better document the underlying factors that influence proposed rate increases. For example, States may require more comprehensive supporting documentation and actuarial attestations such as exhibits that describe the underlying assumptions and factors used to derive medical trend estimates, require companies to separately report and justify administrative expenses (salaries, advertising, etc.) and take into consideration an insurance company's overall finances (profits/investment income) when making rate change determinations. States without current rate review and approval authority may propose to use grant funds to require the submission of actuarially certified rate filings and other reporting requirements that expand the scope of current review.



The Delaware Department of Insurance (DE DOI) would use grant funds to develop a more rigorous rate review process and to establish a database containing rate filing information.

#### Improving Rate Review Process

Medical trend analysis would be upgraded by developing a calculation program using advanced mathematical techniques to better analyze and calculate trend. Projection programs would be enhanced by establishing a set of inputs to run the program producing upgraded output that would pinpoint the reasons for the differences between our results and the Company's results. This will help explain our results to the Company. We would also require Companies to report additional information, which would be added to the Actuarial Memorandum. The additional information would include (but would not be limited to) retention components (administrative expenses, profit, commissions, etc.), product line financial analysis, overall Company financial analysis, etc. Although the review of the additional information would increase the time needed to analyze the rate filing, the reviewer would get a more complete picture of the Company's financial position (both overall and product line).

#### Database

The database would contain all pertinent filing information for all medical rate filings. Examples of database information would be Company, identification number, policy forms, plans, pricing assumptions, projection assumptions, loss ratios, history of rate increases, proposed increase, approved increase, final rates, etc. The improved database would allow the DE DOI to quickly check that all historical information provided in a rate filing is correct. It would also allow the DE DOI to check that the Company is using approved rates. Additionally rate comparisons between Companies would be much easier. This would also assist in the investigation of complaint cases.

Delaware will require additional exhibits and documentation to be submitted. One is to require a reporting of the last increase for the product that was filed in other states in the Northeastern Zone and documentation of the outcome. Additionally, the current forms will be enhanced to require carriers with multiple products in a market segment to provide detailed information with regard to aggregation of rates and the underlying assumptions for the aggregation.

**Enhancing rate review process-Staffing:** Permitted use of funds includes enhanced insurance department staffing and consultant expertise through qualified actuaries familiar with the Actuarial Standards of Practice.

Delaware will add one member to its rates and forms staff to offset the increased time to prepare, review and finalize filings.

Delaware proposes adding a video conferencing system to the Wilmington Office that will permit enhanced communication with actuaries for training the in house staff, discussion of the rate filings and to provide the opportunity to meet with companies and the actuary staff without having to call a meeting that requires physical attendance. Additionally, the Department intends to provide additional training to in house staff to enhance knowledge through courses offered by the NAIC /and or AICP organizations.

**Enhancing rate review process-IT capacity:** States may develop new analytic capacities to assess the validity of rate increases and improve the IT infrastructure that supports health insurance rate review functions, including more robust data analysis and data exchange capabilities both within the State as well as with the Federal government in preparation for enhanced data reporting requirements that will be part of future HHS regulatory requirements. For example, states may request funding to plan, develop and implement, enhanced electronic filing and approval processes for rates and policy forms, electronic reporting of financial data used by insurance regulators and online fraud reporting.

Medical trend analysis would be upgraded by developing a calculation program using advanced mathematical techniques to better analyze and calculate trend. Projection programs would be enhanced by establishing a set of inputs to run the program producing upgraded output that would pinpoint the reasons for the differences between our results and the Company's results.

Delaware will work with the NAIC to enhance the system to collect the information required for reporting to HHS.

**Grant Application Information:**

Cost: \$18,808

*Description of Deliverables:*

- 1) Requirements defined in Section A.1(c) (1) and A.1(c) (2) on pages 15, 16 and 17. Specifically, the estimate covers the expenses associated with modifying SERFF to address data collection and reporting requirements, such as:
  - a. State options to indicate premium review grant participation
  - b. Company profile changes to incorporate company type
  - c. State-maintained indicator for rate filing requests meeting the HHS threshold for 'unreasonable'.
  - d. Addition of field to indicate product types
  - e. Company-maintained product information including product name, HHS id, and product status that will allow the companies to track products and apply them to filings.
  - f. A new set of fields added to the Rate/Rule schedule items to provide HIPR data on a policy form basis.
  - g. Changes to the State API to accommodate retrieval of the data elements added above and to allow for updates of appropriate data elements via the State API.
- 2) Incorporating the submission of a federally mandated Rate Filing Disclosure Form and Justification (currently being reviewed by the B Committee) that is required to be filed under provisions of the Affordable Care Act if a rate request falls under the definition of 'unreasonable'. The estimate provided by the NAIC would also allow the Rate Filing Disclosure Form, or similar document, to be filed regardless of whether the rate request falls under the definition of 'unreasonable' in the event the states wanted to include this in their submission requirements to facilitate meeting the requirement that consumer friendly descriptions of rate filings be made available publicly.
- 3) Additional SERFF state training that will support the grant requirements.
- 4) Support for making non-confidential consumer friendly rate disclosures and/or rate filing information available publicly, as required and permitted.

- 5) Support the ability to satisfy reporting requirements of the uniform template for data reporting within the SERFF system, if HHS will accept reports directly from SERFF, including basic trending reports.

The workflow on a Health filing that requires the enhanced data reporting fields will vary from the existing SERFF workflow. States will set preferences that will indicate the level of data they would like to require. Fields exposed to the industry during the filing creation process are determined by these state preferences. The overall workflow will be changed in that the filer will now be required to tie schedule items (such as rates and policy forms) to a specific product. This will allow for the reporting of data based on the product the consumer will ultimately be offered. A significant portion of the project hours will be devoted to aggregating the collected data into the reports required by HHS. An interface to allow HHS to get reports from SERFF is included within the estimate should that prove a requirement.

*Delivery Timeline:*

The SERFF enhancements incorporating HHS reporting requirements will be implemented in a phased approach with the first release to occur within 3 months of the receipt of HHS requirements for the uniform template for reporting. The initial release will focus on implementing the means for data collection; subsequent releases will incorporate reporting needs. Releasing functionality in this manner will allow a period of time during which data can then be submitted by insurers prior to any required reporting to HHS, thus avoiding manual data collection processes. Based on the requirements known at this time, the development will occur over an 8 month period beginning when the NAIC receives the reporting template and supporting documentation.

**Enhancing consumer protection standards:** States may enhance transparency in the rate filing process, for example by posting to a public website information about the rate filing and justification in an easy to understand language for the public; requiring insurers to post rate increases, including all accompanying documentation on their website; implementing of a public hearings process; and providing consumers with increased advanced notice before rate changes become effective.

Applicants must detail the enhancements that they intend to make and explain how these enhancements differ from and improve upon

Delaware will use the funds to enhance its website to include the posting of information about rate filings in a format that is understandable to the public and provide advance notice of the rate filing so that the public will be aware prior to receiving a billing notice from the carrier. A section containing the rate history for carriers will be set up. Additionally, enhancement to the website to provide information to small employers with regard to the rating characteristics and restrictions placed on rates in the small employer market, as well as information about what characteristics may affect an individual company's premium.

Delaware will develop a rate comparison for use by the consumers in shopping for coverage similar to the one that is currently used for auto rates. The consumer will then be able to put in some key data and obtain an initial comparison of carrier rates. Additionally, a link will be added to permit consumers direct access to specific carrier rate and plan information.

Rate filings will be posted on the system and the Commissioner will hold hearings on rate increases prior to approval or disapproval.

Additionally, a section of the website will be set up to provide information to the consumers about Financial Results for the Health Insurance Companies doing business in Delaware. Information would include Enrollees in the health plan, Total Premiums collected, Average monthly premiums per person and the dollar amount of claims paid and % of premium that the amount represents. The reports will be broken into market segment and would be reported by company.

To help consumers understand what affects their particular rates, how the carriers develop rates and to provide interaction with carriers, the Department will set up meetings in each county to give consumers the opportunity to meet insurance carriers, and learn more about the products and rates.

As stated previously, Delaware proposes adding a video conferencing system its Wilmington satellite office that will permit enhanced communication with actuaries for training the in house staff, discussion

of the rate filings and to provide the opportunity to meet with companies and the actuary staff without having to call a meeting that requires physical attendance. The system will permit meetings with consumers without travel from one office to the other. Additionally, the Department intends to provide additional training to in house staff to enhance knowledge through courses offered by the NAIC /and or AICP organizations.

**c) Reporting to the Secretary on Rate Increase Patterns**

Section 2794 requires grant participants to provide data to the Secretary on health insurance rate trends in premium rating areas. In the project narrative the applicant must attest that it will comply with the reporting requirements outlined in statute and briefly describe the process that will be used to collect and provide these data to the Secretary. Grant funding may be used to improve current IT systems to prepare for more robust reporting requirements, data exchange and rate analysis

As reported above, Delaware will leverage the SERFF system to provide the information required by the Secretary. If for some reason, SERFF cannot be enhanced to provide the information, Delaware will develop a database and spread sheet.

**Delaware Premium Review Grant**  
**CFDA: 93.511**  
**Budget Narrative**

A grant budget totaling \$600,202 is needed to implement the enhanced rate reviews, data collection, transparency for consumer and supplying additional information to consumers to enable them to make an informed decision with regard to health insurance coverage.

All money in the budget will be administered by the Department of Insurance.

The following is a breakdown of the budget.

The request budget is broken down into sections with each designed to meet the goals of enhanced rate review, transparency and providing additional information to the public. The budget allows for training of staff to increase knowledge of the ratemaking process and to provide a more thorough review of premium rate filing and also adds one staff member to absorb the increase work load that is anticipated as a result of the additional information.

The equipment request will increase efficiencies in handling the filings, permit more public access to information held by the Department. The video conferencing is designed to aid in ongoing training opportunities with the staff and actuaries, as well as facilitating meetings with companies, consumers and department staff. The conferencing equipment will enhance public access to both offices and staff of the Delaware Department of Insurance.

Key to the plan are the enhancements to the website and rate filing systems. Delaware will leverage the NAIC System for Electronic Rate and Form Filing (SERFF), which is currently used for rate and forms filings. The SERFF system is used exclusively for rate filings. It contains all documents and data and communications between the insurance issuer and the Department from filing through disposition. This request anticipates enhancement to the SERFF system to provide rate information as described in the narrative. To support the modifications funds will be used from this grant. The modification should also extend capability to support provisions of the PPACA of 2010.

In addition to SERFF enhancements, the grant will support modifications to the Department website to support a rate comparison section that will permit consumers to compare rates of various companies whose products meet their individual needs and provides a direct link to the carrier(s). Additionally, the grant will support a web designed for reporting company financial information such as claims costs, the percent that claims represent of total premium, number of enrollees, premium increase information and premium history for individual companies.

Transparency will be enhanced through rate filing hearings and department sponsored meetings between insurance companies and consumers for the purpose of educating consumers on ratemaking processes and what affects an individual's premiums.

The state does not breakdown the state budget to specific product lines such as health; however, Based on the time devoted per health filing, the funds currently expended annually for compensation only are : Salaries- \$3388.00, Fringe benefits-821.00. Total \$4209. Furniture, supplies etc are not included are in the grant budget.

The budget breakdown follows:

**STAFF Training: Request: \$1500**

Training is for three members of the Rates and Forms Staff. This initial training will be via an online course given by the NAIC.

**Additional Staff: Request: \$48,594**

The requested amount is for total compensation including, salary: 38,140.00, Fringe benefits: \$10,454. The position will be for additional review and reporting requirements.

**EQUIPMENT: Request: \$3000.** Funds will be used for the purchase of the software and monitors to enable a split screen application for the analysts. This will facilitate the workflow and efficiency of the premium rate filing process.

**Request: \$4100.00** Printer, warranty, and Cartridges and supplies. This equipment will facilitate the premium rate filing process and reporting requirements. Also, will provide the public access to copying of information related to the filings. Printer and Warranty is \$2500 and cartridges for one year are \$600. supplies for use by public \$1000.

**TECHNOLOGY: Request: \$50,000** Video Conferencing Equipment and software. This will facilitate training, meetings and facilitate interaction with consumers in the Wilmington office.

**Request: \$200,000** system program to upgrade rate filing review. Calculation program ; projection program enhancement for more in depth reviews and creation of Database.

**Request: \$18,008** Development and enhancement of SERFF. This is a subcontracted item as the SERFF system is maintained and operated by the NAIC. Each state is apportioned the cost of the enhancement, which will enable the states to provide additional information and meet reporting requirement of HHS.

**Request: \$3000** for licenses for full adobe acrobat. This will aid in preparation and forwarding of rate filing information to the actuaries and will be used by the rates and forms analysts..

**WEBSITE ENHANCEMENTS: Request: \$110,000** for web site enhancement that will permit consumers to compare rates of different companies using data input into the system. Covers cost of development, implementation and tech support.

**Request: \$75,000** Web design for reporting company financial information and linking to carriers in the market segments and posting of filings on the website.

**TRANSPARENCY: Request: \$60,000:** cover the costs of rate filing hearings. The cost includes staff, hearing officer and reporter.

**Request: \$ 6,000** to cover supplies for hearings!

**Request: \$15,000** for meetings with consumers and companies throughout the state regarding rates, process of ratemaking etc. The request is to cover the cost of the meeting rooms, staff travel expenses and time.

**\$6000** for advertising the meetings.




Karen Weldin Stewart, CIR-ML  
Commissioner



Delaware Department of Insurance

### CERTIFICATION REGARDING MAINTENANCE OF EFFORT

In accordance with the Grants to States for Health Insurance Premium Review Program established by the Affordable Care Act, the undersigned certifies that the grant money provided by the Office of Consumer Information and Insurance Oversight, for activities to be performed under the Premium Review Grant by The Delaware Department of Insurance, will be in addition to, and not in substitution for, comparable activities previously carried on without Federal grant money.

  
Signature of Authorized Certifying Official

Delaware Insurance Commissioner  
Title

7/7/10  
Date

KWS:ljh

<b>Opportunity Title:</b>	"Grants to States for Health Insurance Premium Review-C
<b>Offering Agency:</b>	Ofc of Consumer Information & Insurance Oversight
<b>CFDA Number:</b>	93.511
<b>CFDA Description:</b>	Affordable Care Act (ACA) Grants to States for Health I
<b>Opportunity Number:</b>	RFA-FD-10-999
<b>Competition ID:</b>	ADOBE-FORMS-B
<b>Opportunity Open Date:</b>	06/07/2010
<b>Opportunity Close Date:</b>	07/07/2010
<b>Agency Contact:</b>	Gladys Melendez-Bohler Grant Specialist E-mail: Gladys.Melendez-Bohler@fda.hhs.gov Phone: 301-827-7168

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

☐ This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

\* Application Filing Name: DE- Premium Rate Review Project

## Mandatory Documents

Move Form to Complete

Move Form to Delete

## Mandatory Documents for Submission

## Optional Documents

Move Form to Submission List

Move Form to Delete

## Optional Documents for Submission

## Instructions

- ① Enter a name for the application in the Application Filing Name field.
  - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
  - You can save your application at any time by clicking the "Save" button at the top of your screen.
  - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- ② Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.
  - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
  - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
  - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
  - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- ③ Click the "Save & Submit" button to submit your application to Grants.gov.
  - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
  - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
  - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
  - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Plan 80 Base Rates		EP DE							
DE As of 10/01/09									
Attained		2500		3500		5000			
Age	Male	Female	H/W	Male	Female	H/W	Male	Female	H/W
<17	808.08	725.97	708.98	751.51	875.16	659.34	696.22	625.59	610.97
18	808.08	725.97	708.98	751.51	875.16	659.34	696.22	625.59	610.97
19	808.08	725.97	708.98	751.51	875.16	659.34	696.22	625.59	610.97
20	808.08	725.97	708.98	751.51	875.16	659.34	696.22	625.59	610.97
21	815.03	771.98	732.26	757.97	717.94	681.02	702.18	665.16	631.02
22	821.89	818.02	755.60	764.36	760.76	702.70	708.10	704.77	651.07
23	830.32	861.55	778.68	772.19	801.24	724.16	715.33	742.17	670.93
24	840.23	902.54	801.46	781.43	839.36	745.37	723.86	777.44	690.53
25	848.26	946.70	824.65	788.87	880.43	766.92	730.77	815.43	710.47
26	861.13	979.14	845.37	800.84	910.61	786.20	741.83	843.32	728.28
27	875.49	1009.25	865.98	814.20	938.61	805.37	754.19	869.23	748.03
28	893.58	1041.35	889.39	831.03	968.45	827.12	769.76	896.83	766.15
29	915.40	1075.34	915.63	851.32	1000.07	851.54	788.49	926.07	788.69
30	932.20	1107.48	938.37	866.95	1029.96	872.69	802.95	953.72	808.27
31	966.11	1147.20	973.54	898.48	1066.89	905.40	832.10	987.85	838.52
32	1004.38	1188.95	1011.95	934.08	1105.72	941.12	865.05	1023.76	871.85
33	1044.42	1232.17	1051.98	971.30	1145.91	978.33	899.44	1060.93	905.97
34	1086.27	1276.85	1093.55	1010.23	1187.47	1016.99	935.43	1099.37	941.73
35	1124.78	1319.21	1132.39	1046.04	1226.87	1053.12	968.57	1135.79	975.13
36	1168.25	1368.81	1176.06	1086.47	1271.14	1093.74	1005.94	1176.72	1012.66
37	1213.37	1415.91	1221.32	1128.43	1316.80	1135.82	1044.78	1218.98	1051.61
38	1262.31	1466.48	1269.27	1173.95	1363.83	1180.43	1086.87	1262.43	1092.81
39	1315.07	1518.54	1319.86	1223.01	1412.25	1227.47	1132.22	1307.19	1136.35
40	1362.56	1568.36	1368.72	1267.27	1458.59	1271.05	1173.15	1350.07	1176.65
41	1399.34	1623.14	1409.84	1301.39	1509.51	1311.14	1204.70	1397.17	1213.73
42	1438.19	1679.32	1455.24	1338.45	1561.78	1353.39	1238.97	1445.51	1252.78
43	1528.02	1737.60	1527.98	1421.06	1615.97	1421.01	1315.37	1495.61	1315.33
44	1609.59	1797.87	1597.59	1496.94	1672.02	1485.75	1386.53	1547.44	1375.20
45	1743.64	1908.12	1670.81	1621.59	1774.55	1553.85	1500.80	1642.25	1438.17
46	1869.67	2031.02	1741.56	1738.80	1888.85	1619.64	1609.18	1747.95	1499.01
47	2003.70	2159.56	1815.20	1863.45	2008.38	1688.14	1724.47	1858.49	1562.34
48	2151.05	2290.80	1893.11	2000.46	2130.45	1760.58	1851.14	1971.36	1629.35
49	2312.26	2424.77	1975.25	2150.39	2255.03	1836.99	1989.82	2086.57	1699.99
50	2485.39	2562.38	2051.35	2292.82	2383.01	1907.75	2121.49	2204.91	1765.43
51	2611.64	2640.95	2149.01	2428.83	2456.08	1998.57	2247.27	2272.49	1849.40
52	2768.49	2718.77	2251.34	2574.69	2528.45	2093.74	2382.18	2339.40	1937.42
53	2922.24	2791.72	2350.41	2717.70	2596.30	2185.88	2514.40	2402.15	2022.62
54	3072.98	2859.83	2446.30	2857.87	2659.64	2275.07	2644.03	2460.71	2105.09
55	3224.91	2934.11	2545.05	2999.17	2728.72	2366.90	2774.70	2524.61	2189.99
56	3364.05	2988.66	2630.48	3128.58	2779.46	2446.34	2894.37	2571.53	2263.49
57	3565.31	3078.08	2748.54	3315.74	2862.61	2556.15	3067.43	2648.41	2365.02
58	3778.83	3170.01	2871.63	3514.31	2948.11	2670.62	3251.06	2727.47	2470.84
59	4004.74	3264.83	3000.43	3724.41	3036.30	2790.39	3445.65	2809.02	2581.63
60	4244.59	3362.64	3135.26	3947.48	3127.25	2915.80	3651.63	2893.13	2697.60
61	4498.72	3463.39	3275.83	4183.80	3220.94	3046.52	3870.16	2979.80	2818.47
62	4768.32	3566.99	3422.72	4434.54	3317.30	3183.13	4102.02	3068.89	2944.81
63	5053.82	3673.44	3576.52	4700.05	3416.30	3326.15	4347.54	3160.71	3077.06
64	5356.50	3783.50	3737.14	4981.53	3518.65	3475.53	4607.82	3255.09	3215.22
65+	1423.26	1161.82	1007.45	1323.63	1080.32	936.93	1225.26	1000.26	867.68
Child		534.80			497.36			461.25	

Plan 100 Base Rates DE As of 10/01/09		EP DE									
Attained		2500		3500		5000					
Age	Male	Female	H/W	Male	Female	H/W	Male	Female	H/W	Male	Female
<17	952.73	855.92	835.86	886.03	798.01	777.38	820.84	737.57	720.33		
18	952.73	855.92	835.86	886.03	795.01	777.36	820.84	737.57	720.33		
19	952.73	855.92	835.86	886.03	796.01	777.36	820.84	737.57	720.33		
20	952.73	855.92	835.86	886.03	796.01	777.38	820.84	737.57	720.33		
21	960.92	910.16	863.33	893.65	846.45	802.92	827.87	784.22	743.97		
22	969.01	964.45	890.85	901.18	886.94	828.48	834.85	830.92	767.61		
23	978.95	1015.77	918.06	910.41	944.66	853.78	843.37	875.02	791.03		
24	990.63	1064.09	944.92	921.31	989.61	878.79	853.43	916.60	814.13		
25	1000.10	1116.16	972.26	930.08	1038.03	904.20	861.58	961.39	837.64		
26	1015.27	1154.41	996.69	944.19	1073.61	926.93	874.62	994.27	858.64		
27	1032.20	1189.91	1020.99	959.94	1106.62	949.53	889.19	1024.82	879.57		
28	1053.53	1227.75	1048.59	979.78	1141.80	975.17	907.55	1057.36	903.29		
29	1079.26	1267.83	1079.53	1003.71	1179.08	1003.97	929.63	1091.84	923.87		
30	1099.06	1305.72	1106.34	1022.13	1214.32	1028.90	946.68	1124.44	952.95		
31	1139.04	1352.55	1147.80	1059.31	1257.86	1067.47	981.05	1164.68	988.62		
32	1184.16	1401.77	1193.09	1101.28	1303.64	1109.58	1019.89	1207.01	1027.56		
33	1231.37	1452.73	1240.28	1145.16	1351.03	1153.45	1060.44	1250.84	1068.14		
34	1280.71	1505.41	1289.30	1191.06	1400.03	1199.03	1102.87	1296.16	1110.30		
35	1326.12	1555.35	1335.09	1233.28	1446.48	1241.63	1141.94	1339.10	1149.68		
36	1377.37	1611.47	1386.57	1280.95	1498.67	1289.52	1186.00	1387.35	1193.93		
37	1430.56	1669.36	1439.94	1330.42	1552.51	1339.13	1231.80	1437.15	1239.85		
38	1488.26	1728.98	1496.47	1384.09	1607.96	1391.73	1281.42	1488.40	1268.42		
39	1550.47	1790.36	1556.11	1441.93	1665.04	1447.19	1334.89	1541.18	1339.76		
40	1606.58	1849.10	1611.36	1494.11	1719.68	1498.57	1383.14	1591.73	1387.27		
41	1649.82	1913.68	1662.20	1534.34	1779.71	1545.83	1420.34	1647.26	1430.99		
42	1696.81	1979.92	1715.73	1578.03	1841.34	1595.85	1460.75	1704.26	1477.03		
43	1801.54	2048.63	1801.49	1675.43	1905.23	1675.37	1550.82	1763.32	1550.77		
44	1897.71	2119.69	1883.56	1764.89	1971.31	1751.70	1633.54	1824.43	1621.36		
45	2055.75	2249.67	1969.88	1911.85	2092.19	1831.99	1769.44	1936.21	1695.80		
46	2204.34	2394.57	2053.30	2050.05	2226.95	1909.56	1897.22	2060.83	1767.33		
47	2362.36	2546.12	2140.12	2197.01	2367.88	1990.32	2033.15	2191.16	1842.00		
48	2536.09	2700.85	2231.98	2358.54	2511.80	2075.72	2182.49	2324.23	1921.00		
49	2726.15	2858.80	2328.82	2535.31	2658.68	2165.61	2346.00	2460.07	2004.29		
50	2906.69	3021.05	2418.54	2703.23	2809.57	2249.24	2501.24	2599.59	2081.44		
51	3079.12	3113.68	2533.68	2863.59	2895.72	2356.31	2649.53	2679.27	2180.44		
52	3264.05	3205.43	2654.33	3035.56	2981.04	2468.52	2808.59	2758.15	2284.22		
53	3445.32	3291.44	2771.13	3204.17	3061.04	2577.15	2984.48	2832.13	2384.67		
54	3623.04	3371.74	2884.19	3369.43	3135.72	2682.31	3117.31	2961.18	2481.90		
55	3802.17	3459.32	3000.61	3536.02	3217.16	2790.58	3271.37	2976.52	2582.00		
56	3966.21	3523.63	3101.34	3688.60	3276.98	2884.23	3412.46	3031.83	2668.65		
57	4203.50	3629.06	3240.53	3909.26	3375.02	3013.70	3616.50	3122.48	2788.36		
58	4455.24	3737.44	3385.65	4143.37	3475.82	3148.66	3833.00	3215.69	2913.12		
59	4721.59	3849.23	3537.51	4391.08	3579.80	3289.87	4062.42	3311.83	3043.74		
60	5004.37	3964.55	3696.47	4654.08	3687.03	3437.73	4305.27	3411.00	3180.47		
61	5303.99	4083.34	3862.20	4932.70	3797.49	3591.85	4562.92	3513.18	3322.98		
62	5621.85	4205.48	4035.39	5228.32	3911.10	3752.91	4836.28	3618.22	3471.83		
63	5958.45	4330.99	4216.72	5541.36	4027.82	3921.53	5125.75	3726.48	3627.85		
64	6315.31	4480.75	4406.09	5873.22	4148.49	4097.65	5432.62	3837.75	3790.74		
65+	1678.02	1369.55	1187.78	1560.56	1273.70	1104.64	1444.58	1179.31	1022.99		
Child		630.53			586.39			543.81			

Saver 80 Plan Base Rates		EP DE																	
DE As of 10/01/09																			
Attained		500		1000		1500		2500		3500		5000							
Age	Male	Female	H/W	Male	Female	H/W	Male	Female	H/W	Male	Female	H/W	Male	Female	H/W	Male	Female	H/W	
<17	1118.87	1245.89	1080.28	852.57	818.12	755.99	745.08	767.79	678.68	605.76	626.96	542.84	563.88	583.59	505.37	523.36	541.60	469.24	
18	1119.87	1245.89	1080.28	852.57	818.12	755.99	745.08	767.79	678.68	605.76	626.96	542.84	563.88	583.59	505.37	523.36	541.60	489.24	
19	1119.67	1245.89	1080.28	852.57	818.12	755.99	745.08	767.79	678.68	605.76	626.96	542.84	563.88	583.59	505.37	523.36	541.60	469.24	
20	1119.67	1245.89	1080.28	852.57	818.12	755.99	745.08	767.79	678.68	605.76	626.96	542.84	563.88	583.59	505.37	523.36	541.60	469.24	
21	1128.61	1303.27	1109.32	859.69	865.00	779.58	751.33	809.04	697.39	610.90	661.65	560.15	568.67	615.86	521.46	527.77	571.42	484.13	
22	1137.54	1360.64	1136.30	866.76	911.90	803.13	757.54	850.28	718.13	615.98	696.30	577.50	573.39	648.09	537.59	532.17	601.23	499.07	
23	1148.42	1414.89	1167.01	875.37	956.24	826.43	765.11	889.27	738.64	622.17	729.10	594.65	579.15	678.59	553.57	537.49	629.45	513.83	
24	1161.25	1465.98	1195.38	885.59	998.00	849.52	774.03	926.04	758.93	629.47	759.98	611.61	585.95	707.31	569.32	543.75	655.99	528.40	
25	1171.67	1521.08	1224.20	893.85	1043.02	872.92	781.34	965.63	779.49	635.46	793.28	628.79	591.50	738.27	585.30	548.89	684.63	543.17	
26	1186.35	1561.47	1250.15	907.08	1076.07	893.95	792.91	994.66	797.94	644.94	817.67	644.20	600.31	760.96	599.64	557.03	705.62	556.40	
27	1206.89	1599.06	1275.92	921.79	1106.75	914.76	805.87	1021.69	816.26	655.53	840.42	659.43	610.17	782.12	613.79	566.17	725.19	569.51	
28	1230.35	1639.07	1305.35	940.41	1139.49	938.50	822.23	1050.45	837.12	668.90	864.57	676.79	622.62	804.59	629.94	577.68	745.94	584.45	
29	1258.57	1681.41	1338.28	962.80	1174.11	965.08	841.88	1080.90	860.49	684.99	890.18	696.20	637.56	828.41	647.99	591.51	767.99	601.13	
30	1280.28	1721.46	1366.76	980.08	1206.63	988.09	857.01	1109.67	880.71	697.39	914.39	712.99	649.10	850.91	663.62	602.16	788.78	615.60	
31	1324.22	1771.02	1411.12	1014.93	1247.30	1023.80	887.60	1145.26	912.06	722.45	944.31	739.04	672.41	878.75	687.84	623.72	814.53	638.00	
32	1373.75	1823.04	1459.54	1054.25	1288.85	1062.73	922.16	1182.69	946.34	750.72	975.77	767.40	698.70	908.00	714.21	648.05	841.56	662.37	
33	1425.58	1876.84	1509.99	1095.41	1333.90	1103.31	958.25	1221.46	981.95	780.27	1008.33	796.92	726.19	938.27	741.66	673.45	869.58	687.78	
34	1479.71	1932.64	1562.38	1136.38	1379.41	1145.50	995.97	1261.47	1019.00	811.20	1041.99	827.65	754.95	969.57	770.23	700.02	898.54	714.20	
35	1529.60	1985.42	1611.30	1177.95	1422.57	1184.84	1030.74	1299.45	1053.56	839.84	1073.94	856.28	781.39	999.28	796.88	724.50	926.00	738.83	
36	1585.83	2044.76	1666.37	1222.63	1471.04	1229.13	1069.93	1342.07	1092.48	871.72	1109.75	888.55	811.23	1032.59	826.89	752.11	956.79	766.58	
37	1644.29	2105.99	1723.42	1268.99	1521.08	1275.02	1110.66	1386.08	1132.77	905.07	1146.75	921.97	842.25	1067.01	857.97	780.76	988.63	795.32	
38	1707.65	2169.02	1783.86	1319.31	1572.62	1323.62	1154.81	1431.38	1175.51	941.23	1184.86	957.39	875.88	1102.46	890.80	811.87	1021.42	825.76	
39	1775.93	2233.91	1847.70	1373.50	1625.66	1374.95	1202.38	1478.06	1220.61	980.13	1224.09	994.69	912.05	1138.94	925.59	845.35	1055.14	857.85	
40	1837.51	2296.01	1906.79	1422.38	1676.44	1422.47	1245.32	1522.70	1262.35	1015.29	1261.60	1029.29	944.75	1173.83	957.77	875.57	1087.41	887.59	
41	1885.01	2364.29	1960.85	1460.10	1732.22	1466.13	1278.42	1571.81	1300.75	1042.39	1302.89	1081.18	969.95	1212.22	987.42	898.88	1122.92	915.03	
42	1936.60	2434.33	2018.08	1501.03	1789.47	1512.16	1314.38	1622.13	1341.18	1071.86	1345.21	1094.78	997.35	1251.59	1018.69	924.19	1159.30	943.93	
43	2051.57	2506.96	2110.13	1592.34	1848.87	1585.99	1394.49	1674.37	1406.01	1137.44	1389.13	1148.33	1058.36	1292.42	1068.48	980.61	1197.07	989.98	
44	2157.15	2582.11	2198.23	1676.16	1910.28	1656.65	1468.06	1728.36	1468.10	1197.70	1434.51	1199.66	1114.39	1334.62	1116.21	1032.42	1236.09	1034.12	
45	2330.67	2719.58	2290.97	1813.89	2022.63	1731.00	1589.00	1827.19	1533.38	1296.89	1517.58	1253.61	1206.44	1411.88	1166.39	1117.53	1307.52	1080.52	
46	2493.81	2872.78	2380.29	1943.43	2147.83	1802.70	1702.69	1937.28	1596.42	1389.78	1610.18	1305.74	1293.02	1497.99	1214.87	1197.61	1387.16	1125.35	
47	2667.33	3033.00	2473.38	2081.09	2278.78	1877.48	1823.58	2052.48	1662.09	1488.76	1706.97	1360.09	1385.07	1588.02	1265.41	1282.75	1470.41	1172.09	
48	2858.04	3186.60	2571.90	2232.51	2412.50	1956.54	1956.50	2170.11	1731.53	1597.56	1805.87	1417.49	1486.25	1679.99	1318.79	1376.30	1555.46	1221.46	
49	3066.73	3363.56	2675.87	2398.19	2549.01	2039.90	2101.94	2290.13	1804.76	1716.63	1906.79	1477.99	1596.99	1773.84	1375.07	1478.73	1642.24	1273.51	
50	3264.94	3535.13	2772.11	2555.52	2689.21	2117.10	2240.03	2413.49	1872.63	1829.71	2010.45	1534.15	1702.16	1870.25	1427.28	1575.97	1731.41	1321.79	
51	3454.27	3633.02	2895.96	2705.82	2769.22	2218.32	2371.98	2483.85	1959.72	1937.71	2069.66	1606.02	1802.61	1925.33	1494.12	1668.84	1782.35	1383.57	
52	3657.28	3730.05	3025.81	2866.97	2848.53	2320.19	2513.48	2553.59	2050.99	2053.53	2128.25	1681.34	1910.32	1979.81	1564.17	1768.44	1832.72	1448.35	
53	3856.32	3821.02	3151.60	3024.97	2922.87	2420.82	2652.17	2618.97	2139.38	2167.10	2183.25	1754.18	2015.92	2030.95	1631.91	1866.13	1880.01	1511.01	
54	4051.43	3905.90	3273.36	3179.86	2992.26	2518.25	2788.11	2680.00	2224.89	2278.38	2234.54	1824.72	2119.43	2078.65	1697.51	1961.84	1924.11	1571.67	
55	4248.07	3998.54	3398.84	3335.95	3067.99	2618.49	2925.15	2746.60	2313.00	2390.61	2290.52	1897.34	2223.80	2130.73	1765.05	2058.35	1972.27	1634.13	
56	4428.21	4066.54	3507.30	3478.94	3123.56	2705.31	3050.69	2795.48	2369.22	2493.38	2331.64	1960.19	2319.37	2168.96	1823.51	2146.71	2007.61	1688.18	
57	4682.74	4188.09	3664.53	3686.74	3216.81	2826.16	3232.68	2878.68	2496.00	2641.98	2401.08	2047.56	2457.59	2233.54	1904.76	2274.51	2067.33	1763.30	
58	4973.48	4313.12	3828.58	3906.83	3312.73	2952.69	3425.48	2964.56	2607.56	2799.36	2472.69	2139.08	2603.94	2300.14	1989.88	2409.85	2128.91	1842.01	
59	5270.59	4442.10	4000.04	4140.10	3411.65	3084.87	3630.06	3053.13	2724.17	2966.43	2546.35	2234.45	2759.31	2368.63	2078.57	2553.56	2192.29	1924.03	
60	5586.11	4574.96	4179.16	4367.39	3513.36	3222.69	3846.98	3144.14	2845.88	3143.22	2622.07	2343.34	2923.72	2439.07	2171.46	2705.59	2257.40	2009.95	
61	5919.91	4711.48	4366.45	4649.77	3618.48	3366.95	4076.81	3237.96	2973.11	3330.82	2700.32	2438.43	3098.19	2511.82	2268.26	2866.93	2324.68	2099.48	
62	6274.09	4852.24	4562.10	4927.78	3726.19	3517.71	4320.29	3334.67	3108.28	3529.59	2780.74	2547.43	3283.05	2586.62	2369.63	3037.85	2393.87	2193.20	
63	6649.65	4997.32	4766.67	5222.14	3837.57	3675.21	4578.47	3434.05	3245.23	3740.38	2863.69	2661.37	3479.07	2863.76	2475.60	3219.13	2465.18	2291.18	
64	7047.83	5146.83	4980.33	5534.67	3952.41	3840.12	4852.23	3536.48	3390.31	3963.83	2949.15	2780.36	3686.90	2743.25	2586.26	3411.29	2538.69	2393.54	
65+	1937.04	1845.65	1495.42	1489.04	1273.59	1064.71	1302.17	1176.03	950.13	1059.57	966.68	765.32	985.93	899.54	712.27	913.62	833.75	660.59	
Child		970.21			615.50			519.03			409.76			381.60			354.88		

Coplay Saver Plan Base Rates			EP DE
DE As of 10/01/09			
Attained		2500	
Age	Male	Female	H/W
<17	847.87	900.43	809.19
18	847.87	900.43	809.19
19	847.87	900.43	809.19
20	847.87	900.43	809.19
21	854.30	941.65	830.12
22	860.68	982.86	851.05
23	868.49	1021.63	871.77
24	877.69	1058.54	892.28
25	886.62	1099.54	914.52
26	898.57	1128.57	933.26
27	911.90	1155.56	951.86
28	928.72	1184.30	973.09
29	948.98	1214.73	996.89
30	965.98	1244.94	1018.89
31	997.50	1280.50	1050.91
32	1033.07	1317.89	1085.86
33	1070.24	1356.60	1122.26
34	1109.09	1396.62	1160.10
35	1144.87	1434.54	1195.40
36	1185.24	1477.15	1235.14
37	1227.16	1521.14	1276.31
38	1272.62	1566.39	1319.86
39	1321.59	1613.04	1366.03
40	1368.69	1660.53	1411.57
41	1402.76	1709.58	1450.68
42	1439.80	1759.87	1491.91
43	1522.26	1812.07	1558.34
44	1598.03	1866.03	1621.90
45	1722.56	1964.77	1688.85
46	1839.61	2074.82	1753.32
47	1964.09	2189.90	1820.52
48	2100.94	2307.42	1891.64
49	2250.88	2427.37	1966.67
50	2392.88	2550.61	2036.13
51	2528.71	2620.94	2125.51
52	2674.40	2690.63	2219.22
53	2817.19	2755.95	2310.00
54	2957.19	2816.92	2397.67
55	3101.16	2886.36	2491.19
56	3230.43	2935.22	2569.56
57	3420.27	3021.14	2682.23
58	3621.47	3109.82	2800.00
59	3834.83	3201.29	2922.94
60	4059.69	3293.99	3050.28
61	4299.31	3390.80	3184.56
62	4553.42	3490.63	3325.05
63	4822.64	3593.22	3471.62
64	5108.09	3699.14	3624.67
65+	1447.16	1336.59	1118.10
Child		703.98	

Copay Select Plan Base Rates EP DE

DE As of 10/01/09

Attained	500			1000			1500			2500		
Age	Male	Female	H/W	Male	Female	H/W	Male	Female	H/W	Male	Female	H/W
<17	2047.13	2047.13	2047.13	1535.34	1535.34	1535.34	1351.10	1351.10	1351.10	1146.40	1146.40	1146.40
18	1772.70	2048.99	2042.58	1329.53	1535.24	1531.94	1169.88	1351.01	1348.11	992.71	1146.32	1143.84
19	1772.70	2046.99	2042.58	1329.53	1535.24	1531.94	1169.88	1351.01	1348.11	992.71	1146.32	1143.84
20	1772.70	2046.99	2042.58	1329.53	1535.24	1531.94	1169.88	1351.01	1348.11	992.71	1146.32	1143.84
21	1828.95	2164.87	2096.11	1371.71	1623.66	1572.09	1207.10	1428.82	1383.44	1024.21	1212.32	1173.83
22	1864.53	2284.83	2149.59	1398.40	1713.62	1612.19	1230.59	1507.98	1418.74	1044.14	1279.51	1203.77
23	1925.09	2401.64	2202.60	1443.81	1801.23	1651.95	1270.56	1585.08	1453.71	1078.05	1344.92	1233.46
24	1968.23	2514.98	2255.12	1476.18	1886.24	1691.34	1299.04	1659.89	1488.38	1102.21	1408.39	1262.87
25	2035.41	2643.11	2314.67	1526.56	1982.33	1736.00	1343.37	1744.45	1527.68	1139.83	1480.14	1296.21
26	2086.39	2741.60	2362.71	1564.80	2056.21	1772.03	1377.02	1809.46	1559.40	1168.38	1535.30	1323.12
27	2163.96	2836.60	2410.52	1622.97	2127.45	1807.89	1428.21	1872.16	1590.94	1211.82	1588.50	1349.89
28	2228.77	2937.31	2465.08	1671.58	2202.99	1848.81	1470.99	1938.62	1626.95	1248.11	1644.90	1380.44
29	2328.70	3043.69	2526.26	1745.03	2282.77	1894.59	1535.63	2008.83	1667.33	1302.95	1704.47	1414.70
30	2396.91	3153.75	2585.42	1797.68	2365.31	1939.06	1581.96	2081.48	1706.38	1342.27	1766.09	1447.83
31	2478.59	3243.98	2667.89	1858.94	2432.99	2000.93	1635.87	2141.03	1760.81	1388.01	1816.63	1494.02
32	2570.88	3338.88	2757.94	1928.01	2504.16	2068.46	1696.65	2203.66	1820.24	1439.58	1869.77	1544.45
33	2667.11	3437.03	2851.71	2000.33	2577.78	2138.78	1760.29	2268.44	1882.13	1493.58	1924.74	1598.96
34	2767.83	3538.54	2949.26	2075.87	2653.91	2211.94	1826.76	2335.43	1948.51	1549.98	1981.59	1651.58
35	2860.53	3634.74	3040.27	2145.40	2728.06	2280.21	1887.95	2398.93	2006.57	1601.90	2035.45	1702.55
36	2955.21	3742.84	3142.64	2223.91	2807.13	2356.99	1957.04	2470.28	2074.14	1660.51	2095.99	1759.88
37	3073.76	3854.44	3248.78	2305.32	2890.83	2436.58	2028.68	2543.93	2144.19	1721.31	2158.49	1819.32
38	3191.63	3969.29	3361.21	2393.72	2978.88	2520.91	2106.47	2619.73	2218.40	1787.31	2222.81	1882.27
39	3318.56	4087.62	3480.01	2488.92	3085.72	2610.01	2190.25	2697.83	2296.80	1858.39	2289.07	1948.80
40	3445.77	4213.44	3602.84	2584.33	3160.08	2701.98	2274.21	2780.87	2377.74	1929.63	2359.53	2017.49
41	3534.10	4337.83	3703.25	2650.58	3253.38	2777.45	2332.51	2862.97	2444.14	1979.10	2429.19	2073.83
42	3630.09	4465.45	3809.36	2722.57	3349.09	2857.03	2395.87	2947.20	2514.18	2032.85	2500.65	2133.25
43	3843.89	4597.89	3980.99	2882.91	3448.42	2985.75	2535.97	3034.61	2627.48	2152.58	2574.82	2229.36
44	4040.20	4734.75	4145.10	3030.15	3551.06	3108.83	2666.53	3124.94	2735.76	2262.51	2651.47	2321.26
45	4362.93	4985.20	4361.29	3272.20	3738.90	3270.97	2879.54	3290.23	2878.45	2443.24	2791.71	2442.32
46	4688.93	5264.44	4574.14	3499.75	3948.33	3430.61	3079.78	3474.53	3018.93	2613.15	2948.09	2561.51
47	4988.95	5556.38	4797.56	3741.72	4167.28	3598.18	3292.71	3667.21	3166.39	2793.81	3111.57	2686.64
48	5343.59	5854.52	5035.10	4007.70	4390.90	3776.32	3526.77	3863.98	3323.16	2992.41	3278.53	2819.66
49	5731.68	6158.82	5286.97	4298.76	4619.12	3965.23	3782.91	4064.83	3489.40	3209.74	3448.95	2960.71
50	6100.25	6471.43	5527.38	4575.18	4853.58	4145.54	4026.16	4271.14	3648.07	3416.14	3624.00	3095.34
51	6452.22	6649.85	5826.81	4839.17	4987.40	4370.11	4258.46	4388.91	3845.70	3613.24	3723.92	3263.02
52	6829.83	6826.65	6143.09	5122.37	5119.99	4607.31	4507.68	4505.59	4054.43	3824.71	3822.92	3440.13
53	7199.94	6992.38	6455.94	5399.96	5244.29	4841.96	4751.97	4614.98	4260.92	4031.97	3915.73	3615.32
54	7562.84	7147.07	6765.32	5672.13	5360.30	5074.00	4991.47	4717.07	4465.11	4235.19	4002.36	3788.58
55	7941.15	7328.53	7036.57	5955.88	5498.40	5277.43	5241.16	4836.84	4644.14	4447.05	4103.98	3940.48
56	8276.12	7452.51	7259.79	6207.09	5599.38	5444.84	5462.24	4918.66	4791.47	4634.63	4173.40	4065.48
57	8772.67	7675.68	7588.43	6579.51	5756.76	5689.82	5789.96	5065.95	5007.04	4912.70	4298.38	4248.39
58	9298.95	7905.96	7927.92	6974.21	5929.47	5945.94	6137.30	5217.93	5232.43	5207.41	4427.34	4439.63
59	9856.82	8143.56	8264.16	7392.62	6107.67	6213.13	6505.50	5374.76	5467.55	5518.82	4560.39	4639.13
60	10442.35	8381.96	8651.06	7831.77	6286.47	6488.29	6891.95	5532.10	5709.70	5847.72	4693.89	4844.59
61	11068.73	8633.31	9040.53	8301.54	6474.98	6780.40	7305.36	5697.98	5966.75	6198.49	4834.65	5062.70
62	11733.44	8892.48	9447.75	8800.08	6659.36	7085.81	7744.07	5869.04	6235.52	6570.72	4979.79	5290.74
63	12437.38	9158.83	9872.51	9328.04	6869.13	7404.38	8208.68	6044.83	6515.85	6964.93	5128.94	5528.60
64	13183.61	9434.15	10317.17	9887.70	7075.61	7737.89	8701.18	6226.54	6808.33	7382.82	5283.12	5777.62
65+	3886.17	3433.43	3181.88	2763.88	2575.08	2386.42	2432.22	2266.07	2100.04	2063.70	1922.73	1781.85
Child		2047.13			1535.34			1351.10			1146.40	

HSA 100 Single Plan Base Rates				EP DE							
DE As of 10/01/09											
Attained:	1100		1900		2900		3500		5000		
Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
<17	1642.92	1549.4	1183.08	1083.06	960.20	879.18	873.78	800.04	796.96	729.72	
18	1642.92	1549.4	1183.08	1083.06	960.20	879.18	873.78	800.04	796.96	729.72	
19	1642.92	1549.4	1183.08	1083.06	960.20	879.18	873.78	800.04	796.96	729.72	
20	1642.92	1549.4	1183.08	1083.06	960.20	879.18	873.78	800.04	796.96	729.72	
21	1656.89	1642.52	1193.06	1148.09	968.29	931.83	881.15	847.97	803.68	773.42	
22	1870.75	1735.8	1203.10	1213.05	976.44	984.48	888.56	895.87	810.44	817.11	
23	1687.74	1823.91	1215.29	1274.48	986.29	1034.25	897.53	941.16	818.63	858.42	
24	1707.75	1906.8	1229.67	1332.42	997.92	1081.16	908.11	983.86	828.28	897.37	
25	1723.95	1996.4	1241.28	1394.80	1007.31	1131.72	916.65	1029.86	836.07	939.33	
26	1749.92	2062.05	1259.94	1440.59	1022.48	1168.77	930.45	1063.59	848.66	970.08	
27	1778.92	2123.07	1280.77	1483.12	1039.34	1203.26	945.80	1094.96	862.65	998.70	
28	1815.53	2188.09	1307.07	1528.41	1060.64	1239.91	965.18	1128.32	880.34	1029.13	
29	1859.47	2256.86	1338.68	1576.44	1088.24	1278.86	988.48	1163.75	901.58	1061.44	
30	1893.36	2321.99	1363.05	1621.80	1105.97	1315.59	1006.43	1197.18	917.96	1091.94	
31	1961.84	2402.38	1412.26	1677.97	1145.84	1361.08	1042.71	1238.58	951.03	1129.70	
32	2039.11	2486.94	1467.82	1736.85	1190.86	1408.74	1083.68	1281.96	988.40	1169.26	
33	2119.92	2574.54	1525.86	1797.84	1237.82	1458.16	1126.41	1326.93	1027.38	1210.28	
34	2204.43	2665	1586.51	1861.08	1286.99	1509.37	1171.16	1373.54	1068.20	1252.78	
35	2282.14	2750.77	1642.40	1920.81	1332.25	1557.79	1212.36	1417.58	1105.76	1292.96	
36	2369.86	2847.13	1705.47	1988.08	1383.33	1612.28	1258.83	1467.16	1148.18	1338.18	
37	2460.96	2946.59	1770.95	2057.42	1436.40	1668.41	1307.13	1518.24	1192.21	1384.77	
38	2559.83	3048.96	1841.92	2128.79	1493.85	1726.22	1359.41	1570.87	1239.80	1432.77	
39	2666.26	3154.43	1918.47	2202.40	1555.84	1785.83	1415.81	1625.10	1291.34	1482.23	
40	2762.36	3255.31	1987.45	2272.73	1611.72	1842.82	1466.67	1676.97	1337.74	1529.54	
41	2836.41	3366.25	2040.68	2350.04	1654.86	1905.42	1505.93	1733.94	1373.54	1581.50	
42	2916.88	3480.01	2098.49	2429.35	1701.66	1969.68	1548.51	1792.41	1412.38	1634.84	
43	3096.18	3598.03	2227.37	2511.64	1806.09	2036.33	1643.54	1853.07	1499.05	1690.16	
44	3260.86	3720.06	2345.70	2596.80	1901.90	2105.33	1730.73	1915.85	1578.59	1747.43	
45	3531.47	3943.37	2538.59	2744.51	2058.15	2224.98	1872.92	2024.73	1708.26	1846.72	
46	3785.85	4192.23	2719.83	2910.05	2204.96	2359.06	2006.52	2146.75	1830.12	1958.02	
47	4056.45	4452.54	2912.74	3083.63	2361.22	2499.63	2148.71	2274.66	1959.82	2074.69	
48	4353.86	4718.31	3124.83	3261.03	2533.01	2643.33	2305.04	2405.43	2102.40	2193.96	
49	4679.34	4989.58	3357.17	3442.19	2721.20	2790.09	2476.29	2538.98	2258.60	2315.78	
50	4988.41	5268.29	3577.73	3628.51	2899.85	2941.00	2638.86	2676.31	2406.86	2441.04	
51	5283.64	5427.35	3789.91	3739.44	3071.73	3030.84	2795.28	2756.07	2549.54	2515.60	
52	5600.26	5594.92	4017.39	3849.37	3256.00	3119.87	2962.96	2839.08	2702.48	2589.49	
53	5910.65	5732.69	4240.42	3952.37	3436.65	3203.31	3127.35	2915.02	2852.43	2658.76	
54	6214.88	5870.61	4459.11	4048.53	3613.77	3281.22	3288.53	2985.81	2999.43	2723.41	
55	6521.56	6021.06	4679.46	4153.49	3792.30	3366.24	3450.99	3063.27	3147.60	2793.98	
56	6802.49	6131.52	4881.34	4230.47	3955.80	3428.61	3599.78	3120.03	3283.31	2845.74	
57	7209.8	6314.94	5173.65	4357.11	4192.56	3531.17	3815.22	3213.37	3479.83	2930.87	
58	7641.99	6504.24	5483.43	4487.50	4443.49	3636.81	4043.58	3309.49	3688.10	3018.56	
59	8100.02	6698.79	5811.86	4621.84	4709.52	3745.80	4285.65	3408.49	3908.89	3108.85	
60	8585.56	6900.08	6159.95	4760.20	4991.50	3857.67	4542.27	3510.48	4142.85	3201.86	
61	9100.02	7106.14	6528.96	4902.68	5290.38	3973.11	4814.25	3615.53	4391.02	3297.68	
62	9645.02	7319.4	6920.10	5049.48	5607.19	4092.00	5102.54	3723.72	4653.97	3396.36	
63	10222.99	7538.46	7334.71	5200.65	5943.04	4214.45	5408.16	3835.15	4932.71	3498.00	
64	10835.61	7764.29	7774.20	5356.37	6299.01	4340.59	5732.10	3949.93	5228.18	3602.69	
65+	10293.83	7376.09	7385.97	5089.05	5984.54	4124.05	5445.93	3752.89	4967.17	3422.97	



## HSA 100 Family Plan Base Rates

## EP DE

DE As of 10/01/09

Attained Age	2200			3850			5800			7500			10000		
	Male	Female	H/W	Male	Female	H/W	Male	Female	H/W	Male	Female	H/W	Male	Female	H/W
<17	1593.93	1503.23	1451.68	1072.38	981.83	958.97	870.96	797.58	779.06	749.03	685.92	669.99	644.51	590.21	576.51
18	1593.93	1503.23	1451.68	1072.38	981.83	958.97	870.96	797.58	779.06	749.03	685.92	669.99	644.51	590.21	576.51
19	1593.93	1503.23	1451.68	1072.38	981.83	958.97	870.96	797.58	779.06	749.03	685.92	669.99	644.51	590.21	576.51
20	1593.93	1503.23	1451.68	1072.38	981.83	958.97	870.96	797.58	779.06	749.03	685.92	669.99	644.51	590.21	576.51
21	1607.49	1593.55	1497.26	1081.44	1040.72	988.86	878.31	845.33	803.30	755.35	726.98	690.83	649.95	625.53	594.43
22	1620.95	1684.04	1542.79	1090.53	1099.54	1018.86	885.69	892.98	827.57	761.69	787.96	711.71	685.40	660.80	612.39
23	1637.43	1769.50	1587.90	1101.61	1155.20	1048.48	894.60	938.07	851.64	769.35	806.75	732.40	662.01	694.17	630.20
24	1656.82	1850.02	1632.51	1114.59	1207.69	1077.85	905.19	980.60	875.40	778.47	843.31	752.84	669.84	725.64	647.80
25	1672.55	1936.81	1677.78	1125.12	1284.16	1107.63	913.71	1026.38	899.54	785.79	882.70	773.61	676.15	759.53	665.66
26	1697.74	2000.50	1718.53	1142.02	1305.62	1134.37	927.43	1059.98	921.20	797.59	911.58	792.24	686.30	784.38	681.69
27	1725.87	2059.70	1758.92	1160.87	1344.16	1160.97	942.87	1091.19	942.75	810.70	938.43	810.70	697.58	807.48	697.62
28	1761.37	2122.76	1805.04	1184.70	1385.13	1191.29	961.99	1124.45	967.32	827.31	967.03	831.90	711.88	832.08	715.82
29	1804.01	2189.49	1856.64	1213.31	1428.66	1225.22	985.19	1159.71	994.80	847.26	997.35	855.54	729.05	858.18	736.16
30	1836.87	2252.63	1901.34	1235.41	1469.76	1254.62	1003.06	1193.00	1018.65	862.63	1025.98	876.05	742.26	882.82	753.81
31	1903.30	2330.62	1970.78	1279.98	1520.82	1300.31	1039.20	1234.22	1055.68	893.70	1061.43	907.89	769.01	913.32	781.20
32	1978.26	2412.64	2046.59	1330.30	1573.91	1350.15	1079.96	1277.43	1096.03	928.76	1098.59	942.59	799.17	945.30	811.07
33	2056.64	2497.60	2125.51	1382.86	1629.19	1402.04	1122.57	1322.21	1138.12	965.41	1137.11	978.78	830.70	978.42	842.21
34	2138.60	2585.37	2207.61	1437.77	1686.43	1455.99	1167.09	1368.60	1181.82	1003.69	1177.00	1016.37	863.65	1012.76	874.55
35	2214.00	2668.57	2284.12	1488.41	1740.56	1506.36	1208.10	1412.45	1222.63	1038.98	1214.71	1051.48	894.00	1045.22	904.75
36	2299.08	2762.03	2370.39	1545.50	1801.46	1563.11	1254.40	1481.83	1268.66	1078.79	1257.18	1091.05	928.26	1081.76	938.81
37	2387.45	2858.50	2459.63	1604.81	1864.27	1621.80	1302.48	1512.71	1316.25	1120.13	1300.94	1131.98	963.83	1119.41	974.03
38	2483.35	2967.79	2554.26	1669.07	1928.88	1684.05	1354.52	1565.07	1366.65	1164.89	1345.95	1175.32	1002.34	1158.15	1011.32
39	2585.59	3060.11	2654.18	1738.40	1995.55	1749.69	1410.73	1619.08	1419.87	1213.23	1392.40	1221.10	1043.93	1198.11	1050.69
40	2679.81	3157.98	2746.69	1800.87	2059.27	1810.53	1461.34	1670.73	1469.18	1256.75	1436.83	1263.49	1081.38	1236.33	1087.20
41	2751.63	3265.57	2831.56	1849.08	2129.28	1866.39	1500.41	1727.43	1514.44	1290.35	1485.60	1302.41	1110.31	1278.30	1120.69
42	2829.68	3375.91	2921.04	1901.45	2201.10	1925.27	1542.85	1785.69	1562.14	1326.86	1535.69	1343.44	1141.71	1321.41	1155.98
43	3003.63	3490.39	3064.97	2018.14	2275.58	2019.81	1637.42	1846.06	1638.77	1408.17	1567.61	1409.34	1211.69	1366.09	1212.69
44	3163.35	3608.78	3202.75	2125.32	2352.78	2110.50	1724.27	1908.60	1712.26	1482.86	1641.39	1472.55	1275.96	1412.36	1267.08
45	3425.84	3825.38	3347.71	2300.00	2486.54	2205.81	1865.86	2016.96	1789.49	1604.64	1734.80	1538.97	1380.74	1492.57	1324.23
46	3672.59	4066.77	3487.48	2464.14	2636.47	2297.70	1998.88	2138.47	1863.98	1719.05	1839.09	1603.02	1479.17	1582.47	1379.34
47	3935.06	4319.28	3633.15	2638.87	2793.63	2393.51	2140.46	2265.89	1941.60	1840.79	1948.66	1669.78	1583.94	1676.76	1436.78
48	4223.55	4577.06	3787.23	2830.94	2954.31	2494.81	2296.10	2396.07	2023.71	1974.65	2060.62	1740.39	1699.12	1773.09	1497.53
49	4539.25	4840.21	3949.81	3041.39	3118.38	2601.68	2486.64	2529.07	2110.31	2121.30	2175.00	1814.87	1825.31	1871.51	1561.64
50	4839.09	5110.56	4100.29	3241.16	3287.13	2700.69	2628.52	2665.79	2190.53	2260.52	2292.57	1883.86	1945.10	1972.69	1620.99
51	5125.46	5264.85	4293.88	3433.29	3387.59	2827.97	2784.25	2747.22	2293.71	2394.46	2362.60	1972.59	2060.34	2032.93	1697.34
52	5432.56	5417.70	4496.75	3639.30	3487.13	2961.41	2951.21	2827.87	2401.82	2538.05	2431.97	2065.57	2183.90	2092.62	1777.35
53	5733.65	5561.01	4893.22	3841.28	3590.41	3090.66	3114.91	2903.49	2506.61	2678.83	2497.01	2155.69	2305.04	2148.57	1854.90
54	6028.76	5694.81	4893.45	4039.36	3667.55	3215.69	3275.37	2974.07	2607.90	2816.82	2557.70	2242.79	2423.78	2200.82	1929.84
55	6326.22	5840.74	5079.25	4238.96	3762.57	3344.43	3437.17	3051.09	2712.23	2955.96	2623.94	2332.52	2543.50	2257.81	2007.06
56	6598.73	5947.89	5248.83	4421.78	3832.31	3456.03	3585.32	3107.61	2802.68	3083.38	2672.54	2410.31	2653.13	2299.64	2073.99
57	6993.82	6125.81	5484.31	4686.65	3946.85	3611.22	3799.97	3200.43	2928.43	3267.98	2752.37	2518.45	2811.97	2368.33	2167.03
58	7413.05	6309.44	5730.85	4967.26	4084.95	3772.99	4027.38	3296.15	3059.58	3463.55	2834.69	2631.24	2980.26	2439.15	2264.10
59	7857.34	6498.16	5986.40	5264.61	4186.82	3942.34	4268.36	3394.90	3196.80	3670.79	2919.61	2749.24	3158.60	2512.23	2365.64
60	8328.31	6693.40	6257.35	5579.82	4312.02	4119.28	4523.84	3496.38	3340.19	3890.51	3006.88	2872.58	3347.64	2587.32	2471.75
61	8827.32	6893.28	6538.35	5913.89	4441.12	4304.49	4794.53	3600.99	3490.30	4123.28	3096.86	3001.66	3547.95	2664.73	2582.83
62	9355.98	7100.12	6832.05	6268.22	4574.18	4497.63	5081.69	3708.81	3646.81	4370.25	3189.58	3136.25	3760.45	2744.53	2698.65
63	9916.62	7312.62	7139.46	6643.47	4710.88	4699.44	5385.81	3819.62	3810.34	4631.81	3284.88	3276.90	3985.49	2826.52	2815.86
64	10510.86	7531.68	7480.00	7041.83	4851.87	4910.69	5708.62	3933.90	3981.53	4909.41	3383.16	3424.12	4224.38	2911.08	2946.33
65+	9985.32	7155.09	7086.99	6690.22	4609.79	4665.65	5423.65	3737.70	3782.95	4664.34	3214.43	3253.34	4013.51	2765.89	2799.38
Child		1126.35			731.17			594.54			511.30			439.95	

HSA Saver Single Plan Base Rates				EP DE							
DE As of 10/01/09											
Attained	1100		1900	2900		3500	5000				
Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Female
<17	1059.51	1018.63	925.70	953.97	752.25	778.65	685.24	709.25	625.66	647.56	
18	1059.51	1018.63	925.70	953.97	752.25	778.65	685.24	709.25	625.66	647.56	
19	1059.51	1016.63	925.70	953.97	752.25	778.65	685.24	709.25	625.66	647.56	
20	1059.51	1016.63	925.70	953.97	752.25	778.65	685.24	709.25	625.66	647.56	
21	1068.38	1074.98	933.48	1005.32	758.66	821.82	691.05	748.54	630.97	683.40	
22	1077.18	1133.37	941.21	1056.66	764.98	864.97	696.83	787.79	636.22	719.21	
23	1087.9	1188.56	950.64	1105.20	772.68	905.81	703.82	824.95	642.62	753.11	
24	1100.61	1240.56	961.74	1150.98	781.77	944.25	712.11	859.95	650.16	785.01	
25	1110.89	1286.61	970.83	1200.26	789.22	985.70	718.88	897.65	656.35	819.42	
26	1127.36	1337.75	985.24	1236.40	801.03	1016.07	729.61	925.30	666.15	844.62	
27	1145.69	1375.94	1001.37	1270.05	814.21	1044.38	741.61	951.06	677.08	868.13	
28	1168.86	1416.7	1021.74	1305.84	830.86	1074.45	756.78	978.44	690.91	893.09	
29	1196.73	1459.79	1046.21	1343.76	850.89	1106.35	774.98	1007.45	707.52	919.55	
30	1218.24	1500.54	1065.04	1379.57	866.33	1136.46	789.03	1034.87	720.34	944.56	
31	1261.63	1550.9	1103.12	1423.88	897.53	1173.72	817.44	1068.78	746.24	975.48	
32	1310.58	1603.88	1146.15	1470.48	932.73	1212.89	849.47	1104.40	775.44	1007.97	
33	1361.82	1658.72	1191.07	1518.74	969.50	1253.41	882.93	1141.29	805.97	1041.62	
34	1415.31	1715.37	1238.03	1568.55	1008.01	1295.31	917.98	1179.41	837.93	1076.40	
35	1464.58	1769.11	1281.31	1615.84	1043.42	1335.09	950.19	1215.60	867.32	1109.41	
36	1520.19	1829.44	1330.10	1668.89	1083.35	1379.67	986.54	1256.19	900.47	1146.41	
37	1577.91	1891.73	1380.80	1723.68	1124.88	1425.74	1024.31	1298.10	934.93	1184.65	
38	1640.55	1955.89	1435.77	1780.08	1169.89	1473.18	1065.29	1341.28	972.28	1224.03	
39	1708.02	2021.93	1494.99	1838.18	1218.32	1522.01	1109.34	1385.72	1012.50	1264.56	
40	1768.87	2085.14	1548.44	1893.76	1262.08	1568.71	1149.18	1428.22	1048.82	1303.31	
41	1815.83	2154.59	1589.65	1954.89	1295.82	1620.11	1179.87	1474.99	1076.82	1345.97	
42	1866.78	2225.86	1634.42	2017.53	1332.50	1672.80	1213.25	1522.94	1107.26	1389.71	
43	1980.45	2299.8	1734.15	2082.57	1414.15	1727.47	1287.55	1572.68	1175.03	1435.08	
44	2084.79	2376.26	1825.73	2149.79	1489.16	1783.97	1355.82	1624.08	1237.29	1481.97	
45	2256.27	2516.12	1976.29	2272.82	1612.40	1887.38	1467.95	1718.20	1339.57	1567.81	
46	2417.51	2671.98	2117.82	2409.87	1728.28	2002.66	1573.40	1823.10	1435.76	1663.49	
47	2588.9	2835	2268.32	2553.28	1851.50	2123.16	1685.54	1932.76	1538.03	1763.51	
48	2777.39	3001.47	2433.79	2699.72	1986.94	2246.28	1808.79	2044.79	1650.45	1865.70	
49	2983.65	3171.41	2614.85	2849.13	2135.17	2371.91	1943.70	2159.11	1773.47	1969.97	
50	3179.51	3345.94	2786.76	3002.69	2275.95	2500.97	2071.80	2276.54	1890.33	2077.08	
51	3366.62	3445.55	2951.03	3090.30	2410.40	2574.66	2194.17	2343.65	2001.92	2138.27	
52	3567.24	3544.29	3127.17	3177.11	2554.58	2647.61	2325.35	2410.01	2121.59	2198.80	
53	3763.92	3636.83	3299.83	3258.50	2695.97	2716.08	2454.00	2472.32	2238.94	2255.64	
54	3956.75	3723.21	3469.06	3334.48	2834.51	2779.93	2580.09	2530.42	2353.94	2308.62	
55	4151.07	3817.49	3639.68	3417.39	2974.22	2849.61	2707.22	2593.85	2469.89	2366.47	
56	4329.08	3886.67	3795.94	3478.24	3102.15	2900.80	2823.64	2640.41	2576.08	2408.96	
57	4587.76	4002.76	4022.51	3581.82	3287.15	2987.25	2992.01	2719.09	2729.62	2480.69	
58	4861.77	4122.17	4262.50	3688.72	3483.07	3078.40	3170.28	2800.23	2892.24	2554.70	
59	5152.16	4245.31	4517.21	3798.98	3691.06	3168.09	3359.54	2883.65	3064.86	2630.80	
60	5460.01	4371.93	4787.28	3912.29	3911.14	3262.37	3559.82	2969.45	3247.53	2709.05	
61	5786.65	4502.8	5073.37	4029.09	4144.88	3359.77	3772.35	3058.07	3441.38	2789.90	
62	6132.75	4636.88	5376.48	4149.47	4392.12	3459.89	3997.53	3149.19	3646.74	2872.99	
63	6499.18	4775.54	5697.88	4273.20	4654.54	3563.15	4236.31	3243.15	3864.56	2958.71	
64	6888.26	4918.5	6038.69	4400.71	4932.71	3669.55	4489.46	3339.97	4095.44	3047.01	
65+	1851.85	1583.64	1619.21	1462.19	1317.21	1201.57	1189.34	1094.11	1094.57	998.58	

HSA Saver Family Plan Base Rates			EP DE													
DE As of 10/01/09																
Attained	2200		3850		5800		7500		10000							
Age	Male	Female	H/W	Male	Female	H/W	Male	Female	H/W	Male	Female	H/W	Male	Female	H/W	H/W
<17	1027.86	886.37	911.32	833.87	858.33	757.24	677.79	701.54	607.29	583.95	604.38	523.33	503.54	521.11	451.36	
18	1027.96	886.37	911.32	833.87	858.33	757.24	677.79	701.54	607.29	583.95	604.38	523.33	503.54	521.11	451.36	
19	1027.96	886.37	911.32	833.87	858.33	757.24	677.79	701.54	607.29	583.95	604.38	523.33	503.54	521.11	451.36	
20	1027.96	886.37	911.32	833.87	858.33	757.24	677.79	701.54	607.29	583.95	604.38	523.33	503.54	521.11	451.36	
21	1036.55	1042.97	939.81	840.89	905.55	780.45	683.54	740.41	626.68	588.92	637.81	540.00	507.79	549.87	465.71	
22	1045.08	1099.60	968.25	847.66	951.74	803.69	689.24	779.23	646.12	593.81	671.19	556.73	512.01	578.60	480.11	
23	1055.49	1153.14	996.38	856.33	995.43	826.67	696.17	815.97	685.35	599.76	702.80	573.27	517.13	605.79	494.34	
24	1067.83	1203.57	1024.28	866.33	1036.64	849.39	704.35	850.58	684.34	606.81	732.56	589.60	523.18	631.41	508.38	
25	1077.81	1257.93	1052.52	874.51	1080.99	872.45	711.07	887.90	703.59	612.57	764.65	606.14	528.15	659.00	522.62	
26	1093.77	1297.85	1077.91	887.47	1113.51	893.12	721.69	915.21	720.86	621.71	788.15	621.00	536.03	679.23	535.40	
27	1111.53	1334.89	1103.05	901.99	1143.81	913.64	733.55	940.70	737.92	631.90	810.07	635.67	544.79	698.10	548.03	
28	1134.02	1374.44	1131.72	920.33	1176.02	937.01	748.54	967.76	757.36	644.81	833.34	652.40	555.89	718.11	562.41	
29	1161.08	1416.22	1163.82	942.35	1210.14	963.20	766.56	996.47	779.12	660.31	858.04	671.10	569.23	739.35	578.52	
30	1181.93	1455.74	1191.59	959.29	1242.37	985.85	780.45	1023.57	797.94	672.24	881.34	687.29	579.50	759.41	592.44	
31	1224.01	1504.61	1234.71	993.58	1282.25	1020.97	808.54	1057.11	827.11	696.40	910.17	712.38	600.28	784.23	614.04	
32	1271.49	1555.99	1281.74	1032.29	1324.19	1059.37	840.21	1092.35	858.88	723.63	940.48	739.70	623.71	810.30	637.55	
33	1321.20	1609.19	1330.73	1072.73	1367.62	1099.27	873.32	1128.83	891.97	752.11	971.85	768.15	648.23	837.29	662.03	
34	1373.09	1664.15	1381.68	1114.99	1412.45	1140.80	907.98	1166.54	926.39	781.92	1004.29	797.78	673.86	865.20	687.49	
35	1420.88	1716.27	1429.19	1153.94	1455.02	1179.51	939.84	1202.33	958.48	809.33	1035.07	825.35	697.46	891.70	711.25	
36	1474.82	1774.78	1482.87	1197.66	1502.76	1223.10	975.77	1242.46	994.62	840.23	1069.58	856.44	724.05	921.39	738.00	
37	1530.80	1835.21	1538.08	1243.49	1552.07	1268.26	1013.14	1283.92	1032.08	872.36	1105.22	888.65	751.69	952.07	765.70	
38	1591.56	1897.45	1596.78	1292.95	1602.82	1316.14	1053.65	1326.61	1071.75	907.20	1141.94	922.76	781.67	983.66	795.06	
39	1657.01	1961.49	1658.76	1346.25	1655.12	1366.67	1097.24	1370.58	1113.56	944.69	1179.75	958.71	813.93	1016.19	826.00	
40	1716.03	2022.83	1716.14	1394.36	1705.13	1413.44	1136.63	1412.60	1152.30	978.56	1215.89	992.05	843.08	1047.29	854.67	
41	1761.59	2090.17	1768.87	1431.44	1760.16	1456.46	1167.00	1458.86	1188.05	1004.68	1255.68	1022.79	865.55	1081.53	881.12	
42	1811.00	2159.30	1824.45	1471.74	1816.53	1501.76	1200.02	1506.27	1225.70	1033.07	1296.45	1055.16	889.98	1116.61	908.98	
43	1821.26	2231.04	1913.60	1561.50	1875.07	1574.39	1273.50	1555.49	1285.70	1096.26	1338.78	1106.75	944.36	1153.04	953.38	
44	2022.48	2305.19	1998.92	1643.92	1935.56	1643.97	1341.00	1606.33	1343.19	1154.33	1382.50	1156.22	994.30	1190.66	995.94	
45	2188.80	2440.87	2088.71	1779.41	2046.30	1717.09	1451.90	1689.40	1403.64	1249.70	1462.55	1208.19	1076.38	1259.53	1040.66	
46	2345.22	2592.05	2175.29	1906.80	2169.64	1787.74	1556.21	1803.15	1462.06	1339.40	1551.78	1258.43	1153.56	1336.31	1083.89	
47	2511.46	2750.16	2265.59	2042.25	2298.71	1861.30	1687.10	1911.60	1522.96	1434.78	1645.03	1310.81	1235.62	1416.54	1128.95	
48	2694.30	2911.65	2381.06	2191.16	2430.50	1939.12	1789.01	2022.40	1587.25	1539.61	1740.33	1366.10	1325.84	1498.55	1176.54	
49	2894.37	3076.50	2461.70	2354.12	2564.98	2021.15	1922.41	2135.46	1655.06	1654.34	1837.56	1424.40	1424.55	1582.21	1226.70	
50	3084.35	3245.79	2554.95	2508.84	2703.18	2097.20	2049.11	2251.83	1717.97	1763.29	1937.46	1478.50	1518.32	1658.17	1273.25	
51	3265.85	3342.42	2674.74	2656.89	2782.02	2194.79	2170.11	2317.95	1798.49	1867.35	1994.50	1547.75	1607.85	1717.26	1332.84	
52	3460.46	3438.18	2800.18	2815.21	2860.17	2297.04	2299.88	2383.62	1882.87	1978.97	2050.97	1620.33	1703.89	1755.85	1395.29	
53	3651.24	3527.96	2921.70	2970.61	2933.42	2396.07	2427.12	2445.23	1964.50	2088.38	2103.95	1690.53	1798.04	1811.44	1455.68	
54	3838.29	3611.75	3039.35	3122.91	3001.78	2481.89	2551.82	2502.70	2043.53	2195.62	2153.39	1758.49	1890.30	1853.97	1514.17	
55	4026.76	3703.19	3160.41	3276.45	3076.40	2590.59	2677.55	2565.42	2124.88	2303.75	2207.32	1828.46	1983.36	1900.37	1574.38	
56	4199.43	3770.30	3265.23	3417.11	3131.18	2675.99	2792.70	2611.49	2195.30	2402.79	2246.94	1889.02	2068.56	1934.47	1626.49	
57	4450.37	3882.90	3411.17	3621.00	3224.40	2795.64	2959.19	2889.27	2293.19	2545.98	2313.83	1973.21	2191.77	1992.03	1698.93	
58	4716.14	3998.72	3563.94	3837.00	3320.61	2920.62	3135.52	2769.53	2395.72	2697.60	2382.85	2061.38	2322.26	2051.40	1774.81	
59	4997.82	4118.18	3723.58	4066.25	3419.83	3051.28	3322.71	2852.04	2502.60	2858.59	2453.82	2153.30	2460.78	2112.47	1853.90	
60	5286.42	4241.00	3889.99	4309.29	3521.81	3187.64	3520.79	2936.88	2614.51	3028.94	2526.78	2249.54	2607.35	2175.26	1936.71	
61	5613.28	4387.94	4064.20	4566.79	3626.93	3330.19	3730.97	3024.55	2731.12	3209.70	2602.17	2349.82	2762.89	2240.15	2023.00	
62	5948.98	4498.01	4246.25	4839.59	3735.29	3479.40	3953.67	3114.68	2853.26	3401.21	2679.66	2454.87	2927.68	2306.82	2113.38	
63	6304.43	4632.50	4436.44	5128.85	3846.62	3635.08	4189.85	3207.59	2980.91	3604.34	2759.59	2564.64	3102.47	2375.58	2207.85	
64	6681.84	4771.16	4635.57	5435.56	3961.40	3797.63	4440.20	3303.36	3114.23	3819.62	2841.84	2679.30	3287.71	2446.45	2306.50	
65+	1796.51	1536.35	1284.12	1458.06	1316.73	1063.63	1186.25	1082.17	856.56	1021.23	931.73	737.70	879.78	802.77	635.83	
Child		741.68			580.62			458.19			395.11			341.03		

# OPTIONAL PREGNANCY BENEFIT

	Monthly Premium Rate
\$2500 Benefit :	66.50
\$4000 Benefit :	106.40

## HSA Indemnity Rider

Deductible*	One Time Premium Rate
All Except \$1100	\$40
All Except \$2200	\$150

\*HSA deductibles will change periodically based upon the Consumer Price Index

## HSA Indemnity Rider Benefits

Single Deductible* Plans		Family Deductible* Plans	
Month	Amount	Month	Amount
1	\$1,550	1	\$3,200
2	\$1,400	2	\$2,950
3	\$1,250	3	\$2,700
4	\$1,150	4	\$2,450
5	\$1,050	5	\$2,225
6	\$950	6	\$2,000
7	\$850	7	\$1,775
8	\$750	8	\$1,550
9	\$675	9	\$1,325
10	\$600	10	\$1,125
11	\$525	11	\$925
12	\$450	12	\$725
13	\$400	13	\$550
14	\$350	14	\$400
15	\$300	15	\$250
16	\$0	16	\$0

\*HSA deductibles will change periodically based upon the Consumer Price Index

## TERM LIFE BENEFIT

Monthly Premium

AGE	MALE	FEMALE	HUSBAND AND WIFE
TO 24	6.18	5.38	8.67
25 - 29	6.18	5.38	8.67
30 - 34	6.69	5.84	9.40
35 - 39	7.98	6.95	11.20
40 - 44	11.33	9.88	15.91
45 - 49	17.50	15.26	24.58
50 - 54	18.37	14.29	22.99
55 - 59	25.79	22.50	36.22
60 - 64	24.81	21.62	34.83

## SUPPLEMENTAL ACCIDENT BENEFIT -

All Plans Except Saver and HSA

Deductible	Monthly Premium	
	Per Adult	Per Child
250	\$5.53	\$6.59
300	\$5.63	\$6.59
500	\$5.53	\$6.59
600	\$5.79	\$6.91
750	\$6.22	\$7.38
1000	\$6.86	\$8.17
1250	\$7.08	\$8.43
1500	\$7.29	\$8.69
2000	\$7.72	\$9.18
2500+	\$8.15	\$9.70

## SUPPLEMENTAL ACCIDENT BENEFIT - Saver 80 and Saver Copay

Deductible	Monthly Premium	
	Per Adult	Per Child
All	\$8.15	\$9.70

# QUARTERLY TREND FACTOR

Certificate Effective Date	Factor
08/01/06 - 12/31/06	1.000
01/01/07 - 03/31/07	1.025
04/01/07 - 06/30/07	1.050
07/01/07 - 09/30/07	1.075
10/01/07 - 12/31/07	1.100
01/01/08 - 03/31/08	1.125
04/01/08 - 06/30/08	1.150
07/01/08 - 09/30/08	1.175
10/01/08 - 12/31/08	1.200
01/01/09 - 03/31/09	1.225
04/01/09 - 06/30/09	1.250
07/01/09 - 09/30/09	1.275
10/01/09 - 12/31/09	1.307
01/01/10 - 03/31/10	1.340
04/01/10 - 06/30/10	1.373
07/01/10 - 09/30/10	1.407
etc.	x 1.025

## HEALTH CLASS FACTOR

Preferred	1.00
Standard	1.10
Tobacco	1.35

## Copay Saver Deductible Relativity

Ded	Relative To	Factor
5,000	2,500	0.92

## Copay Select Deductible Relativity

Ded	Relative To	Factor
5,000	2,500	0.86

## Rating Factors for \$7,500 and \$10,000 deductible plans

Plan	Rate as factor times \$5,000 deductible rate	
	7500	10000
Plan 80	0.83	0.70
Plan 100	0.83	0.70
Saver 80	0.86	0.75
Copay Saver	0.86	0.76
Copay Select	0.85	0.73

Base rates for the \$7,500 and \$10,000 deductibles for the plans above are generated by multiplying the \$5,000 deductible base rates by the corresponding factors above.

**OPTIONAL BENEFIT RATES**

DE As of 10/01/09

**PBM MONTHLY BASE RATES**

\$0 Generic Deductible \$20 Copay; \$250 Brand Deductible \$50 Copay

AGE	ADULT
00-24	12.51
25-29	14.61
30-34	16.71
35-39	17.68
40-44	21.30
45-49	23.72
50-54	26.35
55-59	33.35
60-64	41.82
65-99	46.58
CHILD	12.51

**PBM DEDUCTIBLE FACTORS**

DED	FACTOR
2500+	1.36

**PBM RATE CALCULATION (ROUND TO 2 DECIMALS)**

ROUND(ROUND((PBM BASE RATE) \* (PBM DEDUCTIBLE FACTOR)) \* (PBM STATE FACTOR))

# **PREVENTIVE CARE OPTIONAL BENEFIT**

Premium Rates for Routine Physicals (with \$35 Copay, \$300 covered expenses and 1st Dollar Preventive Benefits)  
Only available if Network Option is selected.

All Plans (except Copay Select)  
Monthly Premium

	Male	Female
< 25	13.80	19.54
25-29	13.80	19.54
30-34	16.17	21.90
35-39	16.17	25.38
40-44	21.08	31.09
45-49	21.08	31.09
50-54	21.98	32.83
55-59	21.98	32.83
60-64	21.98	32.83
65+	21.98	32.83
Children 0-6	16.99	16.99

## STATE TABLE

STATE NUMBER	STATE	FACT PLAN AVAILABILITY	STATE SET FACTOR	DEDUCT PLAN ENDORSE PERCENT E%	SAVER 80 SAVER HSA PLANS ENDORSE PERCENT E%	HSA 100 PLAN ENDORSE PERCENT E%	COPAY 25/35 PLAN ENDORSE PERCENT E%	GENDER or UNISEX	MONTHLY CHILD SUPER. RATE (CSR)	ANNUAL CHILD SUPER. RATE (CSR)	APPLIED AGES for the CSR	STATE VARIATION FACTOR SVF	PBM STATE VARIATION FACTOR PSVF	TERM LIFE TABLE
7	DE	N	12	0.0%	0.0%	0.0%	0.0%	G				0.99	1.05	1



Delaware EP

AREA	STATE FACTOR SET 1	STATE FACTOR SET 2	STATE FACTOR SET 3	STATE FACTOR SET 4	STATE FACTOR SET 5	STATE FACTOR SET 6	STATE FACTOR SET 7	STATE FACTOR SET 8	STATE FACTOR SET 9	STATE FACTOR SET 10	STATE FACTOR SET 11	STATE FACTOR SET 12	STATE FACTOR SET 13	STATE FACTOR SET 14	STATE FACTOR SET 15	STATE FACTOR SET 16
1	0.83	0.80	0.88	0.71	0.91	0.79	0.99	0.88	0.78	0.97	0.99	0.87	0.84	0.920	1.000	1.100
2	0.88	0.88	0.93	0.79	0.96	0.86	1.05	1.09	0.84	1.02	1.05	0.91	0.92	0.980	1.025	1.150
3	0.99	1.00	1.05	0.90	1.09	0.98	1.18	1.23	0.95	1.16	1.19	1.04	1.05	1.100	1.050	1.250
4	1.16	1.12	1.22	1.00	1.26	1.10	1.37	1.38	1.06	1.34	1.37	1.20	1.18	1.280	1.075	1.300
5	1.32	1.28	1.40	1.15	1.44	1.26	1.58	1.58	1.22	1.54	1.57	1.37	1.34	1.470	1.100	1.350
6	1.51	1.48	1.61	1.32	1.65	1.45	1.80	1.82	1.41	1.77	1.80	1.57	1.55	1.690	1.125	1.375
7	1.67	1.64	1.76	1.46	1.82	1.62	1.98	2.02	1.56	1.94	1.98	1.73	1.72	1.850	1.150	1.400
8	1.85	1.84	1.96	1.65	2.02	1.81	2.20	2.27	1.75	2.16	2.20	1.92	1.93	2.060	1.175	1.425
9	1.97	1.98	2.08	1.75	2.15	1.93	2.33	2.41	1.86	2.29	2.34	2.05	2.06	2.180	1.200	1.450
10	2.16	2.08	2.29	1.86	2.35	2.05	2.56	2.56	1.98	2.52	2.58	2.24	2.18	2.400	1.225	1.475
11	2.24	2.16	2.36	1.93	2.43	2.12	2.65	2.66	2.05	2.60	2.65	2.31	2.27	2.480	1.250	1.500
12	2.31	2.29	2.44	2.04	2.52	2.24	2.74	2.81	2.18	2.68	2.75	2.40	2.40	2.560	1.275	1.525
13	2.39	2.41	2.53	2.15	2.61	2.36	2.83	2.96	2.29	2.78	2.84	2.49	2.53	2.660	1.300	1.560
14	2.56	2.53	2.70	2.26	2.78	2.49	3.04	3.11	2.40	2.97	3.03	2.65	2.68	2.840	1.325	1.575
15	2.74	2.66	2.89	2.37	2.98	2.61	3.25	3.27	2.53	3.18	3.25	2.84	2.79	3.030	1.350	1.600
16	2.88	2.80	3.04	2.50	3.14	2.75	3.41	3.44	2.66	3.34	3.42	2.99	2.94	3.190	1.375	1.625
17	3.08	2.99	3.25	2.67	3.35	2.94	3.65	3.68	2.84	3.59	3.65	3.19	3.14	3.410	1.400	1.650
18	3.29	3.20	3.48	2.86	3.59	3.15	3.90	3.94	3.04	3.83	3.91	3.42	3.36	3.650	1.425	1.675
19	3.52	3.37	3.72	3.01	3.84	3.31	4.18	4.15	3.20	4.09	4.19	3.66	3.54	3.910	1.450	1.700
20	3.77	3.60	3.98	3.22	4.10	3.54	4.47	4.43	3.42	4.38	4.47	3.90	3.78	4.180	1.475	1.725
21	3.97	3.85	4.19	3.44	4.32	3.78	4.69	4.74	3.66	4.61	4.71	4.11	4.04	4.400	1.500	1.750
22	4.24	4.12	4.49	3.68	4.62	4.05	5.04	5.07	3.91	4.94	5.04	4.40	4.33	4.710	1.525	1.775
23	4.62	4.41	4.88	3.94	5.03	4.33	5.47	5.43	4.19	5.37	5.48	4.79	4.63	5.120	1.550	1.800
24	4.94	4.72	5.22	4.21	5.38	4.63	5.85	5.80	4.48	5.74	5.86	5.12	4.96	5.480	1.575	1.825
25	5.28	5.05	5.58	4.51	5.75	4.96	6.26	6.21	4.80	6.14	6.27	5.48	5.34	5.860	1.600	1.850
26	5.65	5.40	5.97	4.82	6.15	5.30	6.69	6.64	5.13	6.57	6.70	5.86	5.67	6.270	1.625	1.875
27	6.04	5.77	6.39	5.16	6.58	5.67	7.16	7.10	5.48	7.03	7.17	6.27	6.06	6.710	1.650	1.900
28	6.46	6.18	6.84	5.44	7.04	5.97	7.67	7.63	5.89	7.52	7.67	6.70	6.51	7.180	1.675	1.950
29	6.80	6.51	7.19	5.80	7.41	6.49	8.07	8.13	6.28	7.91	8.08	7.06	6.94	7.580	1.700	2.000

STATE NUMBER	AREA	FULL NETWORK DISCOUNT	Market Zip Code	STATE ABBREVIATION	ZIP CODE	Net AF w/ State Variation		Network
						Full Network	Standard	
7	3	12.5%	N	DE	197	0.90	1.18	Secondary
7	3	12.5%	N	DE	198	0.90	1.18	Secondary
7	3	12.5%	N	DE	199	0.90	1.18	Secondary
7	3	27.5%	N	DE	197	0.75	1.18	Primary
7	3	27.5%	N	DE	198	0.75	1.18	Primary
7	3	27.5%	N	DE	199	0.75	1.18	Primary

Golden Rule Insurance Company  
Proposed Age 65+ Rating Factors  
Effective October 1, 2005 and later (other than KY)

RELATIVE TO 65+ BASE RATES					
Medicare Enrollment	Product	GENDER MALE	GENDER FEMALE	GENDER HUSBAND	GENDER WIFE
Part A and B	GRI-N21S-07 (Saver 80, Saver Copay, Saver HSA)	1.000	1.000	1.000	1.000
	GRI-N21M-07 (P80/100)	1.000	1.000	1.000	1.000
	GRI-N21M-07 (Copay Select)	1.000	1.000	1.000	1.000
	GRI-N21M-07 (HSA)	1.000	1.000	1.000	1.000
Part A Only	GRI-N21S-07 (Saver 80, Saver Copay, Saver HSA)	2.820	2.340	2.760	2.760
	GRI-N21M-07 (P80/100)	2.820	2.400	2.760	2.760
	GRI-N21M-07 (Copay Select)	2.690	2.060	2.440	2.440
	GRI-N21M-07 (HSA)	1.160	1.160	1.160	1.160
No Medicare	GRI-N21S-07 (Saver 80, Saver Copay, Saver HSA)	4.700	3.900	4.600	4.600
	GRI-N21M-07 (P80/100)	4.700	4.000	4.600	4.600
	GRI-N21M-07 (Copay Select)	4.480	3.440	4.060	4.060
	GRI-N21M-07 (HSA)	1.320	1.320	1.320	1.320
Part B Only	GRI-N21S-07 (Saver 80, Saver Copay, Saver HSA)	2.880	2.560	2.840	2.840
	GRI-N21M-07 (P80/100)	2.880	2.600	2.840	2.840
	GRI-N21M-07 (Copay Select)	2.790	2.380	2.620	2.620
	GRI-N21M-07 (HSA)	1.160	1.160	1.160	1.160
Part A, B, and D (Rx covg removed)	GRI-N21S-07 (Saver 80, Saver Copay, Saver HSA)	1.000	1.000	1.000	1.000
	GRI-N21M-07 (P80/100)	0.650	0.650	0.650	0.650
	GRI-N21M-07 (Copay Select)	0.650	0.650	0.650	0.650
	GRI-N21M-07 (HSA)	0.650	0.650	0.650	0.650
Part A and D (Rx covg removed)	GRI-N21S-07 (Saver 80, Saver Copay, Saver HSA)	2.820	2.340	2.760	2.760
	GRI-N21M-07 (P80/100)	2.470	2.050	2.410	2.410
	GRI-N21M-07 (Copay Select)	2.340	1.710	2.090	2.090
	GRI-N21M-07 (HSA)	0.810	0.810	0.810	0.810
Part B and D (Rx covg removed)	GRI-N21S-07 (Saver 80, Saver Copay, Saver HSA)	2.880	2.560	2.840	2.840
	GRI-N21M-07 (P80/100)	2.530	2.250	2.490	2.490
	GRI-N21M-07 (Copay Select)	2.440	2.030	2.270	2.270
	GRI-N21M-07 (HSA)	0.810	0.810	0.810	0.810
Part A, B, and D (Rx covg coord)	GRI-N21S-07 (Saver 80, Saver Copay, Saver HSA)	1.000	1.000	1.000	1.000
	GRI-N21M-07 (P80/100)	0.950	0.950	0.950	0.950
	GRI-N21M-07 (Copay Select)	0.950	0.950	0.950	0.950
	GRI-N21M-07 (HSA)	0.950	0.950	0.950	0.950
Part A and D (Rx covg coord)	GRI-N21S-07 (Saver 80, Saver Copay, Saver HSA)	2.820	2.340	2.760	2.760
	GRI-N21M-07 (P80/100)	2.770	2.350	2.710	2.710
	GRI-N21M-07 (Copay Select)	2.640	2.010	2.390	2.390
	GRI-N21M-07 (HSA)	1.110	1.110	1.110	1.110
Part B and D (Rx covg coord)	GRI-N21S-07 (Saver 80, Saver Copay, Saver HSA)	2.880	2.560	2.840	2.840
	GRI-N21M-07 (P80/100)	2.830	2.550	2.790	2.790
	GRI-N21M-07 (Copay Select)	2.740	2.330	2.570	2.570
	GRI-N21M-07 (HSA)	1.110	1.110	1.110	1.110

**OPTIONAL BENEFIT RATES**

DE As of 10/01/09

**PBM MONTHLY BASE RATES**

\$0 Generic Deductible \$20 Copay; \$250 Brand Deductible \$50 Copay

AGE	ADULT
00-24	10.53
25-29	12.30
30-34	14.07
35-39	14.88
40-44	17.93
45-49	19.97
50-54	22.18
55-59	28.07
60-64	35.20
65-99	39.20
CHILD	10.53

**PBM DEDUCTIBLE FACTORS**

DED	FACTOR
2500+	1.36

**PBM RATE CALCULATION (ROUND TO 2 DECIMALS)** $\text{ROUND}(\text{ROUND}((\text{PBM BASE RATE}) * (\text{PBM DEDUCTIBLE FACTOR})) * (\text{PBM STATE FACTOR}))$

# **PREVENTIVE CARE OPTIONAL BENEFIT**

Premium Rates for Routine Physicals (with \$35 Copay, \$300 covered expenses and 1st Dollar Preventive Benefits)  
Only available if Network Option is selected.

**All Plans (except Copay Select)**  
Monthly Premium

	Male	Female
< 25	11.62	16.45
25-29	11.62	16.45
30-34	13.61	18.44
35-39	13.61	21.36
40-44	17.74	26.17
45-49	17.74	26.17
50-54	18.50	27.63
55-59	18.50	27.63
60-64	18.50	27.63
65+	18.50	27.63
Children 0-6	14.30	14.30

SERFF Tracking Number: AMMS-126179374

State: Delaware

Filing Company: Golden Rule Insurance Company

State Tracking Number: 31167

Company Tracking Number: RATE FILING

TOI: H161 Individual Health - Major Medical

Sub-TOI: H161.005C Individual - Other

Product Name: DE Rate Filing

Project Name/Number: DE Rate Filing/

## Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Cover Letter

Comments:

Attachment:

DE Cover Letter.pdf

Item Status:

Status

Date:

Satisfied - Item: Actuarial Memorandum

Comments:

Attachment:

DE Actuarial Memorandum.pdf

Item Status:

Status

Date:

Satisfied - Item: State Specifics

Comments:

Attachment:

DE State Specifics.pdf

Item Status:

Status

Date:

Satisfied - Item: Experience Exhibit

Comments:

Attachment:

DE Historical Experience.pdf

Item Status:

Status

Date:

Satisfied - Item: Cover Letter

Comments:

SERFF Tracking Number: AMMS-126179374 State: Delaware  
Filing Company: Golden Rule Insurance Company State Tracking Number: 31167  
Company Tracking Number: RATE FILING  
TOI: H161 Individual Health - Major Medical Sub-TOI: H161.005C Individual - Other  
Product Name: DE Rate Filing  
Project Name/Number: DE Rate Filing/

**Attachment:**

Actuarial Cover Letter.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Response Letter

**Comments:**

**Attachment:**

Response 2.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Response Letter 7/20/09

**Comments:**

**Attachment:**

Response Letter.pdf

[REDACTED]  
A UnitedHealthcare Company

June 5, 2009

via SERFF

Ms. Johnii Bothell  
Insurance Forms and Information  
Delaware State Department of Insurance  
841 Silver Lake Boulevard  
Dover, DE 19904-2465

RE: **FILING OF RATES/ACTUARIAL MEMORANDUM SUBMITTED FOR YOUR APPROVAL**  
[REDACTED]  
[REDACTED]

State Specifics  
Actuarial Memorandum  
Rate Manual  
Experience Exhibit

Dear Ms. Bothell:

Attached are the Actuarial Memorandum, Rate Manual and Supporting Exhibits to file additional deductible options as well as increase rates on the optional preventive care benefit and the optional prescription drug benefit for policy forms GRI-N21M-07 and GRI-N21S-07. Rates are effective 10/01/2009 and forward.

If you have any questions or need additional information, please contact Renee Jonet, Senior Actuarial Analyst at 1-800-232-5432, extension 15647.

Sincerely,

[REDACTED]  
*Sondra Grosse*

Sondra Grosse  
Contract Analyst, Policy Compliance

Attachments

[REDACTED]  
[REDACTED] 62439  
[REDACTED]  
[REDACTED]@delaware.com

[REDACTED]  
[REDACTED] 6278-1719  
[REDACTED]  
[REDACTED]@delaware.com



**DELAWARE**  
**Actuarial Memorandum**

(NAIC Number 0707-62286)

**1. Purpose of this Rate Filing**

The intent of this rate filing is to add additional plans as well as trend our preventive care optional benefit rates and optional benefit rates for prescription drug. Deductibles of \$7,500 and \$10,000 are being added for Plan 80, Plan 100, Saver 80, Copay Saver, and Copay Select. Optional benefit rates for preventive care and prescription drug are increasing by 30.7%. The average overall rate impact for an individual member with an optional benefit would be approximately 3%. These changes will affect both new and inforce business. The effective date of this filing is October 1, 2009.

This filing is intended solely for the information of and use by your state's insurance department. It will demonstrate compliance with Delaware laws and regulations and is not intended for any other purpose.

**2. Policy Form Number**

GRI-N21M-07 and GRI-N21S-07 as well as riders associated with these policies.

**3. Description of Benefits**

These are a major medical expense policy and basic medical-surgical policy sold to individuals and families. The policy covers 80% or 100% of the covered expenses in excess of a selected deductible, up to the coinsurance limit, and then covers 100% of covered expenses.

The deductible is on a calendar year basis. In addition, for the HSA option, family plans use a family deductible rather than a per insured deductible. There are various copay options. Certain covered expenses are not subject to the base plan deductible and/or coinsurance but may be subject to a separate deductible and/or copay amounts. There are additional limitations for some specific services including, but not limited to mental and nervous disorders.

The policies contain a provision for pre-notification of certain listed expenses. If these covered expenses are not pre-notified, benefits will be reduced to 80 percent of regular policy benefits. However, prenotification does not guarantee benefits.

Optional benefits are available which affect coverage under the base policy.

**4. Renewability**

The policy is guaranteed renewable as defined by the Health Insurance Portability and Accountability Act of 1996 (HR3103) which was effective 7/01/97.

**5. Marketing Method(s)**

The policy will be available through direct marketing and brokerage operations, including arrangements for marketing through other carriers who do not have their own individual medical products.

**6. Determination of Premium Rates and Rating Methodology**

The policy is generally issued for ages 17 through 64. Rates generally vary by each attained age.

The morbidity used for the basic coverage is derived from an affiliated company's experience, adjusted for benefit and geographic differences. Select factors were used to anticipate the effects of underwriting. The expected loss ratios by policy duration are as follows: year 1 41.0%, year 2 61.3%, year 3 64.0%, year 4 66.1%, and year 5 and later 66.7%. These loss ratios assume the following durational rate increases:

<u>Policy Year</u>	<u>%</u>
2	7%
3-6	5%

A trend adjustment will be implemented so that policyholders pay premiums that reflect costs during the period of coverage.

Termination rates used in calculating premiums cover terminations from all sources, including mortality and lapse. These are graded down by policy duration:

<u>Duration</u>	<u>Termination Rate</u>
1	37.5%
2	30.0
3-5	25.0
6+	20.0

The assumed interest rate for calculating the anticipated lifetime loss ratio is 5%.

The rates are by attained age and gender, and are calculated on an annual renewable term basis. For these reasons, no active life reserves are necessary on the base policy.

Attached are annual base rates with factors to adjust for deductibles, coinsurance, underwriting status, duration, mandated benefits and adjustments for smokers and network. These adjustments are applied to all pricing categories.

The expected average annual premium per policy is \$2,149.

**7. Expense Assumptions**

Expenses for the first year which are percentages of premium are 0-30% for commissions (varies by issue age), sales 12.5%, claims 2.6%, taxes, licenses and fees 3.2%, general overhead and others 12%. Expenses for renewal years, which are percentages of premium, are 0-8% for commissions, claims 3.6%, taxes, licenses and fees 3.2%, general overhead and others 7%. Commissions are based on first year premium and are not impacted by ratings assessed in underwriting. First year expenses which are per policy are \$100.00 for sales underwriting and issue and \$27.50 for general overhead. Renewal expenses which are per policy are \$27.50. Fixed policy expenses are assumed to increase approximately 3% per year due to inflation. The above assumptions result in approximately 5-15% for profit and contingencies.

**8. Minimum Lifetime Loss Ratio**

The NAIC Model for "Guidelines for Filing of Rates for Individual Health Insurance Forms" specifies that the "anticipated loss ratio" is defined as the present value of the expected benefits to the present value of the expected premiums over the entire period for which rates are computed to provide coverage where interest is used in the calculation and assumptions are reasonable in relation to the circumstances.

**9. Anticipated Lifetime Loss Ratio**

This policy form, including all optional benefit riders is anticipated to meet or exceed the minimum lifetime loss ratio requirement of 55%.

**10. Actuarial Certification**

I, Michelle L. Peters, am an Associate Director of Actuarial Services for [REDACTED]'s Individual Line of Business, which includes [REDACTED] health insurance products marketed to individuals. I am a member of the American Academy of Actuaries and I meet the Academy's qualification standards for rendering public statements of actuarial opinion, with respect to the filing of rates for health insurance products.

To the best of my knowledge and judgment, the rate filing is in compliance with the applicable laws and regulations of Delaware and the benefits are reasonable in relation to premiums charged.

  
\_\_\_\_\_  
Michelle L. Peters, FSA, MAAA  
Associate Director, Actuarial Services

6/5/09  
\_\_\_\_\_  
Date

STATE OF DELAWARE - DEPARTMENT OF INSURANCE  
LIFE, ACCIDENT & HEALTH FILING STATE SPECIFICS

Company NAIC #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Reference #: \_\_\_\_\_

1. State of Domicile Indiana

2. Has this filing been approved in the State of Domicile? ☐ Yes ☒ No

3. This filing is submitted in accordance with 18 Del. C.:

Chapter(s) 25 Section(s) 2504

Regulation(s) 1303

Section(s) \_\_\_\_\_

4. Health Rate Filings should include the following information, attachments or exhibits in Excel file, if possible:

- a. Total rate deviation (+ or -), including trend, if applicable: Qtr: \_\_\_\_\_ Annual: +0.3%
- b. Average annual premium: \$2,149
- c. Proposed effective date October 1, 2009
- d. Number of Delaware residents affected by rate deviation 158
- e. Old and new rates (rate sheets attached?) yes
- f. Provide 5-yr rate history. Include percentage requested/approved, date filed by Department, date filed rates were implemented.
- g. Area factors.
- h. Actuarial memorandum.
- i. Assumptions used in projections with algorithms.
- j. Target, pricing, and realistic loss ratios.

Note: Long-Term Care rate filings should include (copy of) Cost Disclosure per Regulation 1404.6.1.4 for affected forms.

Statement of Compliance

Pursuant to the requirements of 18 Del. C., Section 2528, and subject to the penalties found in 18 Del. C., Section 106, I certify that the information stated above and in the attachments consisting of 23 pages is correct and complete to my best knowledge and belief and fully conforms to all applicable laws, regulations, and requirements of the State of Delaware.

James M. Gabriel, FSA, MAAA

Print Name

JUNE 5, 2009  
Date

James M. Gabriel  
Signature

Vice President and Chief Actuary

Title (Must be a Company Officer)

**Delaware Historical Experience**  
**for [REDACTED] Insurance Company**  
**Policy Form GRI-N21M-07 and GRI-N21S-07**

Sept 2006 - April 2009

Date	Members	Earned Premium	Incurred Claims	Monthly LR
Sep-06	4	\$16	0	0%
Oct-06	51	\$3,312	\$174	5%
Nov-06	240	\$25,997	\$1,415	5%
Dec-06	449	\$48,891	\$8,735	18%
Jan-07	547	\$72,320	\$18,881	26%
Feb-07	648	\$86,550	\$64,410	74%
Mar-07	751	\$98,186	\$93,195	95%
Apr-07	825	\$117,355	\$65,286	56%
<b>Sep 06 - Apr 07</b>		<b>\$452,626</b>	<b>\$252,096</b>	<b>56%</b>
May-07	885	\$125,883	\$59,244	47%
Jun-07	970	\$136,932	\$70,303	51%
Jul-07	1,017	\$147,183	\$77,431	53%
Aug-07	1,094	\$159,233	\$105,085	66%
Sep-07	1,154	\$170,230	\$77,923	46%
Oct-07	1,173	\$177,677	\$214,841	121%
Nov-07	1,253	\$187,114	\$178,875	96%
Dec-07	1,248	\$195,816	\$212,108	108%
Jan-08	1,295	\$203,837	\$104,855	51%
Feb-08	1,340	\$213,358	\$130,825	61%
Mar-08	1,430	\$228,441	\$175,133	77%
Apr-08	1,471	\$243,160	\$121,303	50%
<b>May 07 - Apr 08</b>		<b>\$2,188,863</b>	<b>\$1,527,926</b>	<b>70%</b>
May-08	1,526	\$253,375	\$354,611	140%
Jun-08	1,546	\$262,940	\$200,062	76%
Jul-08	1,576	\$269,697	\$373,003	138%
Aug-08	1,633	\$283,960	\$195,622	69%
Sep-08	1,613	\$284,277	\$175,436	62%
Oct-08	1,602	\$286,001	\$288,942	101%
Nov-08	1,636	\$291,512	\$212,743	73%
Dec-08	1,621	\$293,579	\$209,127	71%
Jan-09	1,616	\$303,084	\$70,446	23%
Feb-09	1,676	\$312,006	\$142,088	46%
Mar-09	1,675	\$318,145	\$227,164	71%
Apr-09	1,748	\$328,155	\$194,413	59%
<b>May 08 - Apr 09</b>		<b>\$3,486,732</b>	<b>\$2,643,656</b>	<b>76%</b>
<b>Total</b>		<b>\$6,128,221</b>	<b>\$4,423,678</b>	<b>72%</b>

**Application for Federal Assistance SF-424**

**\* 1. Type of Submission:**

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

**\* 2. Type of Application:**

- ☒ New  
☐ Continuation  
☐ Revision

**\* If Revision, select appropriate letter(s):**

**\* Other (Specify):**

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

State of Delaware Department of Insurance

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

51-6000279BH

**\* c. Organizational DUNS:**

8096454920000

**d. Address:**

**\* Street1:**

841 Silver Lake Blvd

**Street2:**

**\* City:**

Dover

**County/Parish:**

Kent

**\* State:**

DE: Delaware

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

199042465

**e. Organizational Unit:**

**Department Name:**

DE Department of Insurance

**Division Name:**

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:**

Mrs.

**\* First Name:**

Linda

**Middle Name:**

**\* Last Name:**

Nemes

**Suffix:**

**Title:**

Sr. Insurance Research Analyst

**Organizational Affiliation:**

**\* Telephone Number:**

302-674-7373

**Fax Number:**

302-739-5280

**\* Email:**

linda.nemes@state.de.us

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Ofc of Consumer Information & Insurance Oversight

**11. Catalog of Federal Domestic Assistance Number:**

93.511

CFDA Title:

Affordable Care Act (ACA) Grants to States for Health Insurance Premium Review

**\* 12. Funding Opportunity Number:**

RFA-FD-10-999

\* Title:

"Grants to States for Health Insurance Premium Review-Cycle I" Office of Consumer Information and Insurance Oversight (OCIIIO)

**13. Competition Identification Number:**

ADOBE-FORMS-B

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

The DE Premium Rate Review Project for enhanced rate review, transparency, and consumer information.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**\* a. Applicant b. Program/Project 

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**\* a. Start Date: \* b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="600,202.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="600,202.00"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title: \* Telephone Number:  Fax Number: \* Email: \* Signature of Authorized Representative:  \* Date Signed:



## Key Contacts Form

**\* Applicant Organization Name:**

State of Delaware Department of Insurance

Enter the individual's role on the project (e.g., project manager, fiscal contact).

**\* Contact 1 Project Role:** Project Manager

Prefix: Mr.

\* First Name: Gene

Middle Name:

\* Last Name: Reed

Suffix:

Title: Deputy Insurance Commissioner

Organizational Affiliation:

\* Street1: 841 Silver Lake Blvd

Street2:

\* City: Dover

County: Kent

\* State: DE: Delaware

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 199042465

\* Telephone Number: 302-674-7391

Fax: 302-739-5280

\* Email: gene.reed@state.de.us

Delete Entry

Previous Person

Next Person

## Key Contacts Form

**\* Applicant Organization Name:**

State of Delaware Department of Insurance

Enter the individual's role on the project (e.g., project manager, fiscal contact).

**\* Contact 2 Project Role:** Fiscal Contact

Prefix: Mr.

\* First Name: Michael

Middle Name:

\* Last Name: Gould

Suffix:

Title: Acting Chief of Staff

Organizational Affiliation:

\* Street1: 841 Silver Lake Blvd

Street2:

\* City: Dover

County: Kent

\* State: DE: Delaware

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 199042465

\* Telephone Number: 302-674-7304

Fax: 302-739-5280

\* Email: michael.gould@state.de.us

Delete Entry

Previous Person

Next Person

### Project/Performance Site Location(s)

**Project/Performance Site Primary Location** ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: DE Department of Insurance

DUNS Number: 8096454920000

\* Street1: 841 Silver Lake Blvd

Street2:

\* City: Dover

County: Kent

\* State: DE: Delaware

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 199042465

\* Project/ Performance Site Congressional District: DE-all

#### Project/Performance Site Location 1

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: DE Department of Insurance

DUNS Number: 8096454920000

\* Street1: Carvel State Office Building

Street2: 820 N. French Street

\* City: Wilmington

County: New Castle

\* State: DE: Delaware

Province:

\* Country: USA: UNITED STATES

\* ZIP / Postal Code: 198013509

\* Project/ Performance Site Congressional District: DE-all

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

## ATTACHMENTS FORM

**Instructions:** On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

**Important:** Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

## Objective Work Plan

**Project:**

The DE Premium Rate Review Project for enhanced rate review, transparency, and consumer information.

**\* Year:**      **\* Funding Agency Goal:**

1

Goal - To establish an enhanced premium review process, provide transparency to the consumer for rates and insurance company financial information, and enhance consumers access.

**\* Objective:**

To enhance the staff knowledge of rate making process for more in depth review of rate filings.

**\* Results or Benefits Expected:**

The training will enable the staff to be more thorough in the review of rate filings and will provide a fair rate analysis.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Online Training Courses	Deputy Insurance Commissioner	09/01/2010	11/30/2010	128
Meetings between consumers and insurance companies	Deputy Insurance Commissioner	11/01/2010	08/30/2011	0
Install video conferencing equipment.	Carol Jones, IT Director	11/01/2010	12/31/2010	0
Rate Comparison Enhancement	Carol Jones, IT Director	01/01/2011	04/30/2011	20

## Objective Work Plan

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Web Design for reporting of financial information.	Carol Jones, IT Director	05/01/2011	06/30/2011	0
Installation of split screen monitors and printer.	Carol Jones, IT Director	08/30/2010	10/01/2010	0
Program to upgrade rate filing review. Calculation projection enhancement and creation of database	Carol Jones, IT Director	12/01/2010	03/30/2011	0
Rate filing hearings.	Gene Reed, Deputy Insurance Commissioner	01/01/2011	08/30/2011	0

**\* Criteria for Evaluating Results or Benefits Expected:**

The Department will compare the rate reviews completed after the activities listed above to prior rate reviews to determine changes in the process and approvals. Will monitor complaints and inquiries regarding rate increases to determine change and will monitor trends in Access.

## Objective Work Plan

You may attach up to 17 additional Objective Work Plan forms here. To extract, fill and attach each additional form, follow these steps:

- Select the "Select to Extract the Objective Work Plan Attachment" button below.
- Save the file using a descriptive name to help you remember the content of the supplemental form that you are creating. When assigning a name to the file, please remember to give it the extension ".pdf" (for example, "Objective\_1.pdf"). If you do not name your file with the ".pdf" extension you will be unable to open it later, using Adobe Reader.
- Use the "Open Form" tool on Adobe Reader to open the new form you just saved.
- Enter your additional Objective information in this supplemental form, similar to the Objective Work Plan form that you see in the main body of your application.
- When you have completed entering information in the supplemental form, save and close it.
- Return to this page and attach the saved supplemental form you just filled in, to one of the blocks provided on this "attachments" form.

**Important:** Attach additional Objective Work Plan forms, using the blocks below. Please remember that the files you attach must be Objective Work Plan PDF forms that were previously extracted using the process outlined above. Attaching any other type of file may result in the inability to submit your application to Grants.gov. Note: It is important to attach completed forms only. Attach ONLY PDF (.pdf) forms where ALL required fields are filled out. Incomplete or missing data will cause your application to be rejected.

Select to extract the Objective Work Plan Attachment

1) Please attach Attachment 1	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
2) Please attach Attachment 2	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
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4) Please attach Attachment 4	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
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6) Please attach Attachment 6	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
7) Please attach Attachment 7	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
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15) Please attach Attachment 15	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
16) Please attach Attachment 16	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
17) Please attach Attachment 17	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

## Project Abstract

The Project Abstract must not exceed one page and must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This Abstract must not include any proprietary/confidential information.

\* Please click the add attachment button to complete this entry.



## Project Narrative File(s)

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\* Mandatory Project Narrative File Filename:

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

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To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File

Delete Optional Project Narrative File

View Optional Project Narrative File

## Budget Narrative File(s)

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\* Mandatory Budget Narrative Filename:

Add Mandatory Budget Narrative

Delete Mandatory Budget Narrative

View Mandatory Budget Narrative

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To add more Budget Narrative attachments, please use the attachment buttons below.

Add Optional Budget Narrative

Delete Optional Budget Narrative

View Optional Budget Narrative

# BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006

Expiration Date 07/30/2010

## SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Staff Training and Additional Staff	CFDA93.511	\$	\$	\$ 50,094.00	\$ 0.00	\$ 50,094.00
2. Hearings and Meetings	CFDA93.511			87,000.00	0.00	87,000.00
3. Equipment/Software/ Licensing Software	CFDA93.511			60,100.00	0.00	60,100.00
4. System Upgrades	CFDA93.511			403,008.00	0.00	403,008.00
5. Totals		\$	\$	\$ 600,202.00	\$	\$ 600,202.00

# SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Staff Training and Additional Staff	(2) Hearings and Meetings	(3) Equipment/Software/ Licensing Software	(4) System Upgrades	
a. Personnel	\$ 38,140.00	\$	\$	\$	\$ 38,140.00
b. Fringe Benefits	10,454.00				10,454.00
c. Travel					
d. Equipment			58,500.00		58,500.00
e. Supplies			1,600.00		1,600.00
f. Contractual					
g. Construction					
h. Other			491,508.00		491,508.00
i. Total Direct Charges (sum of 6a-6h)	48,594.00		551,608.00		\$ 600,202.00
j. Indirect Charges					\$
k. TOTALS (sum of 6i and 6j)	\$ 48,594.00	\$	\$ 551,608.00	\$	\$ 600,202.00
7. Program Income	\$ 0.00	\$	\$	\$	\$

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Standard Form 424A (Rev. 7- 97)  
Prescribed by OMB (Circular A -102) Page 1A

### SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.		\$	\$	\$	\$
9.	Hearings and Meetings	0.00	0.00	0.00	0.00
10.	Equipment/Software/Licensing Software	0.00	0.00	0.00	0.00
11.	System Upgrades	0.00	0.00	0.00	0.00
12. TOTAL (sum of lines 8-11)		\$	\$	\$	\$

### SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$

### SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)			
		(b) First	(c) Second	(d) Third	(e) Fourth
16.	Staff, Salaries, and Training	\$ 1,500.00	\$	\$	\$ 48,594.00
17.	Hearings and Meetings		87,000.00		
18.	Equipment/Software/Licensing Software	7,100.00	50,000.00		
19.	System Upgrades	3,000.00	328,008.00		75,000.00
20. TOTAL (sum of lines 16 - 19)		\$ 11,600.00	\$ 465,008.00	\$	\$ 123,594.00

### SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: <input style="width: 90%;" type="text"/>	22. Indirect Charges: <input style="width: 90%;" type="text"/>
23. Remarks: <input style="width: 98%;" type="text"/>	

### ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3); as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

<p><b>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</b></p> <p>Completed on submission to Grants.gov</p>	<p><b>* TITLE</b></p> <p>Acting Chief of Staff</p>
<p><b>* APPLICANT ORGANIZATION</b></p> <p>State of Delaware Department of Insurance</p>	<p><b>* DATE SUBMITTED</b></p> <p>Completed on submission to Grants.gov</p>

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB

0348-0046

## 1. \* Type of Federal Action:

- ☐ a. contract  
☒ b. grant  
☐ c. cooperative agreement  
☐ d. loan  
☐ e. loan guarantee  
☐ f. loan insurance

## 2. \* Status of Federal Action:

- ☐ a. bid/offer/application  
☒ b. initial award  
☐ c. post-award

## 3. \* Report Type:

- ☒ a. initial filing  
☐ b. material change

## 4. Name and Address of Reporting Entity:

☒ Prime ☐ SubAwardee

\* Name <sup>or</sup> DE Insurance Department  
\* Street 1 841 Silver Lake Blvd Street 2  
\* City Dover State DE: Delaware Zip 199042465  
Congressional District, if known:

## 5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

## 6. \* Federal Department/Agency:

OCIIO

## 7. \* Federal Program Name/Description:

Affordable Care Act (ACA) Grants to States for Health Insurance Premium Review

CFDA Number, if applicable: 93.511

## 8. Federal Action Number, if known:

## 9. Award Amount, if known:

\$

## 10. a. Name and Address of Lobbying Registrant:

Prefix \* First Name n/a Middle Name  
\* Last Name n/a Suffix  
\* Street 1 Street 2  
\* City State Zip

## b. Individual Performing Services (including address if different from No. 10a)

Prefix \* First Name n/a Middle Name  
\* Last Name n/a Suffix  
\* Street 1 Street 2  
\* City State Zip

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\* Signature: Completed on submission to Grants.gov

\* Name: Prefix \* First Name n/a Middle Name  
\* Last Name n/a Suffix

Title: Telephone No.: Date: Completed on submission to Grants.gov

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Standard Form - LLL (Rev. 7-97)



## Basic Work Plan

1. Estimated date of established funding agreement with State:

Note: Tasks starting before this date are not eligible for funding, and cannot be counted toward matching funds.

### Describe the tasks in the work plan:

2 a. Describe this task or milestone:

b. Name of person or organization responsible for carrying out task:

c. How long will this task take to complete?  months

d. Justify how this project task contributes to project completion: (800 character limit - about 133 words)

## Project Abstract Summary

**Program Announcement (CFDA)**

93.511

**\* Program Announcement (Funding Opportunity Number)**

RFA-FD-10-999

**\* Closing Date**

07/07/2010

**\* Applicant Name**

State of Delaware Department of Insurance.

**\* Length of Proposed Project****Application Control No.****Federal Share Requested (for each year)****\* Federal Share 1st Year**

\$

**\* Federal Share 2nd Year**

\$

**\* Federal Share 3rd Year**

\$

**\* Federal Share 4th Year**

\$

**\* Federal Share 5th Year**

\$

**Non-Federal Share Requested (for each year)****\* Non-Federal Share 1st Year**

\$

**\* Non-Federal Share 2nd Year**

\$

**\* Non-Federal Share 3rd Year**

\$

**\* Non-Federal Share 4th Year**

\$

**\* Non-Federal Share 5th Year**

\$

**\* Project Title**

The DE Premium Rate Review Project for enhanced rate review, transparency, and consumer information.

## Project Abstract Summary

### \* Project Summary

\* Estimated number of people to be served as a result of the award of this grant.

## Other Attachment File(s)

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\* Mandatory Other Attachment Filename:

Add Mandatory Other Attachment

Delete Mandatory Other Attachment

View Mandatory Other Attachment

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To add more "Other Attachment" attachments, please use the attachment buttons below.

Add Optional Other Attachment

Delete Optional Other Attachment

View Optional Other Attachment

**DELAWARE  
ORGANIZATION CHART FOR  
PREMIUM REVIEW GRANT**

**Deputy Insurance Commissioner**

**Acting Chief of Staff**

**Sr. Research Analyst**

**IT Director**

**Rates & Forms Analyst(s)  
Administrative Specialist**

**JOB DESCRIPTIONS:**

**Deputy Insurance Commissioner:** Has overall responsibility for day-to-day operations of the Insurance Department. The Deputy will have the overall responsibility for directing each phase of activity related to the grant. It is estimated that he will spend 5% of his time on this project.

**Acting Chief of Staff:** Has the personnel responsibilities and is currently responsible for overall fiscal control. He will be working with the staff with regard to implementation costs and contracts. It is estimated that he will spend 5% of his time on this project.

**Sr. Research Analyst:** Has the day-to-day hands on activity to ensure the projects move according to schedule and will work with the Deputy Insurance Commissioner, Acting Chief of Staff, and IT Director. It is estimated that she will spend 25% of her time on this project.

**Rates & Forms Analyst(s):** Duties of the Rates & forms Analyst(s) include preparing the filings for submission to the actuary, working with the companies on objections, and finalizing the filings upon Approval or Disapproval. Additionally, the analyst is responsible for preparing reports and submitting reports to management. Time spent on projects between the implementation of the enhanced reviews and training will increase from the current levels to about 20%. It is estimated that an additional Analyst will be needed once all the enhancements are in place.

**Administrative Specialist:** Assists the Rates & Forms Analysts(s) in the initial intake of filings and all clerical duties associated with the filings.

**Actuaries:** DE currently subcontracts with INS Regulatory Services for actuarial duties.

**DELAWARE  
ORGANIZATION CHART FOR  
PREMIUM REVIEW GRANT**

**Deputy Insurance Commissioner**

**Acting Chief of Staff**

**Sr. Research Analyst**

**IT Director**

**Rates & Forms Analyst(s)  
Administrative Specialist**

**JOB DESCRIPTIONS:**

**Deputy Insurance Commissioner:** Has overall responsibility for day-to-day operations of the Insurance Department. The Deputy will have the overall responsibility for directing each phase of activity related to the grant. It is estimated that he will spend 5% of his time on this project.

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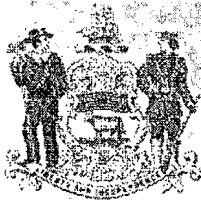
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**Actuaries:** DE currently subcontracts with INS Regulatory Services for actuarial duties.

Karen Weldin Stewart, CIR-ML  
Commissioner



Delaware Department of Insurance

## DE Resume

Gene Reed, Deputy Insurance Commissioner – Gene Reed has with the DE Department of Insurance for 25 years. He is currently the Deputy Insurance Commissioner. Prior to becoming the Deputy, Gene was Director of Market Conduct & Analysis for companies, producers, and business entities. He was the Director of Consumer Services, Producer Licensing, and Rates & Forms. Gene is recognized throughout the country as a regulator.

Michael Gould, Acting Chief of Staff – Michael Gould is a lawyer and is the Acting Chief of Staff. Prior to becoming the Acting Chief of Staff, he was an advisor to the Insurance Commissioner.

Premium Rate Review Grant Application  
Abstract  
Delaware Department of Insurance  
CFDA 93.511

The Delaware Insurance Commission gained the authority to approve health rates in 2010. All health products are subject to review and approval. The rates are generally subject to Title 18, Chapter 25 of the Delaware Code. Although the small employer market has some additional restrictions with regard to premiums, all market segments are subject to the cited chapter.

Each filing must include a standard set of data such as the company name, cocode, description of business, type of policy, general marketing methods, scope and reason for the rate revisions, historical information and average premiums, assumptions used, description of calculations, loss ratio information. Regulation 1305, promulgated in January 2010 outlines the rate review criteria and process.

Since the process of actually approving is new, challenges exist to changing the paradigm of the reviews. More in depth reviews, additional information and documentation to support the rate filing is needed. Additionally, training of staff personnel is necessary to enable the staff analysts to better understand the ratemaking process of insurance carriers. To meet the enhanced needs of the review process, the Department proposes to develop a program that will permit an in depth analysis of the carriers' calculations and assumptions made on filing for premium rates. Further, the Department proposes utilizing training services of the NAIC, Insurance Regulatory Examiners (IRES) or the Association of Insurance Compliance Professionals (AICP) to provide additional training to the Department Staff. Use of Video Conferencing with the actuaries, staff and companies will provide on going training, enable better communication and enhance the rate review process.

Several procedures and upgrades will be made within the Department to increase the transparency of the rate process and to provide more information to the public about available products, benefits and costs. The Department proposes to upgrade the website to include an interactive rate comparison feature similar to that for auto policies.

Additionally carriers that market in each segment will be listed and a link directly to the carrier website will be provided. Financial information relevant to consumers about the carriers will be posted and information about the rate filings will be placed on the website.

Another project proposed will be hearings on rate filings that exceed a specified threshold will be held. To help consumers understand the ratemaking process and issues that directly affect a carrier's health plan rates, the Department proposes to hold meetings in each county with the public and the carriers.

To meet the reporting requirements of HHS, the Department will work with the NAIC for enhancement that will enable the SERFF system capture and report the data elements



required for reporting. If the SERFF system is not updated or enhanced, the Department will develop a reporting mechanism to provide the information in the format established by HHS.

## **Title 18 Insurance**

### **1300 Health Insurance General Provisions**

#### **1305 Rate Filing Procedures for Health Insurers and Health Service Corporations and Managed Care Organizations**

##### **1.0 Authority**

This regulation is promulgated and adopted pursuant to 18 Del.C. 2311, 18 Del.C. Ch. 25 and 29 Del.C. Ch. 101.

**13 DE Reg. 939 (01/01/10)**

##### **2.0 Purpose**

The purpose of this regulation is to establish a procedure for all rate filings made by insurers pursuant to 18 Del.C. 22506.

**13 DE Reg. 939 (01/01/10)**

##### **3.0 Scope**

This regulation applies to insurers, health service corporations, and managed care organizations, as defined under "Health Benefit Plans" in 4.0 below, that deliver or issue for delivery medical and hospital expense-incurred insurance policies and plans for which rates submitted affect residents of this State. The regulation applies to individual policies and plans and all group policies and plans.

**13 DE Reg. 939 (01/01/10)**

##### **4.0 Definitions**

###### **4.1 For purposes of this regulation:**

"Carrier" means any entity that provides health insurance in this state. For the purposes of this chapter, carrier includes an insurance company, health service corporation, health maintenance organization, and any other entity providing a plan of health insurance or health benefits subject to state insurance regulation.

"Certificate form" means the form on which the certificate is delivered or issued for delivery by the issuer.

"Collected Premium" means the amount of premium that is unadjusted to reflect any changes in the rate level (e.g. reported or actual premium).

"Commissioner" means the Insurance Commissioner of this State.

"Earned Premium" means the portion of the total premium that corresponds to the coverage provided during a given time period.

"Experience Period" means the number of years over which the adequacy of the rates presently in effect are tested.

"Health Benefit Plan" is an individual plan or group health plan that provides, or pays the cost of, medical care, including but not limited to group health plans, health insurance issuers, health maintenance organizations, managed care organizations and health service contractors, as well as any combination of them.

"Incurred Losses" means losses that are (1) paid losses, and (2) losses that are incurred but not yet reported to the insurance claimants.

"Policy Form" means the form on which the policy is delivered or issued for delivery by the insurer.

"Protected and Reserve Incurred Losses" means losses on claims that are still open.

"Supplemental Rate Information" shall mean any manual or plan of rates, statistical plan, classification system, minimum premium, policy fee, rating rule, rate-related underwriting rule and any other information needed to determine the applicable premium for an individual insured and not otherwise inconsistent with the purposes of this chapter, as prescribed by rule of the Commissioner.

### **13 DE Reg. 939 (01/01/10)**

## **5.0 Contents of Complete Filings**

5.1 Each rate filing which includes the following shall be presumed a complete filing, subject to requests for time for review as the Commissioner may make:

### **5.1.1 General Information**

5.1.1.1 Name of insurer and domiciliary state;

5.1.1.2 Policy form name and number;

5.1.1.3 Number of insured individuals or insured groups and number in group;

5.1.1.4 Amount of rate increase/decrease requested;

5.1.1.5 Date filing was made;

5.1.1.6 Other state(s) that have approved or disapproved the filing; and

5.1.1.7 A written, notarized certification of insurer's officer that the filing is made pursuant to applicable laws, regulations and subject to all penalties and that the statements made in the filing are true and correct.

- 5.1.2 In addition to the information listed above, the Commissioner shall identify by bulletin or circular letter additional information required to be included in a complete filing.

### **13 DE Reg. 939 (01/01/10)**

## **6.0 Review Procedures**

- 6.1 Subject to the provisions of this section, no policy form rates subject to this regulation shall be delivered or issued for delivery in this state, unless they have been filed with the Commissioner.
- 6.2 The Commissioner shall review and approve, provide notice of deficiencies or disapprove the initial filing within thirty (30) days of receipt. Any notice of deficiencies or disapproval shall be in writing and based only on the specific provisions of the applicable statutes, regulations or bulletins published by the Commissioner having the force and effect of law in this state and contained in the document created by the Commissioner pursuant to 5.0 of this section. The notice of deficiencies or disapproval shall contain sufficient detail for the filer to bring the policy form rate filing into compliance, and shall cite the specific statutes, regulations or bulletins upon which the notice of deficiencies or disapproval is based.
- 6.3 No completed filing described in this section shall be effective unless filed with the Commissioner not less than thirty (30) days prior to the proposed effective date. Such a filing shall be deemed to meet the statutory requirements unless disapproved by the Commissioner within thirty (30) days of receipt of the filing. No such filings shall be disapproved, except on the basis that the rates are inadequate, excessive or unfairly discriminatory.
- 6.4 A filer may resubmit a rate filing that corrects any deficiencies or resubmit a disapproved rate filing, and a revised certification, within thirty (30) days of its receipt of the Commissioner's notice of deficiencies or disapproval. Any filing not resubmitted within thirty (30) days of the notice of deficiencies shall be deemed withdrawn. Any disapproved rate filing form not resubmitted within thirty (30) days is disapproved.
- 6.5 At the end of the review period, the rate is deemed approved if the Commissioner has taken no action.
- 6.5.1 The Commissioner shall review the resubmitted filing and certification, and shall approve or disapprove it within thirty (30) days. Notice of deficiencies or disapproval shall be in writing and shall provide a detailed description of the reasons for the disapproval in sufficient detail for the filer to bring the rate filing into compliance and shall cite the specific statutes, regulation, or bulletins upon which the disapproval is based. No further extensions of time may be taken unless the filer has introduced new provisions in the resubmission, in which case the Commissioner may extend the time for review by an additional thirty (30) days. At the end of the review period, the rate filing is deemed approved if the Commissioner has taken no action.
- 6.5.2 The Commissioner may not disapprove a resubmitted policy form rate filing for reasons other than those initially set forth in the original notice of deficiencies or disapproval sent pursuant to section 6.0.

6.5.2.1 The Commissioner may disapprove a resubmitted rate filing for reasons other than those initially set forth in the original notice of deficiencies or disapproval sent pursuant to section 6.0 if:

6.5.2.1.1 The filer has introduced new provisions in the resubmission.

6.5.2.1.2 There has been a change in statutes, regulations or bulletins published in this state having the force and effect of law, or

6.5.2.1.3 There has been reviewer error and the written disapproval fails to state a specific provision of applicable statute, regulation or bulletin published by the Commissioner having the effect of law in this state that is necessary to have the rate filing form conform to the requirements of law.

### **13 DE Reg. 939 (01/01/10)**

## **7.0 Minimum Loss Ratio Guarantee**

7.1 In order to use the Minimum Loss Ratio Guarantee (MLRG) the company must satisfy the credibility definition:

7.1.1 The annual earned premium volume in Delaware under the particular policy form must be greater than two million five hundred thousand (\$2,500,000) dollars.

7.1.2 This amount will be increased each year by the greater of 6.0% and the average health care premium increase from the Annual Health Care Costs Study for Major Metropolitan Areas.

7.1.3 The MLRG shall not apply to closed blocks of business.

### **13 DE Reg. 939 (01/01/10)**

## **8.0 New Policy or Plan and Rate Revision Filings**

8.1 With respect to new rate filings and rate revision filings, benefits shall be deemed reasonable in relation to premiums provided the anticipated loss ratio at the end of the third year is at least as great as shown in the following table:

Renewal Clause*		of	OR	CR	GR	NC
Type Coverage						
Medical			65	60	60	50
Expense			%	%	%	%
Loss of Income and Other			60	60	55	45
			%	%	%	%

For individual Medicare supplement policies, the anticipated lifetime

loss ratio must equal at least 65%. For group Medicare supplement policies, the anticipated loss ratio must equal at least 75%.

**13 DE Reg. 939 (01/01/10)**

**9.0 Minimum Loss Ratio Guarantee Option**

- 9.1 Notwithstanding the other provisions of this Regulation, premium rates may be used upon filing with the Commissioner of a minimum loss ratio guarantee. An insurer may not elect to use the filing procedure in this section for a rate filing that does not contain the minimum loss ratio guarantee. If an insurer elects to use the filing procedure in this subsection for a rate filing, the insurer shall not use a filing of premium rates that does not provide a minimum loss ratio guarantee for that policy form or forms.
- 9.2 The minimum loss ratio shall be in writing and shall contain at least the following:
- 9.2.1 An actuarial memorandum specifying the expected loss ratio that complies with the standards as set forth in this subsection;
- 9.2.2 Detailed experience information concerning the rate filing;
- 9.2.3 A step-by-step description of the process used to develop the experience loss ratio, including demonstration with supporting data from the original policy rate filing;
- 9.2.4 A guarantee of a specific lifetime minimum loss ratio, that shall be greater than or equal to the loss ratio in 8.0;
- 9.2.5 A guarantee that the actual Delaware loss ratio for the calendar year in which the new rates take effect, and for each year thereafter until new rates are filed, will meet or exceed the minimum loss ratio standards referred to in 9.2.4 of this paragraph, adjusted for duration; and
- 9.2.6 A guarantee that the actual Delaware lifetime loss ratio shall meet or exceed the minimum loss ratio standards referred to in 9.2.4 of this paragraph.
- 9.3 The insurer shall refund or credit premiums in the amount necessary to bring the actual loss ratio up to the guaranteed minimum loss ratio.
- 9.4 A Delaware policyholder affected by the guaranteed minimum loss ratio shall receive a portion of the premium refund or credit relative to the premium paid by the policyholder. The refund or credit shall be made to all Delaware policyholders insured under the applicable policy form during the year at issue if the refund or credit would equal ten dollars (\$10) or more per policy. The refund or credit shall include statutory interest until the date of payment. Payment shall be made not later than one hundred eighty (180) days after the end of the year at issue.
- 9.5 Premium refunds of less than ten dollars (\$10) per insured shall be aggregated by the insurer and deposited into the State Treasury.
- 9.6 A guarantee that the actual Delaware loss ratio results for the year at issue will be independently audited at the request of the Commissioner.

9.7 Notwithstanding the provisions of this subsection, an insurer may amend the rate filing forms used before the effective date of this regulation to provide for a minimum loss ratio guarantee allowed under this subsection for policies issued, delivered, or renewed on or after the effective date of this regulation.

**13 DE Reg. 939 (01/01/10)**

**10.0 Rates for Large Groups**

10.1 Rates for groups of more than 50 persons (hereinafter "large groups") shall be made in accordance with 18 Del.C. Ch 25.

10.2 Each carrier issuing a policy to a large group shall establish and maintain a complete record of the rates employed, rate manuals, classification plans and all related materials needed for the carrier to determine the rate developed for the policy.

10.3 The carrier's records shall be maintained in a manner that readily allows examination as the Insurance Commissioner may require.

**13 DE Reg. 939 (01/01/10)**

**11.0 Effective Date of Regulation**

This regulation shall become effective on January 11, 2010.

**13 DE Reg. 939 (01/01/10)**

## 2009 NAIC INSURANCE DEPARTMENT RESOURCES REPORT QUESTIONNAIRE

**INSTRUCTIONS:** 1. Please do not make formatting changes to this spreadsheet/workbook, as programming errors will result. 2. Please submit one excel file (i.e., do not submit as 5 separate tabs), as programming errors will result. 3. Please provide answers for all questions on the survey and do not leave any cells blank. If information is not available, then please enter "n/a" (or "0" for a numeric question). For example, if your state does not perform market conduct exams question 16 the number of market conduct exams completed should be listed as 0.

**COMMENTS:** Comment sections are provided for any additional comments you may wish to make. Please note the question number when you comment on a particular question.

**UPDATES:** If there are any updates/corrections to the 2008 responses, you may enter them in the appropriate place under "2008 Responses".

Part IV Completed by: Linda Long  
Phone: 302 674-7392

Verified by: Julian Woodall  
Phone: 302 674-7381

**STATE: DE**

### IV. Insurance Producers

	2009 Responses	2008 Responses
21) How many individuals were licensed to sell insurance in your state as of December 31, 2009?	60,818	63,981
Of these, how many were		
Resident:	5,524	5,014
Non-Resident:	55,294	58,967
How many business entities were licensed to sell insurance in your state as of December 31, 2009?	6,372	6,305
Of these, how many were		
Resident:	873	841
Non-Resident:	5,499	5,464

**HINT:** This question refers to the number of individuals/entities holding licenses. The number of licenses held may not equal the total number of individuals/entities licensed due to the fact that some may hold more than one license.

Comments:



## 2009 NAIC INSURANCE DEPARTMENT RESOURCES REPORT QUESTIONNAIRE

STATE: DE

IV. Insurance Producers

2009 Responses

2008 Responses

## 2009 NAIC INSURANCE DEPARTMENT RESOURCES REPORT QUESTIONNAIRE

STATE: DE

### IV. Insurance Producers

### 2009 Responses

### 2008 Responses

22) How many individuals/entities held each of the following licenses as of December 31, 2009?

#### Licensed Producers/Adjustors

Producer: 57,727

68,854

Surplus Lines Broker: 1,065

1,433

Bail Bonds: 61

n/a

Adjuster: 25,639

24,540

Other: 2,858

1,527

#### Non Risk-Bearing Organizations

Premium Finance Company: 30

29

Third-Party Administrator: 175

164

Utilization Review: 0

0

Rating/Advisory: 8

8

Managing General Agent: 0

0

Other: 36

30

23) For 2009, list the number of actions and fine amounts imposed against resident/non-resident producers (both individuals and entities):

Suspensions: 23,849

980

Revocations: 23

1

Cease & Desist: 0

0

Denial Order: n/a

n/a

Fines (#): 963

775

Total Amount of Fines (\$): \$465,630

\$176,015

Restitution (#): 0

0

Total Amount of Restitution (\$): \$0

\$0

Other: 0

0

**HINT:** Restitution does not include Market Conduct. Other does not include license cancellations, nonrenewals, expirations, etc.

Comments:

Non Risk-Bearing Organizations Other = Reinsurance Intermediaries

### **DE Medical Rate Increase Filing Review Steps:**

- A. Read and quickly review the entire filing. Request additional information if needed.
- B. Note all items outside the actuarial memorandum that are relevant to the rate increase.
- C. Detailed review of the Actuarial Memorandum which should include the following items:
  - 1. Description of the business (acquired or direct, closed or open block, etc.), type of policy, benefits, riders, renewability, general marketing method, issue age limits, period issued and rate guarantees.
  - 2. Proposed rate increase/decrease and rating changes
  - 3. Description of all rate changes and their effect on rates
  - 4. Scope and reason for rate revision(s) including a statement of whether the revision(s) applies only to new business, only to in force business, or to both.
  - 5. History of rate increases nationwide and in Delaware
  - 6. Average premium before and after rate increase – Delaware and Nationwide
  - 7. Number of policyholders – Delaware and Nationwide
  - 8. Description of how revised rates were determined
  - 9. Distribution of business tables
  - 10. Support for trend assumptions
  - 11. An outline of the pricing assumptions
  - 12. An outline of assumptions underlying the projection of future experience
  - 13. A description of the basis for such assumptions including the identification of inter-company studies and/or specific experience studies performed by the Company
  - 14. A description of the credibility measure assigned to any experience studies relied upon by the Company in establishing assumptions used to project future experience
  - 15. The actual historical loss ratio and description of how it was calculated.
  - 16. The anticipated future loss ratio and description of how it was calculated.
  - 17. The anticipated loss ratio that combines cumulative and future experience, and description of how it was calculated.

18. Originally filed anticipated loss ratio
19. Anticipated loss ratio according to Delaware regulations
20. Certification by a qualified actuary that, to the best of the Actuary's knowledge and judgment, the rate submission is in compliance with the applicable laws and regulations of the state of Delaware and the benefits are reasonable in relation to premiums.
21. Exhibits
  - a. Historical Experience (Delaware and Nationwide) by calendar year
  - b. Projected Future Experience (Delaware and Nationwide) by calendar year
  - c. Actual to Expected Loss Ratios – (Delaware and Nationwide) by calendar year
- D. Make sure all items in the Actuarial Memorandum are reasonable and comply with DE Regulations.
- E. Using data provided by Company (monthly data over last 3 or 4 years) to calculate trend to make sure trend assumption is reasonable.
- F. Perform projection using Company's historical experience, proposed rate increase and assumptions which are based on review of thousands of rate filings.
- G. If projection shows a lifetime loss ratio greater than the DE minimum loss ratio suggest approval of the proposed rate increase.
- H. If projection shows a lifetime loss ratio below the minimum loss ratio suggest disapproval with either a lower rate increase or no rate increase.
- I. Verify rates are aggregated.
- J. Description of medical loss ratio.
- K. Breakdown of all expenses combined into the rate increase.