

State: District of Columbia **Filing Company:** Starmount Life Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental
Product Name: New Ind Dental 2013
Project Name/Number: /

Filing at a Glance

Company: Starmount Life Insurance Company
Product Name: New Ind Dental 2013
State: District of Columbia
TOI: H10I Individual Health - Dental
Sub-TOI: H10I.000 Health Dental
Filing Type: Rate
Date Submitted: 09/24/2013
SERFF Tr Num: STAR-129156047
SERFF Status: Pending Industry Response
State Tr Num:
State Status:
Co Tr Num:

Implementation: On Approval
Date Requested:
Author(s): Belle Lucas, Natka Varisco, Ruston Woolley, Jennifer LeGlue
Reviewer(s): Darniece Shirley (primary), Donghan Xu, Alula Selassie
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: District of Columbia **Filing Company:** Starmount Life Insurance Company
TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health Dental
Product Name: New Ind Dental 2013
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 10/24/2013
State Status Changed:
Deemer Date: Created By: Belle Lucas
Submitted By: Belle Lucas Corresponding Filing Tracking Number: forms-STAR-129156048

Filing Description:
Starmount Life Insurance Company
8485 Goodwood Blvd.
P.O. Box 98100
Baton Rouge, LA 70898-9100

September 10, 2013

Re: STARMOUNT LIFE INSURANCE COMPANY, NAIC#68985
Policy – IDN2013P, et al

Dear Sir/Madam:

We are pleased to file the above referenced rates in the District of Columbia. This is a new filing and is being filed without an illustration. This policy is an individual dental care policy. This Form provides benefits for covered Dental services based on a selected Schedule of Benefits. Benefit services, Class B, C, or D, can vary dependent upon plan design and if not offered, will be removed entirely. Insurance percentages can range between 0% to 100% in increments of 5% dependent upon plan selection.

- o Class A Services 25% - 100%
- o Class B or C Services 0% - 100%
- o Class D Services 0% - 50%

All services covered can be found in the Schedule of Covered Procedures. Optional coverages available include a Vision Benefit Rider covering exams, frames, lenses and contacts. Additionally, a TMJ Benefit Rider covering x-rays and treatments may be available if allowed in your state.

The individual dental plan will be marketed as standalone coverage to individuals through the internet and through individual mailers. The application will be placed on our Starmount website upon approval.

The website has been designed to offer dental benefits online in three formats:

1. Standalone site;
2. In conjunction with other marketing/distribution partners;

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3. Agent use.

We have included webshots of the application pages, including any drop-down boxes. Payment options may differ depending upon the use of the web application. Also attached is a webshot of each payment option. Complete details are within the Statement of Variability.

In the Forms Schedule, we have enclosed a copy of the web pages that will be completed for the application. The standalone website will give the consumer the option to select credit card or checking account payment options. When the website is used by an employer or worksite opportunities to offer dental coverage, the website will ask for the employee's authorization to deduct payments through payroll deduction. Website applications set up for agent use will gather the agent's license and producer information.

Upon completion of the application and payment approval the website will generate the state specific policy, provided the applicant has agreed to the Electronic Acceptance of the policy.

Please contact me if you have any questions at 225-400-9282, or by email at bellel@starmountlife.com.

Sincerely,
 Belle Lucas
 Compliance Specialist

Company and Contact

Filing Contact Information

Belle Lucas, Compliance Specialist	bellel@starmountlife.com
P.O. Box 98100	225-400-9282 [Phone]
Baton Rouge, LA 70898	225-610-1482 [FAX]

Filing Company Information

Starmount Life Insurance Company	CoCode: 68985	State of Domicile: Louisiana
8485 Goodwood Boulevard	Group Code:	Company Type:
Baton Rouge, LA 70806	Group Name:	State ID Number:
(225) 926-2888 ext. [Phone]	FEIN Number: 72-0977315	

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

STAR-129156047

State Tracking #:

Company Tracking #:

State: District of Columbia

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

Product Name: New Ind Dental 2013

Project Name/Number: /

Filing Company:

Starmount Life Insurance Company

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Darniece Shirley	10/24/2013	10/24/2013

Response Letters

Responded By	Created On	Date Submitted
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State: District of Columbia **Filing Company:** Starmount Life Insurance Company
TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health Dental
Product Name: New Ind Dental 2013
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/24/2013
Submitted Date	10/24/2013
Respond By Date	11/14/2013

Dear Belle Lucas,

Introduction:

Thank you for your recent filing. Please see below for additional information requested to continue review of the rate filing.

Objection 1

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Actuarial memorandum, [IDN2013P-DC, IDN2013P Application, IDN2013PVR] (Rate)

Comments: Please provide the status of this filing in the Domiciliary State.

Objection 2

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial memorandum, [IDN2013P-DC, IDN2013P Application, IDN2013PVR] (Rate)

Comments: Please define EE, ES, EC, Family in Exhibit 1.

Objection 3

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial memorandum, [IDN2013P-DC, IDN2013P Application, IDN2013PVR] (Rate)

Comments: It is noted in the Actuarial Memorandum that morbidity assumptions are based on experience data from similar individual Dental benefit plans. Please provide the source for the incident rates, including but not limited to: the number of years of experience used to develop this experience; was DC specific experience used to develop. If so, how many years experience was used and what did that experience prove? Please provide more detailed information than the statement provided in the Actuarial Memorandum.

Objection 4

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial memorandum, [IDN2013P-DC, IDN2013P Application, IDN2013PVR] (Rate)

Comments: Please further break-out the administrative expense percentage shown in the expense make-up. Please detail each line item.

Objection 5

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)

State: District of Columbia **Filing Company:** Starmount Life Insurance Company
TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health Dental
Product Name: New Ind Dental 2013
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- Actuarial memorandum, [IDN2013P-DC, IDN2013P Application, IDN2013PVR] (Rate)

Comments: Please provide the Zone for Washington, DC. Please provide justification why DC falls into the particular Zone. Please note, DC allows for only one area rating.

Objection 6

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial memorandum, [IDN2013P-DC, IDN2013P Application, IDN2013PVR] (Rate)

Comments: Please explain and numerically justify any policy fees associated with the automatic bank draft Premium Modalization.

Objection 7

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial memorandum, [IDN2013P-DC, IDN2013P Application, IDN2013PVR] (Rate)

Comments: It is stated in Distribution of Business that the anticipated distribution is based on data from similar individual dental plans. Please provide the source of this data and numerically justify.

Objection 8

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Actuarial memorandum, [IDN2013P-DC, IDN2013P Application, IDN2013PVR] (Rate)

Comments: Please note: Standalone pediatric dental plans are NOT to be offered on the Exchange EVEN IF THE RATES ARE APPROVED FOR SUCH PLANS.

Objection 9

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Actuarial memorandum, [IDN2013P-DC, IDN2013P Application, IDN2013PVR] (Rate)

Comments: Please confirm: Dispositions with respects to this filing are being made on behalf of residents of the District of Columbia only.

Objection 10

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)

State: District of Columbia **Filing Company:** Starmount Life Insurance Company
TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health Dental
Product Name: New Ind Dental 2013
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- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Actuarial memorandum, [IDN2013P-DC, IDN2013P Application, IDN2013PVR] (Rate)

Comments: Please note, this rate filing is subject to conformity with the corresponding forms filing. This department reserves the right to withdraw the filing if not.

Objection 11

Comments: The Rate Review Data Detail section of the filing is missing. The State understands this is a new filing and not required, however completing would be preferred. Please correct, via post-submission update.

Conclusion:

Sincerely,
Darniece Shirley

SERFF Tracking #:

STAR-129156047

State Tracking #:**Company Tracking #:****State:**

District of Columbia

Filing Company:

Starmount Life Insurance Company

TOI/Sub-TOI:

H101 Individual Health - Dental/H101.000 Health Dental

Product Name:

New Ind Dental 2013

Project Name/Number:

/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Actuarial memorandum	IDN2013P-DC, IDN2013P Application, IDN2013PVR	New		Actuarial Memorandum - Individual- 9-5-13.pdf,

STARMOUNT LIFE INSURANCE COMPANY
Actuarial Memorandum

Individual Dental Policy Form IDN-2013P

Scope and Purpose

The purpose of this actuarial memorandum is to describe the benefits and assumptions for the attached Individual Dental Policy Form and to certify that the pricing of this Form is in compliance with applicable laws and regulations. This memorandum is not intended to be used for any other purpose.

Benefit Description

This Form provides benefits for covered Dental services based on a selected Schedule of Benefits. The benefit amount may vary by the duration of the Policy, with a per person annual deductible ranging from \$0 to \$100 and applying to Class B & C services only and a per person annual plan maximum benefit that can vary between \$1,000 and \$2,000 depending on the plan selected. All services covered can be found in the Schedule of Covered Procedures and include Preventive, Diagnostic, Restorative, Endodontics, Periodontics, Prosthodontics, Prosthetics, Oral Surgery, and Adjunctive Services. Optional coverages available include a Vision Benefit Rider covering exams, frames, lenses and contacts. Additionally, a TMJ Benefit Rider covering x-rays and treatments is also available.

Renewability Clause

This Form is Guaranteed Renewable for Life.

Applicability

This filing is for a new Form.

Morbidity

The incidence rates assumed in pricing were based on experience data from similar individual Dental benefit plans.

Mortality

Mortality is not a significant factor in the pricing; however, mortality is reflected in the persistency rates.

Persistency

The persistency rates assumed in pricing are based on Company experience with the most similarly designed and marketed Forms, and are as follows:

Duration	Persistency
1	30%
2	15%

3	12%
4	12%
5	15%
6+	30%

Expenses

The expense assumptions are based on the Company's incurred costs for similarly distributed and administered Forms, and are as follows:

Commission expense:	20.0% of premium
Administration expense*:	16.5% of premium
Marketing expense:	2.5% of premium

* includes premium tax, PPO leasing fee, and ACA fee

Marketing Method

This Form will be distributed primarily over the internet, through individual mailers, and at the worksite.

Underwriting

This Form is not underwritten based on health status.

Premium Classes

Premium rates vary as in the sample plan designs shown in the attached Exhibit I, based on the selected benefit schedule (i.e. Escalating Maximum Plan, 2000 Maximum Plan, Preventive/Basic Only Plan, Cleaning and Vision Plan). In addition, the rates will vary by Age at Issue (i.e. Adult or Senior).

Issue Age Range

This Form will be issued at all ages, with premium rates based on each insured's age at issue (i.e. Adult age 64- or Senior 65+).

Area Factors

The premium rates for this form will vary by area and plan design factors shown in Exhibit I.

Average Annual Premium

The anticipated average annual premium for this Form is based on the rates listed in Exhibit I.

Premium Modalization Rules

This Form will be primarily billed monthly through automatic bank draft.

Claim Liability and Reserves

The initial IBNR claim reserves will be set based on the Expected Loss Ratio method. After the first year, the IBNR claim reserves will be set based on the claim lag basis, using incurred and paid claim triangles.

Active Life Reserves

Statutory active life reserves will be held based on the two-year preliminary term reserve method, using pricing claim costs and persistency.

Trend Assumption

Since the benefits under this Form are Scheduled amounts that do not change over time, there is no change in benefits due to any trend factor.

Anticipated Loss Ratio

At every duration, the Anticipated Loss Ratio for this form is 55.5%.

Distribution of Business

The anticipated distribution of business by Plan and Age are based on data from similar individual dental plans.

Contingency and Risk Margins

The risk margin for this Form is 5.5% of premium, which is sufficient to meet the minimum return on the Company's Risk-based Capital requirements.

Experience

Past and Future – This is a new Form.

Lifetime Loss Ratio

The lifetime loss ratio for this Form, including all riders, is 55.5%.

History of Rate Adjustments

This is a new Form.

Number of Policyholders

This is a new Form.

Proposed Effective Date

Immediately upon Department approval.

Actuarial Certification

I, David Vern Ellsworth, am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

I certify that to the best of my knowledge and judgment the following:

- This filing is in compliance with the applicable laws of the State and with the rules of the Department of Insurance.
- This filing complies with Actuarial Standards of Practice No. 8, “Regulatory Filings and Rates and Financial Projections for Health Plans”, as adopted by the Actuarial Standards board, December 2005.
- The premiums are neither excessive, inadequate, nor unfairly discriminatory.
- The benefits provided are reasonable in relation to the proposed premium.



David Ellsworth, ASA, MAAA

September 3, 2013

Date

**EXHIBIT I
MONTHLY RATE TABLES**

Rates	Escalating	Maximum	Plan	
Adult	Zone 1	Zone 2	Zone 3	Zone 4
EE	24.98	27.15	31.68	34.16
ES	49.95	54.30	63.35	68.32
EC	57.92	62.96	73.45	79.21
Fam	89.00	96.75	112.87	121.73

	Zone 1	Zone 2	Zone 3	Zone 4
Senior				
EE	30.95	33.64	39.25	42.33
ES	61.89	67.28	78.49	84.65
EC	63.89	69.45	81.02	87.38
Fam	100.94	109.73	128.01	138.06

Rates	2000 Max Plan			
Adult	Zone 1	Zone 2	Zone 3	Zone 4
EE	22.98	24.98	29.15	31.43
ES	45.96	49.96	58.29	62.86
EC	54.44	59.18	69.04	74.45
Fam	83.25	90.50	105.58	113.86

	Zone 1	Zone 2	Zone 3	Zone 4
Senior				
EE	28.16	30.61	35.71	38.51
ES	56.32	61.22	71.42	77.02
EC	59.61	64.80	75.60	81.54
Fam	93.60	101.75	118.71	128.02

Rates	Preventive/Basic Only Plan			
Adult	Zone 1	Zone 2	Zone 3	Zone 4
EE	14.58	15.85	18.49	19.94
ES	29.16	31.70	36.98	39.88
EC	41.29	44.88	52.36	56.47
Fam	60.82	66.11	77.13	83.18
Senior	Zone 1	Zone 2	Zone 3	Zone 4
EE	16.19	17.60	20.53	22.15
ES	32.38	35.20	41.07	44.29
EC	42.90	46.63	54.40	58.67
Fam	64.04	69.62	81.22	87.59

Rates	Cleaning and Vision			
Adult	Zone 1	Zone 2	Zone 3	Zone 4
EE	12.39	12.75	13.79	14.20
ES	24.78	25.49	27.57	28.39
EC	28.34	29.29	31.89	32.98
Fam	43.69	45.11	49.03	50.65
Senior	Zone 1	Zone 2	Zone 3	Zone 4
EE	13.64	14.03	15.17	15.61
ES	27.29	28.07	30.34	31.23
EC	29.60	30.58	33.27	34.39
Fam	46.20	47.68	51.80	53.49

Rates	Vision Rates			
Adult	Zone 1	Zone 2	Zone 3	Zone 4
EE	9.96	9.96	10.31	10.31
ES	19.92	19.92	20.62	20.62
EC	20.99	20.99	21.73	21.73
Fam	32.99	32.99	34.16	34.16
Senior	Zone 1	Zone 2	Zone 3	Zone 4
EE	11.05	11.05	11.44	11.44
ES	22.10	22.10	22.88	22.88
EC	22.08	22.08	22.86	22.86
Fam	35.17	35.17	36.42	36.42

Rates	TMJ Rates			
Adult	Zone 1	Zone 2	Zone 3	Zone 4
EE	0.49	0.49	0.49	0.49
ES	0.98	0.98	0.98	0.98
EC	1.12	1.12	1.12	1.12
Fam	1.72	1.72	1.72	1.72
Senior	Zone 1	Zone 2	Zone 3	Zone 4
EE	0.61	0.61	0.61	0.61
ES	1.22	1.22	1.22	1.22
EC	1.24	1.24	1.24	1.24
Fam	1.96	1.96	1.96	1.96

SERFF Tracking #:

STAR-129156047

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

Starmount Life Insurance Company

TOI/Sub-TOI:

H10I Individual Health - Dental/H10I.000 Health Dental

Product Name:

New Ind Dental 2013

Project Name/Number:

/

Supporting Document Schedules

Bypassed - Item:	Cover Letter All Filings
Bypass Reason:	see filing description for cover letter.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	N/A- not a third party filer.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - Individual- 9-5-13.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Justification
Bypass Reason:	Actuarial memo with rates attached.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A- new individual dental filing only.
Attachment(s):	
Item Status:	
Status Date:	

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

STAR-129156047

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

Starmount Life Insurance Company

TOI/Sub-TOI:

H101 Individual Health - Dental/H101.000 Health Dental

Product Name:

New Ind Dental 2013

Project Name/Number:

/

Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	N/A- new individual dental policy filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A- new dental policy filing.
Attachment(s):	
Item Status:	
Status Date:	

STARMOUNT LIFE INSURANCE COMPANY
Actuarial Memorandum

Individual Dental Policy Form IDN-2013P

Scope and Purpose

The purpose of this actuarial memorandum is to describe the benefits and assumptions for the attached Individual Dental Policy Form and to certify that the pricing of this Form is in compliance with applicable laws and regulations. This memorandum is not intended to be used for any other purpose.

Benefit Description

This Form provides benefits for covered Dental services based on a selected Schedule of Benefits. The benefit amount may vary by the duration of the Policy, with a per person annual deductible ranging from \$0 to \$100 and applying to Class B & C services only and a per person annual plan maximum benefit that can vary between \$1,000 and \$2,000 depending on the plan selected. All services covered can be found in the Schedule of Covered Procedures and include Preventive, Diagnostic, Restorative, Endodontics, Periodontics, Prosthodontics, Prosthetics, Oral Surgery, and Adjunctive Services. Optional coverages available include a Vision Benefit Rider covering exams, frames, lenses and contacts. Additionally, a TMJ Benefit Rider covering x-rays and treatments is also available.

Renewability Clause

This Form is Guaranteed Renewable for Life.

Applicability

This filing is for a new Form.

Morbidity

The incidence rates assumed in pricing were based on experience data from similar individual Dental benefit plans.

Mortality

Mortality is not a significant factor in the pricing; however, mortality is reflected in the persistency rates.

Persistency

The persistency rates assumed in pricing are based on Company experience with the most similarly designed and marketed Forms, and are as follows:

Duration	Persistency
1	30%
2	15%

3	12%
4	12%
5	15%
6+	30%

Expenses

The expense assumptions are based on the Company's incurred costs for similarly distributed and administered Forms, and are as follows:

Commission expense:	20.0% of premium
Administration expense*:	16.5% of premium
Marketing expense:	2.5% of premium

* includes premium tax, PPO leasing fee, and ACA fee

Marketing Method

This Form will be distributed primarily over the internet, through individual mailers, and at the worksite.

Underwriting

This Form is not underwritten based on health status.

Premium Classes

Premium rates vary as in the sample plan designs shown in the attached Exhibit I, based on the selected benefit schedule (i.e. Escalating Maximum Plan, 2000 Maximum Plan, Preventive/Basic Only Plan, Cleaning and Vision Plan). In addition, the rates will vary by Age at Issue (i.e. Adult or Senior).

Issue Age Range

This Form will be issued at all ages, with premium rates based on each insured's age at issue (i.e. Adult age 64- or Senior 65+).

Area Factors

The premium rates for this form will vary by area and plan design factors shown in Exhibit I.

Average Annual Premium

The anticipated average annual premium for this Form is based on the rates listed in Exhibit I.

Premium Modalization Rules

This Form will be primarily billed monthly through automatic bank draft.

Claim Liability and Reserves

The initial IBNR claim reserves will be set based on the Expected Loss Ratio method. After the first year, the IBNR claim reserves will be set based on the claim lag basis, using incurred and paid claim triangles.

Active Life Reserves

Statutory active life reserves will be held based on the two-year preliminary term reserve method, using pricing claim costs and persistency.

Trend Assumption

Since the benefits under this Form are Scheduled amounts that do not change over time, there is no change in benefits due to any trend factor.

Anticipated Loss Ratio

At every duration, the Anticipated Loss Ratio for this form is 55.5%.

Distribution of Business

The anticipated distribution of business by Plan and Age are based on data from similar individual dental plans.

Contingency and Risk Margins

The risk margin for this Form is 5.5% of premium, which is sufficient to meet the minimum return on the Company's Risk-based Capital requirements.

Experience

Past and Future – This is a new Form.

Lifetime Loss Ratio

The lifetime loss ratio for this Form, including all riders, is 55.5%.

History of Rate Adjustments

This is a new Form.

Number of Policyholders

This is a new Form.

Proposed Effective Date

Immediately upon Department approval.

Actuarial Certification

I, David Vern Ellsworth, am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

I certify that to the best of my knowledge and judgment the following:

- This filing is in compliance with the applicable laws of the State and with the rules of the Department of Insurance.
- This filing complies with Actuarial Standards of Practice No. 8, "Regulatory Filings and Rates and Financial Projections for Health Plans", as adopted by the Actuarial Standards board, December 2005.
- The premiums are neither excessive, inadequate, nor unfairly discriminatory.
- The benefits provided are reasonable in relation to the proposed premium.



David Ellsworth, ASA, MAAA

September 3, 2013

Date

**EXHIBIT I
MONTHLY RATE TABLES**

Rates	Escalating	Maximum	Plan	
Adult	Zone 1	Zone 2	Zone 3	Zone 4
EE	24.98	27.15	31.68	34.16
ES	49.95	54.30	63.35	68.32
EC	57.92	62.96	73.45	79.21
Fam	89.00	96.75	112.87	121.73

	Zone 1	Zone 2	Zone 3	Zone 4
Senior				
EE	30.95	33.64	39.25	42.33
ES	61.89	67.28	78.49	84.65
EC	63.89	69.45	81.02	87.38
Fam	100.94	109.73	128.01	138.06

Rates	2000 Max Plan			
Adult	Zone 1	Zone 2	Zone 3	Zone 4
EE	22.98	24.98	29.15	31.43
ES	45.96	49.96	58.29	62.86
EC	54.44	59.18	69.04	74.45
Fam	83.25	90.50	105.58	113.86

	Zone 1	Zone 2	Zone 3	Zone 4
Senior				
EE	28.16	30.61	35.71	38.51
ES	56.32	61.22	71.42	77.02
EC	59.61	64.80	75.60	81.54
Fam	93.60	101.75	118.71	128.02

Rates	Preventive/Basic Only Plan			
Adult	Zone 1	Zone 2	Zone 3	Zone 4
EE	14.58	15.85	18.49	19.94
ES	29.16	31.70	36.98	39.88
EC	41.29	44.88	52.36	56.47
Fam	60.82	66.11	77.13	83.18
Senior	Zone 1	Zone 2	Zone 3	Zone 4
EE	16.19	17.60	20.53	22.15
ES	32.38	35.20	41.07	44.29
EC	42.90	46.63	54.40	58.67
Fam	64.04	69.62	81.22	87.59

Rates	Cleaning and Vision			
Adult	Zone 1	Zone 2	Zone 3	Zone 4
EE	12.39	12.75	13.79	14.20
ES	24.78	25.49	27.57	28.39
EC	28.34	29.29	31.89	32.98
Fam	43.69	45.11	49.03	50.65
Senior	Zone 1	Zone 2	Zone 3	Zone 4
EE	13.64	14.03	15.17	15.61
ES	27.29	28.07	30.34	31.23
EC	29.60	30.58	33.27	34.39
Fam	46.20	47.68	51.80	53.49

Rates	Vision Rates			
Adult	Zone 1	Zone 2	Zone 3	Zone 4
EE	9.96	9.96	10.31	10.31
ES	19.92	19.92	20.62	20.62
EC	20.99	20.99	21.73	21.73
Fam	32.99	32.99	34.16	34.16
Senior	Zone 1	Zone 2	Zone 3	Zone 4
EE	11.05	11.05	11.44	11.44
ES	22.10	22.10	22.88	22.88
EC	22.08	22.08	22.86	22.86
Fam	35.17	35.17	36.42	36.42

Rates	TMJ Rates			
Adult	Zone 1	Zone 2	Zone 3	Zone 4
EE	0.49	0.49	0.49	0.49
ES	0.98	0.98	0.98	0.98
EC	1.12	1.12	1.12	1.12
Fam	1.72	1.72	1.72	1.72
Senior	Zone 1	Zone 2	Zone 3	Zone 4
EE	0.61	0.61	0.61	0.61
ES	1.22	1.22	1.22	1.22
EC	1.24	1.24	1.24	1.24
Fam	1.96	1.96	1.96	1.96