Filing at a Glance

Company:	Dentegra Insurance Company
Product Name:	DIC OHCR IND PPO RATES - PPACA Dental Filing
State:	Colorado
TOI:	H10I Individual Health - Dental
Sub-TOI:	H10I.000 Health - Dental
Filing Type:	Rate
Date Submitted:	06/13/2013
SERFF Tr Num:	DDPA-129066037
SERFF Status:	Closed-Filed
State Tr Num:	278930
State Status:	Filed
Co Tr Num:	DIC OHCR IND PPO RATES - PPACA DENTAL FILING
Implementation Date Requested:	01/01/2014
Author(s):	Connie Roth, Sandra Renner, Lisa Kissel, Shelly Williams
Reviewer(s):	Cathy Gilliland (primary), Nichole Boggess, Michael Muldoon, Amy Filler, Rachel Plummer, Scott Campbell
Disposition Date:	08/08/2013
Disposition Status:	Filed
Implementation Date:	01/01/2014

State Filing Description:

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

General Information

Project Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Status of Filing in Domicile: Not Filed
Project Number: DIC OHCR IND PPO RATES - PPACA Dental Filing
Date Approved in Domicile:
Requested Filing Mode:
Domicile Status Comments:
Explanation for Combination/Other:
Market Type: Individual
Submission Type: New Submission
Individual Market Type:
Overall Rate Impact:
Filing Status Changed: 08/08/2013
State Status Changed: 08/03/2013
Deemer Date:
Created By: Shelly Williams
Submitted By: Shelly Williams
Corresponding Filing Tracking Number:

Filing Description:
This is a PPACA Dental Filing.

Enclosed for your review and approval are new Dentegra Insurance Company individual dental rates.

This is an initial rate filing and will be used when our Dental PPO product is sold direct or by a partnership relationship to individual outside the Colorado Health Benefit Exchange. The forms associated with this rate filing are listed in the Forms Schedule Tab and will be filed in SERFF Filing Number DDPA-129064159. These products will use the Dentegra Dental networks.

These plans provide the coverage for: the pediatric oral services required by the essential health benefits (‘EHB’) provisions; and for adult dental services (‘Sup’) required by the Affordable Care Act (‘ACA’):

• Individual Pediatric and Supplemental High and Low Plans

Our effective date for use of these rates will be October 2013 for coverage effective January 1, 2014, provided the filing has been approved by or deemed approved by your Department.

Thank you for your attention to this filing. If you should need any additional information or have any questions, please do not hesitate to contact me.

Company and Contact

Filing Contact Information

Shelly Williams (Dentegra), Regulatory Analyst
swilliams4@dentegra.com
17871 Park Plaza Dr., Suite 200
800-801-7105 [Phone] 7766 [Ext]
Cerritos, CA 90703
562-924-8039 [FAX]

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Filing Company Information

Dentegra Insurance Company
100 First Street
San Francisco, CA 94105
(866) 714-7730 ext. [Phone]

CoCode: 73474
Group Code: 2479
Group Name: Dentegra Group, Inc.
FEIN Number: 75-1233841

State of Domicile: Delaware
Company Type: LAH
State ID Number: CO

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State Specific

Please enter state-specific code(s) found in Colorado's Filing Requirements Bulletins, or on the General Instructions page. Please list all applicable state-specific codes. If no codes are applicable, please enter N/A.: 649, 760, 850
All rate and loss cost filing types MUST be submitted with completed Rate Data Fields in accordance with Sections 10-4-401 and 10-16-107 C.R.S. This requirement does not apply to form filing types. Rate and loss cost filings not including this data will be rejected. If this is a rate or loss cost filing, have these fields been completed?: Yes
Have you completed the Forms Schedule Tab? ALL Life, Accident, and Health Rate and Form filing types require the Form Schedule Tab to be completed. In addition, all Form, Annual Form Certification, and Refund Calculation filing types require the Form Schedule Tab to be completed. The actual form must be attached to Form filing types only when filing: Medicare Supplement, Long-Term Care Partnership, Stop Loss, P&C Summary Disclosure Forms, and Workers Compensation. It is not necessary to submit the actual form for other lines of insurance. Thank you.: Yes

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Nichole Boggess	08/08/2013	08/08/2013

Objection Letters and Response Letters

Objection Letters / Response Letters

Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Scott Campbell	08/01/2013	08/01/2013	Shelly Williams	08/02/2013	08/02/2013
Pending Industry Response	Michael Muldoon	07/27/2013	07/27/2013	Shelly Williams	07/30/2013	07/30/2013
Pending Industry Response	Nichole Boggess	07/25/2013	07/25/2013	Shelly Williams	07/26/2013	07/26/2013
Pending Industry Response	Cathy Gilliland	07/22/2013	07/22/2013	Shelly Williams	07/23/2013	07/23/2013
Pending Industry Response	Michael Muldoon	07/15/2013	07/15/2013	Shelly Williams	07/19/2013	07/19/2013
Pending Industry Response	Cathy Gilliland	07/01/2013	07/01/2013	Shelly Williams	07/02/2013	07/02/2013
Pending Industry Response	Cathy Gilliland	06/17/2013	06/17/2013	Shelly Williams	06/27/2013	07/01/2013

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Disposition letter	Note To Filer	Nichole Boggess	08/08/2013	08/08/2013
Response to Objection Letter 7/29/13	Note To Reviewer	Shelly Williams	07/29/2013	07/29/2013
Forms Listing Revised	Note To Reviewer	Shelly Williams	07/19/2013	07/19/2013

Disposition

Disposition Date: 08/08/2013
Implementation Date: 01/01/2014
Status: Filed

Comment: State Tracking #278930
Company: Dentegra Dental Insurance Company
Product Line: Individual Dental

Off-Exchange Rate Implementation Summary
Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a new Filing for 2014 Standalone Dental plans, there is no rate change involved with this filing. The purpose of this rate filing is to establish new product rates for standalone dental plans that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Exchange if applicable.

Off Exchange Only Plans
Child Only Pediatric: 2 plans (High AV Plan, Low AV Plan)
Other Adult Plans: 2 plans (Preferred and Basic)

Final Rate Filing Disposition
The Division has filed the rates in their final form after all adjustments.

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

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	HR-1 Form (H)		Yes
Supporting Document	HR-1 Form (H)		Yes

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Actuarial Memo		Yes
Supporting Document	Actuarial Memo		Yes
Supporting Document	Actuarial Memo		Yes
Supporting Document	Actuarial Memo		Yes
Supporting Document	Actuarial Memo		Yes
Supporting Document	Actuarial Memo		Yes
Supporting Document	Actuarial Memo		Yes
Supporting Document (revised)	Actuarial Certification		Yes
Supporting Document	Actuarial Certification		Yes
Form (revised)	PPO Individual Pediatric Dental Policy - High Plan		Yes
Form	PPO Individual Pediatric Dental Policy		Yes
Form (revised)	DELETED FORM		Yes
Form	PPO Individual Pediatric Dental Attachment A (Deductibles, Maximums and Contract Benefit Levels) – High Plan		Yes
Form (revised)	DELETED FORM		Yes
Form	PPO Individual Pediatric Dental Attachment A (Deductibles, Maximums and Contract Benefit Levels) – Low Plan		Yes
Form (revised)	DELETED FORM		Yes
Form	PPO Individual Pediatric Dental Attachment B (Services, Limitations and Exclusions)		Yes
Form (revised)	DELETED FORM		Yes

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	PPO Individual Pediatric Dental Attachment B-1 (Schedule of Covered Services)		Yes
Form (revised)	PPO Individual Combined/Integrated EHB and Sup Dental Policy - High Plan		Yes
Form	PPO Individual Combined/Integrated EHB and Sup Dental Policy		Yes
Form (revised)	DELETED FORM		Yes
Form	PPO Individual Combined Attachment A (EHB Deductibles, Maximums and Contract Benefit Levels) – High Plan		Yes
Form (revised)	DELETED FORM		Yes
Form	PPO Individual Combined Attachment A (EHB Deductibles, Maximums and Contract Benefit Levels) – Low Plan		Yes
Form (revised)	DELETED FORM		Yes
Form	PPO Individual Combined Attachment B (EHB Services, Limitations and Exclusions)		Yes
Form (revised)	DELETED FORM		Yes
Form	PPO Individual Combined Attachment B-1 (EHB Schedule of Covered Services and Limitations)		Yes
Form (revised)	DELETED FORM		Yes
Form	PPO Individual Combined Attachment C (Sup Deductibles, Maximums and Contract Benefit Levels) - High Plan		Yes
Form (revised)	DELETED FORM		Yes

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	PPO Individual Combined Attachment C (Sup Deductibles, Maximums and Contract Benefit Levels) - Low Plan		Yes
Form (revised)	DELETED FORM		Yes
Form	PPO Individual Combined Attachment D (Sup Services, Limitations and Exclusions)		Yes
Form (revised)	DELETED FORM		Yes
Form	PPO Individual Combined Attachment D (Sup Services, Limitations and Exclusions)		Yes
Form	Individual Dental Application		Yes
Form	PPO Individual Pediatric Dental Policy - low Plan		Yes
Form	PPO Individual Combined/Integrated EHB and Sup Dental Policy - Low Plan		Yes
Form	PPO Individual Combined/Integrated EHB and Sup Dental Policy - High Plan		Yes
Form	PPO Individual Combined/Integrated EHB and Sup Dental Policy - High Plan		Yes
Rate (revised)	Dental Manual Rate Formula		Yes
Rate	Dental Manual Rate Formula		Yes
Rate	Dental Manual Rate Formula		Yes
Rate	Attachment A		Yes

Final Disposition Letter

State Tracking #278930
Company: Dentegra Dental Insurance Company
Product Line: Individual Dental Off-Exchange

Rate Implementation Summary
Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014
This is a new Filing for 2014 Standalone Dental plans, there is no rate change involved with this filing.

The purpose of this rate filing is to establish new product rates for standalone dental plans that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Exchange if applicable.

Off Exchange Only Plans
Child Only Pediatric: 2 plans (High AV Plan, Low AV Plan)
Other Adult Plans: 2 plans (Preferred and Basic)

Rate Methodology
Experience Used for Rate Setting: Dentegra Dental business.

2012 Experience Period Loss Ratio: 65.3% based on 38,308 members enrolled on National Dental Business with $24.5 Million in premium.

Annual Dental Cost Trends: 4%.

Premium Retained to Cover Expenses, Taxes Fees and Profits

Administrative costs: Expenses the insurance company pays to operate this insurance plan. This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability, and taxes.

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Total 30.9% premium retained for the High AV plan, and 28.4% for the Low AV plan, shown as follows:
Admin Expenses: 15.0%
Commissions: 5.0%
Risk Margin: 5.5% for High Ped. Av plan and adult plans, and 3.0% for Low Ped. AV plan.
Premium Tax: 2.0%
PPACA Fees and Taxes: 2.0%
Exchange User Fee: 1.4%

The expected loss ratios for 2014 are:

High Ped. Av Plan: 69.1%
Low Ped. AV Plan: 71.6%
Adult Plans: 69.1%

Sample of Final Premium Levels

					Boulder		Colorado Springs		Denver		Fort Collins		Grand Junction		Pueblo	
					Rating Area 1		Rating Area 2		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 7	
Company	Network Name	Plan Type	Level of Coverage	Age	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Dentegra Insurance Company	Dentegra Dental PPO	PPO	High AV	0-20	$36.02	$36.02	$37.12	$37.12	$37.33	$37.33	$33.86	$33.86	$34.72	$34.72	$37.06	$37.06
				27	$36.02	$60.94	$37.12	$62.81	$37.33	$63.17	$33.86	$57.29	$34.72	$58.74	$37.06	$62.71
			Low AV	0-20	$29.57	$29.57	$30.47	$30.47	$30.65	$30.65	$27.80	$27.80	$28.50	$28.50	$30.42	$30.42
				27	$29.57	$60.94	$30.47	$62.81	$30.65	$63.17	$27.80	$57.29	$28.50	$58.74	$30.42	$62.71

Division Objections and Rate Changes During the Review Process

The Division objected to Dentegra retaining 3.5% of premium for the exchange user fee. The plan agreed to reduce that to 1.4%.

The Division objected to Dentegra retaining 2.5% of premium for the state premium tax. The plan agreed to reduce that to 2.0%.

The Division objected to Dentegra failing to support their retention of 19.0% of premium for their general expenses. The plan agreed to reduce that to 15%.

Final Rate Filing Disposition
The Division has filed the rates in their final form after all adjustments.

State:	*Colorado*	**Filing Company:**	*Dentegra Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*DIC OHCR IND PPO RATES - PPACA Dental Filing*		
Project Name/Number:	*DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/01/2013
Submitted Date	08/01/2013
Respond By Date	08/02/2013

Dear Shelly Williams (Dentegra),

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Dental Manual Rate Formula, [OPIP85-CO-DIC, OPIP70-CO-DIC, OXIP85hi-CO-DIC, OXIP85lo-CO-DIC, OXIP70hi-CO-DIC, OXIP70lo-CO-DIC] (Rate)

Comments: Hi Shelly,

I just left you a message a little while ago regarding the dental filings for Dentegra Insurance Company. At the bottom of both Act Memos there is an Attachment A, we need you to have this as a separate PDF file and submit it to the Rate/Rules Schedule tab.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Sincerely,

Scott Campbell

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/27/2013
Submitted Date	07/27/2013
Respond By Date	07/30/2013

Dear Shelly Williams (Dentegra),

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments:

In the prior objection you were requested to provide complete actuarial support for how your administrative expenses were developed, and in prior objections from Cathy Gilliland you were directed that you must provide support for each retention component.

Your 19.0% admin expense (general expense) level is at the high end of all dental issuers, is not supported in your actuarial memorandum. This level of retention appears to be somewhat excessive as to what is typically being proposed by dental issuers with similar products.

The Division does not accept the 19% general expense level given the lack of support for this item.

Please provide the full actuarial development and support for how the 19.0% admin load was set.

I have requested Cathy Gilliland to arrange a tentative meeting to discuss on Monday afternoon July 29th. Please contact Cathy with in the Colorado DORA office regarding this meeting request.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/29/2013, which is within 2 calendar days from the date of this correspondence.

Failure to provide a full or complete response may result in the imposition of a $500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,
Michael Muldoon

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/25/2013
Submitted Date	07/25/2013
Respond By Date	07/26/2013

Dear Shelly Williams (Dentegra),

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Actuarial Memo (Supporting Document)

Comments: In our prior objection we directed you that the 3.5% load for Exchange user fees was invalid. The division does not accept the revisions made. We also indicated that the 2.5% premium tax should be 2.0%. It appears that you moved 2.6% from these two categories into the admin category. Please remove this 2.6% from your admin category and revise your rates to reflect this. Overall retention should have been reduced by 2.6%. Please provide support for the administrative retention component.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/26/2013, which is within 1 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/26/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,

Nichole Boggess

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/22/2013
Submitted Date	07/22/2013
Respond By Date	07/23/2013

Dear Shelly Williams (Dentegra),

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Objection 1: (Regulation HB 1245 indicates lives insured under dental plans will have user fees that must not exceed $0.18 PMPM) The Exchange user fees of $1.80 pmpm for Medical and $0.18 pmpm dental are not being applied for 2014. These fees will not be included in premium going forward. They are directly collected by the Exchange starting 2015. Please refer to COHBE for information. Please remove the $0.18pmpm from rates and any illustrations.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/23/2013, which is within 1 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/23/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a $500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,
Cathy Gilliland

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/15/2013
Submitted Date	07/15/2013
Respond By Date	07/19/2013

Dear Shelly Williams (Dentegra),

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Actuarial Memo (Supporting Document)

Comments: You indicate that you are building in 3.5% premium retention to cover the Exchange User Fee, and note FFM guidance.
In Colorado, which is a State Based Exchange, the COHBE Exchange User Fee is 1.4%. Please clarify.

Please verify that the 2.0% PPACA Fee load is for the Health Insurer Fee. Please show how the 2.0% was developed.

Please clarify what state the 2.5% premium tax applies to, in Colorado Issuers are typically at 2.0% premium tax.

Please clarify what the $0.18 pmpm User Fee in Administrative Expenses is for.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/19/2013, which is within 5 calendar days from the date of this correspondence.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a $500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,
Michael Muldoon

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/01/2013
Submitted Date	07/01/2013
Respond By Date	07/04/2013

Dear Shelly Williams (Dentegra),

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Actuarial Memo (Supporting Document)

Comments: Regulation 4-2-11 section 6 (H) Retention Percentage: The actuarial memorandum must list and adequately support each specific component of the retention percentage. The support for a health benefit plan must include a comparison of the most recent levels experienced for each component as shown in the plan's financial statements, with an explanation for any variations between retention loads used and actual experience for each component.

a. If the product was not initially priced using a lifetime loss ratio standard, the retention percentage is equal to the sum of all non-claim components of the rate including investment income from unearned premium reserves, contract or policy reserves, reserves from incurred losses, and reserves from incurred but not reported losses.

b. If the product was initially priced using a lifetime loss ratio standard, the retention percentage is equal to 1 minus the lifetime loss ratio.

Each of these specific components must be expressed as a percentage of the earned premium, and should sum to the total carrier retention percentage. Each component should reflect the average assumption used in pricing. Ranges for each assumption and flat dollar amounts are not permitted. The component for profit/contingencies should reflect the target load for profit and contingencies, and not the expected results or operating margin

Objection 2

- Actuarial Memo (Supporting Document)

Comments: Regulation 4-2-11 section 6 (A) List of Policy/Rider forms are not listed

Objection 3

- Actuarial Memo (Supporting Document)

Comments: Regulation 4-2-11 section 6 (N) Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years.

1. Pharmacy claims data for health benefit plans or an applicable plan that pays on an expense basis should also be shown separately for incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders.

actual benefit ratio is missing.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/04/2013, which is within 4 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/04/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a $500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,
Cathy Gilliland

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/17/2013
Submitted Date	06/17/2013
Respond By Date	07/01/2013

Dear Shelly Williams (Dentegra),

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please correct the Implmentation date requested on the general information tab t0 1/1/14 with a post submission update.

Objection 2

Comments: Once a filing has been submitted, the Lead Form Number cannot be changed. For future filings, please ensure that the Lead Form Number field has been completed. For more information and guidance on how to update the form schedule tab, please contact the SERFF help desk

Objection 3

- Actuarial Memo (Supporting Document)

Comments: regulation 4-2-11 section 5 (A) 3 This will be sold to small groups through the Colorado health exchange or through agents and brokers
inside or outside the exchange.
The Description on the general information has (This is an initial rate filing and will be used when our Dental PPO product is sold direct or by a partnership relationship to small groups outside the Colorado Health Benefit Exchange)
Please correct the wording in the area that is correct (inside and outside) or (outside)

Objection 4

- Actuarial Memo (Supporting Document)

Comments: regulation 4-2-11 section 6 (6) Policy/Rider form: A listing of all policy/rider forms impacted by the filing (for standardized Medicare supplement, the plans should be identified).

Objection 5

- Actuarial Memo (Supporting Document)

Comments: regulation 4-2-11 section 6 (C) Rating Period, If the length of the rating period is not clearly identified, it will be assumed to be for twelve months, starting from the proposed implementation date.

Objection 6

- Actuarial Memo (Supporting Document)

Comments: Please provide (G) through (N) on the Actuarial Memorandum.

Objection 7

- Actuarial Memo (Supporting Document)

Comments: Please date the Actuarial Certification-Regulation 4-2-11 section 5

Objection 8

- Actuarial Memo (Supporting Document)

Comments: rates: regulation 4-6-7 Children ages newborn through age 19 (or through age 24 if the child is a full-time student covered as a dependent), excluding emancipated minors

Emancipated minors and persons ages 20 through 24
Age 25 through 29
Age 30 through 34
Age 35 through 39
Age 40 through 44
Age 45 through 49
Age 50 through 54
Age 55 through 59
Age 60 through 64
Age 65 and older: Medicare is primary payer
Age 65 and older: Medicare is secondary payer

Objection 9

- Actuarial Memo (Supporting Document)

Comments: Regulation 4-2-11 section 6 (N) Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years. If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product, if available. If no experience for the new product.

Objection 10

- Actuarial Memo (Supporting Document)

Comments: Actuarial Memo (N) Regulation 4-2-11 section 6 (P) Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, both with and without the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, both with and without the requested rate change. The corresponding projection calculations should also be included. For products priced using a lifetime loss ratio standard, such as long-term care, Medicare supplement and long term disability, the projections should include a timeframe as to when the lifetime loss ratio will be achieved

Objection 11

- Actuarial Memo (Supporting Document)

Comments: Regulation 4-2-11 section 6 (H) Each of these specific components must be expressed as a percentage of the earned premium, and should sum to the total carrier retention percentage. Each component should reflect the average assumption used in pricing. Ranges for each assumption and flat dollar amounts are not permitted. The component for profit/contingencies should reflect the target load for profit and contingencies, and not the expected results or operating margin.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/01/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/01/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a $500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to

Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/02/2013
Submitted Date	08/02/2013

Dear Cathy Gilliland,

Introduction:

Response 1

Comments:

Attachment A has been submitted as a separate PDF file in the Rates/Rules Schedule tab.

Also, HR-1 form has been updated. Items 14 and 22 have been revised.

Related Objection 1

Applies To:

- Dental Manual Rate Formula, [OPIP85-CO-DIC, OPIP70-CO-DIC, OXIP85hi-CO-DIC, OXIP85lo-CO-DIC, OXIP70hi-CO-DIC, OXIP70lo-CO-DIC] (Rate)

Comments: Hi Shelly,

I just left you a message a little while ago regarding the dental filings for Dentegra Insurance Company. At the bottom of both Act Memos there is an Attachment A, we need you to have this as a separate PDF file and submit it to the Rate/Rules Schedule tab.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	HR-1 Form (H)
Comments:	Please see the revised HR-1 form. Items 14 and 22 have been updated.
Attachment(s):	CO HR1 Individual Outside 2013 08 02.pdf
Previous Version	
Satisfied - Item:	*HR-1 Form (H)*
Comments:	
Attachment(s):	*CO HR1 Individual Outside.pdf*

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Attachment A	OPIP85-CO-DIC, OPIP70-CO-DIC, OXIP85hi-CO-DIC, OXIP85lo-CO-DIC, OXIP70hi-CO-DIC, OXIP70lo-CO-DIC	New		Attachment A Dentegra CO Pediatric PPO Individual 2013 08 02.pdf, Attachment A Dentegra CO Supplemental PPO Individual 2013 08 02.pdf,	08/02/2013 By: Shelly Williams

Conclusion:

Sincerely,
Shelly Williams

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/30/2013
Submitted Date	07/30/2013

Dear Cathy Gilliland,

Introduction:

Response 1

Comments:

The administrative expenses have been reduced to 15% consisting of Acquisition & Services at 7%, General Overhead at 4%, and Claims Processing at 4%. The actuarial memorandums have been revised.

Related Objection 1

Comments:

In the prior objection you were requested to provide complete actuarial support for how your administrative expenses were developed, and in prior objections from Cathy Gilliland you were directed that you must provide support for each retention component.

Your 19.0% admin expense (general expense) level is at the high end of all dental issuers, is not supported in your actuarial memorandum. This level of retention appears to be somewhat excessive as to what is typically being proposed by dental issuers with similar products.

The Division does not accept the 19% general expense level given the lack of support for this item.

Please provide the full actuarial development and support for how the 19.0% admin load was set.

I have requested Cathy Gilliland to arrange a tentative meeting to discuss on Monday afternoon July 29th. Please contact Cathy with in the Colorado DORA office regarding this meeting request.

Changed Items:

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
Attachment(s):	Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls Actuarial Memorandum Dentegra Out CO Pediatric PPO Individual 2013 07 30.pdf Actuarial Memorandum Dentegra Out CO Supplemental PPO Individual 2013 07 30.pdf

Previous Version

Satisfied - Item:	*Actuarial Memo*
Comments:	*Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation.* *Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.*
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Previous Version

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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Previous Version

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Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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Previous Version

Satisfied - Item:	Actuarial Memo

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Comments:	*Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation.* *Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.*
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Previous Version	
Satisfied - Item:	*Actuarial Memo*
Comments:	*Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation.* *Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.*
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Previous Version	
Satisfied - Item:	*Actuarial Memo*

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Comments:	*Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation.* *Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.*
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No Form Schedule items changed.

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Dental Manual Rate Formula	OPIP85-CO-DIC, OPIP70-CO-DIC, OXIP85hi-CO-DIC, OXIP85lo-CO-DIC, OXIP70hi-CO-DIC, OXIP70lo-CO-DIC	New		Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf, Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls, Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls, Actuarial Memorandum Dentegra Out CO Pediatric PPO Individual 2013 07 30.pdf, Actuarial Memorandum Dentegra Out CO Supplemental PPO Individual 2013 07 30.pdf,	07/30/2013 By: Shelly Williams

Previous Version

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Rate/Rule Schedule Item Changes

1	Dental Manual Rate Formula	OPIP-CO-DIC, OXIP-CO-DIC	New		Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf, Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls, Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls, Actuarial Memorandum Dentegra Out CO Pediatric PPO Individual 2013 07 23.pdf, Actuarial Memorandum Dentegra Out CO Supplemental PPO Individual 2013 07 23.pdf,	07/23/2013 By: Shelly Williams

Previous Version

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Rate/Rule Schedule Item Changes

1	Dental Manual Rate Formula	OPIP-CO-DIC, OXIP-CO-DIC	New		Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf, Actuarial Memorandum Dentegra Out CO Pediatric PPO Individual 2013 06 12.pdf, Actuarial Memorandum Dentegra Out CO Supplemental PPO Individual 2013 06 12.pdf, Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls, Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls,	06/13/2013 By: Shelly Williams

Conclusion:

Sincerely,
Shelly Williams

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/26/2013
Submitted Date	07/26/2013

Dear Cathy Gilliland,

Introduction:

Response 1

Comments:

Please see the revised actuarial memorandums. Thank you.

Related Objection 1

Applies To:

- Actuarial Memo (Supporting Document)

Comments: In our prior objection we directed you that the 3.5% load for Exchange user fees was invalid. The division does not accept the revisions made. We also indicated that the 2.5% premium tax should be 2.0%. It appears that you moved 2.6% from these two categories into the admin category. Please remove this 2.6% from your admin category and revise your rates to reflect this. Overall retention should have been reduced by 2.6%. Please provide support for the administrative retention component.

Changed Items:

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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State: Colorado **Filing Company:** Dentegra Insurance Company
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Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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Satisfied - Item:	Actuarial Memo

State: Colorado **Filing Company:** Dentegra Insurance Company
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Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Comments:	*Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation.* *Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.*
Attachment(s):	*Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf* *Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls* *Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls* *Actuarial Memorandum Dentegra Out CO Pediatric PPO Individual 2013 06 26.pdf* *Actuarial Memorandum Dentegra Out CO Supplemental PPO Individual 2013 06 26.pdf*

Previous Version

Satisfied - Item:	*Actuarial Memo*
Comments:	*Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation.* *Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.*
Attachment(s):	*Actuarial Memorandum Dentegra Out CO Pediatric PPO Individual 2013 06 12.pdf* *Actuarial Memorandum Dentegra Out CO Supplemental PPO Individual 2013 06 12.pdf* *Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf* *Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls* *Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Shelly Williams

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/23/2013
Submitted Date	07/23/2013

Dear Cathy Gilliland,

Introduction:

Response 1

Comments:

Please see the revised Actuarial Memorandums.

Related Objection 1

Comments: Objection 1: (Regulation HB 1245 indicates lives insured under dental plans will have user fees that must not exceed $0.18 PMPM) The Exchange user fees of $1.80 pmpm for Medical and $0.18 pmpm dental are not being applied for 2014. These fees will not be included in premium going forward. They are directly collected by the Exchange starting 2015. Please refer to COHBE for information. Please remove the $0.18pmpm from rates and any illustrations.

Changed Items:

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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Previous Version

Satisfied - Item:	*Actuarial Memo*
Comments:	*Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation.* *Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.*
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Previous Version

State:	Colorado	**Filing Company:**	Dentegra Insurance Company
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	DIC OHCR IND PPO RATES - PPACA Dental Filing		
Project Name/Number:	DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing		

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Previous Version

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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Previous Version

Satisfied - Item:	Actuarial Memo

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Comments:	*Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation.* *Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.*
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Satisfied - Item:	Actuarial Certification
Comments:	The Actuarial Certifications are included in the Actuarial Memorandums above.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Actuarial Certification*
Comments:	*The Actuarial Certifications are included in the Actuarial Memorandums above.*
Attachment(s):	

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
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Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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Comments:	*Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation.* *Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.*
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State:	Colorado	**Filing Company:**	Dentegra Insurance Company
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
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Project Name/Number:	DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing		

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Previous Version

Satisfied - Item:	Actuarial Memo

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Comments:	*Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation.* *Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.*
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Satisfied - Item:	Actuarial Certification
Comments:	The Actuarial Certifications are included in the Actuarial Memorandums above.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Actuarial Certification*
Comments:	*The Actuarial Certifications are included in the Actuarial Memorandums above.*
Attachment(s):	

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PPO Individual Pediatric Dental Policy - High Plan	OPIP85-CO-DIC	POL	Initial		53.100		Date Submitted: 07/23/2013 By: Shelly Williams
Previous Version								
1	*PPO Individual Pediatric Dental Policy*	*OPIP-CO-DIC*	*POL*	*Initial*		*53.100*		*Date Submitted: 06/13/2013 By: Shelly Williams*
2	DELETED FORM	OPIAtAhi-CO-DIC	OTH	Other	Deleted Form			Date Submitted: 07/23/2013 By: Shelly Williams
Previous Version								
2	*PPO Individual Pediatric Dental Attachment A (Deductibles, Maximums and Contract Benefit Levels) – High Plan*	*OPIAtAhi-CO-DIC*	*OUT*	*Initial*		*64.000*		*Date Submitted: 06/13/2013 By: Shelly Williams*
3	DELETED FORM	OPIAtAlo-CO-DIC	OTH	Other	Deleted Form			Date Submitted: 07/23/2013 By: Shelly Williams
Previous Version								

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PPO Individual Pediatric Dental Policy - High Plan	OPIP85-CO-DIC	POL	Initial		53.100		Date Submitted: 07/23/2013 By: Shelly Williams
3	*PPO Individual Pediatric Dental Attachment A (Deductibles, Maximums and Contract Benefit Levels) – Low Plan*	*OPIAtAlo-CO-DIC*	*OTH*	*Initial*		*67.300*		*Date Submitted: 06/13/2013 By: Shelly Williams*
4	DELETED FORM	OPIAtB-CO-DIC	OTH	Other	Deleted Form			Date Submitted: 07/23/2013 By: Shelly Williams
Previous Version								
4	*PPO Individual Pediatric Dental Attachment B (Services, Limitations and Exclusions)*	*OPIAtB-CO-DIC*	*OTH*	*Initial*		*54.500*		*Date Submitted: 06/13/2013 By: Shelly Williams*
5	DELETED FORM	OPIAtB1-DIC	OTH	Other	Deleted Form			Date Submitted: 07/23/2013 By: Shelly Williams

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PPO Individual Pediatric Dental Policy - High Plan	OPIP85-CO-DIC	POL	Initial		53.100		Date Submitted: 07/23/2013 By: Shelly Williams
Previous Version								
5	*PPO Individual Pediatric Dental Attachment B-1 (Schedule of Covered Services)*	*OPIAtB1-DIC*	*OTH*	*Initial*		*54.300*		*Date Submitted: 06/13/2013 By: Shelly Williams*
6	PPO Individual Combined/Integrated EHB and Sup Dental Policy - High Plan	OXIP85hi-CO-DIC	POL	Initial		51.500		Date Submitted: 07/23/2013 By: Shelly Williams
Previous Version								
6	*PPO Individual Combined/Integrated EHB and Sup Dental Policy*	*OXIP-CO-DIC*	*POL*	*Initial*		*51.500*		*Date Submitted: 06/13/2013 By: Shelly Williams*
7	DELETED FORM	OXIAtAhi-CO-DIC	OTH	Other	Deleted Form			Date Submitted: 07/23/2013 By: Shelly Williams
Previous Version								

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PPO Individual Pediatric Dental Policy - High Plan	OPIP85-CO-DIC	POL	Initial		53.100		Date Submitted: 07/23/2013 By: Shelly Williams
7	*PPO Individual Combined Attachment A (EHB Deductibles, Maximums and Contract Benefit Levels) – High Plan*	*OXIAtAhi-CO-DIC*	*OTH*	*Initial*		*61.100*		*Date Submitted: 06/13/2013 By: Shelly Williams*
8	DELETED FORM	OXIAtAlo-CO-DIC	OTH	Other	Deleted Form			Date Submitted: 07/23/2013 By: Shelly Williams
Previous Version								
8	*PPO Individual Combined Attachment A (EHB Deductibles, Maximums and Contract Benefit Levels) – Low Plan*	*OXIAtAlo-CO-DIC*	*OTH*	*Initial*		*61.100*		*Date Submitted: 06/13/2013 By: Shelly Williams*

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
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Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PPO Individual Pediatric Dental Policy - High Plan	OPIP85-CO-DIC	POL	Initial		53.100		Date Submitted: 07/23/2013 By: Shelly Williams
9	DELETED FORM	OXIAtB-CO-DIC	OTH	Other	Deleted Form			Date Submitted: 07/23/2013 By: Shelly Williams
Previous Version								
9	*PPO Individual Combined Attachment B (EHB Services, Limitations and Exclusions)*	*OXIAtB-CO-DIC*	*OTH*	*Initial*		*50.400*		*Date Submitted: 06/13/2013 By: Shelly Williams*
10	DELETED FORM	OOXIAtB1-DIC	OTH	Other	Deleted Form			Date Submitted: 07/23/2013 By: Shelly Williams
Previous Version								
10	*PPO Individual Combined Attachment B-1 (EHB Schedule of Covered Services and Limitations)*	*OOXIAtB1-DIC*	*OTH*	*Initial*		*54.300*		*Date Submitted: 06/13/2013 By: Shelly Williams*

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
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Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PPO Individual Pediatric Dental Policy - High Plan	OPIP85-CO-DIC	POL	Initial		53.100		Date Submitted: 07/23/2013 By: Shelly Williams
11	DELETED FORM	OXIAtChi-CO-DIC	OTH	Other	Deleted Form			Date Submitted: 07/23/2013 By: Shelly Williams
Previous Version								
11	*PPO Individual Combined Attachment C (Sup Deductibles, Maximums and Contract Benefit Levels) - High Plan*	*OXIAtChi-CO-DIC*	*OTH*	*Initial*		*52.800*		*Date Submitted: 06/13/2013 By: Shelly Williams*
12	DELETED FORM	OXIAtClo-CO-DIC	OTH	Other	Deleted Form			Date Submitted: 07/23/2013 By: Shelly Williams
Previous Version								

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
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Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PPO Individual Pediatric Dental Policy - High Plan	OPIP85-CO-DIC	POL	Initial		53.100		Date Submitted: 07/23/2013 By: Shelly Williams
12	*PPO Individual Combined Attachment C (Sup Deductibles, Maximums and Contract Benefit Levels) - Low Plan*	*OXIAtClo-CO-DIC*	*OTH*	*Initial*		*52.800*		*Date Submitted: 06/13/2013 By: Shelly Williams*
13	DELETED FORM	OXIAtDhi-CO-DIC	OTH	Other	Deleted Form			Date Submitted: 07/23/2013 By: Shelly Williams
Previous Version								
13	*PPO Individual Combined Attachment D (Sup Services, Limitations and Exclusions)*	*OXIAtDhi-CO-DIC*	*OTH*	*Initial*		*50.400*		*Date Submitted: 06/13/2013 By: Shelly Williams*
14	DELETED FORM	OXIAtDlo-CO-DIC	OTH	Other	Deleted Form			Date Submitted: 07/23/2013 By: Shelly Williams

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Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PPO Individual Pediatric Dental Policy - High Plan	OPIP85-CO-DIC	POL	Initial		53.100		Date Submitted: 07/23/2013 By: Shelly Williams
Previous Version								
14	*PPO Individual Combined Attachment D (Sup Services, Limitations and Exclusions)*	*OXIAtDlo-CO-DIC*	*OTH*	*Initial*		*50.400*		*Date Submitted: 06/13/2013 By: Shelly Williams*
15	PPO Individual Pediatric Dental Policy - low Plan	OPIP70-CO-DIC	POL	Initial		53.100		Date Submitted: 07/23/2013 By: Shelly Williams
16	PPO Individual Combined/Integrated EHB and Sup Dental Policy - Low Plan	OXIP85lo-CO-DIC	POL	Initial		51.500		Date Submitted: 07/23/2013 By: Shelly Williams
17	PPO Individual Combined/Integrated EHB and Sup Dental Policy - High Plan	OXIP70hi-CO-DIC	POL	Initial		51.500		Date Submitted: 07/23/2013 By: Shelly Williams

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
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Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	PPO Individual Pediatric Dental Policy - High Plan	OPIP85-CO-DIC	POL	Initial		53.100		Date Submitted: 07/23/2013 By: Shelly Williams
18	PPO Individual Combined/Integrated EHB and Sup Dental Policy - High Plan	OXIP70lo-CO-DIC	PJK	Initial		51.500		Date Submitted: 07/23/2013 By: Shelly Williams

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Dental Manual Rate Formula	OPIP-CO-DIC, OXIP-CO-DIC	New		Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf, Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls, Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls, Actuarial Memorandum Dentegra Out CO Pediatric PPO Individual 2013 07 23.pdf, Actuarial Memorandum Dentegra Out CO Supplemental PPO Individual 2013 07 23.pdf,	07/23/2013 By: Shelly Williams

Previous Version

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Rate/Rule Schedule Item Changes

1	Dental Manual Rate Formula	OPIP-CO-DIC, OXIP-CO-DIC	New		Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf, Actuarial Memorandum Dentegra Out CO Pediatric PPO Individual 2013 06 12.pdf, Actuarial Memorandum Dentegra Out CO Supplemental PPO Individual 2013 06 12.pdf, Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls, Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls,	06/13/2013 By: Shelly Williams

Conclusion:

Sincerely,
Shelly Williams

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/19/2013
Submitted Date	07/19/2013

Dear Cathy Gilliland,

Introduction:

Response 1

Comments:

The actuarial memorandums have been revised to show 1.4% Exchange User Fee.

Dentegra has relied upon analysis from Oliver Wyman in the development of the 2% PPACA tax allocation. Based on these reviews, for-profit entities are assumed to have a 2% PPACA tax, and not-for-profit entities are assumed to be half of the for-profit as disclosed in the PPACA Act.

The actuarial memorandums have been revised to show 2.0% the premium tax.

Regulation HB 1245 indicates lives insured under dental plans will have user fees that must not exceed $0.18 PMPM.

Related Objection 1

Applies To:

- Actuarial Memo (Supporting Document)

Comments: You indicate that you are building in 3.5% premium retention to cover the Exchange User Fee, and note FFM guidance. In Colorado, which is a State Based Exchange, the COHBE Exchange User Fee is 1.4%. Please clarify.

Please verify that the 2.0% PPACA Fee load is for the Health Insurer Fee. Please show how the 2.0% was developed.

Please clarify what state the 2.5% premium tax applies to, in Colorado Issuers are typically at 2.0% premium tax.

Please clarify what the $0.18 pmpm User Fee in Administrative Expenses is for.

Changed Items:

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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Previous Version

Satisfied - Item:	*Actuarial Memo*
Comments:	*Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation.* *Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.*
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Previous Version

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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Previous Version

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Shelly Williams

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/02/2013
Submitted Date	07/02/2013

Dear Cathy Gilliland,

Introduction:

Response 1

Comments:

The Actuarial Memorandums have been revised.

Related Objection 1

Applies To:

- Actuarial Memo (Supporting Document)

Comments: Regulation 4-2-11 section 6 (H) Retention Percentage: The actuarial memorandum must list and adequately support each specific component of the retention percentage. The support for a health benefit plan must include a comparison of the most recent levels experienced for each component as shown in the plan's financial statements, with an explanation for any variations between retention loads used and actual experience for each component.
a. If the product was not initially priced using a lifetime loss ratio standard, the retention percentage is equal to the sum of all non-claim components of the rate including investment income from unearned premium reserves, contract or policy reserves, reserves from incurred losses, and reserves from incurred but not reported losses.
b. If the product was initially priced using a lifetime loss ratio standard, the retention percentage is equal to 1 minus the lifetime loss ratio.
Each of these specific components must be expressed as a percentage of the earned premium, and should sum to the total carrier retention percentage. Each component should reflect the average assumption used in pricing. Ranges for each assumption and flat dollar amounts are not permitted. The component for profit/contingencies should reflect the target load for profit and contingencies, and not the expected results or operating margin

Changed Items:

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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Previous Version

Satisfied - Item:	*Actuarial Memo*
Comments:	*Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation.* *Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.*
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Previous Version

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

The Policy form numbers are listed on page 1 of the Actuarial Memorandums (see Summary section, item 6). Also, the Form Schedule table lists each form number.

Related Objection 2

Applies To:
- Actuarial Memo (Supporting Document)

Comments: Regulation 4-2-11 section 6 (A) List of Policy/Rider forms are not listed

Changed Items:

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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Previous Version

Satisfied - Item:	*Actuarial Memo*
Comments:	*Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation.* *Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.*
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Previous Version

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Actuarial Memorandums have been revised.

Related Objection 3

Applies To:

- Actuarial Memo (Supporting Document)

Comments: Regulation 4-2-11 section 6 (N) Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years.
1. Pharmacy claims data for health benefit plans or an applicable plan that pays on an expense basis should also be shown separately for incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders.
actual benefit ratio is missing.

Changed Items:

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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Previous Version

Satisfied - Item:	*Actuarial Memo*
Comments:	*Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation.* *Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.*
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Previous Version

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Shelly Williams

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/27/2013
Submitted Date	07/01/2013

Dear Cathy Gilliland,

Introduction:

Response 1

Comments:

The Implementation Date requested has been changed to 1/1/14. Please see the Post Submission Update for more information.

Related Objection 1

Comments: Please correct the Implmentation date requested on the general information tab t0 1/1/14 with a post submission update.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

My apologies for not completing the Lead Form Number field. For your reference, the Lead Form Numbers are OPIP-CO-DIC and OXIP-CO-DIC. In the future, I will complete the Lead Form Number field.

Related Objection 2

Comments: Once a filing has been submitted, the Lead Form Number cannot be changed. For future filings, please ensure that the Lead Form Number field has been completed. For more information and guidance on how to update the form schedule tab, please contact the SERFF help desk

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

The Actuarial Memorandum has been revised.

Related Objection 3

Applies To:

- Actuarial Memo (Supporting Document)

Comments: regulation 4-2-11 section 5 (A) 3 This will be sold to small groups through the Colorado health exchange or through agents and brokers inside or outside the exchange.
The Description on the general information has (This is an initial rate filing and will be used when our Dental PPO product is sold direct or by a partnership relationship to small groups outside the Colorado Health Benefit Exchange)
Please correct the wording in the area that is correct (inside and outside) or (outside)

Changed Items:

State:	*Colorado*	**Filing Company:**	*Dentegra Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*DIC OHCR IND PPO RATES - PPACA Dental Filing*		
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Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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Previous Version

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Comments:	*Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation.* *Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.*
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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

The Actuarial Memorandums have been revised.

Related Objection 4

Applies To:

- Actuarial Memo (Supporting Document)

Comments: regulation 4-2-11 section 6 (6) Policy/Rider form: A listing of all policy/rider forms impacted by the filing (for standardized Medicare supplement, the plans should be identified).

Changed Items:

State:	*Colorado*	**Filing Company:**	*Dentegra Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*DIC OHCR IND PPO RATES - PPACA Dental Filing*		
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Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
Attachment(s):	Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls Actuarial Memorandum Dentegra Out CO Pediatric PPO Individual 2013 06 26.pdf Actuarial Memorandum Dentegra Out CO Supplemental PPO Individual 2013 06 26.pdf

Previous Version

Satisfied - Item:	*Actuarial Memo*
Comments:	*Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation.* *Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.*
Attachment(s):	*Actuarial Memorandum Dentegra Out CO Pediatric PPO Individual 2013 06 12.pdf* *Actuarial Memorandum Dentegra Out CO Supplemental PPO Individual 2013 06 12.pdf* *Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf* *Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls* *Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

The rating period is for twelve months; the Actuarial Memorandums have been revised.

Related Objection 5

Applies To:

- Actuarial Memo (Supporting Document)

Comments: regulation 4-2-11 section 6 (C) Rating Period, If the length of the rating period is not clearly identified, it will be assumed to be for twelve months, starting from the proposed implementation date.

Changed Items:

State:	*Colorado*	**Filing Company:**	*Dentegra Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*DIC OHCR IND PPO RATES - PPACA Dental Filing*		
Project Name/Number:	*DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*		

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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Previous Version

Satisfied - Item:	*Actuarial Memo*
Comments:	*Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation.* *Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.*
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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

The Actuarial Memorandums have been revised to include (G) through (N).

Related Objection 6

Applies To:

- Actuarial Memo (Supporting Document)

Comments: Please provide (G) through (N) on the Actuarial Memorandum.

Changed Items:

State:	*Colorado*	**Filing Company:**	*Dentegra Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*DIC OHCR IND PPO RATES - PPACA Dental Filing*		
Project Name/Number:	*DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*		

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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Previous Version

Satisfied - Item:	*Actuarial Memo*
Comments:	*Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation.* *Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.*
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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

The Actuarial Memorandums have been revised.

Related Objection 7

Applies To:

- Actuarial Memo (Supporting Document)

Comments: Please date the Actuarial Certification-Regulation 4-2-11 section 5

Changed Items:

State:	*Colorado*	**Filing Company:**	*Dentegra Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*DIC OHCR IND PPO RATES - PPACA Dental Filing*		
Project Name/Number:	*DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*		

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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Previous Version

Satisfied - Item:	*Actuarial Memo*
Comments:	*Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation.* *Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.*
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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 8

Comments:

Dentegra does not use age to calculate rates, therefore, the twelve mandated age categories are not applicable.

Related Objection 8

Applies To:

- Actuarial Memo (Supporting Document)

Comments: rates: regulation 4-6-7 Children ages newborn through age 19 (or through age 24 if the child is a full-time student covered as a dependent), excluding emancipated minors
Emancipated minors and persons ages 20 through 24
Age 25 through 29
Age 30 through 34
Age 35 through 39
Age 40 through 44
Age 45 through 49
Age 50 through 54
Age 55 through 59
Age 60 through 64
Age 65 and older: Medicare is primary payer
Age 65 and older: Medicare is secondary payer

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 9

Comments:

The Actuarial Memorandums have been revised.

Related Objection 9

Applies To:

- Actuarial Memo (Supporting Document)

Comments: Regulation 4-2-11 section 6 (N) Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years. If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product, if available. If no experience for the new product.

Changed Items:

State:	*Colorado*	**Filing Company:**	*Dentegra Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*DIC OHCR IND PPO RATES - PPACA Dental Filing*		
Project Name/Number:	*DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*		

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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Previous Version

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Comments:	*Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation.* *Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.*
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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 10

Comments:

The Actuarial Memorandums have been revised.

Related Objection 10

Applies To:

- Actuarial Memo (Supporting Document)

Comments: Actuarial Memo (N) Regulation 4-2-11 section 6 (P) Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, both with and without the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, both with and without the requested rate change. The corresponding projection calculations should also be included. For products priced using a lifetime loss ratio standard, such as long-term care, Medicare supplement and long term disability, the projections should include a timeframe as to when the lifetime loss ratio will be achieved

Changed Items:

State:	*Colorado*	**Filing Company:**	*Dentegra Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*DIC OHCR IND PPO RATES - PPACA Dental Filing*		
Project Name/Number:	*DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*		

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 11

Comments:

The Actuarial Memorandums have been revised.

Related Objection 11

Applies To:

- Actuarial Memo (Supporting Document)

Comments: Regulation 4-2-11 section 6 (H) Each of these specific components must be expressed as a percentage of the earned premium, and should sum to the total carrier retention percentage. Each component should reflect the average assumption used in pricing. Ranges for each assumption and flat dollar amounts are not permitted. The component for profit/contingencies should reflect the target load for profit and contingencies, and not the expected results or operating margin.

Changed Items:

State:	*Colorado*	**Filing Company:**	*Dentegra Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*DIC OHCR IND PPO RATES - PPACA Dental Filing*		
Project Name/Number:	*DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*		

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
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Comments:	*Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation.* *Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.*
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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please contact me if you have any questions. Thank you.

Sincerely,

Shelly Williams

State:	*Colorado*	**Filing Company:**	*Dentegra Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*DIC OHCR IND PPO RATES - PPACA Dental Filing*		
Project Name/Number:	*DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*		

Note To Filer

Created By:

Nichole Boggess on 08/08/2013 04:38 PM

Last Edited By:

Nichole Boggess

Submitted On:

08/08/2013 04:38 PM

Subject:

Disposition letter

Comments:

Revised disposition letter sent.

State:	*Colorado*	**Filing Company:**	*Dentegra Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*DIC OHCR IND PPO RATES - PPACA Dental Filing*		
Project Name/Number:	*DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*		

Note To Reviewer

Created By:

Shelly Williams on 07/29/2013 06:04 PM

Last Edited By:

Nichole Boggess

Submitted On:

08/03/2013 05:27 PM

Subject:

Response to Objection Letter 7/29/13

Comments:

Per our teleconference call late this afternoon, Mr. Muldoon extended the deadline to tomorrow, Tuesday July 30th. I just want to document this. Thank you.

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Note To Reviewer

Created By:

Shelly Williams on 07/19/2013 04:53 PM

Last Edited By:

Nichole Boggess

Submitted On:

08/03/2013 05:27 PM

Subject:

Forms Listing Revised

Comments:

Dentegra received objection letters regarding its Colorado forms filings. The forms had to be revised to comply with 10-16-737, CRS and Regulation 4-2-34. As a result, the form numbers changed. Please see the Form Schedule tab for more information. Please note that SERFF does not allow users to delete form information on the Form Schedule tab. For those forms no longer part of this filing, you will se the notation "Deleted Form".

The Actuarial Memorandums have been updated to include the new form numbers (page 1, Summary, Section 6).

Thank you.

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Post Submission Update Request Processed On 07/01/2013

Status:	Allowed
Created By:	Shelly Williams
Processed By:	Cathy Gilliland
Comments:	

General Information:

Field Name	Requested Change	Prior Value
Implementation Date Requested	01/01/2014	10/01/2013

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		PPO Individual Pediatric Dental Policy - High Plan	OPIP85-CO-DIC	POL	Initial		53.100	
2		DELETED FORM	OPIAtAhi-CO-DIC	OTH	Other	Deleted Form		
3		DELETED FORM	OPIAtAlo-CO-DIC	OTH	Other	Deleted Form		
4		DELETED FORM	OPIAtB-CO-DIC	OTH	Other	Deleted Form		
5		DELETED FORM	OPIAtB1-DIC	OTH	Other	Deleted Form		
6		PPO Individual Combined/Integrated EHB and Sup Dental Policy - High Plan	OXIP85hi-CO-DIC	POL	Initial		51.500	
7		DELETED FORM	OXIAtAhi-CO-DIC	OTH	Other	Deleted Form		
8		DELETED FORM	OXIAtAlo-CO-DIC	OTH	Other	Deleted Form		
9		DELETED FORM	OXIAtB-CO-DIC	OTH	Other	Deleted Form		
10		DELETED FORM	OOXIAtB1-DIC	OTH	Other	Deleted Form		

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
11		DELETED FORM	OXIAtChi-CO-DIC	OTH	Other	Deleted Form		
12		DELETED FORM	OXIAtClo-CO-DIC	OTH	Other	Deleted Form		
13		DELETED FORM	OXIAtDhi-CO-DIC	OTH	Other	Deleted Form		
14		DELETED FORM	OXIAtDlo-CO-DIC	OTH	Other	Deleted Form		
15		Individual Dental Application	Iap-CO-DIC	AEF	Initial		0.000	
16		PPO Individual Pediatric Dental Policy - low Plan	OPIP70-CO-DIC	POL	Initial		53.100	
17		PPO Individual Combined/Integrated EHB and Sup Dental Policy - Low Plan	OXIP85lo-CO-DIC	POL	Initial		51.500	
18		PPO Individual Combined/Integrated EHB and Sup Dental Policy - High Plan	OXIP70hi-CO-DIC	POL	Initial		51.500	
19		PPO Individual Combined/Integrated EHB and Sup Dental Policy - High Plan	OXIP70lo-CO-DIC	PJK	Initial		51.500	

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
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Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NOC**	Notice of Coverage
OTH	Other	**OUT**	Outline of Coverage
PJK	Policy Jacket	**POL**	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	**SCH**	Schedule Pages

State: Colorado **Filing Company:** Dentegra Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: DIC OHCR IND PPO RATES - PPACA Dental Filing
Project Name/Number: DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: %
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

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

State:	Colorado	**Filing Company:**	Dentegra Insurance Company
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	DIC OHCR IND PPO RATES - PPACA Dental Filing		
Project Name/Number:	DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing		

Rate/Rule Schedule

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Dental Manual Rate Formula	OPIP85-CO-DIC, OPIP70-CO-DIC, OXIP85hi-CO-DIC, OXIP85lo-CO-DIC, OXIP70hi-CO-DIC, OXIP70lo-CO-DIC	New		Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf, Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls, Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls, Actuarial Memorandum Dentegra Out CO Pediatric PPO Individual 2013 07 30.pdf, Actuarial Memorandum Dentegra Out CO Supplemental PPO Individual 2013 07 30.pdf,

2		Attachment A	OPIP85-CO-DIC, OPIP70-CO-DIC, OXIP85hi-CO-DIC, OXIP85lo-CO-DIC, OXIP70hi-CO-DIC, OXIP70lo-CO-DIC	New		Attachment A Dentegra CO Pediatric PPO Individual 2013 08 02.pdf, Attachment A Dentegra CO Supplemental PPO Individual 2013 08 02.pdf,

Attachment Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls is not a PDF document and cannot be reproduced here.

Attachment Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls is not a PDF document and cannot be reproduced here.

DENTEGRA INSURANCE COMPANY

DENTAL MANUAL RATE FORMULA

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Exhibit I
Rating Formula Summary

	Adult	Child	Comments
	Cost per User	Cost per User	Exhibit III
x	Utilization	Utilization	Exhibit IV
x	Coinsurance	Coinsurance	Input
x	Trend	Trend	Exhibit II
/	Misc_Dent_Fact	Misc_Dent_Fact	Exhibit II
/	12	12	Monthly rate
=	Monthly Rates	Monthly Rates	
	Total Monthly Rates	Total Monthly Rates	Total across all lines of service
-	Waiting Period Credit	Waiting Period Credit	Exhibit VIII
-	Maximum Credit	Maximum Credit	Exhibit IX
-	Deductible Credit	Deductible Credit	Exhibit IX
=	Rate less Credits	Rate less Credits	
x	Sealant Adj	Sealant Adj	Exhibit II
x	Individual Adj	Individual Adj	Exhibit X
x	Richness of Benefits Adj	Richness of Benefits Adj	Exhibit XII
x	PPO Disc	PPO Disc	Exhibit XI
=	Adj Rate	Adj Rate	
+	Adult Ortho Rate	Child Ortho Rate	Exhibit XIII
+	OOP Max Rate	OOP Max Rate	Exhibit XIV
+	TMJ Rate	TMJ Rate	Exhibit XV
=	Adj Rate	Adj Rate	
x	Multi-Child OOP Max	Multi-Child OOP Max	Exhibit XIV
x	Dental Accident	Dental Accident	Exhibit XVI
=	Service Cost Rate	Service Cost Rate	
/	(1-Total Admin)	(1-Total Admin)	Exhibit V
=	Total Adult Rate	Total Child Rate	

Exhibit II

Miscellaneous Factors

Factor	Definition
A	Deductible per Individual
B	Adult: Max [0.50, Diagnostic coinsur x 0.4602 + Preventive coinsur x 0.5398]
B	Child: Max [0.50, Diagnostic coinsur x 0.4575 + Preventive coinsur x 0.5425]
C	Adult: If Crown coinsur < 50% then 1.2586 - 0.005172 x Crown coinsur; else 1.00
C	Child: 1.00
M	Min [12, Prosth Waiting Period in Months] / 12
N	Min [12, Crowns Waiting Period in Months] / 12
P	Adult: Max [0.50, Dentures coinsur x 0.2721 + Bridges coinsur x 0.7279]
P	Child: Max [0.50, Dentures coinsur x 0.9241 + Bridges coinsur x 0.0759]
Y	1.0 - 0.4 ^ (0.001 x Maximum^1.06) (if Maximum > 0)
Y	1.0 - 0.4 ^ (0.001 x 9999^1.06) (if Maximum = 0)
Z	Max [0.50, Crown coinsur]
Admin	See Exhibit V
Category 1 Table	See Exhibit VIII
Trend Factor	1.04 for calendar year 2014
Area_Fact	The factor to adjust to the zip code within the state (See Exhibit VI and VII)
Ded_Factor	0 <= deductible per individual <= 25, deductible per individual / 25 * .02
	25 < deduct/individual <= 50, ((deduct/individual - 25) / 25 * (.035 - .02)) + .02
	50 < deduct/individual <= 100, ((deduct/individual - 25) / 25 * (.05 - .035)) + .035
	deductible per individual > 100, .05
Sealant Adj	If sealants are covered under D&P, 1.0143
	If sealants are covered under Basic or Major, 1.0000

	Adult	Child
State_Fact	0.8237	0.8851
Stabilization	0.9985	0.9235
U_D&P_Coeff	1.4618	1.4618
U_D&P^2_Coeff	-0.7467	-0.7467
Misc_Dent_Fact	0.9894	0.9704
Rest_Usage	0.4348	0.5602
OtherBasic_Usage	0.5652	0.4398
Util - Basic LOS	0.3304	0.4436
Util - Crown LOS	0.2765	0.0380
Util - Prosth LOS	0.1699	0.0123
Wait_Fact	0.13145	0.13145
State Fee Base	1.0000	1.0000

Max_Credit_Adj			
Maximum	Factor	Maximum	Factor
<500	0.80	800 - 849	0.92
500 - 549	0.82	850 - 899	0.94
550 - 599	0.84	900 - 949	0.96
600 - 649	0.86	950 - 999	0.98
650 - 699	0.88	1,000 +	1.00
700 - 799	0.90		

Exhibit III
Cost per User

Diagnostic and Preventive:

Cost Per User = [Constant + Ded_Coeff x A + Max_Coeff x Y + D&P_Coeff x B + Crown_Coeff x Z + Prosth_Coeff x P]
x (1-Ded_Factor) x Area Factor x State_Fact x State Fee Base x Stabilization

Simple Restorations:

Cost Per User = [Constant + Ded_Coeff x A + Max_Coeff x Y + D&P_Coeff x B + Crown_Coeff x Z + Prosth_Coeff x P]
x C x Area_Fact x State_Fact x State Fee Base x Stabilization

Other Basic, Crowns and Prosthodontics

Cost Per User = [Constant + Ded_Coeff x A + Max_Coeff x Y + D&P_Coeff x B + Crown_Coeff x Z + Prosth_Coeff x P]
x Area_Fact x State_Fact x State Fee Base x Stabilization

Adult	Constant	Ded_Coeff	Max_Coeff	D&P_Coeff	Crown_Coeff	Prosth_Coeff
Crowns	115.6018	-	144.2400	-	80.2062	-
Diagnostic	122.0375	-	-	-	-	-
Other Basic	176.9245	-	73.9232	-	-	-
Preventive	118.8500	-	-	-	-	-
Prosthodontics	91.7120	-	70.1486	-	-	146.6363
Simple Restorations	139.8131	-	31.1946	-	-	-

Child	Constant	Ded_Coeff	Max_Coeff	D&P_Coeff	Crown_Coeff	Prosth_Coeff
Crowns	19.1732	-	-	-	-	-
Diagnostic	95.1741	-	30.3370	-	-	-
Other Basic	111.8548	-	-	-	-	-
Preventive	113.2947	-	-	15.2131	-	-
Prosthodontics	6.7241	-	-	-	-	-
Simple Restorations	146.5248	-	-	-	-	-

Exhibit IV
Utilization

Utilization =
(Adult) Max [0.50, (U_D&P_Coeff x B + U_D&P^2_Coeff x B^2)*.79195]
(Child) Max [0.50, (U_D&P_Coeff x B + U_D&P^2_Coeff x B^2) x .79195] x 0.90

Note
See Exhibit II for miscellaneous factors.

Exhibit V
Individual Administrative Charges

	High		Low	
	Supplemental Dental	Pediatric EHB Dental	Supplemental Dental	Pediatric EHB Dental
Admin Expenses (including User Fee = $0.18 PMPM)	22.50%	22.50%	22.50%	22.50%
Risk Margin	5.50%	5.50%	5.50%	3.00%
Premium Tax	2.50%	2.50%	2.50%	2.50%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commission	5.00%	5.00%	5.00%	5.00%
Total	37.50%	37.50%	37.50%	35.00%

Exhibit VI
Region Definitions

State	Zip	County	Region
CO	800	Adams	Rating Area 3
CO	801	Adams	Rating Area 3
CO	802	Adams	Rating Area 3
CO	806	Adams	Rating Area 3
CO	811	Alamosa	Rating Area 8
CO	800	Arapahoe	Rating Area 3
CO	801	Arapahoe	Rating Area 3
CO	802	Arapahoe	Rating Area 3
CO	811	Archuleta	Rating Area 10
CO	810	Baca	Rating Area 8
CO	810	Bent	Rating Area 8
CO	800	Boulder	Rating Area 1
CO	803	Boulder	Rating Area 1
CO	804	Boulder	Rating Area 1
CO	805	Boulder	Rating Area 1
CO	800	Broomfield	Rating Area 3
CO	812	Chaffee	Rating Area 8
CO	808	Cheyenne	Rating Area 8
CO	804	Clear Creek	Rating Area 3
CO	811	Consejos	Rating Area 8
CO	811	Costilla	Rating Area 8
CO	810	Crowley	Rating Area 8
CO	812	Custer	Rating Area 8
CO	814	Delta	Rating Area 10
CO	802	Denver	Rating Area 3
CO	813	Dolores	Rating Area 10
CO	801	Douglas	Rating Area 3
CO	804	Eagle	Rating Area 11
CO	816	Eagle	Rating Area 11
CO	801	El Paso	Rating Area 2
CO	808	El Paso	Rating Area 2
CO	809	El Paso	Rating Area 2
CO	801	Elbert	Rating Area 3
CO	808	Elbert	Rating Area 3
CO	812	Fremont	Rating Area 8
CO	816	Garfield	Rating Area 11
CO	804	Gilpin	Rating Area 3
CO	804	Grand	Rating Area 10
CO	812	Gunnison	Rating Area 10
CO	814	Gunnison	Rating Area 10
CO	812	Hinsdale	Rating Area 10
CO	810	Huerfano	Rating Area 8
CO	804	Jackson	Rating Area 10
CO	800	Jefferson	Rating Area 3
CO	801	Jefferson	Rating Area 3
CO	802	Jefferson	Rating Area 3
CO	804	Jefferson	Rating Area 3
CO	810	Kiowa	Rating Area 8
CO	808	Kit Carson	Rating Area 8
CO	811	La Plata	Rating Area 10
CO	813	La Plata	Rating Area 10
CO	802	Lake Moffat	Rating Area 10
CO	804	Lake Moffat	Rating Area 10
CO	805	Larimer	Rating Area 4
CO	810	Las Animas	Rating Area 8
CO	808	Lincoln	Rating Area 8
CO	807	Logan	Rating Area 9
CO	815	Mesa	Rating Area 5
CO	816	Mesa	Rating Area 5
CO	811	Mineral	Rating Area 8
CO	813	Montezuma	Rating Area 10
CO	812	Montrose	Rating Area 10
CO	814	Montrose	Rating Area 10
CO	806	Morgan	Rating Area 9
CO	807	Morgan	Rating Area 9
CO	810	Otero	Rating Area 8
CO	814	Ouray	Rating Area 10
CO	804	Park	Rating Area 3
CO	808	Park	Rating Area 3
CO	807	Phillips	Rating Area 9
CO	816	Pitkin	Rating Area 11
CO	810	Prowers	Rating Area 8
CO	810	Pueblo	Rating Area 7
CO	816	Rio Blanco	Rating Area 10
CO	811	Rio Grande	Rating Area 8
CO	804	Routt	Rating Area 10
CO	816	Routt	Rating Area 10
CO	811	Saguache	Rating Area 8
CO	812	Saguache	Rating Area 8
CO	814	San Juan	Rating Area 10
CO	813	San Miguel	Rating Area 10
CO	814	San Miguel	Rating Area 10
CO	807	Sedgwick	Rating Area 9
CO	804	Summit	Rating Area 11
CO	808	Teller	Rating Area 2
CO	807	Washington	Rating Area 9
CO	808	Washington	Rating Area 9
CO	805	Weld	Rating Area 6
CO	806	Weld	Rating Area 6
CO	807	Weld	Rating Area 6
CO	807	Yuma	Rating Area 9
CO	808	Yuma	Rating Area 9

Exhibit VII

Area Factors

Region	Area Factor
Region 1	1.0053
Region 2	1.0361
Region 3	1.0420
Region 4	0.9451
Region 5	0.9690
Region 6	0.9451
Region 7	1.0345
Region 8	0.9756
Region 9	0.9451
Region 10	0.9424
Region 11	0.9904

Exhibit VIII

Waiting Period Credit

Waiting Period Credit =
[(Cost_per_User_Prosth x M x Prosth Coinsurance +
Cost_Per_User_Crowns x N x Crown Coinsurance) x
Wait_Fact x Trend x Area_Fact / (Misc_Dent_Fact)]
x Util / 12

Note
See Exhibit II for miscellaneous factors.

Exhibit IX(a)

Maximum & Deductible Credits

Deductible Credit Calculation

	Description	Formula
(1)	Ded Lower Limit	0 if D&P not exempt; otherwise: (Diag_Cost_per_User + Prev_Cost_per_User) / (Stabilization)
(2)	Ded Upper Limit	(1) + Deductible / (State_Fact x Area_Fact x Trend)
(3)	% Ded Lower	0 if D&P not exempt; otherwise: [(1) - (next cost bracket<(1) from Category 1 Table)] / (diff between cost bracket>(1) and cost bracket<(1))
(4)	% Ded Upper	0 if D&P not exempt; otherwise: [(2) - (next cost bracket<(2) from Category 1 Table)] / (diff between cost bracket>(2) and cost bracket<(2))
(5)	Freq Ded Lower	Actual number of cases for (1) from Category 1 Table (interpolated value using (3))
(6)	Freq Ded Upper	Actual number of cases for (2) from Category 1 Table (interpolated value using (4))
(7)	Amount Ded Lower	Actual approved amount for (1) from Category 1 Table (interpolated value using (3))
(8)	Amount Ded Upper	Actual approved amount for (2) from Category 1 Table (interpolated value using (4))
(9)	Ded Credit	[(8) - (7) - (2)x(6) + (1)x(5)] / (17) + (2) - (1)
(10)	Ded Credit with Factors	(9) x Trend x Area_Fact x State_Fact
(11)	Ded Credit with Coinsur	(10) x (Simple Restoration Coins x Rest_Usage + Other Basic Coins x OtherBasic_Usage) x Stabilization x Util
	Monthly Ded Credit	(11) / 12

Maximum Credit Calculation

	Description	Formula
(12)	Max Limit	(Diag_Cost_per_User + Prev_Cost_per_User) x (1 - DiagCoinsur/(21)) + [Max + (11) / (Stabilization x Util) + (Prosth_Cost_per_User x Prosth Coinsur x M + Crown_Cost_per_User x Crown Coinsur x N) / (Stabilization x Misc_Dent_Fact) x Trend x Wait_Fact] / (21)
(13)	Max Limit '93	(12) / (State_Fact x Area_Fact x Trend)
(14)	% Max Limit '93	0 if maximum=0; otherwise: [(13) - (next cost bracket<(13) from Category 1 Table)] / (diff between cost bracket>(13) and cost bracket<(13))
(15)	# Max Limit '93	Actual number of cases for (13) from Category 1 Table (interpolated value using (14))
(16)	$ Max Limit '93	Actual approved amount for (13) from Category 1 Table (interpolated value using (14))
(17)	Total No. Cases	Constant from Category 1 Table
(18)	Total Amt Approved	Constant from Category 1 Table
(19)	Est Amt Given Max	0 if maximum=0; otherwise: (16) + (13) x [(17) - (15)]
(20)	Max Credit	0 if (18)<(19); otherwise: [(18) - (19)] / (17) x Max_Credit_Adj
(21)	Major Service Coinsur	[OtherBasic_Coinsur x Basic_Util + Crown_Coinsur x Crown_Util + Prosth_Coinsur x Prosth_Util] / (Basic_Util+Crown_Util+Prosth_Util)
(22)	Adj Max Credit	(20) x (21) x Trend x Area_Fact x State_Fact
	Monthly Max Credit	[(22) x Stabilization x Util] / 12

Exhibit IX(b) - Maximum and Deductible Credits

Category 1 Table (Full Benefits - i.e. all copays >= 50%)

Lower	Upper	Adult Nx	Adult Ax	Child Nx	Child Ax
-	2	113	1,601	169	3,244
2	4	226	3,203	338	6,487
4	6	338	4,804	507	9,731
6	8	451	6,405	676	12,974
8	10	564	8,006	844	16,218
10	12	703	10,640	1,085	21,390
12	14	857	13,844	1,364	27,629
14	16	1,011	17,049	1,643	33,869
16	18	1,165	20,253	1,923	40,108
18	20	1,319	23,458	2,202	46,348
20	22	1,473	26,662	2,482	52,587
22	24	1,627	29,867	2,761	58,827
24	26	1,781	33,071	3,041	65,066
26	28	1,976	38,289	3,506	77,338
28	30	2,198	44,796	4,069	93,606
30	32	2,517	55,729	4,825	118,514
32	34	2,837	66,662	5,595	145,503
34	36	3,235	81,092	6,401	175,418
36	38	3,766	101,605	7,382	213,455
38	40	4,460	129,747	8,789	269,869
40	42	5,667	180,830	10,616	346,793
42	44	7,224	250,824	12,711	439,567
44	46	9,094	338,996	14,892	540,865
46	48	11,654	463,441	17,340	659,103
48	50	15,037	633,479	20,088	797,090
50	52	18,649	823,811	22,959	947,790
52	54	21,898	1,001,664	25,776	1,101,335
54	56	24,816	1,165,407	28,559	1,258,034
56	58	27,418	1,317,080	31,319	1,419,040
58	60	29,704	1,455,406	34,053	1,584,244
60	62	31,880	1,588,938	36,839	1,757,138
62	64	34,155	1,733,027	39,752	1,943,714
64	66	36,527	1,888,065	42,792	2,144,473
66	68	38,998	2,054,441	45,959	2,359,916
68	70	41,566	2,232,545	49,252	2,590,540
70	72	44,181	2,419,804	52,642	2,834,294
72	74	46,791	2,611,963	56,096	3,089,637
74	76	49,396	2,808,999	59,615	3,356,819
76	78	51,995	3,010,887	63,198	3,636,092
78	80	54,589	3,217,605	66,845	3,927,707
80	82	57,220	3,433,536	70,533	4,229,130
82	84	59,925	3,661,323	74,210	4,537,114
84	86	62,705	3,900,923	77,876	4,851,531
86	88	65,559	4,152,630	81,530	5,172,332
88	90	68,487	4,416,736	85,172	5,499,466
90	92	71,433	4,688,782	88,723	5,826,455
92	94	74,341	4,963,227	92,101	6,144,645
94	96	77,210	5,239,912	95,308	6,453,346
96	98	80,040	5,518,678	98,342	6,751,865
98	100	82,832	5,799,366	101,205	7,039,508
100	104	88,410	6,376,338	106,645	7,600,963
104	108	94,056	6,982,749	111,864	8,160,388
108	112	99,755	7,616,666	116,993	8,729,081
112	116	105,450	8,272,956	122,270	9,335,073
116	120	111,132	8,950,728	127,726	9,983,471
120	124	116,770	9,646,228	133,048	10,638,052
124	128	122,331	10,354,969	137,925	11,257,911
128	132	127,837	11,078,434	142,458	11,852,069
132	136	133,408	11,832,314	147,257	12,499,659
136	140	139,063	12,620,382	152,426	13,217,507

Lower	Upper	Adult Nx	Adult Ax	Child Nx	Child Ax
140	144	144,777	13,440,174	157,529	13,947,766
144	148	150,525	14,287,978	162,130	14,625,375
148	152	156,289	15,161,119	166,333	15,260,743
152	156	161,961	16,043,213	170,757	15,946,155
156	160	167,524	16,930,935	175,507	16,700,770
160	164	172,985	17,821,216	180,251	17,473,688
164	168	178,330	18,713,656	184,642	18,207,035
168	172	183,546	19,605,069	188,715	18,902,978
172	176	188,558	20,481,415	192,673	19,594,599
176	180	193,352	21,339,334	196,552	20,287,913
180	184	197,930	22,177,085	200,350	20,982,277
184	188	202,309	22,996,325	204,034	21,671,185
188	192	206,532	23,803,540	207,519	22,337,166
192	196	210,600	24,597,815	210,799	22,977,660
196	200	214,514	25,377,909	213,876	23,591,034
200	204	218,274	26,142,040	216,788	24,182,622
204	208	221,883	26,889,966	219,571	24,759,639
208	212	225,339	27,620,465	222,228	25,321,060
212	216	228,649	28,332,435	224,761	25,866,316
216	220	231,855	29,033,763	227,212	26,402,901
220	224	234,987	29,730,877	229,604	26,935,993
224	228	238,066	30,428,401	231,952	27,468,825
228	232	241,090	31,125,904	234,256	28,001,045
232	236	244,061	31,822,954	236,517	28,532,302
236	240	246,978	32,519,119	238,734	29,062,247
240	244	249,829	33,211,045	240,908	29,589,937
244	248	252,601	33,895,062	243,039	30,115,742
248	252	255,294	34,570,539	245,126	30,639,314
252	256	257,909	35,236,846	247,171	31,160,309
256	260	260,445	35,893,353	249,172	31,678,378
260	264	262,903	36,539,428	251,130	32,193,177
264	268	265,289	37,176,076	253,045	32,704,364
268	272	267,615	37,806,917	254,916	33,211,320
272	276	269,877	38,429,324	256,744	33,713,917
276	280	272,074	39,042,779	258,529	34,211,809
280	284	274,205	39,646,760	260,271	34,704,647
284	288	276,272	40,240,747	261,969	35,192,085
288	292	278,274	40,824,220	263,624	35,673,775
292	296	280,211	41,396,658	265,235	36,149,369
296	300	282,083	41,957,540	266,804	36,618,521
300	304	283,891	42,506,353	268,331	37,081,245
304	308	285,635	43,042,910	269,820	37,538,323
308	312	287,315	43,566,697	271,270	37,989,447
312	316	288,931	44,077,203	272,682	38,434,307
316	320	290,484	44,573,917	274,055	38,872,596
320	324	291,980	45,057,218	275,392	39,304,398
324	328	293,443	45,535,276	276,698	39,731,426
328	332	294,877	46,009,239	277,973	40,153,684
332	336	296,280	46,478,866	279,218	40,570,927
336	340	297,653	46,943,916	280,433	40,982,912
340	344	299,003	47,405,671	281,623	41,390,916
344	348	300,335	47,866,935	282,792	41,796,697
348	352	301,651	48,327,570	283,941	42,200,095
352	356	302,949	48,787,439	285,070	42,600,945
356	360	304,231	49,246,408	286,179	42,999,088
360	364	305,495	49,704,339	287,267	43,394,360
364	368	306,742	50,161,096	288,335	43,786,599
368	372	307,973	50,616,543	289,383	44,175,643
372	376	309,186	51,070,669	290,411	44,561,267
376	380	310,369	51,519,653	291,421	44,943,995

Exhibit IX(b) - Maximum and Deductible Credits

Category 1 Table (Full Benefits - i.e. all copays >= 50%) (cont'd)

Lower	Upper	Adult Nx	Adult Ax	Child Nx	Child Ax
380	384	311,520	51,960,649	292,414	45,324,318
384	388	312,638	52,393,796	293,390	45,701,770
388	392	313,728	52,820,134	294,347	46,075,755
392	396	314,788	53,239,518	295,285	46,446,137
396	400	315,820	53,651,719	296,204	46,812,763
400	404	316,823	54,056,505	297,105	47,175,484
404	408	317,798	54,453,647	297,986	47,534,148
408	412	318,744	54,842,915	298,849	47,888,603
412	416	319,661	55,224,077	299,692	48,238,699
416	420	320,549	55,596,904	300,517	48,584,284
420	424	321,408	55,961,165	301,323	48,925,207
424	428	322,239	56,316,630	302,110	49,261,316
428	432	323,050	56,665,979	302,878	49,592,603
432	436	323,858	57,016,556	303,629	49,919,192
436	440	324,664	57,369,939	304,366	50,242,340
440	444	325,470	57,726,730	305,090	50,562,866
444	448	326,277	58,086,933	305,801	50,880,670
448	452	327,085	58,450,550	306,500	51,195,651
452	456	327,893	58,817,585	307,186	51,507,708
456	460	328,701	59,188,041	307,860	51,816,740
460	464	329,510	59,561,922	308,521	52,122,647
464	468	330,319	59,939,230	309,170	52,425,327
468	472	331,128	60,319,969	309,806	52,724,679
472	476	331,938	60,704,142	310,429	53,020,602
476	480	332,748	61,091,752	311,039	53,312,996
480	484	333,557	61,482,322	311,638	53,601,948
484	488	334,351	61,869,653	312,227	53,888,864
488	492	335,129	62,252,002	312,808	54,173,985
492	496	335,890	62,629,235	313,381	54,457,243
496	500	336,634	63,001,220	313,945	54,738,571
500	510	338,433	63,913,810	315,325	55,436,338
510	520	340,151	64,802,437	316,665	56,127,567
520	530	341,787	65,665,464	317,965	56,811,465
530	540	343,353	66,506,793	319,224	57,486,045
540	550	344,950	67,378,259	320,423	58,140,565
550	560	346,596	68,293,557	321,558	58,771,618
560	570	348,292	69,253,690	322,629	59,377,927
570	580	350,039	70,259,659	323,636	59,958,210
580	590	351,835	71,312,484	324,579	60,511,215
590	600	353,636	72,387,568	325,478	61,047,421
600	610	355,423	73,470,806	326,355	61,578,499
610	620	357,213	74,573,651	327,214	62,107,249
620	630	359,005	75,696,158	328,054	62,633,308
630	640	360,800	76,838,381	328,877	63,156,315
640	650	362,614	78,009,672	329,677	63,673,563
650	660	364,489	79,238,767	330,447	64,178,382
660	670	366,428	80,528,788	331,185	64,669,814
670	680	368,430	81,881,000	331,891	65,147,224
680	690	370,495	83,296,674	332,565	65,609,976
690	700	372,620	84,774,992	333,209	66,058,225
700	710	374,748	86,277,496	333,839	66,502,686
710	720	376,845	87,779,737	334,462	66,948,258
720	730	378,912	89,281,109	335,078	67,394,794
730	740	380,949	90,781,010	335,686	67,842,151
740	750	382,956	92,278,823	336,287	68,290,184
750	760	384,942	93,780,053	336,871	68,732,082
760	770	386,915	95,291,773	337,431	69,160,520
770	780	388,876	96,813,738	337,965	69,574,992
780	790	390,825	98,345,700	338,473	69,974,994
790	800	392,762	99,887,413	338,957	70,360,019

Lower	Upper	Adult Nx	Adult Ax	Child Nx	Child Ax
800	810	394,675	101,429,566	339,421	70,734,225
810	820	396,534	102,946,460	339,884	71,111,476
820	830	398,335	104,434,823	340,346	71,492,962
830	840	400,079	105,893,513	340,808	71,878,675
840	850	401,766	107,321,385	341,270	72,268,604
850	860	403,397	108,718,045	341,730	72,662,141
860	870	404,990	110,097,606	342,174	73,046,848
870	880	406,551	111,465,245	342,596	73,417,532
880	890	408,080	112,820,323	342,998	73,773,772
890	900	409,577	114,162,204	343,379	74,115,144
900	910	411,042	115,489,741	343,739	74,442,277
910	920	412,456	116,786,981	344,091	74,763,879
920	930	413,802	118,034,309	344,444	75,091,247
930	940	415,078	119,230,253	344,801	75,424,499
940	950	416,284	120,373,424	345,160	75,763,687
950	960	417,422	121,462,435	345,521	76,108,859
960	970	418,501	122,505,953	345,882	76,457,789
970	980	419,571	123,550,747	346,233	76,799,889
980	990	420,638	124,602,794	346,571	77,133,621
990	1,000	421,701	125,662,022	346,898	77,458,742
1,000	1,020	423,865	127,848,704	347,516	78,083,798
1,020	1,040	425,954	130,002,876	348,130	78,716,315
1,040	1,060	427,861	132,008,425	348,766	79,384,054
1,060	1,080	429,608	133,879,462	349,418	80,082,288
1,080	1,100	431,368	135,795,565	350,041	80,762,035
1,100	1,120	433,156	137,780,725	350,629	81,416,929
1,120	1,140	434,953	139,811,728	351,190	82,051,903
1,140	1,160	436,758	141,888,931	351,722	82,665,832
1,160	1,180	438,573	144,012,778	352,226	83,257,569
1,180	1,200	440,339	146,121,409	352,729	83,855,564
1,200	1,220	442,050	148,194,207	353,246	84,479,832
1,220	1,240	443,737	150,272,799	353,770	85,124,548
1,240	1,260	445,402	152,356,256	354,303	85,790,040
1,260	1,280	447,043	154,443,650	354,844	86,476,640
1,280	1,300	448,683	156,559,804	355,384	87,174,439
1,300	1,320	450,349	158,743,368	355,899	87,850,557
1,320	1,340	452,011	160,955,284	356,387	88,501,178
1,340	1,360	453,670	163,195,402	356,848	89,125,224
1,360	1,380	455,324	165,463,571	357,282	89,721,617
1,380	1,400	456,970	167,753,187	357,690	90,290,230
1,400	1,420	458,562	170,002,037	358,083	90,844,605
1,420	1,440	460,101	172,206,005	358,464	91,388,240
1,440	1,460	461,586	174,362,942	358,831	91,920,616
1,460	1,480	463,018	176,470,698	359,185	92,441,212
1,480	1,500	464,395	178,527,090	359,526	92,949,514
1,500	1,520	465,738	180,555,902	359,850	93,438,478
1,520	1,540	467,064	182,585,122	360,152	93,900,907
1,540	1,560	468,372	184,614,055	360,432	94,335,938
1,560	1,580	469,663	186,642,011	360,691	94,742,707
1,580	1,600	470,937	188,668,297	360,929	95,120,353
1,600	1,620	472,183	190,676,902	361,148	95,472,647
1,620	1,640	473,366	192,608,471	361,358	95,815,336
1,640	1,660	474,485	194,457,522	361,561	96,150,108
1,660	1,680	475,549	196,238,218	361,758	96,479,883
1,680	1,700	476,561	197,951,366	361,951	96,804,930
1,700	1,720	477,522	199,597,436	362,138	97,124,640
1,720	1,740	478,464	201,228,129	362,316	97,432,841
1,740	1,760	479,399	202,863,832	362,484	97,727,197
1,760	1,780	480,325	204,504,230	362,642	98,007,309
1,780	1,800	481,244	206,149,005	362,791	98,272,781

Exhibit IX(b) - Maximum and Deductible Credits

Category 1 Table (Full Benefits - i.e. all copays >= 50%) (cont'd)

Lower	Upper	Adult Nx	Adult Ax	Child Nx	Child Ax
1,800	1,820	482,158	207,803,042	362,930	98,524,803
1,820	1,840	483,060	209,455,668	363,062	98,765,466
1,840	1,860	483,939	211,083,031	363,185	98,994,173
1,860	1,880	484,794	212,684,047	363,301	99,210,590
1,880	1,900	485,626	214,257,774	363,409	99,414,400
1,900	1,920	486,434	215,803,271	363,509	99,605,289
1,920	1,940	487,221	217,323,979	363,602	99,784,364
1,940	1,960	487,998	218,839,624	363,691	99,958,568
1,960	1,980	488,765	220,352,388	363,778	100,128,752
1,980	2,000	489,523	221,861,896	363,862	100,294,797
2,000	2,025	490,455	223,738,644	363,964	100,499,485
2,025	2,050	491,364	225,592,827	364,063	100,702,276
2,050	2,075	492,238	227,398,567	364,158	100,895,852
2,075	2,100	493,076	229,151,061	364,245	101,078,986
2,100	2,125	493,879	230,848,508	364,327	101,251,374
2,125	2,150	494,646	232,489,503	364,403	101,413,053
2,150	2,175	495,388	234,093,762	364,475	101,569,026
2,175	2,200	496,109	235,670,440	364,545	101,720,926
2,200	2,225	496,810	237,218,484	364,612	101,868,621
2,225	2,250	497,489	238,736,838	364,676	102,011,975
2,250	2,275	498,151	240,233,905	364,738	102,151,801
2,275	2,300	498,803	241,720,998	364,797	102,287,809
2,300	2,325	499,442	243,197,538	364,854	102,419,881
2,325	2,350	500,070	244,662,948	364,909	102,547,900
2,350	2,375	500,686	246,116,647	364,961	102,671,747
2,375	2,400	501,291	247,558,058	365,011	102,791,307
2,400	2,425	501,884	248,986,600	365,059	102,906,461
2,425	2,450	502,466	250,401,697	365,104	103,017,092
2,450	2,475	503,036	251,802,767	365,147	103,123,083
2,475	2,500	503,594	253,189,234	365,188	103,224,318
2,500	2,525	504,139	254,554,679	365,227	103,321,604
2,525	2,550	504,667	255,892,039	365,264	103,416,647
2,550	2,575	505,178	257,200,494	365,300	103,509,382
2,575	2,600	505,674	258,479,224	365,335	103,599,748
2,600	2,625	506,152	259,727,407	365,369	103,687,680
2,625	2,650	506,615	260,944,224	365,402	103,773,116
2,650	2,675	507,060	262,128,854	365,433	103,855,991
2,675	2,700	507,490	263,283,796	365,463	103,936,984
2,700	2,725	507,902	264,403,411	365,492	104,016,470
2,725	2,750	508,296	265,486,236	365,521	104,094,372
2,750	2,775	508,679	266,543,793	365,548	104,170,201
2,775	2,800	509,054	267,590,474	365,574	104,243,355
2,800	2,825	509,422	268,625,912	365,599	104,313,774
2,825	2,850	509,782	269,649,738	365,623	104,381,396
2,850	2,875	510,135	270,661,588	365,645	104,446,162
2,875	2,900	510,481	271,661,092	365,667	104,508,011
2,900	2,925	510,820	272,647,886	365,687	104,566,883
2,925	2,950	511,151	273,621,600	365,706	104,622,718
2,950	2,975	511,475	274,581,870	365,724	104,675,454
2,975	3,000	511,791	275,528,326	365,740	104,725,033
3,000	3,025	512,098	276,453,970	365,756	104,772,117
3,025	3,050	512,392	277,349,119	365,770	104,817,087
3,050	3,075	512,673	278,213,145	365,784	104,859,902
3,075	3,100	512,942	279,045,419	365,797	104,900,521
3,100	3,125	513,198	279,845,313	365,809	104,938,902
3,125	3,150	513,442	280,612,198	365,821	104,975,004
3,150	3,175	513,673	281,345,444	365,831	105,008,787
3,175	3,200	513,891	282,044,423	365,841	105,040,208
3,200	3,225	514,098	282,708,762	365,850	105,069,122
3,225	3,250	514,296	283,349,223	365,859	105,096,721
3,250	3,275	514,486	283,969,360	365,867	105,123,591
3,275	3,300	514,668	284,568,785	365,875	105,149,716
3,300	3,325	514,846	285,156,348	365,883	105,175,521
3,325	3,350	515,022	285,742,726	365,891	105,201,495
3,350	3,375	515,197	286,327,836	365,899	105,227,636
3,375	3,400	515,369	286,911,594	365,906	105,253,944
3,400	3,425	515,540	287,493,917	365,914	105,280,420
3,425	3,450	515,710	288,074,719	365,922	105,307,062
3,450	3,475	515,877	288,653,917	365,930	105,333,870
3,475	3,500	516,043	289,231,427	365,938	105,360,844
3,500	3,525	516,208	289,807,165	365,946	105,387,984
3,525	3,550	516,370	290,381,047	365,953	105,415,288
3,550	3,575	516,531	290,952,988	365,961	105,442,758
3,575	3,600	516,690	291,522,906	365,969	105,470,392
3,600	3,625	516,847	292,087,344	365,977	105,497,996
3,625	3,650	516,999	292,640,931	365,984	105,525,313
3,650	3,675	517,147	293,183,466	365,992	105,552,336
3,675	3,700	517,292	293,714,744	365,999	105,579,059
3,700	3,725	517,432	294,234,564	366,006	105,605,475
3,725	3,750	517,568	294,742,773	366,013	105,631,589
3,750	3,775	517,699	295,239,408	366,020	105,657,327
3,775	3,800	517,826	295,720,758	366,027	105,681,865
3,800	3,825	517,948	296,186,579	366,033	105,705,185
3,825	3,850	518,065	296,636,624	366,038	105,727,268
3,850	3,875	518,177	297,070,650	366,044	105,748,097
3,875	3,900	518,284	297,488,409	366,049	105,767,653
3,900	3,925	518,386	297,889,657	366,053	105,785,919
3,925	3,950	518,483	298,274,148	366,058	105,802,875
3,950	3,975	518,576	298,641,636	366,062	105,818,504
3,975	4,000	518,663	298,991,877	366,065	105,832,789
4,000	4,100	518,985	300,296,406	366,077	105,880,677
4,100	4,200	519,271	301,484,756	366,085	105,915,877
4,200	4,300	519,522	302,550,540	366,091	105,937,808
4,300	4,400	519,764	303,592,452	366,095	105,956,355
4,400	4,500	520,010	304,680,409	366,100	105,978,427
4,500	4,600	520,254	305,791,055	366,106	106,004,067
4,600	4,700	520,491	306,888,123	366,112	106,032,739
4,700	4,800	520,719	307,969,984	366,119	106,064,548
4,800	4,900	520,930	308,996,367	366,125	106,097,048
4,900	5,000	521,103	309,860,416	366,131	106,123,525
5,000	5,100	521,245	310,580,327	366,135	106,144,492
5,100	5,200	521,362	311,187,820	366,138	106,160,662
5,200	5,300	521,455	311,677,972	366,140	106,171,831
5,300	5,400	521,526	312,058,465	366,141	106,178,330
5,400	5,500	521,598	312,450,160	366,143	106,185,854
5,500	5,600	521,677	312,884,783	366,145	106,195,997
5,600	5,700	521,763	313,363,628	366,147	106,208,850
5,700	5,800	521,855	313,887,983	366,150	106,224,501
5,800	5,900	521,953	314,459,083	366,153	106,243,053
5,900	6,000	522,047	315,016,177	366,156	106,262,043
6,000	7,000	522,465	317,681,700	366,168	106,339,359
7,000	8,000	522,646	319,030,435	366,171	106,359,720
8,000	9,000	522,777	320,135,723	366,174	106,386,057
9,000	10,000	522,859	320,898,262	366,178	106,419,247
10,000	50,000	523,277	324,777,927	366,203	106,648,643

Exhibit X

Individual Adjustment Factors

Adult High and Low	1.5500
Pediatric High and Low	1.3000

Exhibit XI
PPO Discount

PPO Discount	1.0000

Exhibit XII

Richness of Benefits Adjustment Factors

Maximum	Factor
0 - 750	0.9837
750 - 799	0.9874
800 - 849	0.9910
850 - 899	0.9943
900 - 949	0.9973
950 - 1000	1.0000
1,001 - 1,049	1.0038
1,050 - 1,099	1.0073
1,100 - 1,149	1.0103
1,150 - 1,199	1.0132
1,200 - 1,249	1.0160
1,250 - 1,299	1.0181
1,300 - 1,349	1.0202
1,350 - 1,399	1.0222
1,400 - 1,449	1.0240
1,450 - 1,499	1.0257
1,500 - 1,549	1.0270
1,550 - 1,599	1.0284
1,600 - 1,649	1.0306
1,650 - 1,699	1.0306
1,700 - 1,749	1.0318
1,750 - 1,799	1.0328
1,800 - 1,849	1.0337
1,850 - 1,899	1.0346
1,900 - 1,949	1.0352
1,950 - 1,999	1.0360
2,000 - 2,049	1.0366
2,050 - 2,499	1.0408

Exhibit XIII

Ortho Manual Rate Calculation

Monthly Child Ortho Premium = (Cost per User x Utilization x Adj for Medically Necessary) / 24 months x Area Factor

Monthly Child Ortho Premium = ($4,000 x .055 x .25) / 24 x Area Factor

Exhibit XIV

Out of Pocket Maximum Rate

No Out of Pocket Max	$	-
Pediatric PPO High	$	0.96
Pediatric PPO Low	$	1.32

No Multi-Child OOP Max Factor	1.000
Multi-Child OOP Max Factor	1.006

Out of Pocket Maximum rates would be subject to the area factor.

Exhibit XV

TMJ Rates

Monthly TMJ Premium = (Cost per User x Utilization) / 12 months x Area Factor

Monthly Adult Supplemental TMJ Premium = ($300 x .01) / 12 x Area Factor
Monthly Child Supplemental TMJ Premium = ($300 x .002) / 12 x Area Factor
Monthly Pediatric EHB TMJ Premium = ($1,275 x .002) / 12 x Area Factor

Exhibit XVI

Dental Accident

Dental Accident, if offered, is assumed to be 1% of total service cost

Exhibit XVII

Example of Individual Manual Rating Calculation

Plan:	Pediatric Low	
State:	CO	
Zip Code:	800	Region 1
Area Factor:	1.0053	

Coinsurance	
Diagnostic & Preventive	100%
Basic	50%
Major	50%
Ortho (medically necessary	50%
TMJ	0%
Waiting Period	none

Deductibles		
Individual	$40	
Family	not applicable	
D&P Exempt	no	
Maximums		
Individual	not applicable	
OOP Max	$700	single child
OOP Max	$1,400	more than one child

Child	CPU	Util	Adj Coins*	Trend	Misc Dent	# Mths	Mon Rate
Crowns	15.7557982	0.5097	47.47%	1.04	0.9704	12	0.34
Diagnostic	100.1493307	0.5097	98.17%	1.04	0.9704	12	4.48
Other Basic	91.91815243	0.5097	52.65%	1.04	0.9704	12	2.20
Preventive	102.5403939	0.5097	98.17%	1.04	0.9704	12	4.58
Prosth	5.525617864	0.5097	47.47%	1.04	0.9704	12	0.12
Simple Rest	120.4086263	0.5097	52.66%	1.04	0.9704	12	2.89
Total							**14.61**

**Adj Coins for limited EHB benefits*

Wait Credit	0

Deductible Credit Calculation

Description	
Ded Lower Limit	0.00
Ded Upper Limit	43.23
% Ded Lower	0.00%
% Ded Upper	61.27%
Freq Ded Lower	0.00
Freq Ded Upper	11,899.29
Amount Ded Lower	0.00
Amount Ded Upper	403,633.97
Ded Credit	42.92
Ded Credit with Factors	39.72
Ded Credit with Coinsur	18.70
Monthly Ded Credit	1.53

Child Cost Bracket

Lower	Upper
0	2
42	44

Maximum Credit Calculation	
Description	
Max Limit	17,639.30
Max Limit '93	19,061.62
% Max Limit '93	22.65%
# Max Limit '93	366,183.81
$ Max Limit '93	106,471,214.76
Total No. Cases	366,203.00
Total Amt Approved	106,648,643.31
Est Amt Given Max	106,837,093.03
Max Credit	0.00
Major Service Coinsur	52.38%
Adj Max Credit	0.00
Monthly Max Credit	0.00
Rate less Credits	**$13.08**
Sealant Adj	1.0143
Individual Adj	1.3000
Richness of Benefits Adj	1.0408
PPO Disc	1.0000
Adj Rate	**$17.95**
Ortho	2.30
OOP Max Rate	0.80
TMJ Rate	0
Adj Rate	**$21.04**
Multi-Child OOP Max	1.0060
Dental Accident	1.0000
Service Cost Rate	**$21.17**
Total Admin	**35.00%**
Total Rate	**$32.57**

Child Cost Bracket	
Lower	Upper
10000	50000

ACTUARIAL MEMORANDUM
Dentegra Insurance Company
State of Colorado
July 30, 2013

Form Numbers OPIP85-CO-DIC, OPIP70-CO-DIC

A. Summary

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).

2. Not applicable since this a new plan offering.

3. This will be sold to individuals through the Colorado health exchange or through agents and brokers outside the exchange.

4. Gross premiums vary by plan designs illustrated in Attachment A.

5. The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the high and low EHB plans.

6. Form numbers OPIP85-CO-DIC, OPIP70-CO-DIC, Iap-CO-DIC

7. The premiums are charged on an issue age basis.

8. All individual dental programs are optionally renewable.

B. Assumption or Acquisition

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

C. Rating Period

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

D. Effect of Law Changes

Not applicable.

E. Rate History

Not applicable since this is a new plan offering (see Supporting Documentation).

F. Coordination of Benefits

Not applicable.

G. **Relation of Benefits to Premiums**

Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	15.00%	15.00%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	30.90%	28.40%	
Targeted Loss Ratio	69.10%	71.60%	

H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

Formula	Pediatric Low
Cost per User: Crowns	$15.76
Cost per User: Diagnostic	$100.15
Cost per User: Other Basic	$91.92
Cost per User: Preventive	$102.54
Cost per User: Prosthodontic	$5.53
Cost per User: Simple Restoration	$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
x Coinsurance: Diagnostic	98.17%
x Coinsurance: Other Basic	52.65%
x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	$0.34
= Monthly Rates: Diagnostic	$4.48
= Monthly Rates: Other Basic	$2.20
= Monthly Rates: Preventive	$4.58
= Monthly Rates: Prosthodontic	$0.12

= Monthly Rates: Simple Restoration	$2.89
Total Monthly Rates (includes all lines of service)	$14.61
- Waiting Period Credit	$0.00
- Maximum Credit	$0.00
- Deductible Credit	$1.53
= Rate less Credits	$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	$17.95
+ Adult Ortho Rate	$2.30
+ OOP Max Rate	$0.80
+ TMJ Rate	$0.00
= Adj Rate	$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	$21.17
/ (1-Total Admin)	1 – 28.40%
= Total Rate	$29.57

J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

K. Credibility

1. Credibility Percentage:	Not applicable
2. Number of years of data used to calculate above credibility percentage:	Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable:	Not applicable

(see Supporting Documentation)

L. Data Requirements

COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, “if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product.” Therefore, not applicable since this is a new plan offering.

OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	$26,281,040	$18,634,994	$17,052,094	$1,582,900	70.90%	3,277	147,553
2011	$25,592,626	$16,985,525	$15,546,025	$1,439,500	66.40%	3,057	135,805
2012	$24,525,709	$16,016,000	$14,626,000	$1,390,000	65.30%	2,881	124,033

Above data is for:	Comparable Product, National
Experience Period:	From 01/01/2010 to 12/31/2012
Additional Information:	Pharmacy claims data or an applicable plan, see above

M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

N. Benefits Ratio Projections

PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	$33,997.86	$21,419.91	71.98% (high), 74.58% (low)
Projected Experience With Rate Change	Not applicable		

Above projections include: Colorado

O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and

• Are reasonable in relation to the benefits provided.

July 30, 2013

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Dentegra Insurance Company
One First Street
San Francisco, CA 94105

Date

Attachment A
Colorado Individual Pediatric Dental Benefits

PPO/PPO	Pediatric High	Pediatric Low
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	$30	$40
Family	n/a	n/a
Annual Maximum	None	None
Othodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	$700	$700
per 2+ child	$1,400	$1,400
Dental Accident Benefits	NAB*	NAB*
Rates:		
Region 1	$36.02	$29.57
Region 2	$37.12	$30.47
Region 3	$37.33	$30.65
Region 4	$33.86	$27.80
Region 5	$34.72	$28.50
Region 6	$33.86	$27.80
Region 7	$37.06	$30.42
Region 8	$34.95	$28.69
Region 9	$33.86	$27.80
Region 10	$33.77	$27.72
Region 11	$35.48	$29.13

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
Colorado Individual Administrative Expenses (as a percent of premium)

	Pediatric High	Pediatric Low
Admin Expenses	16.40%	16.40%
Risk Margin	5.50%	3.00%
Premium Tax	2.00%	2.00%
ACA Tax	2.00%	2.00%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	30.90%	28.40%
Benefits Ratio **	71.98%	74.58%

** Benefits Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

Attachment C
DDIC Small Group Experience

	CY2010	CY2011	CY2012
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	$26,281,040	$25,593,626	$24,525,709
Average Annual Premium	$608	$638	$640
Incurred Claims	$18,634,994	$16,985,525	$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%

ACTUARIAL MEMORANDUM

Dentegra Insurance Company
State of Colorado
July 30, 2013

Form Numbers OXIP85hi-CO-DIC, OXIP85lo-CO-DIC, OXIP70hi-CO-DIC, OXIP70lo-CO-DIC

A. Summary

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).

2. Not applicable since this a new plan offering.

3. This will be sold to individuals through the Colorado health exchange or through agents and brokers outside the exchange.

4. Gross premiums vary by plan designs illustrated in Attachment A.

5. The Supplemental dental plans are defined in Attachment A and cover standardly covered services.

6. Form numbers OXIP85hi-CO-DIC, OXIP85lo-CO-DIC, OXIP70hi-CO-DIC, OXIP70lo-CO-DIC and Iap-CO-DIC

7. The premiums are charged on an issue age basis.

8. All individual dental programs are optionally renewable.

B. Assumption or Acquisition

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

C. Rating Period

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

D. Effect of Law Changes

Not applicable.

E. Rate History

Not applicable since this is a new plan offering (see Supporting Documentation).

F. Coordination of Benefits

Not applicable.

G. **Relation of Benefits to Premiums**

Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	15.00%	15.00%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	30.90%	28.40%	
Targeted Loss Ratio	69.10%	71.60%	

H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

Formula	Pediatric Low
Cost per User: Crowns	$15.76
Cost per User: Diagnostic	$100.15
Cost per User: Other Basic	$91.92
Cost per User: Preventive	$102.54
Cost per User: Prosthodontic	$5.53
Cost per User: Simple Restoration	$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
x Coinsurance: Diagnostic	98.17%
x Coinsurance: Other Basic	52.65%
x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	$0.34
= Monthly Rates: Diagnostic	$4.48
= Monthly Rates: Other Basic	$2.20
= Monthly Rates: Preventive	$4.58
= Monthly Rates: Prosthodontic	$0.12

= Monthly Rates: Simple Restoration	$2.89
Total Monthly Rates (includes all lines of service)	$14.61
- Waiting Period Credit	$0.00
- Maximum Credit	$0.00
- Deductible Credit	$1.53
= Rate less Credits	$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	$17.95
+ Adult Ortho Rate	$2.30
+ OOP Max Rate	$0.80
+ TMJ Rate	$0.00
= Adj Rate	$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	$21.17
/ (1-Total Admin)	1 – 28.40%
= Total Rate	$29.57

J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

K. Credibility

1. Credibility Percentage:	Not applicable
2. Number of years of data used to calculate above credibility percentage:	Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable:	Not applicable

(see Supporting Documentation)

L. Data Requirements

COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, “if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product.” Therefore, not applicable since this is a new plan offering.

OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	$26,281,040	$18,634,994	$17,052,094	$1,582,900	70.90%	3,277	147,553
2011	$25,592,626	$16,985,525	$15,546,025	$1,439,500	66.40%	3,057	135,805
2012	$24,525,709	$16,016,000	$14,626,000	$1,390,000	65.30%	2,881	124,033

Above data is for:	Comparable Product, National
Experience Period:	From 01/01/2010 to 12/31/2012
Additional Information:	Pharmacy claims data or an applicable plan, see above

M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

N. Benefits Ratio Projections

PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	$33,997.86	$21,419.91	71.98% (high), 74.58% (low)
Projected Experience With Rate Change	Not applicable		

Above projections include: Colorado

O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and

• Are reasonable in relation to the benefits provided.

July 30, 2013

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Dentegra Insurance Company
One First Street
San Francisco, CA 94105

Date

Attachment A
Colorado Individual Supplemental Dental Benefits

PPO/PPO	Pediatric High	Pediatric Low	Adult Preferred	Adult Basic
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	$30	$40	$50	$50
Family	n/a	n/a	$150	$150
Annual Maximum	None	None	$1,000	$1,000
Othodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only) per child per 2+ child	$700 $1,400	$700 $1,400	NAB*	NAB*
Dental Accident Benefits	NAB*	NAB*	100% w/ $1000 Lifetime Max	NAB*
Rates:				
Region 1	$36.02	$29.57	$60.94	$37.88
Region 2	$37.12	$30.47	$62.81	$39.04
Region 3	$37.33	$30.65	$63.17	$39.26
Region 4	$33.86	$27.80	$57.29	$35.61
Region 5	$34.72	$28.50	$58.74	$36.51
Region 6	$33.86	$27.80	$57.29	$35.61
Region 7	$37.06	$30.42	$62.71	$38.98
Region 8	$34.95	$28.69	$59.14	$36.76
Region 9	$33.86	$27.80	$57.29	$35.61
Region 10	$33.77	$27.72	$57.13	$35.51
Region 11	$35.48	$29.13	$60.04	$37.32

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
Colorado Individual Administrative Expenses (as a percent of premium)

	Pediatric High	Pediatric Low	Adult Preferred	Adult Basic
Admin Expenses	16.40%	16.40%	16.40%	16.40%
Risk Margin	5.50%	3.00%	5.50%	5.50%
Premium Tax	2.00%	2.00%	2.00%	2.00%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	5.00%	5.00%	5.00%	5.00%
Total	30.90%	28.40%	30.90%	30.90%
Benefits Ratio **	71.98%	74.58%	71.98%	71.98%

** Benefits Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

Attachment C
DDIC Small Group Experience

	CY2010	CY2011	CY2012
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	$26,281,040	$25,593,626	$24,525,709
Average Annual Premium	$608	$638	$640
Incurred Claims	$18,634,994	$16,985,525	$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%

Attachment A
Colorado Individual Pediatric Dental Benefits

PPO/PPO	**Pediatric High**	**Pediatric Low**
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	$30	$40
Family	n/a	n/a
Annual Maximum	None	None
Othodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	$700	$700
per 2+ child	$1,400	$1,400
Dental Accident Benefits	NAB*	NAB*
Rates:		
Region 1	$36.02	$29.57
Region 2	$37.12	$30.47
Region 3	$37.33	$30.65
Region 4	$33.86	$27.80
Region 5	$34.72	$28.50
Region 6	$33.86	$27.80
Region 7	$37.06	$30.42
Region 8	$34.95	$28.69
Region 9	$33.86	$27.80
Region 10	$33.77	$27.72
Region 11	$35.48	$29.13

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment A
Colorado Individual Supplemental Dental Benefits

PPO/PPO	**Pediatric High**	**Pediatric Low**	**Adult Preferred**	**Adult Basic**
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	$30	$40	$50	$50
Family	n/a	n/a	$150	$150
Annual Maximum	None	None	$1,000	$1,000
Othodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only) per child per 2+ child	 $700 $1,400	 $700 $1,400	NAB*	NAB*
Dental Accident Benefits	NAB*	NAB*	100% w/ $1000 Lifetime Max	NAB*
Rates:				
Region 1	$36.02	$29.57	$60.94	$37.88
Region 2	$37.12	$30.47	$62.81	$39.04
Region 3	$37.33	$30.65	$63.17	$39.26
Region 4	$33.86	$27.80	$57.29	$35.61
Region 5	$34.72	$28.50	$58.74	$36.51
Region 6	$33.86	$27.80	$57.29	$35.61
Region 7	$37.06	$30.42	$62.71	$38.98
Region 8	$34.95	$28.69	$59.14	$36.76
Region 9	$33.86	$27.80	$57.29	$35.61
Region 10	$33.77	$27.72	$57.13	$35.51
Region 11	$35.48	$29.13	$60.04	$37.32

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Supporting Document Schedules

Satisfied - Item:	HR-1 Form (H)
Comments:	Please see the revised HR-1 form. Items 14 and 22 have been updated.
Attachment(s):	CO HR1 Individual Outside 2013 08 02.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memo
Comments:	Attached are the Actuarial Memorandums for the policies 1) OPIP-CO-DIC and 2) OXIP-CO-DIC. Please note the Actuarial Certifications are included in the memorandums. Also attached are the Manual Rating Exhibits and Supporting Documentation. Please note I had to save the Supporting Documentation Dentegra CO PPO Pediatric and Supplemental Excel spreadsheets in an earlier version of Excel (Excel 97-2003). The newer Excel version "xlsx" opens as a WinZip file in SERFF, and I was concerned the filing might get rejected because CO wants certain information in Excel format (i.e. rating period, rate history, trend, etc). My apologies for any confusion this may cause.
Attachment(s):	Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls Actuarial Memorandum Dentegra Out CO Pediatric PPO Individual 2013 07 30.pdf Actuarial Memorandum Dentegra Out CO Supplemental PPO Individual 2013 07 30.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Certification
Comments:	The Actuarial Certifications are included in the Actuarial Memorandums above.
Attachment(s):	
Item Status:	
Status Date:	

Attachment Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls is not a PDF document and cannot be reproduced here.

Attachment Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls is not a PDF document and cannot be reproduced here.

State Of Colorado

Health Rate Filing Form

Form HR-1

Reset Form

Must Be Completed For All Products	**SERFF FILING #** DDPA-129066037
1. Company: Dentegra Insurance Company	
2. Person Responsible For Filing: Shelly Williams	3. Title: Regulatory Analyst
4. Address Of Responsible Person: 17871 Park Plaza D	5. Telephone #: (562) 467-7766 ext.
6. Email Address: SWilliams4@delta.org	

7. **Type Of Coverage**: PPO Other : Stand alone dental

8. Medicare Supplement: N/A Not Applicable ☐
   (1) Prestandardized Plan(s):
   (2) Standardized Plan(s): ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ FHD ☐ G ☐ H ☐ I ☐ J ☐ JHD ☐ K ☐ L
   (3) 2010 Plans: ☐ A ☐ B ☐ C ☐ D ☐ F ☐ FHD ☐ G ☐ K ☐ L ☐ M ☐ N

9. **Sub Category:** Individual

10. A. Group Information: N/A Select One Select One Select One
    B. Name of association or trust *(if applicable)*:
    C. Description of discretionary group*(if applicable)*:

11. **Colorado State Code(s)**: 760 Prior Approval- HB 08-1389 850 Individual
    Select One Select One Select One

12. **Brief Filing Description** (Disability, Major Medical, LTC, Etc. Also Describe All Methodology Changes.):
    Dental

13. **Reason For Filing:**

Increase In Benefits?	☐ Yes	☑ No
Reduction In Benefits?	☐ Yes	☑ No
Increase in Profits?	☐ Yes	☑ No
Change Needed To Meet Projected Losses?	☐ Yes	☑ No
Trend Only?	☐ Yes	☑ No
Change In Rating Methodology?	☐ Yes	☑ No
New Product (Initial Offering As Opposed To Rate Revision)?	☑ Yes	☐ No
Other?	☐ Yes	☑ No
(If other, please explain)		

14. **Policy Form(s) Affected**: OPIP85-CO-DIC, OPIP70-CO-DIC, OXIP85hi-CO-DIC, OXIP85lo-C

15. If Rider Or Endorsement, **Type Of Benefits**? N/A	
16. Closed Block(s)? ☐ Yes ☑ No Date Block Closed:	
17. **Number Of Colorado Covered Lives** (Including Employees And Dependents): N/A	
18. A. Rating Period: Select One From To B. Experience Period: From To C. Reason for Rate Change: D. Average Change In Rates From One Year Prior To Effective Date:	☑ N/A (New Product)
19. A. **Rate Change Without Trend:** B. **Trend for Rating Period (if trend factor is used in rates):** C. Overall Rate Impact Change:	
20. A. **Current Underlying *Annualized* Trend Assumption** (If Applicable): 1.04 B. Requested Underlying *Annualized* Trend Assumption (If Applicable):	
21. A. **What Is The Maximum Rate Change That Can Affect A Policyholder?** B. **What Is The Minimum Rate Change That Can Affect A Policyholder?** **(If the selected rate change differs from the indicated rate change, please fully detail in the actuarial memorandum in section 6K.)**	
Benefits Ratios (**On Colorado only basis**) 22. A. Targeted Benefits Ratio over Rating Period (assumed in calculation of rates): 71.98	
B. Actual Benefits Ratio over Experience Period:	☑ N/A (New Product)
23. A. **Projected Benefits Ratio With Rate Change over Rating Period** B. Projected Benefits Ratio **Without** Rate Change over Rating Period ☐ Colorado ☐ Colorado/Nationwide ☐ Nationwide Basis **(If projected benefits ratios on a Colorado only basis are not available, then ratios developed on a blended Colorado/Nationwide or Nationwide basis are acceptable. Please indicate above.)**	☑ N/A (New Product)
24. **Proposed Effective Date:** 01/01/2014	
25. A. **Total Annual *Colorado* Written Premium Before Change(s)**: $ B. **Total Annual *Colorado* Written Premium After Change(s)**: $ C. Written Premium Change For This Product (Net Change): $	☑ N/A (New Product)
26. A. **Effective Date** of Previous Rate Filing for this Form (including initial filing): B. Previous SERFF Filing Number(s): C. Overall Percentage of Last Rate Change for Affected Policy Forms:	☑ N/A (New Product)
27. **Experience Provided:** ☐ **Nationwide** ☐ **Colorado** Select One ☐ **other (specify)**	☑ N/A (New Product)
28. ***Small Group Filings Only*: Unique Single Index Rate (Effective For All Small Group Plans):**	N/A

When completed, please hit the button to the right and also attach to filing in SERFF. **SUBMIT TO DIVISION**

DENTEGRA INSURANCE COMPANY

DENTAL MANUAL RATE FORMULA

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Exhibit I
Rating Formula Summary

	Adult	Child	Comments
	Cost per User	Cost per User	Exhibit III
x	Utilization	Utilization	Exhibit IV
x	Coinsurance	Coinsurance	Input
x	Trend	Trend	Exhibit II
/	Misc_Dent_Fact	Misc_Dent_Fact	Exhibit II
/	12	12	Monthly rate
=	Monthly Rates	Monthly Rates	
	Total Monthly Rates	Total Monthly Rates	Total across all lines of service
-	Waiting Period Credit	Waiting Period Credit	Exhibit VIII
-	Maximum Credit	Maximum Credit	Exhibit IX
-	Deductible Credit	Deductible Credit	Exhibit IX
=	Rate less Credits	Rate less Credits	
x	Sealant Adj	Sealant Adj	Exhibit II
x	Individual Adj	Individual Adj	Exhibit X
x	Richness of Benefits Adj	Richness of Benefits Adj	Exhibit XII
x	PPO Disc	PPO Disc	Exhibit XI
=	Adj Rate	Adj Rate	
+	Adult Ortho Rate	Child Ortho Rate	Exhibit XIII
+	OOP Max Rate	OOP Max Rate	Exhibit XIV
+	TMJ Rate	TMJ Rate	Exhibit XV
=	Adj Rate	Adj Rate	
x	Multi-Child OOP Max	Multi-Child OOP Max	Exhibit XIV
x	Dental Accident	Dental Accident	Exhibit XVI
=	Service Cost Rate	Service Cost Rate	
/	(1-Total Admin)	(1-Total Admin)	Exhibit V
=	Total Adult Rate	Total Child Rate	

Exhibit II

Miscellaneous Factors

Factor	Definition
A	Deductible per Individual
B	Adult: Max [0.50, Diagnostic coinsur x 0.4602 + Preventive coinsur x 0.5398]
B	Child: Max [0.50, Diagnostic coinsur x 0.4575 + Preventive coinsur x 0.5425]
C	Adult: If Crown coinsur < 50% then 1.2586 - 0.005172 x Crown coinsur; else 1.00
C	Child: 1.00
M	Min [12, Prosth Waiting Period in Months] / 12
N	Min [12, Crowns Waiting Period in Months] / 12
P	Adult: Max [0.50, Dentures coinsur x 0.2721 + Bridges coinsur x 0.7279]
P	Child: Max [0.50, Dentures coinsur x 0.9241 + Bridges coinsur x 0.0759]
Y	1.0 - 0.4 ^ (0.001 x Maximum^1.06) (if Maximum > 0)
Y	1.0 - 0.4 ^ (0.001 x 9999^1.06) (if Maximum = 0)
Z	Max [0.50, Crown coinsur]
Admin	See Exhibit V
Category 1 Table	See Exhibit VIII
Trend Factor	1.04 for calendar year 2014
Area_Fact	The factor to adjust to the zip code within the state (See Exhibit VI and VII)
Ded_Factor	0 <= deductible per individual <= 25, deductible per individual / 25 * .02
	25 < deduct/individual <= 50, ((deduct/individual - 25) / 25 * (.035 - .02)) + .02
	50 < deduct/individual <= 100, ((deduct/individual - 25) / 25 * (.05 - .035)) + .035
	deductible per individual > 100, .05
Sealant Adj	If sealants are covered under D&P, 1.0143
	If sealants are covered under Basic or Major, 1.0000

	Adult	Child
State_Fact	0.8237	0.8851
Stabilization	0.9985	0.9235
U_D&P_Coeff	1.4618	1.4618
U_D&P^2_Coeff	-0.7467	-0.7467
Misc_Dent_Fact	0.9894	0.9704
Rest_Usage	0.4348	0.5602
OtherBasic_Usage	0.5652	0.4398
Util - Basic LOS	0.3304	0.4436
Util - Crown LOS	0.2765	0.0380
Util - Prosth LOS	0.1699	0.0123
Wait_Fact	0.13145	0.13145
State Fee Base	1.0000	1.0000

Max_Credit_Adj			
Maximum	Factor	Maximum	Factor
<500	0.80	800 - 849	0.92
500 - 549	0.82	850 - 899	0.94
550 - 599	0.84	900 - 949	0.96
600 - 649	0.86	950 - 999	0.98
650 - 699	0.88	1,000 +	1.00
700 - 799	0.90		

Exhibit III
Cost per User

Diagnostic and Preventive:

Cost Per User = [Constant + Ded_Coeff x A + Max_Coeff x Y + D&P_Coeff x B + Crown_Coeff x Z + Prosth_Coeff x P]
x (1-Ded_Factor) x Area Factor x State_Fact x State Fee Base x Stabilization

Simple Restorations:

Cost Per User = [Constant + Ded_Coeff x A + Max_Coeff x Y + D&P_Coeff x B + Crown_Coeff x Z + Prosth_Coeff x P]
x C x Area_Fact x State_Fact x State Fee Base x Stabilization

Other Basic, Crowns and Prosthodontics

Cost Per User = [Constant + Ded_Coeff x A + Max_Coeff x Y + D&P_Coeff x B + Crown_Coeff x Z + Prosth_Coeff x P]
x Area_Fact x State_Fact x State Fee Base x Stabilization

Adult	Constant	Ded_Coeff	Max_Coeff	D&P_Coeff	Crown_Coeff	Prosth_Coeff
Crowns	115.6018	-	144.2400	-	80.2062	-
Diagnostic	122.0375	-	-	-	-	-
Other Basic	176.9245	-	73.9232	-	-	-
Preventive	118.8500	-	-	-	-	-
Prosthodontics	91.7120	-	70.1486	-	-	146.6363
Simple Restorations	139.8131	-	31.1946	-	-	-

Child	Constant	Ded_Coeff	Max_Coeff	D&P_Coeff	Crown_Coeff	Prosth_Coeff
Crowns	19.1732	-	-	-	-	-
Diagnostic	95.1741	-	30.3370	-	-	-
Other Basic	111.8548	-	-	-	-	-
Preventive	113.2947	-	-	15.2131	-	-
Prosthodontics	6.7241	-	-	-	-	-
Simple Restorations	146.5248	-	-	-	-	-

Exhibit IV
Utilization

Utilization =
(Adult) Max [0.50, (U_D&P_Coeff x B + U_D&P^2_Coeff x B^2)*.79195]
(Child) Max [0.50, (U_D&P_Coeff x B + U_D&P^2_Coeff x B^2) x .79195] x 0.90

Note
See Exhibit II for miscellaneous factors.

Exhibit V
Individual Administrative Charges

	High		Low	
	Supplemental Dental	Pediatric EHB Dental	Supplemental Dental	Pediatric EHB Dental
Admin Expenses (including User Fee = $0.18 PMPM)	22.50%	22.50%	22.50%	22.50%
Risk Margin	5.50%	5.50%	5.50%	3.00%
Premium Tax	2.50%	2.50%	2.50%	2.50%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commission	5.00%	5.00%	5.00%	5.00%
Total	37.50%	37.50%	37.50%	35.00%

Exhibit VI
Region Definitions

State	Zip	County	Region
CO	800	Adams	Rating Area 3
CO	801	Adams	Rating Area 3
CO	802	Adams	Rating Area 3
CO	806	Adams	Rating Area 3
CO	811	Alamosa	Rating Area 8
CO	800	Arapahoe	Rating Area 3
CO	801	Arapahoe	Rating Area 3
CO	802	Arapahoe	Rating Area 3
CO	811	Archuleta	Rating Area 10
CO	810	Baca	Rating Area 8
CO	810	Bent	Rating Area 8
CO	800	Boulder	Rating Area 1
CO	803	Boulder	Rating Area 1
CO	804	Boulder	Rating Area 1
CO	805	Boulder	Rating Area 1
CO	800	Broomfield	Rating Area 3
CO	812	Chaffee	Rating Area 8
CO	808	Cheyenne	Rating Area 8
CO	804	Clear Creek	Rating Area 3
CO	811	Consejos	Rating Area 8
CO	811	Costilla	Rating Area 8
CO	810	Crowley	Rating Area 8
CO	812	Custer	Rating Area 8
CO	814	Delta	Rating Area 10
CO	802	Denver	Rating Area 3
CO	813	Dolores	Rating Area 10
CO	801	Douglas	Rating Area 3
CO	804	Eagle	Rating Area 11
CO	816	Eagle	Rating Area 11
CO	801	El Paso	Rating Area 2
CO	808	El Paso	Rating Area 2
CO	809	El Paso	Rating Area 2
CO	801	Elbert	Rating Area 3
CO	808	Elbert	Rating Area 3
CO	812	Fremont	Rating Area 8
CO	816	Garfield	Rating Area 11
CO	804	Gilpin	Rating Area 3
CO	804	Grand	Rating Area 10
CO	812	Gunnison	Rating Area 10
CO	814	Gunnison	Rating Area 10
CO	812	Hinsdale	Rating Area 10
CO	810	Huerfano	Rating Area 8
CO	804	Jackson	Rating Area 10
CO	800	Jefferson	Rating Area 3
CO	801	Jefferson	Rating Area 3
CO	802	Jefferson	Rating Area 3
CO	804	Jefferson	Rating Area 3
CO	810	Kiowa	Rating Area 8
CO	808	Kit Carson	Rating Area 8
CO	811	La Plata	Rating Area 10
CO	813	La Plata	Rating Area 10
CO	802	Lake Moffat	Rating Area 10
CO	804	Lake Moffat	Rating Area 10
CO	805	Larimer	Rating Area 4
CO	810	Las Animas	Rating Area 8
CO	808	Lincoln	Rating Area 8
CO	807	Logan	Rating Area 9
CO	815	Mesa	Rating Area 5
CO	816	Mesa	Rating Area 5
CO	811	Mineral	Rating Area 8
CO	813	Montezuma	Rating Area 10
CO	812	Montrose	Rating Area 10
CO	814	Montrose	Rating Area 10
CO	806	Morgan	Rating Area 9
CO	807	Morgan	Rating Area 9
CO	810	Otero	Rating Area 8
CO	814	Ouray	Rating Area 10
CO	804	Park	Rating Area 3
CO	808	Park	Rating Area 3
CO	807	Phillips	Rating Area 9
CO	816	Pitkin	Rating Area 11
CO	810	Prowers	Rating Area 8
CO	810	Pueblo	Rating Area 7
CO	816	Rio Blanco	Rating Area 10
CO	811	Rio Grande	Rating Area 8
CO	804	Routt	Rating Area 10
CO	816	Routt	Rating Area 10
CO	811	Saguache	Rating Area 8
CO	812	Saguache	Rating Area 8
CO	814	San Juan	Rating Area 10
CO	813	San Miguel	Rating Area 10
CO	814	San Miguel	Rating Area 10
CO	807	Sedgwick	Rating Area 9
CO	804	Summit	Rating Area 11
CO	808	Teller	Rating Area 2
CO	807	Washington	Rating Area 9
CO	808	Washington	Rating Area 9
CO	805	Weld	Rating Area 6
CO	806	Weld	Rating Area 6
CO	807	Weld	Rating Area 6
CO	807	Yuma	Rating Area 9
CO	808	Yuma	Rating Area 9

Exhibit VII

Area Factors

Region	Area Factor
Region 1	1.0053
Region 2	1.0361
Region 3	1.0420
Region 4	0.9451
Region 5	0.9690
Region 6	0.9451
Region 7	1.0345
Region 8	0.9756
Region 9	0.9451
Region 10	0.9424
Region 11	0.9904

Exhibit VIII

Waiting Period Credit

Waiting Period Credit =
[(Cost_per_User_Prosth x M x Prosth Coinsurance +
Cost_Per_User_Crowns x N x Crown Coinsurance) x
Wait_Fact x Trend x Area_Fact / (Misc_Dent_Fact)]
x Util / 12

Note
See Exhibit II for miscellaneous factors.

Exhibit IX(a)

Maximum & Deductible Credits

Deductible Credit Calculation

	Description	Formula
(1)	Ded Lower Limit	0 if D&P not exempt; otherwise: (Diag_Cost_per_User + Prev_Cost_per_User) / (Stabilization)
(2)	Ded Upper Limit	(1) + Deductible / (State_Fact x Area_Fact x Trend)
(3)	% Ded Lower	0 if D&P not exempt; otherwise: [(1) - (next cost bracket<(1) from Category 1 Table)] / (diff between cost bracket>(1) and cost bracket<(1))
(4)	% Ded Upper	0 if D&P not exempt; otherwise: [(2) - (next cost bracket<(2) from Category 1 Table)] / (diff between cost bracket>(2) and cost bracket<(2))
(5)	Freq Ded Lower	Actual number of cases for (1) from Category 1 Table (interpolated value using (3))
(6)	Freq Ded Upper	Actual number of cases for (2) from Category 1 Table (interpolated value using (4))
(7)	Amount Ded Lower	Actual approved amount for (1) from Category 1 Table (interpolated value using (3))
(8)	Amount Ded Upper	Actual approved amount for (2) from Category 1 Table (interpolated value using (4))
(9)	Ded Credit	[(8) - (7) - (2)x(6) + (1)x(5)] / (17) + (2) - (1)
(10)	Ded Credit with Factors	(9) x Trend x Area_Fact x State_Fact
(11)	Ded Credit with Coinsur	(10) x (Simple Restoration Coins x Rest_Usage + Other Basic Coins x OtherBasic_Usage) x Stabilization x Util
	Monthly Ded Credit	(11) / 12

Maximum Credit Calculation

	Description	Formula
(12)	Max Limit	(Diag_Cost_per_User + Prev_Cost_per_User) x (1 - DiagCoinsur/(21)) + [Max + (11) / (Stabilization x Util) + (Prosth_Cost_per_User x Prosth Coinsur x M + Crown_Cost_per_User x Crown Coinsur x N) / (Stabilization x Misc_Dent_Fact) x Trend x Wait_Fact] / (21)
(13)	Max Limit '93	(12) / (State_Fact x Area_Fact x Trend)
(14)	% Max Limit '93	0 if maximum=0; otherwise: [(13) - (next cost bracket<(13) from Category 1 Table)] / (diff between cost bracket>(13) and cost bracket<(13))
(15)	# Max Limit '93	Actual number of cases for (13) from Category 1 Table (interpolated value using (14))
(16)	$ Max Limit '93	Actual approved amount for (13) from Category 1 Table (interpolated value using (14))
(17)	Total No. Cases	Constant from Category 1 Table
(18)	Total Amt Approved	Constant from Category 1 Table
(19)	Est Amt Given Max	0 if maximum=0; otherwise: (16) + (13) x [(17) - (15)]
(20)	Max Credit	0 if (18)<(19); otherwise: [(18) - (19)] / (17) x Max_Credit_Adj
(21)	Major Service Coinsur	[OtherBasic_Coinsur x Basic_Util + Crown_Coinsur x Crown_Util + Prosth_Coinsur x Prosth_Util] / (Basic_Util+Crown_Util+Prosth_Util)
(22)	Adj Max Credit	(20) x (21) x Trend x Area_Fact x State_Fact
	Monthly Max Credit	[(22) x Stabilization x Util] / 12

Exhibit IX(b) - Maximum and Deductible Credits

Category 1 Table (Full Benefits - i.e. all copays >= 50%)

Lower	Upper	Adult Nx	Adult Ax	Child Nx	Child Ax
-	2	113	1,601	169	3,244
2	4	226	3,203	338	6,487
4	6	338	4,804	507	9,731
6	8	451	6,405	676	12,974
8	10	564	8,006	844	16,218
10	12	703	10,640	1,085	21,390
12	14	857	13,844	1,364	27,629
14	16	1,011	17,049	1,643	33,869
16	18	1,165	20,253	1,923	40,108
18	20	1,319	23,458	2,202	46,348
20	22	1,473	26,662	2,482	52,587
22	24	1,627	29,867	2,761	58,827
24	26	1,781	33,071	3,041	65,066
26	28	1,976	38,289	3,506	77,338
28	30	2,198	44,796	4,069	93,606
30	32	2,517	55,729	4,825	118,514
32	34	2,837	66,662	5,595	145,503
34	36	3,235	81,092	6,401	175,418
36	38	3,766	101,605	7,382	213,455
38	40	4,460	129,747	8,789	269,869
40	42	5,667	180,830	10,616	346,793
42	44	7,224	250,824	12,711	439,567
44	46	9,094	338,996	14,892	540,865
46	48	11,654	463,441	17,340	659,103
48	50	15,037	633,479	20,088	797,090
50	52	18,649	823,811	22,959	947,790
52	54	21,898	1,001,664	25,776	1,101,335
54	56	24,816	1,165,407	28,559	1,258,034
56	58	27,418	1,317,080	31,319	1,419,040
58	60	29,704	1,455,406	34,053	1,584,244
60	62	31,880	1,588,938	36,839	1,757,138
62	64	34,155	1,733,027	39,752	1,943,714
64	66	36,527	1,888,065	42,792	2,144,473
66	68	38,998	2,054,441	45,959	2,359,916
68	70	41,566	2,232,545	49,252	2,590,540
70	72	44,181	2,419,804	52,642	2,834,294
72	74	46,791	2,611,963	56,096	3,089,637
74	76	49,396	2,808,999	59,615	3,356,819
76	78	51,995	3,010,887	63,198	3,636,092
78	80	54,589	3,217,605	66,845	3,927,707
80	82	57,220	3,433,536	70,533	4,229,130
82	84	59,925	3,661,323	74,210	4,537,114
84	86	62,705	3,900,923	77,876	4,851,531
86	88	65,559	4,152,630	81,530	5,172,332
88	90	68,487	4,416,736	85,172	5,499,466
90	92	71,433	4,688,782	88,723	5,826,455
92	94	74,341	4,963,227	92,101	6,144,645
94	96	77,210	5,239,912	95,308	6,453,346
96	98	80,040	5,518,678	98,342	6,751,865
98	100	82,832	5,799,366	101,205	7,039,508
100	104	88,410	6,376,338	106,645	7,600,963
104	108	94,056	6,982,749	111,864	8,160,388
108	112	99,755	7,616,666	116,993	8,729,081
112	116	105,450	8,272,956	122,270	9,335,073
116	120	111,132	8,950,728	127,726	9,983,471
120	124	116,770	9,646,228	133,048	10,638,052
124	128	122,331	10,354,969	137,925	11,257,911
128	132	127,837	11,078,434	142,458	11,852,069
132	136	133,408	11,832,314	147,257	12,499,659
136	140	139,063	12,620,382	152,426	13,217,507

Lower	Upper	Adult Nx	Adult Ax	Child Nx	Child Ax
140	144	144,777	13,440,174	157,529	13,947,766
144	148	150,525	14,287,978	162,130	14,625,375
148	152	156,289	15,161,119	166,333	15,260,743
152	156	161,961	16,043,213	170,757	15,946,155
156	160	167,524	16,930,935	175,507	16,700,770
160	164	172,985	17,821,216	180,251	17,473,688
164	168	178,330	18,713,656	184,642	18,207,035
168	172	183,546	19,605,069	188,715	18,902,978
172	176	188,558	20,481,415	192,673	19,594,599
176	180	193,352	21,339,334	196,552	20,287,913
180	184	197,930	22,177,085	200,350	20,982,277
184	188	202,309	22,996,325	204,034	21,671,185
188	192	206,532	23,803,540	207,519	22,337,166
192	196	210,600	24,597,815	210,799	22,977,660
196	200	214,514	25,377,909	213,876	23,591,034
200	204	218,274	26,142,040	216,788	24,182,622
204	208	221,883	26,889,966	219,571	24,759,639
208	212	225,339	27,620,465	222,228	25,321,060
212	216	228,649	28,332,435	224,761	25,866,316
216	220	231,855	29,033,763	227,212	26,402,901
220	224	234,987	29,730,877	229,604	26,935,993
224	228	238,066	30,428,401	231,952	27,468,825
228	232	241,090	31,125,904	234,256	28,001,045
232	236	244,061	31,822,954	236,517	28,532,302
236	240	246,978	32,519,119	238,734	29,062,247
240	244	249,829	33,211,045	240,908	29,589,937
244	248	252,601	33,895,062	243,039	30,115,742
248	252	255,294	34,570,539	245,126	30,639,314
252	256	257,909	35,236,846	247,171	31,160,309
256	260	260,445	35,893,353	249,172	31,678,378
260	264	262,903	36,539,428	251,130	32,193,177
264	268	265,289	37,176,076	253,045	32,704,364
268	272	267,615	37,806,917	254,916	33,211,320
272	276	269,877	38,429,324	256,744	33,713,917
276	280	272,074	39,042,779	258,529	34,211,809
280	284	274,205	39,646,760	260,271	34,704,647
284	288	276,272	40,240,747	261,969	35,192,085
288	292	278,274	40,824,220	263,624	35,673,775
292	296	280,211	41,396,658	265,235	36,149,369
296	300	282,083	41,957,540	266,804	36,618,521
300	304	283,891	42,506,353	268,331	37,081,245
304	308	285,635	43,042,910	269,820	37,538,323
308	312	287,315	43,566,697	271,270	37,989,447
312	316	288,931	44,077,203	272,682	38,434,307
316	320	290,484	44,573,917	274,055	38,872,596
320	324	291,980	45,057,218	275,392	39,304,398
324	328	293,443	45,535,276	276,698	39,731,426
328	332	294,877	46,009,239	277,973	40,153,684
332	336	296,280	46,478,866	279,218	40,570,927
336	340	297,653	46,943,916	280,433	40,982,912
340	344	299,003	47,405,671	281,623	41,390,916
344	348	300,335	47,866,935	282,792	41,796,697
348	352	301,651	48,327,570	283,941	42,200,095
352	356	302,949	48,787,439	285,070	42,600,945
356	360	304,231	49,246,408	286,179	42,999,088
360	364	305,495	49,704,339	287,267	43,394,360
364	368	306,742	50,161,096	288,335	43,786,599
368	372	307,973	50,616,543	289,383	44,175,643
372	376	309,186	51,070,669	290,411	44,561,267
376	380	310,369	51,519,653	291,421	44,943,995

Exhibit IX(b) - Maximum and Deductible Credits

Category 1 Table (Full Benefits - i.e. all copays >= 50%) (cont'd)

Lower	Upper	Adult Nx	Adult Ax	Child Nx	Child Ax
380	384	311,520	51,960,649	292,414	45,324,318
384	388	312,638	52,393,796	293,390	45,701,770
388	392	313,728	52,820,134	294,347	46,075,755
392	396	314,788	53,239,518	295,285	46,446,137
396	400	315,820	53,651,719	296,204	46,812,763
400	404	316,823	54,056,505	297,105	47,175,484
404	408	317,798	54,453,647	297,986	47,534,148
408	412	318,744	54,842,915	298,849	47,888,603
412	416	319,661	55,224,077	299,692	48,238,699
416	420	320,549	55,596,904	300,517	48,584,284
420	424	321,408	55,961,165	301,323	48,925,207
424	428	322,239	56,316,630	302,110	49,261,316
428	432	323,050	56,665,979	302,878	49,592,603
432	436	323,858	57,016,556	303,629	49,919,192
436	440	324,664	57,369,939	304,366	50,242,340
440	444	325,470	57,726,730	305,090	50,562,866
444	448	326,277	58,086,933	305,801	50,880,670
448	452	327,085	58,450,550	306,500	51,195,651
452	456	327,893	58,817,585	307,186	51,507,708
456	460	328,701	59,188,041	307,860	51,816,740
460	464	329,510	59,561,922	308,521	52,122,647
464	468	330,319	59,939,230	309,170	52,425,327
468	472	331,128	60,319,969	309,806	52,724,679
472	476	331,938	60,704,142	310,429	53,020,602
476	480	332,748	61,091,752	311,039	53,312,996
480	484	333,557	61,482,322	311,638	53,601,948
484	488	334,351	61,869,653	312,227	53,888,864
488	492	335,129	62,252,002	312,808	54,173,985
492	496	335,890	62,629,235	313,381	54,457,243
496	500	336,634	63,001,220	313,945	54,738,571
500	510	338,433	63,913,810	315,325	55,436,338
510	520	340,151	64,802,437	316,665	56,127,567
520	530	341,787	65,665,464	317,965	56,811,465
530	540	343,353	66,506,793	319,224	57,486,045
540	550	344,950	67,378,259	320,423	58,140,565
550	560	346,596	68,293,557	321,558	58,771,618
560	570	348,292	69,253,690	322,629	59,377,927
570	580	350,039	70,259,659	323,636	59,958,210
580	590	351,835	71,312,484	324,579	60,511,215
590	600	353,636	72,387,568	325,478	61,047,421
600	610	355,423	73,470,806	326,355	61,578,499
610	620	357,213	74,573,651	327,214	62,107,249
620	630	359,005	75,696,158	328,054	62,633,308
630	640	360,800	76,838,381	328,877	63,156,315
640	650	362,614	78,009,672	329,677	63,673,563
650	660	364,489	79,238,767	330,447	64,178,382
660	670	366,428	80,528,788	331,185	64,669,814
670	680	368,430	81,881,000	331,891	65,147,224
680	690	370,495	83,296,674	332,565	65,609,976
690	700	372,620	84,774,992	333,209	66,058,225
700	710	374,748	86,277,496	333,839	66,502,686
710	720	376,845	87,779,737	334,462	66,948,258
720	730	378,912	89,281,109	335,078	67,394,794
730	740	380,949	90,781,010	335,686	67,842,151
740	750	382,956	92,278,823	336,287	68,290,184
750	760	384,942	93,780,053	336,871	68,732,082
760	770	386,915	95,291,773	337,431	69,160,520
770	780	388,876	96,813,738	337,965	69,574,992
780	790	390,825	98,345,700	338,473	69,974,994
790	800	392,762	99,887,413	338,957	70,360,019

Lower	Upper	Adult Nx	Adult Ax	Child Nx	Child Ax
800	810	394,675	101,429,566	339,421	70,734,225
810	820	396,534	102,946,460	339,884	71,111,476
820	830	398,335	104,434,823	340,346	71,492,962
830	840	400,079	105,893,513	340,808	71,878,675
840	850	401,766	107,321,385	341,270	72,268,604
850	860	403,397	108,718,045	341,730	72,662,141
860	870	404,990	110,097,606	342,174	73,046,848
870	880	406,551	111,465,245	342,596	73,417,532
880	890	408,080	112,820,323	342,998	73,773,772
890	900	409,577	114,162,204	343,379	74,115,144
900	910	411,042	115,489,741	343,739	74,442,277
910	920	412,456	116,786,981	344,091	74,763,879
920	930	413,802	118,034,309	344,444	75,091,247
930	940	415,078	119,230,253	344,801	75,424,499
940	950	416,284	120,373,424	345,160	75,763,687
950	960	417,422	121,462,435	345,521	76,108,859
960	970	418,501	122,505,953	345,882	76,457,789
970	980	419,571	123,550,747	346,233	76,799,889
980	990	420,638	124,602,794	346,571	77,133,621
990	1,000	421,701	125,662,022	346,898	77,458,742
1,000	1,020	423,865	127,848,704	347,516	78,083,798
1,020	1,040	425,954	130,002,876	348,130	78,716,315
1,040	1,060	427,861	132,008,425	348,766	79,384,054
1,060	1,080	429,608	133,879,462	349,418	80,082,288
1,080	1,100	431,368	135,795,565	350,041	80,762,035
1,100	1,120	433,156	137,780,725	350,629	81,416,929
1,120	1,140	434,953	139,811,728	351,190	82,051,903
1,140	1,160	436,758	141,888,931	351,722	82,665,832
1,160	1,180	438,573	144,012,778	352,226	83,257,569
1,180	1,200	440,339	146,121,409	352,729	83,855,564
1,200	1,220	442,050	148,194,207	353,246	84,479,832
1,220	1,240	443,737	150,272,799	353,770	85,124,548
1,240	1,260	445,402	152,356,256	354,303	85,790,040
1,260	1,280	447,043	154,443,650	354,844	86,476,640
1,280	1,300	448,683	156,559,804	355,384	87,174,439
1,300	1,320	450,349	158,743,368	355,899	87,850,557
1,320	1,340	452,011	160,955,284	356,387	88,501,178
1,340	1,360	453,670	163,195,402	356,848	89,125,224
1,360	1,380	455,324	165,463,571	357,282	89,721,617
1,380	1,400	456,970	167,753,187	357,690	90,290,230
1,400	1,420	458,562	170,002,037	358,083	90,844,605
1,420	1,440	460,101	172,206,005	358,464	91,388,240
1,440	1,460	461,586	174,362,942	358,831	91,920,616
1,460	1,480	463,018	176,470,698	359,185	92,441,212
1,480	1,500	464,395	178,527,090	359,526	92,949,514
1,500	1,520	465,738	180,555,902	359,850	93,438,478
1,520	1,540	467,064	182,585,122	360,152	93,900,907
1,540	1,560	468,372	184,614,055	360,432	94,335,938
1,560	1,580	469,663	186,642,011	360,691	94,742,707
1,580	1,600	470,937	188,668,297	360,929	95,120,353
1,600	1,620	472,183	190,676,902	361,148	95,472,647
1,620	1,640	473,366	192,608,471	361,358	95,815,336
1,640	1,660	474,485	194,457,522	361,561	96,150,108
1,660	1,680	475,549	196,238,218	361,758	96,479,883
1,680	1,700	476,561	197,951,366	361,951	96,804,930
1,700	1,720	477,522	199,597,436	362,138	97,124,640
1,720	1,740	478,464	201,228,129	362,316	97,432,841
1,740	1,760	479,399	202,863,832	362,484	97,727,197
1,760	1,780	480,325	204,504,230	362,642	98,007,309
1,780	1,800	481,244	206,149,005	362,791	98,272,781

Exhibit IX(b) - Maximum and Deductible Credits

Category 1 Table (Full Benefits - i.e. all copays >= 50%) (cont'd)

Lower	Upper	Adult Nx	Adult Ax	Child Nx	Child Ax
1,800	1,820	482,158	207,803,042	362,930	98,524,803
1,820	1,840	483,060	209,455,668	363,062	98,765,466
1,840	1,860	483,939	211,083,031	363,185	98,994,173
1,860	1,880	484,794	212,684,047	363,301	99,210,590
1,880	1,900	485,626	214,257,774	363,409	99,414,400
1,900	1,920	486,434	215,803,271	363,509	99,605,289
1,920	1,940	487,221	217,323,979	363,602	99,784,364
1,940	1,960	487,998	218,839,624	363,691	99,958,568
1,960	1,980	488,765	220,352,388	363,778	100,128,752
1,980	2,000	489,523	221,861,896	363,862	100,294,797
2,000	2,025	490,455	223,738,644	363,964	100,499,485
2,025	2,050	491,364	225,592,827	364,063	100,702,276
2,050	2,075	492,238	227,398,567	364,158	100,895,852
2,075	2,100	493,076	229,151,061	364,245	101,078,986
2,100	2,125	493,879	230,848,508	364,327	101,251,374
2,125	2,150	494,646	232,489,503	364,403	101,413,053
2,150	2,175	495,388	234,093,762	364,475	101,569,026
2,175	2,200	496,109	235,670,440	364,545	101,720,926
2,200	2,225	496,810	237,218,484	364,612	101,868,621
2,225	2,250	497,489	238,736,838	364,676	102,011,975
2,250	2,275	498,151	240,233,905	364,738	102,151,801
2,275	2,300	498,803	241,720,998	364,797	102,287,809
2,300	2,325	499,442	243,197,538	364,854	102,419,881
2,325	2,350	500,070	244,662,948	364,909	102,547,900
2,350	2,375	500,686	246,116,647	364,961	102,671,747
2,375	2,400	501,291	247,558,058	365,011	102,791,307
2,400	2,425	501,884	248,986,600	365,059	102,906,461
2,425	2,450	502,466	250,401,697	365,104	103,017,092
2,450	2,475	503,036	251,802,767	365,147	103,123,083
2,475	2,500	503,594	253,189,234	365,188	103,224,318
2,500	2,525	504,139	254,554,679	365,227	103,321,604
2,525	2,550	504,667	255,892,039	365,264	103,416,647
2,550	2,575	505,178	257,200,494	365,300	103,509,382
2,575	2,600	505,674	258,479,224	365,335	103,599,748
2,600	2,625	506,152	259,727,407	365,369	103,687,680
2,625	2,650	506,615	260,944,224	365,402	103,773,116
2,650	2,675	507,060	262,128,854	365,433	103,855,991
2,675	2,700	507,490	263,283,796	365,463	103,936,984
2,700	2,725	507,902	264,403,411	365,492	104,016,470
2,725	2,750	508,296	265,486,236	365,521	104,094,372
2,750	2,775	508,679	266,543,793	365,548	104,170,201
2,775	2,800	509,054	267,590,474	365,574	104,243,355
2,800	2,825	509,422	268,625,912	365,599	104,313,774
2,825	2,850	509,782	269,649,738	365,623	104,381,396
2,850	2,875	510,135	270,661,588	365,645	104,446,162
2,875	2,900	510,481	271,661,092	365,667	104,508,011
2,900	2,925	510,820	272,647,886	365,687	104,566,883
2,925	2,950	511,151	273,621,600	365,706	104,622,718
2,950	2,975	511,475	274,581,870	365,724	104,675,454
2,975	3,000	511,791	275,528,326	365,740	104,725,033
3,000	3,025	512,098	276,453,970	365,756	104,772,117
3,025	3,050	512,392	277,349,119	365,770	104,817,087
3,050	3,075	512,673	278,213,145	365,784	104,859,902
3,075	3,100	512,942	279,045,419	365,797	104,900,521
3,100	3,125	513,198	279,845,313	365,809	104,938,902
3,125	3,150	513,442	280,612,198	365,821	104,975,004
3,150	3,175	513,673	281,345,444	365,831	105,008,787
3,175	3,200	513,891	282,044,423	365,841	105,040,208
3,200	3,225	514,098	282,708,762	365,850	105,069,122
3,225	3,250	514,296	283,349,223	365,859	105,096,721
3,250	3,275	514,486	283,969,360	365,867	105,123,591
3,275	3,300	514,668	284,568,785	365,875	105,149,716
3,300	3,325	514,846	285,156,348	365,883	105,175,521
3,325	3,350	515,022	285,742,726	365,891	105,201,495
3,350	3,375	515,197	286,327,836	365,899	105,227,636
3,375	3,400	515,369	286,911,594	365,906	105,253,944
3,400	3,425	515,540	287,493,917	365,914	105,280,420
3,425	3,450	515,710	288,074,719	365,922	105,307,062
3,450	3,475	515,877	288,653,917	365,930	105,333,870
3,475	3,500	516,043	289,231,427	365,938	105,360,844
3,500	3,525	516,208	289,807,165	365,946	105,387,984
3,525	3,550	516,370	290,381,047	365,953	105,415,288
3,550	3,575	516,531	290,952,988	365,961	105,442,758
3,575	3,600	516,690	291,522,906	365,969	105,470,392
3,600	3,625	516,847	292,087,344	365,977	105,497,996
3,625	3,650	516,999	292,640,931	365,984	105,525,313
3,650	3,675	517,147	293,183,466	365,992	105,552,336
3,675	3,700	517,292	293,714,744	365,999	105,579,059
3,700	3,725	517,432	294,234,564	366,006	105,605,475
3,725	3,750	517,568	294,742,773	366,013	105,631,589
3,750	3,775	517,699	295,239,408	366,020	105,657,327
3,775	3,800	517,826	295,720,758	366,027	105,681,865
3,800	3,825	517,948	296,186,579	366,033	105,705,185
3,825	3,850	518,065	296,636,624	366,038	105,727,268
3,850	3,875	518,177	297,070,650	366,044	105,748,097
3,875	3,900	518,284	297,488,409	366,049	105,767,653
3,900	3,925	518,386	297,889,657	366,053	105,785,919
3,925	3,950	518,483	298,274,148	366,058	105,802,875
3,950	3,975	518,576	298,641,636	366,062	105,818,504
3,975	4,000	518,663	298,991,877	366,065	105,832,789
4,000	4,100	518,985	300,296,406	366,077	105,880,677
4,100	4,200	519,271	301,484,756	366,085	105,915,877
4,200	4,300	519,522	302,550,540	366,091	105,937,808
4,300	4,400	519,764	303,592,452	366,095	105,956,355
4,400	4,500	520,010	304,680,409	366,100	105,978,427
4,500	4,600	520,254	305,791,055	366,106	106,004,067
4,600	4,700	520,491	306,888,123	366,112	106,032,739
4,700	4,800	520,719	307,969,984	366,119	106,064,548
4,800	4,900	520,930	308,996,367	366,125	106,097,048
4,900	5,000	521,103	309,860,416	366,131	106,123,525
5,000	5,100	521,245	310,580,327	366,135	106,144,492
5,100	5,200	521,362	311,187,820	366,138	106,160,662
5,200	5,300	521,455	311,677,972	366,140	106,171,831
5,300	5,400	521,526	312,058,465	366,141	106,178,330
5,400	5,500	521,598	312,450,160	366,143	106,185,854
5,500	5,600	521,677	312,884,783	366,145	106,195,997
5,600	5,700	521,763	313,363,628	366,147	106,208,850
5,700	5,800	521,855	313,887,983	366,150	106,224,501
5,800	5,900	521,953	314,459,083	366,153	106,243,053
5,900	6,000	522,047	315,016,177	366,156	106,262,043
6,000	7,000	522,465	317,681,700	366,168	106,339,359
7,000	8,000	522,646	319,030,435	366,171	106,359,720
8,000	9,000	522,777	320,135,723	366,174	106,386,057
9,000	10,000	522,859	320,898,262	366,178	106,419,247
10,000	50,000	523,277	324,777,927	366,203	106,648,643

Exhibit X

Individual Adjustment Factors

Adult High and Low	1.5500
Pediatric High and Low	1.3000

Exhibit XI
PPO Discount

PPO Discount	1.0000

Exhibit XII

Richness of Benefits Adjustment Factors

Maximum	Factor
0 - 750	0.9837
750 - 799	0.9874
800 - 849	0.9910
850 - 899	0.9943
900 - 949	0.9973
950 - 1000	1.0000
1,001 - 1,049	1.0038
1,050 - 1,099	1.0073
1,100 - 1,149	1.0103
1,150 - 1,199	1.0132
1,200 - 1,249	1.0160
1,250 - 1,299	1.0181
1,300 - 1,349	1.0202
1,350 - 1,399	1.0222
1,400 - 1,449	1.0240
1,450 - 1,499	1.0257
1,500 - 1,549	1.0270
1,550 - 1,599	1.0284
1,600 - 1,649	1.0306
1,650 - 1,699	1.0306
1,700 - 1,749	1.0318
1,750 - 1,799	1.0328
1,800 - 1,849	1.0337
1,850 - 1,899	1.0346
1,900 - 1,949	1.0352
1,950 - 1,999	1.0360
2,000 - 2,049	1.0366
2,050 - 2,499	1.0408

Exhibit XIII

Ortho Manual Rate Calculation

Monthly Child Ortho Premium = (Cost per User x Utilization x Adj for Medically Necessary) / 24 months x Area Factor

Monthly Child Ortho Premium = ($4,000 x .055 x .25) / 24 x Area Factor

Exhibit XIV

Out of Pocket Maximum Rate

No Out of Pocket Max	$	-
Pediatric PPO High	$	0.96
Pediatric PPO Low	$	1.32

No Multi-Child OOP Max Factor	1.000
Multi-Child OOP Max Factor	1.006

Out of Pocket Maximum rates would be subject to the area factor.

Exhibit XV

TMJ Rates

Monthly TMJ Premium = (Cost per User x Utilization) / 12 months x Area Factor

Monthly Adult Supplemental TMJ Premium = ($300 x .01) / 12 x Area Factor
Monthly Child Supplemental TMJ Premium = ($300 x .002) / 12 x Area Factor
Monthly Pediatric EHB TMJ Premium = ($1,275 x .002) / 12 x Area Factor

Exhibit XVI

Dental Accident

Dental Accident, if offered, is assumed to be 1% of total service cost

Exhibit XVII

Example of Individual Manual Rating Calculation

Plan:	Pediatric Low	
State:	CO	
Zip Code:	800	Region 1
Area Factor:	1.0053	

Coinsurance	
Diagnostic & Preventive	100%
Basic	50%
Major	50%
Ortho (medically necessary	50%
TMJ	0%
Waiting Period	none

Deductibles		
Individual	$40	
Family	not applicable	
D&P Exempt	no	
Maximums		
Individual	not applicable	
OOP Max	$700	single child
OOP Max	$1,400	more than one child

Child	CPU	Util	Adj Coins*	Trend	Misc Dent	# Mths	Mon Rate
Crowns	15.7557982	0.5097	47.47%	1.04	0.9704	12	0.34
Diagnostic	100.1493307	0.5097	98.17%	1.04	0.9704	12	4.48
Other Basic	91.91815243	0.5097	52.65%	1.04	0.9704	12	2.20
Preventive	102.5403939	0.5097	98.17%	1.04	0.9704	12	4.58
Prosth	5.525617864	0.5097	47.47%	1.04	0.9704	12	0.12
Simple Rest	120.4086263	0.5097	52.66%	1.04	0.9704	12	2.89
Total							**14.61**

**Adj Coins for limited EHB benefits*

Wait Credit	0

Deductible Credit Calculation

Description	
Ded Lower Limit	0.00
Ded Upper Limit	43.23
% Ded Lower	0.00%
% Ded Upper	61.27%
Freq Ded Lower	0.00
Freq Ded Upper	11,899.29
Amount Ded Lower	0.00
Amount Ded Upper	403,633.97
Ded Credit	42.92
Ded Credit with Factors	39.72
Ded Credit with Coinsur	18.70
Monthly Ded Credit	1.53

Child Cost Bracket

Lower	Upper
0	2
42	44

Maximum Credit Calculation	
Description	
Max Limit	17,639.30
Max Limit '93	19,061.62
% Max Limit '93	22.65%
# Max Limit '93	366,183.81
$ Max Limit '93	106,471,214.76
Total No. Cases	366,203.00
Total Amt Approved	106,648,643.31
Est Amt Given Max	106,837,093.03
Max Credit	0.00
Major Service Coinsur	52.38%
Adj Max Credit	0.00
Monthly Max Credit	0.00
Rate less Credits	**$13.08**
Sealant Adj	1.0143
Individual Adj	1.3000
Richness of Benefits Adj	1.0408
PPO Disc	1.0000
Adj Rate	**$17.95**
Ortho	2.30
OOP Max Rate	0.80
TMJ Rate	0
Adj Rate	**$21.04**
Multi-Child OOP Max	1.0060
Dental Accident	1.0000
Service Cost Rate	**$21.17**
Total Admin	**35.00%**
Total Rate	**$32.57**

Child Cost Bracket	
Lower	Upper
10000	50000

ACTUARIAL MEMORANDUM
Dentegra Insurance Company
State of Colorado
July 30, 2013

Form Numbers OPIP85-CO-DIC, OPIP70-CO-DIC

A. Summary

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).

2. Not applicable since this a new plan offering.

3. This will be sold to individuals through the Colorado health exchange or through agents and brokers outside the exchange.

4. Gross premiums vary by plan designs illustrated in Attachment A.

5. The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the high and low EHB plans.

6. Form numbers OPIP85-CO-DIC, OPIP70-CO-DIC, Iap-CO-DIC

7. The premiums are charged on an issue age basis.

8. All individual dental programs are optionally renewable.

B. Assumption or Acquisition

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

C. Rating Period

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

D. Effect of Law Changes

Not applicable.

E. Rate History

Not applicable since this is a new plan offering (see Supporting Documentation).

F. Coordination of Benefits

Not applicable.

G. **Relation of Benefits to Premiums**

Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	15.00%	15.00%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	30.90%	28.40%	
Targeted Loss Ratio	69.10%	71.60%	

H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

Formula	Pediatric Low
Cost per User: Crowns	$15.76
Cost per User: Diagnostic	$100.15
Cost per User: Other Basic	$91.92
Cost per User: Preventive	$102.54
Cost per User: Prosthodontic	$5.53
Cost per User: Simple Restoration	$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
x Coinsurance: Diagnostic	98.17%
x Coinsurance: Other Basic	52.65%
x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	$0.34
= Monthly Rates: Diagnostic	$4.48
= Monthly Rates: Other Basic	$2.20
= Monthly Rates: Preventive	$4.58
= Monthly Rates: Prosthodontic	$0.12

= Monthly Rates: Simple Restoration	$2.89
Total Monthly Rates (includes all lines of service)	$14.61
- Waiting Period Credit	$0.00
- Maximum Credit	$0.00
- Deductible Credit	$1.53
= Rate less Credits	$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	$17.95
+ Adult Ortho Rate	$2.30
+ OOP Max Rate	$0.80
+ TMJ Rate	$0.00
= Adj Rate	$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	$21.17
/ (1-Total Admin)	1 – 28.40%
= Total Rate	$29.57

J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

K. Credibility

1. Credibility Percentage:	Not applicable
2. Number of years of data used to calculate above credibility percentage:	Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable:	Not applicable

(see Supporting Documentation)

L. Data Requirements

COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, “if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product.” Therefore, not applicable since this is a new plan offering.

OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	$26,281,040	$18,634,994	$17,052,094	$1,582,900	70.90%	3,277	147,553
2011	$25,592,626	$16,985,525	$15,546,025	$1,439,500	66.40%	3,057	135,805
2012	$24,525,709	$16,016,000	$14,626,000	$1,390,000	65.30%	2,881	124,033

Above data is for:	Comparable Product, National
Experience Period:	From 01/01/2010 to 12/31/2012
Additional Information:	Pharmacy claims data or an applicable plan, see above

M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

N. Benefits Ratio Projections

PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	$33,997.86	$21,419.91	71.98% (high), 74.58% (low)
Projected Experience With Rate Change	Not applicable		

Above projections include: Colorado

O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and

• Are reasonable in relation to the benefits provided.

July 30, 2013

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Dentegra Insurance Company
One First Street
San Francisco, CA 94105

Date

Attachment A
Colorado Individual Pediatric Dental Benefits

PPO/PPO	Pediatric High	Pediatric Low
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	$30	$40
Family	n/a	n/a
Annual Maximum	None	None
Othodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	$700	$700
per 2+ child	$1,400	$1,400
Dental Accident Benefits	NAB*	NAB*
Rates:		
Region 1	$36.02	$29.57
Region 2	$37.12	$30.47
Region 3	$37.33	$30.65
Region 4	$33.86	$27.80
Region 5	$34.72	$28.50
Region 6	$33.86	$27.80
Region 7	$37.06	$30.42
Region 8	$34.95	$28.69
Region 9	$33.86	$27.80
Region 10	$33.77	$27.72
Region 11	$35.48	$29.13

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
Colorado Individual Administrative Expenses (as a percent of premium)

	Pediatric High	Pediatric Low
Admin Expenses	16.40%	16.40%
Risk Margin	5.50%	3.00%
Premium Tax	2.00%	2.00%
ACA Tax	2.00%	2.00%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	30.90%	28.40%
Benefits Ratio **	71.98%	74.58%

** Benefits Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

Attachment C
DDIC Small Group Experience

	CY2010	CY2011	CY2012
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	$26,281,040	$25,593,626	$24,525,709
Average Annual Premium	$608	$638	$640
Incurred Claims	$18,634,994	$16,985,525	$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%

ACTUARIAL MEMORANDUM

Dentegra Insurance Company
State of Colorado
July 30, 2013

Form Numbers OXIP85hi-CO-DIC, OXIP85lo-CO-DIC, OXIP70hi-CO-DIC, OXIP70lo-CO-DIC

A. Summary

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).

2. Not applicable since this a new plan offering.

3. This will be sold to individuals through the Colorado health exchange or through agents and brokers outside the exchange.

4. Gross premiums vary by plan designs illustrated in Attachment A.

5. The Supplemental dental plans are defined in Attachment A and cover standardly covered services.

6. Form numbers OXIP85hi-CO-DIC, OXIP85lo-CO-DIC, OXIP70hi-CO-DIC, OXIP70lo-CO-DIC and Iap-CO-DIC

7. The premiums are charged on an issue age basis.

8. All individual dental programs are optionally renewable.

B. Assumption or Acquisition

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

C. Rating Period

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

D. Effect of Law Changes

Not applicable.

E. Rate History

Not applicable since this is a new plan offering (see Supporting Documentation).

F. Coordination of Benefits

Not applicable.

G. **Relation of Benefits to Premiums**

Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	15.00%	15.00%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	30.90%	28.40%	
Targeted Loss Ratio	69.10%	71.60%	

H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

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Cost per User: Crowns	$15.76
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Cost per User: Other Basic	$91.92
Cost per User: Preventive	$102.54
Cost per User: Prosthodontic	$5.53
Cost per User: Simple Restoration	$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
x Coinsurance: Diagnostic	98.17%
x Coinsurance: Other Basic	52.65%
x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	$0.34
= Monthly Rates: Diagnostic	$4.48
= Monthly Rates: Other Basic	$2.20
= Monthly Rates: Preventive	$4.58
= Monthly Rates: Prosthodontic	$0.12

= Monthly Rates: Simple Restoration	$2.89
Total Monthly Rates (includes all lines of service)	$14.61
- Waiting Period Credit	$0.00
- Maximum Credit	$0.00
- Deductible Credit	$1.53
= Rate less Credits	$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	$17.95
+ Adult Ortho Rate	$2.30
+ OOP Max Rate	$0.80
+ TMJ Rate	$0.00
= Adj Rate	$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	$21.17
/ (1-Total Admin)	1 – 28.40%
= Total Rate	$29.57

J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

K. Credibility

1. Credibility Percentage:	Not applicable
2. Number of years of data used to calculate above credibility percentage:	Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable:	Not applicable

(see Supporting Documentation)

L. Data Requirements

COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, “if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product.” Therefore, not applicable since this is a new plan offering.

OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
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2011	$25,592,626	$16,985,525	$15,546,025	$1,439,500	66.40%	3,057	135,805
2012	$24,525,709	$16,016,000	$14,626,000	$1,390,000	65.30%	2,881	124,033

Above data is for:	Comparable Product, National
Experience Period:	From 01/01/2010 to 12/31/2012
Additional Information:	Pharmacy claims data or an applicable plan, see above

M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

N. Benefits Ratio Projections

PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	$33,997.86	$21,419.91	71.98% (high), 74.58% (low)
Projected Experience With Rate Change	Not applicable		

Above projections include: Colorado

O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and

• Are reasonable in relation to the benefits provided.

July 30, 2013

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Dentegra Insurance Company
One First Street
San Francisco, CA 94105

Date

Attachment A
Colorado Individual Supplemental Dental Benefits

PPO/PPO	Pediatric High	Pediatric Low	Adult Preferred	Adult Basic
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	$30	$40	$50	$50
Family	n/a	n/a	$150	$150
Annual Maximum	None	None	$1,000	$1,000
Othodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only) per child per 2+ child	$700 $1,400	$700 $1,400	NAB*	NAB*
Dental Accident Benefits	NAB*	NAB*	100% w/ $1000 Lifetime Max	NAB*
Rates:				
Region 1	$36.02	$29.57	$60.94	$37.88
Region 2	$37.12	$30.47	$62.81	$39.04
Region 3	$37.33	$30.65	$63.17	$39.26
Region 4	$33.86	$27.80	$57.29	$35.61
Region 5	$34.72	$28.50	$58.74	$36.51
Region 6	$33.86	$27.80	$57.29	$35.61
Region 7	$37.06	$30.42	$62.71	$38.98
Region 8	$34.95	$28.69	$59.14	$36.76
Region 9	$33.86	$27.80	$57.29	$35.61
Region 10	$33.77	$27.72	$57.13	$35.51
Region 11	$35.48	$29.13	$60.04	$37.32

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
Colorado Individual Administrative Expenses (as a percent of premium)

	Pediatric High	Pediatric Low	Adult Preferred	Adult Basic
Admin Expenses	16.40%	16.40%	16.40%	16.40%
Risk Margin	5.50%	3.00%	5.50%	5.50%
Premium Tax	2.00%	2.00%	2.00%	2.00%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	5.00%	5.00%	5.00%	5.00%
Total	30.90%	28.40%	30.90%	30.90%
Benefits Ratio **	71.98%	74.58%	71.98%	71.98%

** Benefits Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

Attachment C
DDIC Small Group Experience

	CY2010	CY2011	CY2012
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	$26,281,040	$25,593,626	$24,525,709
Average Annual Premium	$608	$638	$640
Incurred Claims	$18,634,994	$16,985,525	$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%

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 Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/26/2013		Supporting Document	Actuarial Memo	07/30/2013	Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls Actuarial Memorandum Dentegra Out CO Pediatric PPO Individual 2013 07 26.pdf (Superceded) Actuarial Memorandum Dentegra Out CO Supplemental PPO Individual 2013 07 26.pdf (Superceded)

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/19/2013		Supporting Document	Actuarial Memo	07/26/2013	Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls Actuarial Memorandum Dentegra Out CO Pediatric PPO Individual 2013 07 23.pdf (Superceded) Actuarial Memorandum Dentegra Out CO Supplemental PPO Individual 2013 07 23.pdf (Superceded)
07/19/2013		Supporting Document	Actuarial Memo	07/19/2013	Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls Actuarial Memorandum Dentegra Out CO Pediatric PPO Individual 2013 07 17.pdf (Superceded) Actuarial Memorandum Dentegra Out CO Supplemental PPO Individual 2013 07 17.pdf (Superceded)

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/02/2013		Supporting Document	Actuarial Memo	07/19/2013	Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls Actuarial Memorandum Dentegra Out CO Pediatric PPO Individual 2013 07 02.pdf (Superceded) Actuarial Memorandum Dentegra Out CO Supplemental PPO Individual 2013 07 02.pdf (Superceded)
06/27/2013		Supporting Document	Actuarial Memo	07/02/2013	Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls Actuarial Memorandum Dentegra Out CO Pediatric PPO Individual 2013 06 26.pdf (Superceded) Actuarial Memorandum Dentegra Out CO Supplemental PPO Individual 2013 06 26.pdf (Superceded)

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/27/2013		Rate	Dental Manual Rate Formula	07/26/2013	Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls Actuarial Memorandum Dentegra Out CO Pediatric PPO Individual 2013 07 23.pdf (Superceded) Actuarial Memorandum Dentegra Out CO Supplemental PPO Individual 2013 07 23.pdf (Superceded)
06/12/2013		Supporting Document	Actuarial Certification	07/19/2013	

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/12/2013		Rate	Dental Manual Rate Formula	06/27/2013	Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf Actuarial Memorandum Dentegra Out CO Pediatric PPO Individual 2013 06 12.pdf (Superceded) Actuarial Memorandum Dentegra Out CO Supplemental PPO Individual 2013 06 12.pdf (Superceded) Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls
06/12/2013		Supporting Document	Actuarial Memo	06/27/2013	Actuarial Memorandum Dentegra Out CO Pediatric PPO Individual 2013 06 12.pdf (Superceded) Actuarial Memorandum Dentegra Out CO Supplemental PPO Individual 2013 06 12.pdf (Superceded) Manual Rating Exhibits Dentegra CO PPO Individual 2013 06 12.pdf Supporting Documentation Dentegra CO PPO Pediatricb 2013 06 12.xls Supporting Documentation Dentegra CO PPO Supplementalb 2013 06 12.xls

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/08/2013		Form	PPO Individual Pediatric Dental Policy	07/19/2013	
06/08/2013		Form	PPO Individual Pediatric Dental Attachment A (Deductibles, Maximums and Contract Benefit Levels) – High Plan	07/19/2013	
06/08/2013		Form	PPO Individual Pediatric Dental Attachment A (Deductibles, Maximums and Contract Benefit Levels) – Low Plan	07/19/2013	
06/08/2013		Form	PPO Individual Pediatric Dental Attachment B (Services, Limitations and Exclusions)	07/19/2013	
06/08/2013		Form	PPO Individual Pediatric Dental Attachment B-1 (Schedule of Covered Services)	07/19/2013	
06/08/2013		Form	PPO Individual Combined/Integrated EHB and Sup Dental Policy	07/19/2013	
06/08/2013		Form	PPO Individual Combined Attachment A (EHB Deductibles, Maximums and Contract Benefit Levels) – High Plan	07/19/2013	
06/08/2013		Form	PPO Individual Combined Attachment A (EHB Deductibles, Maximums and Contract Benefit Levels) – Low Plan	07/19/2013	
06/08/2013		Form	PPO Individual Combined Attachment B (EHB Services, Limitations and Exclusions)	07/19/2013	
06/08/2013		Form	PPO Individual Combined Attachment B-1 (EHB Schedule of Covered Services and Limitations)	07/19/2013	

State: *Colorado* **Filing Company:** *Dentegra Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *DIC OHCR IND PPO RATES - PPACA Dental Filing*
Project Name/Number: *DIC OHCR IND PPO RATES - PPACA Dental Filing/DIC OHCR IND PPO RATES - PPACA Dental Filing*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/08/2013		Form	PPO Individual Combined Attachment C (Sup Deductibles, Maximums and Contract Benefit Levels) - High Plan	07/19/2013	
06/08/2013		Form	PPO Individual Combined Attachment C (Sup Deductibles, Maximums and Contract Benefit Levels) - Low Plan	07/19/2013	
06/08/2013		Form	PPO Individual Combined Attachment D (Sup Services, Limitations and Exclusions)	07/19/2013	
06/08/2013		Form	PPO Individual Combined Attachment D (Sup Services, Limitations and Exclusions)	07/19/2013	
06/08/2013		Supporting Document	HR-1 Form (H)	08/02/2013	CO HR1 Individual Outside.pdf (Superceded)

ACTUARIAL MEMORANDUM
Dentegra Insurance Company
State of Colorado
July 26, 2013

Form Numbers OPIP85-CO-DIC, OPIP70-CO-DIC

A. Summary

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).

2. Not applicable since this a new plan offering.

3. This will be sold to individuals through the Colorado health exchange or through agents and brokers outside the exchange.

4. Gross premiums vary by plan designs illustrated in Attachment A.

5. The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the high and low EHB plans.

6. Form numbers OPIP85-CO-DIC, OPIP70-CO-DIC, Iap-CO-DIC

7. The premiums are charged on an issue age basis.

8. All individual dental programs are optionally renewable.

B. Assumption or Acquisition

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

C. Rating Period

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

D. Effect of Law Changes

Not applicable.

E. Rate History

Not applicable since this is a new plan offering (see Supporting Documentation).

F. Coordination of Benefits

Not applicable.

G. **Relation of Benefits to Premiums**

Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	19.00%	19.00%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	34.90%	32.40%	
Targeted Loss Ratio	65.10%	67.60%	

(see Attachment B)

H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

Formula	Pediatric Low
Cost per User: Crowns	$15.76
Cost per User: Diagnostic	$100.15
Cost per User: Other Basic	$91.92
Cost per User: Preventive	$102.54
Cost per User: Prosthodontic	$5.53
Cost per User: Simple Restoration	$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
x Coinsurance: Diagnostic	98.17%
x Coinsurance: Other Basic	52.65%
x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	$0.34
= Monthly Rates: Diagnostic	$4.48
= Monthly Rates: Other Basic	$2.20

= Monthly Rates: Preventive	$4.58
= Monthly Rates: Prosthodontic	$0.12
= Monthly Rates: Simple Restoration	$2.89
Total Monthly Rates (includes all lines of service)	$14.61
- Waiting Period Credit	$0.00
- Maximum Credit	$0.00
- Deductible Credit	$1.53
= Rate less Credits	$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	$17.95
+ Adult Ortho Rate	$2.30
+ OOP Max Rate	$0.80
+ TMJ Rate	$0.00
= Adj Rate	$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	$21.17
/ (1-Total Admin)	1 – 32.40%
= Total Rate	$31.32

J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

K. Credibility

1. Credibility Percentage:	Not applicable
2. Number of years of data used to calculate above credibility percentage:	Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable:	Not applicable

(see Supporting Documentation)

L. Data Requirements

COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, “if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product.” Therefore, not applicable since this is a new plan offering.

OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	$26,281,040	$18,634,994	$17,052,094	$1,582,900	70.90%	3,277	147,553
2011	$25,592,626	$16,985,525	$15,546,025	$1,439,500	66.40%	3,057	135,805
2012	$24,525,709	$16,016,000	$14,626,000	$1,390,000	65.30%	2,881	124,033

Above data is for:	Comparable Product, National
Experience Period:	From 01/01/2010 to 12/31/2012
Additional Information:	Pharmacy claims data or an applicable plan, see above

M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

N. Benefits Ratio Projections

PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	$33,997.86	$21,419.91	67.81% (high), 70.42% (low)
Projected Experience With Rate Change	Not applicable		

Above projections include: Colorado

O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

• Based on actuarially sound principles

• Are not inadequate, excessive or unfairly discriminatory, and
• Are reasonable in relation to the benefits provided.

July 26, 2013

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Dentegra Insurance Company
One First Street
San Francisco, CA 94105

Date

Attachment A
Colorado Individual Pediatric Dental Benefits

PPO/PPO	Pediatric High	Pediatric Low
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	$30	$40
Family	n/a	n/a
Annual Maximum	None	None
Othodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	$700	$700
per 2+ child	$1,400	$1,400
Dental Accident Benefits	NAB*	NAB*
Rates:		
Region 1	$38.23	$31.32
Region 2	$39.40	$32.27
Region 3	$39.63	$32.46
Region 4	$35.94	$29.44
Region 5	$36.85	$30.18
Region 6	$35.94	$29.44
Region 7	$39.34	$32.22
Region 8	$37.10	$30.39
Region 9	$35.94	$29.44
Region 10	$35.84	$29.36
Region 11	$37.66	$30.85

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
Colorado Individual Administrative Expenses (as a percent of premium)

	Pediatric High	Pediatric Low
Admin Expenses	20.40%	20.40%
Risk Margin	5.50%	3.00%
Premium Tax	2.00%	2.00%
ACA Tax	2.00%	2.00%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	34.90%	32.40%
Anticipated Loss Ratio **	67.81%	70.42%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

Attachment C
DDIC Small Group Experience

	CY2010	CY2011	CY2012
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	$26,281,040	$25,593,626	$24,525,709
Average Annual Premium	$608	$638	$640
Incurred Claims	$18,634,994	$16,985,525	$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%

ACTUARIAL MEMORANDUM
Dentegra Insurance Company
State of Colorado
July 26, 2013

Form Numbers OXIP85hi-CO-DIC, OXIP85lo-CO-DIC, OXIP70hi-CO-DIC, OXIP70lo-CO-DIC

A. Summary

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).

2. Not applicable since this a new plan offering.

3. This will be sold to individuals through the Colorado health exchange or through agents and brokers outside the exchange.

4. Gross premiums vary by plan designs illustrated in Attachment A.

5. The Supplemental dental plans are defined in Attachment A and cover standardly covered services.

6. Form numbers OXIP85hi-CO-DIC, OXIP85lo-CO-DIC, OXIP70hi-CO-DIC, OXIP70lo-CO-DIC and Iap-CO-DIC

7. The premiums are charged on an issue age basis.

8. All individual dental programs are optionally renewable.

B. Assumption or Acquisition

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

C. Rating Period

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

D. Effect of Law Changes

Not applicable.

E. Rate History

Not applicable since this is a new plan offering (see Supporting Documentation).

F. Coordination of Benefits

Not applicable.

G. **Relation of Benefits to Premiums**

Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	19.00%	19.00%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	34.90%	32.40%	
Targeted Loss Ratio	65.10%	67.60%	

(see Attachment B)

H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

Formula	Pediatric Low
Cost per User: Crowns	$15.76
Cost per User: Diagnostic	$100.15
Cost per User: Other Basic	$91.92
Cost per User: Preventive	$102.54
Cost per User: Prosthodontic	$5.53
Cost per User: Simple Restoration	$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
x Coinsurance: Diagnostic	98.17%
x Coinsurance: Other Basic	52.65%
x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	$0.34
= Monthly Rates: Diagnostic	$4.48
= Monthly Rates: Other Basic	$2.20

= Monthly Rates: Preventive	$4.58
= Monthly Rates: Prosthodontic	$0.12
= Monthly Rates: Simple Restoration	$2.89
Total Monthly Rates (includes all lines of service)	$14.61
- Waiting Period Credit	$0.00
- Maximum Credit	$0.00
- Deductible Credit	$1.53
= Rate less Credits	$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	$17.95
+ Adult Ortho Rate	$2.30
+ OOP Max Rate	$0.80
+ TMJ Rate	$0.00
= Adj Rate	$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	$21.17
/ (1-Total Admin)	1 – 32.40%
= Total Rate	$31.32

J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

K. Credibility

1. Credibility Percentage:	Not applicable
2. Number of years of data used to calculate above credibility percentage:	Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable:	Not applicable

(see Supporting Documentation)

L. Data Requirements

COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, “if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product.” Therefore, not applicable since this is a new plan offering.

OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	$26,281,040	$18,634,994	$17,052,094	$1,582,900	70.90%	3,277	147,553
2011	$25,592,626	$16,985,525	$15,546,025	$1,439,500	66.40%	3,057	135,805
2012	$24,525,709	$16,016,000	$14,626,000	$1,390,000	65.30%	2,881	124,033

Above data is for:	Comparable Product, National
Experience Period:	From 01/01/2010 to 12/31/2012
Additional Information:	Pharmacy claims data or an applicable plan, see above

M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

N. Benefits Ratio Projections

PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	$33,997.86	$21,419.91	67.81% (high), 70.42% (low)
Projected Experience With Rate Change	Not applicable		

Above projections include: Colorado

O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

• Based on actuarially sound principles

• Are not inadequate, excessive or unfairly discriminatory, and
• Are reasonable in relation to the benefits provided.

July 26, 2013

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Dentegra Insurance Company
One First Street
San Francisco, CA 94105

Date

Attachment A
Colorado Individual Supplemental Dental Benefits

PPO/PPO	Pediatric High	Pediatric Low	Adult Preferred	Adult Basic
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	$30	$40	$50	$50
Family	n/a	n/a	$150	$150
Annual Maximum	None	None	$1,000	$1,000
Othodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only) per child per 2+ child	$700 $1,400	$700 $1,400	NAB*	NAB*
Dental Accident Benefits	NAB*	NAB*	100% w/ $1000 Lifetime Max	NAB*
Rates:				
Region 1	$38.23	$31.32	$64.69	$40.21
Region 2	$39.40	$32.27	$66.67	$41.44
Region 3	$39.63	$32.46	$67.05	$41.68
Region 4	$35.94	$29.44	$60.82	$37.81
Region 5	$36.85	$30.18	$62.35	$38.76
Region 6	$35.94	$29.44	$60.82	$37.81
Region 7	$39.34	$32.22	$66.57	$41.38
Region 8	$37.10	$30.39	$62.78	$39.02
Region 9	$35.94	$29.44	$60.82	$37.81
Region 10	$35.84	$29.36	$60.64	$37.70
Region 11	$37.66	$30.85	$63.73	$39.61

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
Colorado Individual Administrative Expenses (as a percent of premium)

	Pediatric High	Pediatric Low	Adult Preferred	Adult Basic
Admin Expenses	20.40%	20.40%	20.40%	20.40%
Risk Margin	5.50%	3.00%	5.50%	5.50%
Premium Tax	2.00%	2.00%	2.00%	2.00%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	5.00%	5.00%	5.00%	5.00%
Total	34.90%	32.40%	34.90%	34.90%
Anticipated Loss Ratio **	67.81%	70.42%	67.81%	67.81%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

Attachment C
DDIC Small Group Experience

	CY2010	CY2011	CY2012
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	$26,281,040	$25,593,626	$24,525,709
Average Annual Premium	$608	$638	$640
Incurred Claims	$18,634,994	$16,985,525	$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%

ACTUARIAL MEMORANDUM
Dentegra Insurance Company
State of Colorado
July 23, 2013

Form Numbers OPIP85-CO-DIC, OPIP70-CO-DIC

A. Summary

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).

2. Not applicable since this a new plan offering.

3. This will be sold to individuals through the Colorado health exchange or through agents and brokers outside the exchange.

4. Gross premiums vary by plan designs illustrated in Attachment A.

5. The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the high and low EHB plans.

6. Form numbers OPIP85-CO-DIC, OPIP70-CO-DIC, Iap-CO-DIC

7. The premiums are charged on an issue age basis.

8. All individual dental programs are optionally renewable.

B. Assumption or Acquisition

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

C. Rating Period

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

D. Effect of Law Changes

Not applicable.

E. Rate History

Not applicable since this is a new plan offering (see Supporting Documentation).

F. Coordination of Benefits

Not applicable.

G. **Relation of Benefits to Premiums**

Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	21.60%	21.60%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	37.50%	35.00%	
Targeted Loss Ratio	62.50%	65.00%	

(see Attachment B)

H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

Formula	Pediatric Low
Cost per User: Crowns	$15.76
Cost per User: Diagnostic	$100.15
Cost per User: Other Basic	$91.92
Cost per User: Preventive	$102.54
Cost per User: Prosthodontic	$5.53
Cost per User: Simple Restoration	$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
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x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	$0.34
= Monthly Rates: Diagnostic	$4.48
= Monthly Rates: Other Basic	$2.20

= Monthly Rates: Preventive	$4.58
= Monthly Rates: Prosthodontic	$0.12
= Monthly Rates: Simple Restoration	$2.89
Total Monthly Rates (includes all lines of service)	$14.61
- Waiting Period Credit	$0.00
- Maximum Credit	$0.00
- Deductible Credit	$1.53
= Rate less Credits	$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	$17.95
+ Adult Ortho Rate	$2.30
+ OOP Max Rate	$0.80
+ TMJ Rate	$0.00
= Adj Rate	$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	$21.17
/ (1-Total Admin)	1 - 35.00%
= Total Rate	$32.57

J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

K. Credibility

1. Credibility Percentage:	Not applicable
2. Number of years of data used to calculate above credibility percentage:	Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable:	Not applicable

(see Supporting Documentation)

L. Data Requirements

COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, “if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product.” Therefore, not applicable since this is a new plan offering.

OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	$26,281,040	$18,634,994	$17,052,094	$1,582,900	70.90%	3,277	147,553
2011	$25,592,626	$16,985,525	$15,546,025	$1,439,500	66.40%	3,057	135,805
2012	$24,525,709	$16,016,000	$14,626,000	$1,390,000	65.30%	2,881	124,033

Above data is for:	Comparable Product, National
Experience Period:	From 01/01/2010 to 12/31/2012
Additional Information:	Pharmacy claims data or an applicable plan, see above

M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

N. Benefits Ratio Projections

PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	$33,997.86	$21,419.91	65.10% (high), 67.71% (low)
Projected Experience With Rate Change	Not applicable		

Above projections include: Colorado

O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

• Based on actuarially sound principles

• Are not inadequate, excessive or unfairly discriminatory, and
• Are reasonable in relation to the benefits provided.

July 23, 2013

Date

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Dentegra Insurance Company
One First Street
San Francisco, CA 94105

Attachment A
Colorado Individual Pediatric Dental Benefits

PPO/PPO	Pediatric High	Pediatric Low
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	$30	$40
Family	n/a	n/a
Annual Maximum	None	None
Othodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	$700	$700
per 2+ child	$1,400	$1,400
Dental Accident Benefits	NAB*	NAB*
Rates:		
Region 1	$39.83	$32.57
Region 2	$41.05	$33.57
Region 3	$41.28	$33.76
Region 4	$37.45	$30.62
Region 5	$38.39	$31.39
Region 6	$37.45	$30.62
Region 7	$40.99	$33.52
Region 8	$38.65	$31.61
Region 9	$37.45	$30.62
Region 10	$37.34	$30.53
Region 11	$39.24	$32.09

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
Colorado Individual Administrative Expenses (as a percent of premium)

	Pediatric High	Pediatric Low
Admin Expenses	22.50%	22.50%
Risk Margin	5.50%	3.00%
Premium Tax	2.50%	2.50%
ACA Tax	2.00%	2.00%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	37.50%	35.00%
Anticipated Loss Ratio **	65.45%	68.06%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

Attachment C
DDIC Small Group Experience

	CY2010	CY2011	CY2012
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	$26,281,040	$25,593,626	$24,525,709
Average Annual Premium	$608	$638	$640
Incurred Claims	$18,634,994	$16,985,525	$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%

ACTUARIAL MEMORANDUM
Dentegra Insurance Company
State of Colorado
July 23, 2013

Form Numbers OXIP85hi-CO-DIC, OXIP85lo-CO-DIC, OXIP70hi-CO-DIC, OXIP70lo-CO-DIC

A. Summary

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).

2. Not applicable since this a new plan offering.

3. This will be sold to individuals through the Colorado health exchange or through agents and brokers outside the exchange.

4. Gross premiums vary by plan designs illustrated in Attachment A.

5. The Supplemental dental plans are defined in Attachment A and cover standardly covered services.

6. Form numbers OXIP85hi-CO-DIC, OXIP85lo-CO-DIC, OXIP70hi-CO-DIC, OXIP70lo-CO-DIC and Iap-CO-DIC

7. The premiums are charged on an issue age basis.

8. All individual dental programs are optionally renewable.

B. Assumption or Acquisition

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

C. Rating Period

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

D. Effect of Law Changes

Not applicable.

E. Rate History

Not applicable since this is a new plan offering (see Supporting Documentation).

F. Coordination of Benefits

Not applicable.

G. **Relation of Benefits to Premiums**

Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	21.60%	21.60%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	37.50%	35.00%	
Targeted Loss Ratio	62.50%	65.00%	

(see Attachment B)

H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

Formula	Pediatric Low
Cost per User: Crowns	$15.76
Cost per User: Diagnostic	$100.15
Cost per User: Other Basic	$91.92
Cost per User: Preventive	$102.54
Cost per User: Prosthodontic	$5.53
Cost per User: Simple Restoration	$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
x Coinsurance: Diagnostic	98.17%
x Coinsurance: Other Basic	52.65%
x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	$0.34
= Monthly Rates: Diagnostic	$4.48
= Monthly Rates: Other Basic	$2.20

= Monthly Rates: Preventive	$4.58
= Monthly Rates: Prosthodontic	$0.12
= Monthly Rates: Simple Restoration	$2.89
Total Monthly Rates (includes all lines of service)	$14.61
- Waiting Period Credit	$0.00
- Maximum Credit	$0.00
- Deductible Credit	$1.53
= Rate less Credits	$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	$17.95
+ Adult Ortho Rate	$2.30
+ OOP Max Rate	$0.80
+ TMJ Rate	$0.00
= Adj Rate	$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	$21.17
/ (1-Total Admin)	1 - 35.00%
= Total Rate	$32.57

J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

K. Credibility

1. Credibility Percentage:	Not applicable
2. Number of years of data used to calculate above credibility percentage:	Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable:	Not applicable

(see Supporting Documentation)

L. Data Requirements

COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, “if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product.” Therefore, not applicable since this is a new plan offering.

OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	$26,281,040	$18,634,994	$17,052,094	$1,582,900	70.90%	3,277	147,553
2011	$25,592,626	$16,985,525	$15,546,025	$1,439,500	66.40%	3,057	135,805
2012	$24,525,709	$16,016,000	$14,626,000	$1,390,000	65.30%	2,881	124,033

Above data is for:	Comparable Product, National
Experience Period:	From 01/01/2010 to 12/31/2012
Additional Information:	Pharmacy claims data or an applicable plan, see above

M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

N. Benefits Ratio Projections

PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	$33,997.86	$21,419.91	65.10% (high), 67.71% (low)
Projected Experience With Rate Change	Not applicable		

Above projections include: Colorado

O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

• Based on actuarially sound principles

• Are not inadequate, excessive or unfairly discriminatory, and
• Are reasonable in relation to the benefits provided.

July 23, 2013

Date

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Dentegra Insurance Company
One First Street
San Francisco, CA 94105

Attachment A
Colorado Individual Supplemental Dental Benefits

PPO/PPO	Pediatric High	Pediatric Low	Adult Preferred	Adult Basic
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	$30	$40	$50	$50
Family	n/a	n/a	$150	$150
Annual Maximum	None	None	$1,000	$1,000
Othodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only) per child per 2+ child	$700 $1,400	$700 $1,400	NAB*	NAB*
Dental Accident Benefits	NAB*	NAB*	100% w/ $1000 Lifetime Max	NAB*
Rates:				
Region 1	$39.83	$32.57	$67.38	$41.88
Region 2	$41.05	$33.57	$69.44	$43.16
Region 3	$41.28	$33.76	$69.83	$43.41
Region 4	$37.45	$30.62	$63.34	$39.37
Region 5	$38.39	$31.39	$64.94	$40.37
Region 6	$37.45	$30.62	$63.34	$39.37
Region 7	$40.99	$33.52	$69.33	$43.10
Region 8	$38.65	$31.61	$65.38	$40.64
Region 9	$37.45	$30.62	$63.34	$39.37
Region 10	$37.34	$30.53	$63.16	$39.26
Region 11	$39.24	$32.09	$66.37	$41.26

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
Colorado Individual Administrative Expenses (as a percent of premium)

	Pediatric High	Pediatric Low	Adult Preferred	Adult Basic
Admin Expenses	22.50%	22.50%	22.50%	22.50%
Risk Margin	5.50%	3.00%	5.50%	5.50%
Premium Tax	2.50%	2.50%	2.50%	2.50%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	5.00%	5.00%	5.00%	5.00%
Total	37.50%	35.00%	37.50%	37.50%
Anticipated Loss Ratio **	65.45%	68.06%	65.45%	65.45%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

Attachment C
DDIC Small Group Experience

	CY2010	CY2011	CY2012
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	$26,281,040	$25,593,626	$24,525,709
Average Annual Premium	$608	$638	$640
Incurred Claims	$18,634,994	$16,985,525	$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%

ACTUARIAL MEMORANDUM
Dentegra Insurance Company
State of Colorado
July 17, 2013

Form Number OPIP-CO-DIC

A. Summary

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).

2. Not applicable since this a new plan offering.

3. This will be sold to individuals through the Colorado health exchange or through agents and brokers outside the exchange.

4. Gross premiums vary by plan designs illustrated in Attachment A.

5. The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the high and low EHB plans.

6. Form numbers OPIP-CO-DIC, OPIAtAhi-CO-DIC, OPIAtAlo-CO-DIC, OPIAtB-CO-DIC, OPIAtB1-DIC

7. The premiums are charged on an issue age basis.

8. All individual dental programs are optionally renewable.

B. Assumption or Acquisition

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

C. Rating Period

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

D. Effect of Law Changes

Not applicable.

E. Rate History

Not applicable since this is a new plan offering (see Supporting Documentation).

F. Coordination of Benefits

Not applicable.

G. **Relation of Benefits to Premiums**

Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	21.60%	21.60%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	37.50%	35.00%	
Targeted Loss Ratio	62.50%	65.00%	

(see Attachment B)

H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

Formula	Pediatric Low
Cost per User: Crowns	$15.76
Cost per User: Diagnostic	$100.15
Cost per User: Other Basic	$91.92
Cost per User: Preventive	$102.54
Cost per User: Prosthodontic	$5.53
Cost per User: Simple Restoration	$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
x Coinsurance: Diagnostic	98.17%
x Coinsurance: Other Basic	52.65%
x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	$0.34
= Monthly Rates: Diagnostic	$4.48

= Monthly Rates: Other Basic	$2.20
= Monthly Rates: Preventive	$4.58
= Monthly Rates: Prosthodontic	$0.12
= Monthly Rates: Simple Restoration	$2.89
Total Monthly Rates (includes all lines of service)	$14.61
- Waiting Period Credit	$0.00
- Maximum Credit	$0.00
- Deductible Credit	$1.53
= Rate less Credits	$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	$17.95
+ Adult Ortho Rate	$2.30
+ OOP Max Rate	$0.80
+ TMJ Rate	$0.00
= Adj Rate	$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	$21.17
/ (1-Total Admin)	1 - 35.00%
= Total Rate	$32.57

J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

K. Credibility

1. Credibility Percentage:	Not applicable
2. Number of years of data used to calculate above credibility percentage:	Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable:	Not applicable

(see Supporting Documentation)

L. Data Requirements

COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, “if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product.” Therefore, not applicable since this is a new plan offering.

OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	$26,281,040	$18,634,994	$17,052,094	$1,582,900	70.90%	3,277	147,553
2011	$25,592,626	$16,985,525	$15,546,025	$1,439,500	66.40%	3,057	135,805
2012	$24,525,709	$16,016,000	$14,626,000	$1,390,000	65.30%	2,881	124,033

Above data is for:	Comparable Product, National
Experience Period:	From 01/01/2010 to 12/31/2012
Additional Information:	Pharmacy claims data or an applicable plan, see above

M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

N. Benefits Ratio Projections

PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	$33,997.86	$21,419.91	65.10% (high), 67.71% (low)
Projected Experience With Rate Change	Not applicable		

Above projections include: Colorado

O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

July 17, 2013

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Dentegra Insurance Company
One First Street
San Francisco, CA 94105

Date

Attachment A
Colorado Individual Pediatric Dental Benefits

PPO/PPO	Pediatric High	Pediatric Low
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	$30	$40
Family	n/a	n/a
Annual Maximum	None	None
Othodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	$700	$700
per 2+ child	$1,400	$1,400
Dental Accident Benefits	NAB*	NAB*
Rates:		
Region 1	$39.83	$32.57
Region 2	$41.05	$33.57
Region 3	$41.28	$33.76
Region 4	$37.45	$30.62
Region 5	$38.39	$31.39
Region 6	$37.45	$30.62
Region 7	$40.99	$33.52
Region 8	$38.65	$31.61
Region 9	$37.45	$30.62
Region 10	$37.34	$30.53
Region 11	$39.24	$32.09

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
Colorado Individual Administrative Expenses (as a percent of premium)

	Pediatric High	Pediatric Low
Admin Expenses (including User Fee = $0.18 PMPM)	23.00%	23.00%
Risk Margin	5.50%	3.00%
Premium Tax	2.00%	2.00%
ACA Tax	2.00%	2.00%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	37.50%	35.00%
Anticipated Loss Ratio **	65.10%	67.71%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

Attachment C
DDIC Small Group Experience

	CY2010	CY2011	CY2012
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	$26,281,040	$25,593,626	$24,525,709
Average Annual Premium	$608	$638	$640
Incurred Claims	$18,634,994	$16,985,525	$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%

ACTUARIAL MEMORANDUM

Dentegra Insurance Company
State of Colorado
July 17, 2013

Form Number OXIP-CO-DIC

A. Summary

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).

2. Not applicable since this a new plan offering.

3. This will be sold to individuals through the Colorado health exchange or through agents and brokers outside the exchange.

4. Gross premiums vary by plan designs illustrated in Attachment A.

5. The Supplemental dental plans are defined in Attachment A and cover standardly covered services.

6. Form numbers OXIP-CO-DIC, OXIAtAhi-CO-DIC, OXIAtAlo-CO-DIC, OXIAtB-CO-DIC, OXIAtB1-DIC, OXIAtChi-CO-DIC, OXIAtClo-CO-DIC, OXIAtDhi-CO-DIC, OXIAtDlo-CO-DIC

7. The premiums are charged on an issue age basis.

8. All individual dental programs are optionally renewable.

B. Assumption or Acquisition

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

C. Rating Period

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

D. Effect of Law Changes

Not applicable.

E. Rate History

Not applicable since this is a new plan offering (see Supporting Documentation).

F. Coordination of Benefits

Not applicable.

G. **Relation of Benefits to Premiums**

Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	21.60%	21.60%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	37.50%	35.00%	
Targeted Loss Ratio	62.50%	65.00%	

(see Attachment B)

H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

Formula	Pediatric Low
Cost per User: Crowns	$15.76
Cost per User: Diagnostic	$100.15
Cost per User: Other Basic	$91.92
Cost per User: Preventive	$102.54
Cost per User: Prosthodontic	$5.53
Cost per User: Simple Restoration	$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
x Coinsurance: Diagnostic	98.17%
x Coinsurance: Other Basic	52.65%
x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	$0.34
= Monthly Rates: Diagnostic	$4.48
= Monthly Rates: Other Basic	$2.20

= Monthly Rates: Preventive	$4.58
= Monthly Rates: Prosthodontic	$0.12
= Monthly Rates: Simple Restoration	$2.89
Total Monthly Rates (includes all lines of service)	$14.61
- Waiting Period Credit	$0.00
- Maximum Credit	$0.00
- Deductible Credit	$1.53
= Rate less Credits	$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	$17.95
+ Adult Ortho Rate	$2.30
+ OOP Max Rate	$0.80
+ TMJ Rate	$0.00
= Adj Rate	$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	$21.17
/ (1-Total Admin)	1 - 35.00%
= Total Rate	$32.57

J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

K. Credibility

1. Credibility Percentage:	Not applicable
2. Number of years of data used to calculate above credibility percentage:	Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable:	Not applicable

(see Supporting Documentation)

L. Data Requirements

COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, “if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product.” Therefore, not applicable since this is a new plan offering.

OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	$26,281,040	$18,634,994	$17,052,094	$1,582,900	70.90%	3,277	147,553
2011	$25,592,626	$16,985,525	$15,546,025	$1,439,500	66.40%	3,057	135,805
2012	$24,525,709	$16,016,000	$14,626,000	$1,390,000	65.30%	2,881	124,033

Above data is for:	Comparable Product, National
Experience Period:	From 01/01/2010 to 12/31/2012
Additional Information:	Pharmacy claims data or an applicable plan, see above

M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

N. Benefits Ratio Projections

PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	$33,997.86	$21,419.91	65.10% (high), 67.71% (low)
Projected Experience With Rate Change	Not applicable		

Above projections include: Colorado

O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

• Based on actuarially sound principles

• Are not inadequate, excessive or unfairly discriminatory, and
• Are reasonable in relation to the benefits provided.

July 17, 2013

Date

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Dentegra Insurance Company
One First Street
San Francisco, CA 94105

Attachment A
Colorado Individual Supplemental Dental Benefits

PPO/PPO	Pediatric High	Pediatric Low	Adult Preferred	Adult Basic
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	$30	$40	$50	$50
Family	n/a	n/a	$150	$150
Annual Maximum	None	None	$1,000	$1,000
Othodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only) per child per 2+ child	 $700 $1,400	 $700 $1,400	NAB*	NAB*
Dental Accident Benefits	NAB*	NAB*	100% w/ $1000 Lifetime Max	NAB*
Rates:				
Region 1	$39.83	$32.57	$67.38	$41.88
Region 2	$41.05	$33.57	$69.44	$43.16
Region 3	$41.28	$33.76	$69.83	$43.41
Region 4	$37.45	$30.62	$63.34	$39.37
Region 5	$38.39	$31.39	$64.94	$40.37
Region 6	$37.45	$30.62	$63.34	$39.37
Region 7	$40.99	$33.52	$69.33	$43.10
Region 8	$38.65	$31.61	$65.38	$40.64
Region 9	$37.45	$30.62	$63.34	$39.37
Region 10	$37.34	$30.53	$63.16	$39.26
Region 11	$39.24	$32.09	$66.37	$41.26

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
Colorado Individual Administrative Expenses (as a percent of premium)

	Pediatric High	Pediatric Low	Adult Preferred	Adult Basic
Admin Expenses (including User Fee = $0.18 PMPM)	23.00%	23.00%	23.00%	23.00%
Risk Margin	5.50%	3.00%	5.50%	5.50%
Premium Tax	2.00%	2.00%	2.00%	2.00%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	5.00%	5.00%	5.00%	5.00%
Total	37.50%	35.00%	37.50%	37.50%
Anticipated Loss Ratio **	65.10%	67.71%	65.10%	65.10%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

Attachment C
DDIC Small Group Experience

	CY2010	CY2011	CY2012
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	$26,281,040	$25,593,626	$24,525,709
Average Annual Premium	$608	$638	$640
Incurred Claims	$18,634,994	$16,985,525	$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%

ACTUARIAL MEMORANDUM
Dentegra Insurance Company
State of Colorado
July 2, 2013

Form Number OPIP-CO-DIC

A. Summary

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).

2. Not applicable since this a new plan offering.

3. This will be sold to individuals through the Colorado health exchange or through agents and brokers outside the exchange.

4. Gross premiums vary by plan designs illustrated in Attachment A.

5. The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the high and low EHB plans.

6. Form numbers OPIP-CO-DIC, OPIAtAhi-CO-DIC, OPIAtAlo-CO-DIC, OPIAtB-CO-DIC, OPIAtB1-DIC, Iap-CO-DIC

7. The premiums are charged on an issue age basis.

8. All individual dental programs are optionally renewable.

B. Assumption or Acquisition

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

C. Rating Period

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

D. Effect of Law Changes

Not applicable.

E. Rate History

Not applicable since this is a new plan offering (see Supporting Documentation).

F. Coordination of Benefits

Not applicable.

G. **Relation of Benefits to Premiums**

Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	19.00%	19.00%	No historical experience
Premium taxes	2.50%	2.50%	Standard Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	3.50%	3.50%	FFM Guidance
Profit/Contingencies 5.50%		3.00%	Risk margin
Total Retention	37.50%	35.00%	
Targeted Loss Ratio	65.45%	68.06%	

(see Attachment B)

H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

Formula	Pediatric Low
Cost per User: Crowns	$15.76
Cost per User: Diagnostic	$100.15
Cost per User: Other Basic	$91.92
Cost per User: Preventive	$102.54
Cost per User: Prosthodontic	$5.53
Cost per User: Simple Restoration	$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
x Coinsurance: Diagnostic	98.17%
x Coinsurance: Other Basic	52.65%
x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	$0.34
= Monthly Rates: Diagnostic	$4.48

= Monthly Rates: Other Basic	$2.20
= Monthly Rates: Preventive	$4.58
= Monthly Rates: Prosthodontic	$0.12
= Monthly Rates: Simple Restoration	$2.89
Total Monthly Rates (includes all lines of service)	$14.61
- Waiting Period Credit	$0.00
- Maximum Credit	$0.00
- Deductible Credit	$1.53
= Rate less Credits	$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	$17.95
+ Adult Ortho Rate	$2.30
+ OOP Max Rate	$0.80
+ TMJ Rate	$0.00
= Adj Rate	$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	$21.17
/ (1-Total Admin)	1 - 35.00%
= Total Rate	$32.57

J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

K. Credibility

1. Credibility Percentage:	Not applicable
2. Number of years of data used to calculate above credibility percentage:	Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable:	Not applicable

(see Supporting Documentation)

L. Data Requirements

COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, “if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product.” Therefore, not applicable since this is a new plan offering.

OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Average Covered Lives	Number of Claims
2010	$26,281,040	$18,634,994	$17,052,094	$1,582,900	3,277	147,553
2011	$25,592,626	$16,985,525	$15,546,025	$1,439,500	3,057	135,805
2012	$24,525,709	$16,016,000	$14,626,000	$1,390,000	2,881	124,033

Above data is for:	Comparable Product, National
Experience Period:	From 01/01/2010 to 12/31/2012
1. Pharmacy claims data:	Not applicable

M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

N. Benefits Ratio Projections

PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	$33,997.86	$21,419.91	65.45% (high), 68.06% (low)
Projected Experience With Rate Change	Not applicable		

Above projections include: Colorado

O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance

with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

July 2, 2013

Date

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Dente gra Insurance Company
One First Street
San Francisco, CA 94105

Attachment A
Colorado Individual Pediatric Dental Benefits

PPO/PPO	Pediatric High	Pediatric Low
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	$30	$40
Family	n/a	n/a
Annual Maximum	None	None
Othodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	$700	$700
per 2+ child	$1,400	$1,400
Dental Accident Benefits	NAB*	NAB*
Rates:		
Region 1	$39.83	$32.57
Region 2	$41.05	$33.57
Region 3	$41.28	$33.76
Region 4	$37.45	$30.62
Region 5	$38.39	$31.39
Region 6	$37.45	$30.62
Region 7	$40.99	$33.52
Region 8	$38.65	$31.61
Region 9	$37.45	$30.62
Region 10	$37.34	$30.53
Region 11	$39.24	$32.09

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
Colorado Individual Administrative Expenses (as a percent of premium)

	Pediatric High	Pediatric Low
Admin Expenses (including User Fee = $0.18 PMPM)	22.50%	22.50%
Risk Margin	5.50%	3.00%
Premium Tax	2.50%	2.50%
ACA Tax	2.00%	2.00%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	37.50%	35.00%
Anticipated Loss Ratio **	65.45%	68.06%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

Attachment C
DDIC Small Group Experience

	CY2010	CY2011	CY2012
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	$26,281,040	$25,593,626	$24,525,709
Average Annual Premium	$608	$638	$640
Incurred Claims	$18,634,994	$16,985,525	$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%

ACTUARIAL MEMORANDUM

Dentegra Insurance Company
State of Colorado
July 2, 2013

Form Number OXIP-CO-DIC

A. Summary

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).

2. Not applicable since this a new plan offering.

3. This will be sold to individuals through the Colorado health exchange or through agents and brokers outside the exchange.

4. Gross premiums vary by plan designs illustrated in Attachment A.

5. The Supplemental dental plans are defined in Attachment A and cover standardly covered services.

6. Form numbers OXIP-CO-DIC, OXIAtAhi-CO-DIC, OXIAtAlo-CO-DIC, OXIAtB-CO-DIC, OXIAtB1-DIC, OXIAtChi-CO-DIC, OXIAtClo-CO-DIC, OXIAtDhi-CO-DIC, OXIAtDlo-CO-DIC, Iap-CO-DIC

7. The premiums are charged on an issue age basis.

8. All individual dental programs are optionally renewable.

B. Assumption or Acquisition

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

C. Rating Period

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

D. Effect of Law Changes

Not applicable.

E. Rate History

Not applicable since this is a new plan offering (see Supporting Documentation).

F. Coordination of Benefits

Not applicable.

G. **Relation of Benefits to Premiums**

Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	19.00%	19.00%	No historical experience
Premium taxes	2.50%	2.50%	Standard Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	3.50%	3.50%	FFM Guidance
Profit/Contingencies 5.50%		3.00%	Risk margin
Total Retention	37.50%	35.00%	
Targeted Loss Ratio	65.45%	68.06%	

(see Attachment B)

H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

Formula	Pediatric Low
Cost per User: Crowns	$15.76
Cost per User: Diagnostic	$100.15
Cost per User: Other Basic	$91.92
Cost per User: Preventive	$102.54
Cost per User: Prosthodontic	$5.53
Cost per User: Simple Restoration	$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
x Coinsurance: Diagnostic	98.17%
x Coinsurance: Other Basic	52.65%
x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	$0.34
= Monthly Rates: Diagnostic	$4.48
= Monthly Rates: Other Basic	$2.20

= Monthly Rates: Preventive	$4.58
= Monthly Rates: Prosthodontic	$0.12
= Monthly Rates: Simple Restoration	$2.89
Total Monthly Rates (includes all lines of service)	$14.61
- Waiting Period Credit	$0.00
- Maximum Credit	$0.00
- Deductible Credit	$1.53
= Rate less Credits	$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	$17.95
+ Adult Ortho Rate	$2.30
+ OOP Max Rate	$0.80
+ TMJ Rate	$0.00
= Adj Rate	$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	$21.17
/ (1-Total Admin)	1 - 35.00%
= Total Rate	$32.57

J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

K. Credibility

1. Credibility Percentage:	Not applicable
2. Number of years of data used to calculate above credibility percentage:	Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable:	Not applicable

(see Supporting Documentation)

L. Data Requirements

COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, “if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product.” Therefore, not applicable since this is a new plan offering.

OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Average Covered Lives	Number of Claims
2010	$26,281,040	$18,634,994	$17,052,094	$1,582,900	3,277	147,553
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2012	$24,525,709	$16,016,000	$14,626,000	$1,390,000	2,881	124,033

Above data is for:	Comparable Product, National
Experience Period:	From 01/01/2010 to 12/31/2012
1. Pharmacy claims data:	Not applicable

M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

N. Benefits Ratio Projections

PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims Benefits	Ratio
Projected Experience Without Rate Change	$33,997.86	$21,419.91	65.45% (high), 68.06% (low)
Projected Experience With Rate Change	Not applicable		

Above projections include: Colorado

O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

July 2, 2013

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Dente gra Insurance Company
One First Street
San Francisco, CA 94105

Date

Attachment A
Colorado Individual Supplemental Dental Benefits

PPO/PPO	Pediatric High	Pediatric Low	Adult Preferred	Adult Basic
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	$30	$40	$50	$50
Family	n/a	n/a	$150	$150
Annual Maximum	None	None	$1,000	$1,000
Othodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only) per child per 2+ child	$700 $1,400	$700 $1,400	NAB*	NAB*
Dental Accident Benefits	NAB*	NAB*	100% w/ $1000 Lifetime Max	NAB*
Rates:				
Region 1	$39.83	$32.57	$67.38	$41.88
Region 2	$41.05	$33.57	$69.44	$43.16
Region 3	$41.28	$33.76	$69.83	$43.41
Region 4	$37.45	$30.62	$63.34	$39.37
Region 5	$38.39	$31.39	$64.94	$40.37
Region 6	$37.45	$30.62	$63.34	$39.37
Region 7	$40.99	$33.52	$69.33	$43.10
Region 8	$38.65	$31.61	$65.38	$40.64
Region 9	$37.45	$30.62	$63.34	$39.37
Region 10	$37.34	$30.53	$63.16	$39.26
Region 11	$39.24	$32.09	$66.37	$41.26

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
Colorado Individual Administrative Expenses (as a percent of premium)

	Pediatric High	Pediatric Low	Adult Preferred	Adult Basic
Admin Expenses (including User Fee = $0.18 PMPM)	22.50%	22.50%	22.50%	22.50%
Risk Margin	5.50%	3.00%	5.50%	5.50%
Premium Tax	2.50%	2.50%	2.50%	2.50%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	5.00%	5.00%	5.00%	5.00%
Total	37.50%	35.00%	37.50%	37.50%
Anticipated Loss Ratio **	65.45%	68.06%	65.45%	65.45%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

Attachment C
DDIC Small Group Experience

	CY2010	CY2011	CY2012
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	$26,281,040	$25,593,626	$24,525,709
Average Annual Premium	$608	$638	$640
Incurred Claims	$18,634,994	$16,985,525	$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%

ACTUARIAL MEMORANDUM

Dentegra Insurance Company
State of Colorado
June 26, 2013

Form Number OPIP-CO-DIC

A. Summary

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra) form OPIP-CO-DIC.

2. Not applicable since this a new plan offering.

3. This will be sold to individuals through the Colorado health exchange or through agents and brokers outside the exchange.

4. Gross premiums vary by plan designs illustrated in Attachment A.

5. The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the high and low EHB plans.

6. Not applicable since this a new plan offering.

7. The premiums are charged on an issue age basis.

8. All individual dental programs are optionally renewable.

B. Assumption or Acquisition

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

C. Rating Period

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

D. Effect of Law Changes

Not applicable.

E. Rate History

Not applicable since this is a new plan offering (see Supporting Documentation).

F. Coordination of Benefits

Not applicable.

G. Relation of Benefits to Premiums

The anticipated loss ratio is 65.45% for the Pediatric High and Adult plans; and 68.06% for the Pediatric Low plan (see Attachment B).

H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

Formula	Pediatric Low
Cost per User: Crowns	$15.76
Cost per User: Diagnostic	$100.15
Cost per User: Other Basic	$91.92
Cost per User: Preventive	$102.54
Cost per User: Prosthodontic	$5.53
Cost per User: Simple Restoration	$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
x Coinsurance: Diagnostic	98.17%
x Coinsurance: Other Basic	52.65%
x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	$0.34
= Monthly Rates: Diagnostic	$4.48
= Monthly Rates: Other Basic	$2.20
= Monthly Rates: Preventive	$4.58
= Monthly Rates: Prosthodontic	$0.12
= Monthly Rates: Simple Restoration	$2.89
Total Monthly Rates (includes all lines of service)	$14.61
- Waiting Period Credit	$0.00
- Maximum Credit	$0.00
- Deductible Credit	$1.53
= Rate less Credits	$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408

x PPO Disc	1.0000
= Adj Rate	$17.95
+ Adult Ortho Rate	$2.30
+ OOP Max Rate	$0.80
+ TMJ Rate	$0.00
= Adj Rate	$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	$21.17
/ (1-Total Admin)	1 - 35.00%
= Total Rate	$32.57

J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

K. Credibility

1. Credibility Percentage: Not applicable

2. Number of years of data used to calculate above credibility percentage: Not applicable

3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable: Not applicable

(see Supporting Documentation)

L. Data Requirements

COLORADO DATA

Not applicable since this is a new plan offering.

OTHER DATA

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Average Covered Lives	Number of Claims
2010	$26,281,040	$18,634,994	$17,052,094	$1,582,900	3,277	147,553
2011	$25,592,626	$16,985,525	$15,546,025	$1,439,500	3,057	135,805
2012	$24,525,709	$16,016,000	$14,626,000	$1,390,000	2,881	124,033

Above data is for: Comparable Product, National

Experience Period: From 01/01/2010 to 12/31/2012

M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

N. Benefits Ratio Projections

PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	$33,997.86	$21,419.91	65.45% (high), 68.06% (low)
Projected Experience With Rate Change	Not applicable		

Above projections include: Colorado

O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

June 26, 2013

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Dentegra Insurance Company
One First Street
San Francisco, CA 94105

Date

Attachment A
Colorado Individual Pediatric Dental Benefits

PPO/PPO	Pediatric High	Pediatric Low
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Form Number OPIP-CO-DIC		
Waived on D&P	yes	no
Per Person	$30	$40
Family	n/a	n/a
Annual Maximum	None	None
Othodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	$700	$700
per 2+ child	$1,400	$1,400
Dental Accident Benefits	NAB*	NAB*
Rates:		
Region 1	$39.83	$32.57
Region 2	$41.05	$33.57
Region 3	$41.28	$33.76
Region 4	$37.45	$30.62
Region 5	$38.39	$31.39
Region 6	$37.45	$30.62
Region 7	$40.99	$33.52
Region 8	$38.65	$31.61
Region 9	$37.45	$30.62
Region 10	$37.34	$30.53
Region 11	$39.24	$32.09

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
Colorado Individual Administrative Expenses (as a percent of premium)

	Pediatric High	Pediatric Low
Admin Expenses (including User Fee = $0.18 PMPM)	22.50%	22.50%
Risk Margin	5.50%	3.00%
Premium Tax	2.50%	2.50%
ACA Tax	2.00%	2.00%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	37.50%	35.00%
Anticipated Loss Ratio **	65.45%	68.06%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

Attachment C
DDIC Small Group Experience

	CY2010	CY2011	CY2012
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	$26,281,040	$25,593,626	$24,525,709
Average Annual Premium	$608	$638	$640
Incurred Claims	$18,634,994	$16,985,525	$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%

ACTUARIAL MEMORANDUM

Dentegra Insurance Company
State of Colorado
June 26, 2013

Form Number OXIP-CO-DIC

A. Summary

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra) form OXIP-CO-DIC.

2. Not applicable since this a new plan offering.

3. This will be sold to individuals through the Colorado health exchange or through agents and brokers outside the exchange.

4. Gross premiums vary by plan designs illustrated in Attachment A.

5. The Supplemental dental plans are defined in Attachment A and cover standardly covered services.

6. Not applicable since this a new plan offering.

7. The premiums are charged on an issue age basis.

8. All individual dental programs are optionally renewable.

B. Assumption or Acquisition

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

C. Rating Period

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

D. Effect of Law Changes

Not applicable.

E. Rate History

Not applicable since this is a new plan offering (see Supporting Documentation).

F. Coordination of Benefits

Not applicable.

G. Relation of Benefits to Premiums

The anticipated loss ratio is 65.45% for the Pediatric High and Adult plans; and 68.06% for the Pediatric Low plan (see Attachment B).

H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

Formula	Pediatric Low
Cost per User: Crowns	$15.76
Cost per User: Diagnostic	$100.15
Cost per User: Other Basic	$91.92
Cost per User: Preventive	$102.54
Cost per User: Prosthodontic	$5.53
Cost per User: Simple Restoration	$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
x Coinsurance: Diagnostic	98.17%
x Coinsurance: Other Basic	52.65%
x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	$0.34
= Monthly Rates: Diagnostic	$4.48
= Monthly Rates: Other Basic	$2.20
= Monthly Rates: Preventive	$4.58
= Monthly Rates: Prosthodontic	$0.12
= Monthly Rates: Simple Restoration	$2.89
Total Monthly Rates (includes all lines of service)	$14.61
- Waiting Period Credit	$0.00
- Maximum Credit	$0.00
- Deductible Credit	$1.53
= Rate less Credits	$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000

= Adj Rate	$17.95
+ Adult Ortho Rate	$2.30
+ OOP Max Rate	$0.80
+ TMJ Rate	$0.00
= Adj Rate	$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	$21.17
/ (1-Total Admin)	1 - 35.00%
= Total Rate	$32.57

J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

K. Credibility

1. Credibility Percentage: Not applicable

2. Number of years of data used to calculate above credibility percentage: Not applicable

3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable: Not applicable

(see Supporting Documentation)

L. Data Requirements

COLORADO DATA

Not applicable since this is a new plan offering.

OTHER DATA

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Average Covered Lives	Number of Claims
2010	$26,281,040	$18,634,994	$17,052,094	$1,582,900	3,277	147,553
2011	$25,592,626	$16,985,525	$15,546,025	$1,439,500	3,057	135,805
2012	$24,525,709	$16,016,000	$14,626,000	$1,390,000	2,881	124,033

Above data is for:	Comparable Product, National
Experience Period:	From 01/01/2010 to 12/31/2012

M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

N. Benefits Ratio Projections

PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	$33,997.86	$21,419.91	65.45% (high), 68.06% (low)
Projected Experience With Rate Change	Not applicable		

Above projections include: Colorado

O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

June 26, 2013

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Dentegra Insurance Company
One First Street
San Francisco, CA 94105

Date

Attachment A
Colorado Individual Supplemental Dental Benefits

PPO/PPO	Pediatric High	Pediatric Low	Adult Preferred	Adult Basic
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	$30	$40	$50	$50
Family	n/a	n/a	$150	$150
Annual Maximum	None	None	$1,000	$1,000
Othodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only) per child per 2+ child	$700 $1,400	$700 $1,400	NAB*	NAB*
Dental Accident Benefits	NAB*	NAB*	100% w/ $1000 Lifetime Max	NAB*
Rates:				
Region 1	$39.83	$32.57	$67.38	$41.88
Region 2	$41.05	$33.57	$69.44	$43.16
Region 3	$41.28	$33.76	$69.83	$43.41
Region 4	$37.45	$30.62	$63.34	$39.37
Region 5	$38.39	$31.39	$64.94	$40.37
Region 6	$37.45	$30.62	$63.34	$39.37
Region 7	$40.99	$33.52	$69.33	$43.10
Region 8	$38.65	$31.61	$65.38	$40.64
Region 9	$37.45	$30.62	$63.34	$39.37
Region 10	$37.34	$30.53	$63.16	$39.26
Region 11	$39.24	$32.09	$66.37	$41.26

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
Colorado Individual Administrative Expenses (as a percent of premium)

	Pediatric High	Pediatric Low	Adult Preferred	Adult Basic
Admin Expenses (including User Fee = $0.18 PMPM)	22.50%	22.50%	22.50%	22.50%
Risk Margin	3.50%	1.00%	3.50%	3.50%
Premium Tax	2.50%	2.50%	2.50%	2.50%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	7.50%	7.50%	7.50%	7.50%
Total	38.00%	35.50%	38.00%	38.00%
Anticipated Loss Ratio **	64.92%	67.54%	64.92%	64.92%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

Attachment C
DDIC Small Group Experience

	CY2010	CY2011	CY2012
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	$26,281,040	$25,593,626	$24,525,709
Average Annual Premium	$608	$638	$640
Incurred Claims	$18,634,994	$16,985,525	$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%

ACTUARIAL MEMORANDUM
Dentegra Insurance Company
State of Colorado
July 23, 2013

Form Numbers OPIP85-CO-DIC, OPIP70-CO-DIC

A. Summary

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).

2. Not applicable since this a new plan offering.

3. This will be sold to individuals through the Colorado health exchange or through agents and brokers outside the exchange.

4. Gross premiums vary by plan designs illustrated in Attachment A.

5. The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the high and low EHB plans.

6. Form numbers OPIP85-CO-DIC, OPIP70-CO-DIC, Iap-CO-DIC

7. The premiums are charged on an issue age basis.

8. All individual dental programs are optionally renewable.

B. Assumption or Acquisition

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

C. Rating Period

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

D. Effect of Law Changes

Not applicable.

E. Rate History

Not applicable since this is a new plan offering (see Supporting Documentation).

F. Coordination of Benefits

Not applicable.

G. **Relation of Benefits to Premiums**

Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	21.60%	21.60%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	37.50%	35.00%	
Targeted Loss Ratio	62.50%	65.00%	

(see Attachment B)

H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

Formula	Pediatric Low
Cost per User: Crowns	$15.76
Cost per User: Diagnostic	$100.15
Cost per User: Other Basic	$91.92
Cost per User: Preventive	$102.54
Cost per User: Prosthodontic	$5.53
Cost per User: Simple Restoration	$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
x Coinsurance: Diagnostic	98.17%
x Coinsurance: Other Basic	52.65%
x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	$0.34
= Monthly Rates: Diagnostic	$4.48
= Monthly Rates: Other Basic	$2.20

= Monthly Rates: Preventive	$4.58
= Monthly Rates: Prosthodontic	$0.12
= Monthly Rates: Simple Restoration	$2.89
Total Monthly Rates (includes all lines of service)	$14.61
- Waiting Period Credit	$0.00
- Maximum Credit	$0.00
- Deductible Credit	$1.53
= Rate less Credits	$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	$17.95
+ Adult Ortho Rate	$2.30
+ OOP Max Rate	$0.80
+ TMJ Rate	$0.00
= Adj Rate	$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	$21.17
/ (1-Total Admin)	1 - 35.00%
= Total Rate	$32.57

J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

K. Credibility

1. Credibility Percentage:	Not applicable
2. Number of years of data used to calculate above credibility percentage:	Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable:	Not applicable

(see Supporting Documentation)

L. Data Requirements

COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, “if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product.” Therefore, not applicable since this is a new plan offering.

OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	$26,281,040	$18,634,994	$17,052,094	$1,582,900	70.90%	3,277	147,553
2011	$25,592,626	$16,985,525	$15,546,025	$1,439,500	66.40%	3,057	135,805
2012	$24,525,709	$16,016,000	$14,626,000	$1,390,000	65.30%	2,881	124,033

Above data is for:	Comparable Product, National
Experience Period:	From 01/01/2010 to 12/31/2012
Additional Information:	Pharmacy claims data or an applicable plan, see above

M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

N. Benefits Ratio Projections

PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	$33,997.86	$21,419.91	65.10% (high), 67.71% (low)
Projected Experience With Rate Change	Not applicable		

Above projections include: Colorado

O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

• Based on actuarially sound principles

• Are not inadequate, excessive or unfairly discriminatory, and
• Are reasonable in relation to the benefits provided.

July 23, 2013

Date

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Dentegra Insurance Company
One First Street
San Francisco, CA 94105

Attachment A
Colorado Individual Pediatric Dental Benefits

PPO/PPO	Pediatric High	Pediatric Low
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	$30	$40
Family	n/a	n/a
Annual Maximum	None	None
Othodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	$700	$700
per 2+ child	$1,400	$1,400
Dental Accident Benefits	NAB*	NAB*
Rates:		
Region 1	$39.83	$32.57
Region 2	$41.05	$33.57
Region 3	$41.28	$33.76
Region 4	$37.45	$30.62
Region 5	$38.39	$31.39
Region 6	$37.45	$30.62
Region 7	$40.99	$33.52
Region 8	$38.65	$31.61
Region 9	$37.45	$30.62
Region 10	$37.34	$30.53
Region 11	$39.24	$32.09

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
Colorado Individual Administrative Expenses (as a percent of premium)

	Pediatric High	Pediatric Low
Admin Expenses	22.50%	22.50%
Risk Margin	5.50%	3.00%
Premium Tax	2.50%	2.50%
ACA Tax	2.00%	2.00%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	37.50%	35.00%
Anticipated Loss Ratio **	65.45%	68.06%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

Attachment C
DDIC Small Group Experience

	CY2010	CY2011	CY2012
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	$26,281,040	$25,593,626	$24,525,709
Average Annual Premium	$608	$638	$640
Incurred Claims	$18,634,994	$16,985,525	$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%

ACTUARIAL MEMORANDUM
Dentegra Insurance Company
State of Colorado
July 23, 2013

Form Numbers OXIP85hi-CO-DIC, OXIP85lo-CO-DIC, OXIP70hi-CO-DIC, OXIP70lo-CO-DIC

A. Summary

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra).

2. Not applicable since this a new plan offering.

3. This will be sold to individuals through the Colorado health exchange or through agents and brokers outside the exchange.

4. Gross premiums vary by plan designs illustrated in Attachment A.

5. The Supplemental dental plans are defined in Attachment A and cover standardly covered services.

6. Form numbers OXIP85hi-CO-DIC, OXIP85lo-CO-DIC, OXIP70hi-CO-DIC, OXIP70lo-CO-DIC and Iap-CO-DIC

7. The premiums are charged on an issue age basis.

8. All individual dental programs are optionally renewable.

B. Assumption or Acquisition

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

C. Rating Period

Premiums are guaranteed for each 12-month contract term. Proposed effective date is January 1, 2014 (see Supporting Documentation).

D. Effect of Law Changes

Not applicable.

E. Rate History

Not applicable since this is a new plan offering (see Supporting Documentation).

F. Coordination of Benefits

Not applicable.

G. **Relation of Benefits to Premiums**

Description	Percentage		Support
	Pediatric High	Pediatric Low	
Commissions	5.00%	5.00%	Assume 10% for 50% of business
General expenses	21.60%	21.60%	No historical experience
Premium taxes	2.00%	2.00%	CO Premium Tax
PPACA Fees	2.00%	2.00%	From ACA
Exchange Fee	1.40%	1.40%	CO based fee
Profit/Contingencies	5.50%	3.00%	Risk margin
Total Retention	37.50%	35.00%	
Targeted Loss Ratio	62.50%	65.00%	

(see Attachment B)

H. Provision for Profit and Contingencies

1. Provision for Profit and Contingencies: 3%, 3% Pre-FIT, 2% After tax
2. Proposed load in excess of 7% after tax: Not applicable

I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation of Individual Pediatric Low per member per month shown below (see Rate Manual):

Formula	Pediatric Low
Cost per User: Crowns	$15.76
Cost per User: Diagnostic	$100.15
Cost per User: Other Basic	$91.92
Cost per User: Preventive	$102.54
Cost per User: Prosthodontic	$5.53
Cost per User: Simple Restoration	$120.41
x Utilization (applied to all lines of service)	0.5097
x Coinsurance: Crowns	47.47%
x Coinsurance: Diagnostic	98.17%
x Coinsurance: Other Basic	52.65%
x Coinsurance: Preventive	98.17%
x Coinsurance: Prosthodontic	47.47%
x Coinsurance: Simple Restoration	52.66%
x Trend (applied to all lines of service)	1.04
/ Misc_Dent_Fact (applied to all lines of service)	0.9704
/ Months (applied to all lines of service)	12
= Monthly Rates: Crowns	$0.34
= Monthly Rates: Diagnostic	$4.48
= Monthly Rates: Other Basic	$2.20

= Monthly Rates: Preventive	$4.58
= Monthly Rates: Prosthodontic	$0.12
= Monthly Rates: Simple Restoration	$2.89
Total Monthly Rates (includes all lines of service)	$14.61
- Waiting Period Credit	$0.00
- Maximum Credit	$0.00
- Deductible Credit	$1.53
= Rate less Credits	$13.08
x Sealant Adj	1.0143
x Individual Adj	1.3000
x Richness of Benefits Adj	1.0408
x PPO Disc	1.0000
= Adj Rate	$17.95
+ Adult Ortho Rate	$2.30
+ OOP Max Rate	$0.80
+ TMJ Rate	$0.00
= Adj Rate	$21.05
x Multi-Child OOP Max	1.0060
x Dental Accident	1.0000
= Service Cost Rate	$21.17
/ (1-Total Admin)	1 - 35.00%
= Total Rate	$32.57

J. Trend

The total annualized trend rate is 4% (see Supporting Documentation).

K. Credibility

1. Credibility Percentage:	Not applicable
2. Number of years of data used to calculate above credibility percentage:	Not applicable
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable:	Not applicable

(see Supporting Documentation)

L. Data Requirements

COLORADO DATA

Based on Regulation 4-2-11 Section 6 L, “if the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product.” Therefore, not applicable since this is a new plan offering.

OTHER DATA (NATIONWIDE EXPERIENCE)

Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Estimated IBNR Claims	Actual Benefits Ratio	Average Covered Groups	Number of Claims
2010	$26,281,040	$18,634,994	$17,052,094	$1,582,900	70.90%	3,277	147,553
2011	$25,592,626	$16,985,525	$15,546,025	$1,439,500	66.40%	3,057	135,805
2012	$24,525,709	$16,016,000	$14,626,000	$1,390,000	65.30%	2,881	124,033

Above data is for:	Comparable Product, National
Experience Period:	From 01/01/2010 to 12/31/2012
Additional Information:	Pharmacy claims data or an applicable plan, see above

M. Side-by-Side Comparison

Not applicable since this is a new plan offering.

N. Benefits Ratio Projections

PROJECTED EXPERIENCE FOR RATING PERIOD (INDIVIDUAL)

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	$33,997.86	$21,419.91	65.10% (high), 67.71% (low)
Projected Experience With Rate Change	Not applicable		

Above projections include: Colorado

O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supporting Documentation)

P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

• Based on actuarially sound principles

• Are not inadequate, excessive or unfairly discriminatory, and
• Are reasonable in relation to the benefits provided.

July 23, 2013

Date

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Dentegra Insurance Company
One First Street
San Francisco, CA 94105

Attachment A
Colorado Individual Supplemental Dental Benefits

PPO/PPO	Pediatric High	Pediatric Low	Adult Preferred	Adult Basic
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	$30	$40	$50	$50
Family	n/a	n/a	$150	$150
Annual Maximum	None	None	$1,000	$1,000
Othodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only) per child per 2+ child	$700 $1,400	$700 $1,400	NAB*	NAB*
Dental Accident Benefits	NAB*	NAB*	100% w/ $1000 Lifetime Max	NAB*
Rates:				
Region 1	$39.83	$32.57	$67.38	$41.88
Region 2	$41.05	$33.57	$69.44	$43.16
Region 3	$41.28	$33.76	$69.83	$43.41
Region 4	$37.45	$30.62	$63.34	$39.37
Region 5	$38.39	$31.39	$64.94	$40.37
Region 6	$37.45	$30.62	$63.34	$39.37
Region 7	$40.99	$33.52	$69.33	$43.10
Region 8	$38.65	$31.61	$65.38	$40.64
Region 9	$37.45	$30.62	$63.34	$39.37
Region 10	$37.34	$30.53	$63.16	$39.26
Region 11	$39.24	$32.09	$66.37	$41.26

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
Colorado Individual Administrative Expenses (as a percent of premium)

	Pediatric High	Pediatric Low	Adult Preferred	Adult Basic
Admin Expenses	22.50%	22.50%	22.50%	22.50%
Risk Margin	5.50%	3.00%	5.50%	5.50%
Premium Tax	2.50%	2.50%	2.50%	2.50%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	5.00%	5.00%	5.00%	5.00%
Total	37.50%	35.00%	37.50%	37.50%
Anticipated Loss Ratio **	65.45%	68.06%	65.45%	65.45%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

Attachment C
DDIC Small Group Experience

	CY2010	CY2011	CY2012
Number of Policy Holders	3,277	3,057	2,881
Number of Certificate Holders	43,251	40,127	38,308
Earned Premium	$26,281,040	$25,593,626	$24,525,709
Average Annual Premium	$608	$638	$640
Incurred Claims	$18,634,994	$16,985,525	$16,016,000
Number of Incurred Claims	147,553	136,805	124,033
Incurred Loss Ratio	70.9%	66.4%	65.3%

ACTUARIAL MEMORANDUM
Dentegra Insurance Company
State of Colorado
June 12, 2013

Form Number OPIP-CO-DIC

A. Summary

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra) form OPIP-CO-DIC.

2. Not applicable since this a new plan offering.

3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside or outside the exchange.

4. Gross premiums vary by plan designs illustrated in Attachment A.

5. The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the high and low EHB plans.

6. The premiums are charged on an issue age basis.

7. All individual dental programs are optionally renewable. Premiums are guaranteed for each 12-month contract term.

B. Assumption or Acquisition

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

C. Rating Period

Proposed effective date is January 1, 2014 (see Supplemental Documentation).

D. Effect of Law Changes

Not applicable.

E. Rate History

Not applicable since this is a new plan offering (see Supplemental Documentation).

F. Coordination of Benefits

Not applicable.

G. Relation of Benefits to Premiums

The anticipated loss ratio is shown in Attachment B.

H. Provision for Profit and Contingencies

Risk margin is shown in Attachment B.

I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation is shown in the Rate Manual.

J. Trend

The annual cost trend rate is 4% (see Supplemental Documentation).

K. Credibility

Not applicable since this plan is manually rated (see Supplemental Documentation).

L. Data Requirements

Please see Attachment C and Supplemental Documentation for DDIC small group experience.

M. Side-by-Side Comparison

Not applicable since this is a new plan offering. Factors are shown in the Rate Manual.

N. Benefits Ratio Projections

The lifetime loss ratio is equal to the anticipated loss ratio (see H, "Relation of Benefits to Premiums" and Supplemental Documentation).

O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supplemental Documentation)

P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Dentegra Insurance Company
One First Street
San Francisco, CA 94105

Attachment A
Colorado Individual Pediatric Dental Benefits

PPO/PPO	Pediatric High	Pediatric Low
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Form Number OPIP-CO-DIC		
Waived on D&P	yes	no
Per Person	$30	$40
Family	n/a	n/a
Annual Maximum	None	None
Othodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	$700	$700
per 2+ child	$1,400	$1,400
Dental Accident Benefits	NAB*	NAB*
Rates:		
Region 1	$39.83	$32.57
Region 2	$41.05	$33.57
Region 3	$41.28	$33.76
Region 4	$37.45	$30.62
Region 5	$38.39	$31.39
Region 6	$37.45	$30.62
Region 7	$40.99	$33.52
Region 8	$38.65	$31.61
Region 9	$37.45	$30.62
Region 10	$37.34	$30.53
Region 11	$39.24	$32.09

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
Colorado Individual Administrative Expenses (as a percent of premium)

	Pediatric High	Pediatric Low
Admin Expenses (including User Fee = $0.18 PMPM)	22.50%	22.50%
Risk Margin	5.50%	3.00%
Premium Tax	2.50%	2.50%
ACA Tax	2.00%	2.00%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	37.50%	35.00%
Anticipated Loss Ratio **	65.45%	68.06%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

Attachment C
DDIC Small Group Experience

	CY2012
Number of Policy Holders	2,881
Number of Certificate Holders	38,308
Earned Premium	$24,525,709
Average Annual Premium	$640
Incurred Claims	$16,016,000
Number of Incurred Claims	124,033
Incurred Loss Ratio	65.3%

ACTUARIAL MEMORANDUM
Dentegra Insurance Company
State of Colorado
June 12, 2013

Form Number OXIP-CO-DIC

A. Summary

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra) form OXIP-CO-DIC.

2. Not applicable since this a new plan offering.

3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside or outside the exchange.

4. Gross premiums vary by plan designs illustrated in Attachment A.

5. The Supplemental dental plans are defined in Attachment A and cover standardly covered services.

6. The premiums are charged on an issue age basis.

7. All individuals dental programs are optionally renewable. Premiums are guaranteed for each 12-month contract term.

B. Assumption or Acquisition

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

C. Rating Period

Proposed effective date is January 1, 2014 (see Supplemental Documentation).

D. Effect of Law Changes

Not applicable.

E. Rate History

Not applicable since this is a new plan offering (see Supplemental Documentation).

F. Coordination of Benefits

Not applicable.

G. Relation of Benefits to Premiums

The anticipated loss ratio is shown in Attachment B.

H. Provision for Profit and Contingencies

Risk margin is shown in Attachment B.

I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation is shown in the Rate Manual.

J. Trend

The annual cost trend rate is 4% (see Supplemental Documentation).

K. Credibility

Not applicable since this plan is manually rated (see Supplemental Documentation).

L. Data Requirements

Please see Attachment C and Supplemental Documentation for DDIC small group experience.

M. Side-by-Side Comparison

Not applicable since this is a new plan offering. Factors are shown in the Rate Manual.

N. Benefits Ratio Projections

The lifetime loss ratio is equal to the anticipated loss ratio (see H, "Relation of Benefits to Premiums" and Supplemental Documentation).

O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supplemental Documentation)

P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Dentegra Insurance Company
One First Street
San Francisco, CA 94105

Attachment A
Colorado Individual Supplemental Dental Benefits

PPO/PPO	Pediatric High	Pediatric Low	Adult Preferred	Adult Basic
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	$30	$40	$50	$50
Family	n/a	n/a	$150	$150
Annual Maximum	None	None	$1,000	$1,000
Othodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only) per child per 2+ child	$700 $1,400	$700 $1,400	NAB*	NAB*
Dental Accident Benefits	NAB*	NAB*	100% w/ $1000 Lifetime Max	NAB*
Rates:				
Region 1	$39.83	$32.57	$67.38	$41.88
Region 2	$41.05	$33.57	$69.44	$43.16
Region 3	$41.28	$33.76	$69.83	$43.41
Region 4	$37.45	$30.62	$63.34	$39.37
Region 5	$38.39	$31.39	$64.94	$40.37
Region 6	$37.45	$30.62	$63.34	$39.37
Region 7	$40.99	$33.52	$69.33	$43.10
Region 8	$38.65	$31.61	$65.38	$40.64
Region 9	$37.45	$30.62	$63.34	$39.37
Region 10	$37.34	$30.53	$63.16	$39.26
Region 11	$39.24	$32.09	$66.37	$41.26

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
Colorado Individual Administrative Expenses (as a percent of premium)

	Pediatric High	Pediatric Low	Adult Preferred	Adult Basic
Admin Expenses (including User Fee = $0.18 PMPM)	22.50%	22.50%	22.50%	22.50%
Risk Margin	3.50%	1.00%	3.50%	3.50%
Premium Tax	2.50%	2.50%	2.50%	2.50%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	7.50%	7.50%	7.50%	7.50%
Total	38.00%	35.50%	38.00%	38.00%
Anticipated Loss Ratio **	64.92%	67.54%	64.92%	64.92%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

Attachment C
DDIC Small Group Experience

	CY2012
Number of Policy Holders	2,881
Number of Certificate Holders	38,308
Earned Premium	$24,525,709
Average Annual Premium	$640
Incurred Claims	$16,016,000
Number of Incurred Claims	124,033
Incurred Loss Ratio	65.3%

ACTUARIAL MEMORANDUM
Dentegra Insurance Company
State of Colorado
June 12, 2013

Form Number OPIP-CO-DIC

A. Summary

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra) form OPIP-CO-DIC.

2. Not applicable since this a new plan offering.

3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside or outside the exchange.

4. Gross premiums vary by plan designs illustrated in Attachment A.

5. The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the high and low EHB plans.

6. The premiums are charged on an issue age basis.

7. All individual dental programs are optionally renewable. Premiums are guaranteed for each 12-month contract term.

B. Assumption or Acquisition

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

C. Rating Period

Proposed effective date is January 1, 2014 (see Supplemental Documentation).

D. Effect of Law Changes

Not applicable.

E. Rate History

Not applicable since this is a new plan offering (see Supplemental Documentation).

F. Coordination of Benefits

Not applicable.

G. Relation of Benefits to Premiums

The anticipated loss ratio is shown in Attachment B.

H. Provision for Profit and Contingencies

Risk margin is shown in Attachment B.

I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation is shown in the Rate Manual.

J. Trend

The annual cost trend rate is 4% (see Supplemental Documentation).

K. Credibility

Not applicable since this plan is manually rated (see Supplemental Documentation).

L. Data Requirements

Please see Attachment C and Supplemental Documentation for DDIC small group experience.

M. Side-by-Side Comparison

Not applicable since this is a new plan offering. Factors are shown in the Rate Manual.

N. Benefits Ratio Projections

The lifetime loss ratio is equal to the anticipated loss ratio (see H, "Relation of Benefits to Premiums" and Supplemental Documentation).

O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supplemental Documentation)

P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Dentegra Insurance Company
One First Street
San Francisco, CA 94105

Attachment A
Colorado Individual Pediatric Dental Benefits

PPO/PPO	Pediatric High	Pediatric Low
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Form Number OPIP-CO-DIC		
Waived on D&P	yes	no
Per Person	$30	$40
Family	n/a	n/a
Annual Maximum	None	None
Othodontics Maximum (Lifetime)	None	None
Waiting Periods (Major & Ortho)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	$700	$700
per 2+ child	$1,400	$1,400
Dental Accident Benefits	NAB*	NAB*
Rates:		
Region 1	$39.83	$32.57
Region 2	$41.05	$33.57
Region 3	$41.28	$33.76
Region 4	$37.45	$30.62
Region 5	$38.39	$31.39
Region 6	$37.45	$30.62
Region 7	$40.99	$33.52
Region 8	$38.65	$31.61
Region 9	$37.45	$30.62
Region 10	$37.34	$30.53
Region 11	$39.24	$32.09

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
Colorado Individual Administrative Expenses (as a percent of premium)

	Pediatric High	Pediatric Low
Admin Expenses (including User Fee = $0.18 PMPM)	22.50%	22.50%
Risk Margin	5.50%	3.00%
Premium Tax	2.50%	2.50%
ACA Tax	2.00%	2.00%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	37.50%	35.00%
Anticipated Loss Ratio **	65.45%	68.06%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

Attachment C
DDIC Small Group Experience

	CY2012
Number of Policy Holders	2,881
Number of Certificate Holders	38,308
Earned Premium	$24,525,709
Average Annual Premium	$640
Incurred Claims	$16,016,000
Number of Incurred Claims	124,033
Incurred Loss Ratio	65.3%

ACTUARIAL MEMORANDUM
Dentegra Insurance Company
State of Colorado
June 12, 2013

Form Number OXIP-CO-DIC

A. Summary

1. This is a new individual rate filing for the Dentegra Insurance Company (Dentegra) form OXIP-CO-DIC.

2. Not applicable since this a new plan offering.

3. This will be sold to individuals through the Colorado health exchange or through agents and brokers inside or outside the exchange.

4. Gross premiums vary by plan designs illustrated in Attachment A.

5. The Supplemental dental plans are defined in Attachment A and cover standardly covered services.

6. The premiums are charged on an issue age basis.

7. All individuals dental programs are optionally renewable. Premiums are guaranteed for each 12-month contract term.

B. Assumption or Acquisition

The product included in the rate filing is not part of an assumption or acquisition of policies from another company.

C. Rating Period

Proposed effective date is January 1, 2014 (see Supplemental Documentation).

D. Effect of Law Changes

Not applicable.

E. Rate History

Not applicable since this is a new plan offering (see Supplemental Documentation).

F. Coordination of Benefits

Not applicable.

G. Relation of Benefits to Premiums

The anticipated loss ratio is shown in Attachment B.

H. Provision for Profit and Contingencies

Risk margin is shown in Attachment B.

I. Complete Explanation as to How The Proposed Rates Were Determined

The sample rate calculation is shown in the Rate Manual.

J. Trend

The annual cost trend rate is 4% (see Supplemental Documentation).

K. Credibility

Not applicable since this plan is manually rated (see Supplemental Documentation).

L. Data Requirements

Please see Attachment C and Supplemental Documentation for DDIC small group experience.

M. Side-by-Side Comparison

Not applicable since this is a new plan offering. Factors are shown in the Rate Manual.

N. Benefits Ratio Projections

The lifetime loss ratio is equal to the anticipated loss ratio (see H, "Relation of Benefits to Premiums" and Supplemental Documentation).

O. Other Factors

Manual rates are adjusted by region. Fee data by geographic regions was used to determine area adjustments by zip code. A weighted average based on 2012 incidence by zip code was used to map zip codes to defined regions.

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

(See Supplemental Documentation)

P. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates and actuarial values are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of Colorado and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Dentegra Insurance Company
One First Street
San Francisco, CA 94105

Attachment A
Colorado Individual Supplemental Dental Benefits

PPO/PPO	Pediatric High	Pediatric Low	Adult Preferred	Adult Basic
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	80%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	yes
Per Person	$30	$40	$50	$50
Family	n/a	n/a	$150	$150
Annual Maximum	None	None	$1,000	$1,000
Othodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (Major & Ortho)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only) per child per 2+ child	$700 $1,400	$700 $1,400	NAB*	NAB*
Dental Accident Benefits	NAB*	NAB*	100% w/ $1000 Lifetime Max	NAB*
Rates:				
Region 1	$39.83	$32.57	$67.38	$41.88
Region 2	$41.05	$33.57	$69.44	$43.16
Region 3	$41.28	$33.76	$69.83	$43.41
Region 4	$37.45	$30.62	$63.34	$39.37
Region 5	$38.39	$31.39	$64.94	$40.37
Region 6	$37.45	$30.62	$63.34	$39.37
Region 7	$40.99	$33.52	$69.33	$43.10
Region 8	$38.65	$31.61	$65.38	$40.64
Region 9	$37.45	$30.62	$63.34	$39.37
Region 10	$37.34	$30.53	$63.16	$39.26
Region 11	$39.24	$32.09	$66.37	$41.26

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
Colorado Individual Administrative Expenses (as a percent of premium)

	Pediatric High	Pediatric Low	Adult Preferred	Adult Basic
Admin Expenses (including User Fee = $0.18 PMPM)	22.50%	22.50%	22.50%	22.50%
Risk Margin	3.50%	1.00%	3.50%	3.50%
Premium Tax	2.50%	2.50%	2.50%	2.50%
ACA Tax	2.00%	2.00%	2.00%	2.00%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	7.50%	7.50%	7.50%	7.50%
Total	38.00%	35.50%	38.00%	38.00%
Anticipated Loss Ratio **	64.92%	67.54%	64.92%	64.92%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

Attachment C
DDIC Small Group Experience

	CY2012
Number of Policy Holders	2,881
Number of Certificate Holders	38,308
Earned Premium	$24,525,709
Average Annual Premium	$640
Incurred Claims	$16,016,000
Number of Incurred Claims	124,033
Incurred Loss Ratio	65.3%

State Of Colorado

Health Rate Filing Form

Form HR-1

Reset Form

Must Be Completed For All Products	**SERFF FILING #** DDPA-129066037
1. Company: Dentegra Insurance Company	
2. Person Responsible For Filing: Shelly Williams	3. Title: Regulatory Analyst
4. Address Of Responsible Person: 17871 Park Plaza D	5. Telephone #: (562) 467-7766 ext.
6. Email Address: SWilliams4@delta.org	

7. **Type Of Coverage**: PPO Other : Stand alone dental

8. Medicare Supplement: N/A Not Applicable ☐
   (1) Prestandardized Plan(s):
   (2) Standardized Plan(s): ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ FHD ☐ G ☐ H ☐ I ☐ J ☐ JHD ☐ K ☐ L
   (3) 2010 Plans: ☐ A ☐ B ☐ C ☐ D ☐ F ☐ FHD ☐ G ☐ K ☐ L ☐ M ☐ N

9. **Sub Category:** Individual

10. A. Group Information: N/A Select One Select One Select One
    B. Name of association or trust *(if applicable)*:
    C. Description of discretionary group*(if applicable)*:

11. **Colorado State Code(s)**: 760 Prior Approval- HB 08-1389 850 Individual
    Select One Select One Select One

12. **Brief Filing Description** (Disability, Major Medical, LTC, Etc. Also Describe All Methodology Changes.):
    Dental

13. **Reason For Filing:**		
Increase In Benefits?	☐ Yes	☑ No
Reduction In Benefits?	☐ Yes	☑ No
Increase in Profits?	☐ Yes	☑ No
Change Needed To Meet Projected Losses?	☐ Yes	☑ No
Trend Only?	☐ Yes	☑ No
Change In Rating Methodology?	☐ Yes	☑ No
New Product (Initial Offering As Opposed To Rate Revision)?	☑ Yes	☐ No
Other?	☐ Yes	☑ No
(If other, please explain)		

14. **Policy Form(s) Affected**: OPIP-CO-DIC, OXIP-CO-DIC

15. If Rider Or Endorsement, **Type Of Benefits**? N/A	
16. Closed Block(s)? ☐ Yes ☑ No Date Block Closed:	
17. **Number Of Colorado Covered Lives** (Including Employees And Dependents): N/A	
18. A. Rating Period: Select One From To B. Experience Period: From To C. Reason for Rate Change: D. Average Change In Rates From One Year Prior To Effective Date:	☑ N/A (New Product)
19. A. **Rate Change Without Trend:** B. **Trend for Rating Period (if trend factor is used in rates):** C. Overall Rate Impact Change:	
20. A. **Current Underlying *Annualized* Trend Assumption** (If Applicable): 1.04 B. Requested Underlying *Annualized* Trend Assumption (If Applicable):	
21. A. **What Is The Maximum Rate Change That Can Affect A Policyholder?** B. **What Is The Minimum Rate Change That Can Affect A Policyholder?** **(If the selected rate change differs from the indicated rate change, please fully detail in the actuarial memorandum in section 6K.)**	
Benefits Ratios (**On Colorado only basis**) 22. A. Targeted Benefits Ratio over Rating Period (assumed in calculation of rates): 65.45	
B. Actual Benefits Ratio over Experience Period:	☑ N/A (New Product)
23. A. **Projected Benefits Ratio With Rate Change over Rating Period** B. Projected Benefits Ratio **Without** Rate Change over Rating Period ☐ Colorado ☐ Colorado/Nationwide ☐ Nationwide Basis **(If projected benefits ratios on a Colorado only basis are not available, then ratios developed on a blended Colorado/Nationwide or Nationwide basis are acceptable. Please indicate above.)**	☑ N/A (New Product)
24. **Proposed Effective Date:** 01/01/2014	
25. A. **Total Annual *Colorado* Written Premium Before Change(s)**: $ B. **Total Annual *Colorado* Written Premium After Change(s)**: $ C. Written Premium Change For This Product (Net Change): $	☑ N/A (New Product)
26. A. **Effective Date** of Previous Rate Filing for this Form (including initial filing): B. Previous SERFF Filing Number(s): C. Overall Percentage of Last Rate Change for Affected Policy Forms:	☑ N/A (New Product)
27. **Experience Provided:** ☐ **Nationwide** ☐ **Colorado** Select One ☐ **other (specify)**	☑ N/A (New Product)
28. ***Small Group Filings Only*: Unique Single Index Rate (Effective For All Small Group Plans):**	N/A

When completed, please hit the button to the right and also attach to filing in SERFF. **SUBMIT TO DIVISION**