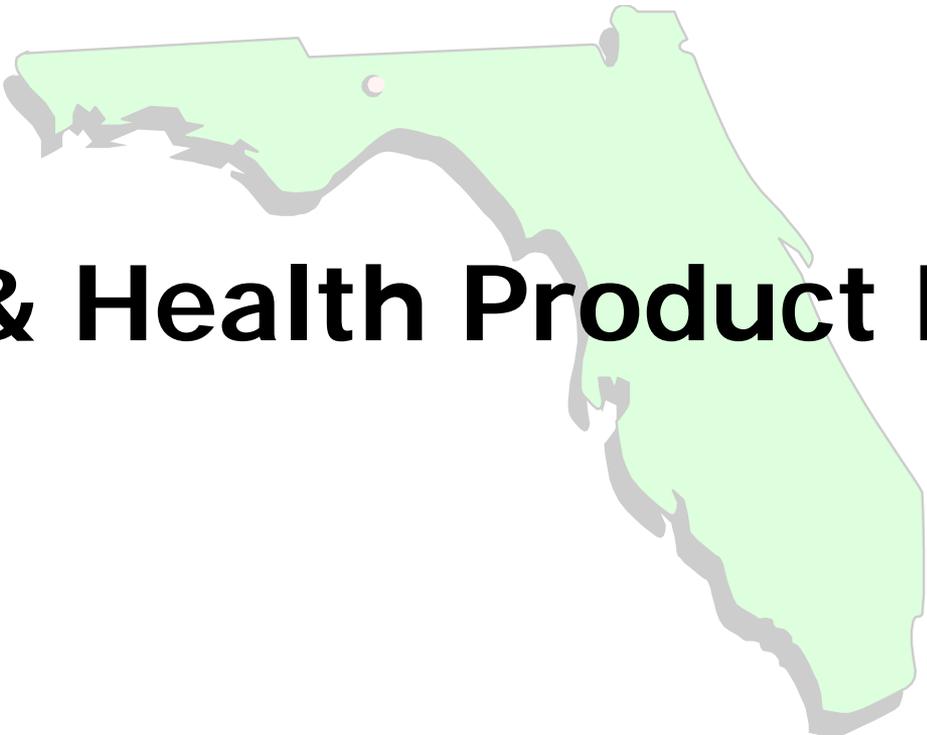




**FAIR. FAST. PROFESSIONAL.**

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**Life & Health Product Review**



OFFICE OF INSURANCE REGULATION

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# Life & Health Rates

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Improving Filing Submissions and  
Small Employer Sample Rate Search

Presented by: John B. Burns

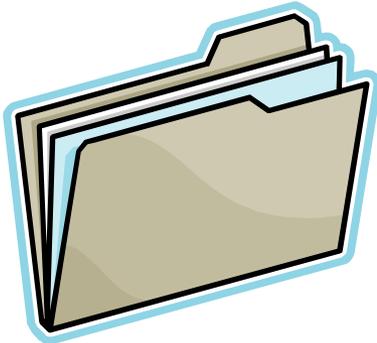
May 2008



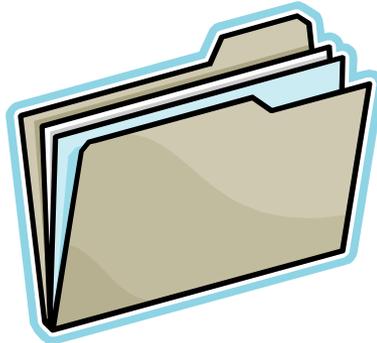
# Improving Filing Submissions

Only one type of insurance submitted in each filing

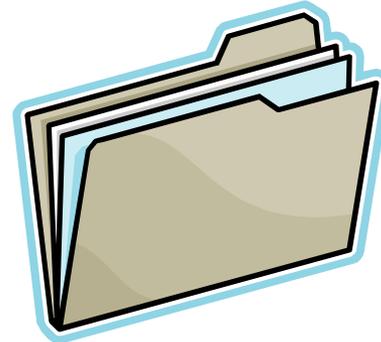
Disability



Cancer



AD&D





# Improving Filing Submissions

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Choose the right type of insurance or the filing will be returned as...

**INCOMPLETE**



# Improving Filing Submissions

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Avoid Being Returned Incomplete

- Check the type of insurance from prior filings
- Call if you have questions



# Improving Filing Submissions

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If a Filing is Returned Incomplete

- It must be resubmitted in its entirety via i-file
- You cannot “Add to a Submitted Filing” once a final action has been taken



# Improving Filing Submissions

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## Medicare Select Quarterly Provider Directory Filing

- Line of Business – Accident & Health
- Type of Insurance – Individual or Group  
Medicare Supplement – Medicare Select (MSO4I or MSO4G)
- Filing Purpose – Forms Only



# Improving Filing Submissions

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## Group Conversion

- Accident & Health (450)
  - Health – Conversion (H06)
- Health Maintenance Organization (718)
  - Group Health Organizations (HOrg02G)
  - Conversion (HOrg02G.001)



# Improving Filing Submissions

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Submit Rate Pages in a Separate Document

- Rate pages only will be stamped
- Not every exhibit with numbers should be classified as "Manual/Rate Pages"

**- Filing Information**

**Company:** CAPITAL HEALTH PLAN INC.  
**Filing Number:** HMO 06-00001 (Both)  
**Product:** Health Maintenance Organization Group Conversion (718 + HOrg02G.001)

**Received Date:** 1/12/2006 **FEIN:** 591830622

Type	Form Number	Pages	Title	DateStamp
▶ Actuarial Memor... ▼		1	Actuarial Memorandum	01/12/2006
2 Cover Letter		1	Cover Letter	01/12/2006
3 Forms	123	1	abc	01/12/2006
4 Forms	789	1	xyz	01/12/2006
5 Manual/Rate Pages		1	Rate Pages	01/12/2006
6 Manual/Rate Pages		1	Rate Pages 1	01/12/2006
7 Underwriting Guide...		1	Underwriting Methodology	01/12/2006
8 Trade Secret Justifi...		1	Justification Document	01/12/2006
9 Manual/Rate Pages		1	Rate Pages 2	01/12/2006
10 Manual/Rate Pages		1	Rate Pages 3	01/12/2006
11 Manual/Rate Pages		1	Actuarial Exhibits	01/12/2006
12 Manual/Rate Pages		1	Actuarial Exhibits 1	01/12/2006
13 Manual/Rate Pages		1	Actuarial Exhibits 2	01/12/2006
14 USDL/Transmittal		1	UDL	01/12/2006
15 Checklist		1	Checklist	01/12/2006

8 Trade Secret Justifi...		1	Justification Document	01/12/2006
9 Manual/Rate Pages		1	Rate Pages 2	01/12/2006
10 Manual/Rate Pages		1	Rate Pages 3	01/12/2006
11 Manual/Rate Pages		1	Actuarial Exhibits	01/12/2006
12 Manual/Rate Pages		1	Actuarial Exhibits 1	01/12/2006
13 Manual/Rate Pages		1	Actuarial Exhibits 2	01/12/2006
14 USDL/Transmittal		1	UDL	01/12/2006
15 Checklist		1	Checklist	01/12/2006



**- Filing Information**

**Company:** CAPITAL HEALTH PLAN INC.  
**Filing Number:** HMO 06-00001 (Both)  
**Product:** Health Maintenance Organization Group Conversion (718 + HOrg02G.001)

**Received Date:** 1/12/2006 **FEIN:** 591830622  
**DEEMER DATE:** 2/11/2006 (In 3 Days) **NAIC Company Code:** 95112

**- Routing Information**

Type	Form Number	Pages	Title	DateStamp
1		1	Actuarial Memorandum	02/07/2006
2		1	Cover Letter	02/07/2006
3	123	1	abc	02/07/2006
4	789	1	xyz	02/07/2006
5		1	Rate Pages	02/07/2006
6		1	Rate Pages 1	02/07/2006
7		1	Underwriting Methodology	02/07/2006
8		1	Justification Document	02/07/2006
9		1	Rate Pages 2	02/07/2006
10		1	Rate Pages 3	02/07/2006
11		1	Actuarial Exhibits	02/07/2006
12		1	Actuarial Exhibits 1	02/07/2006
13		1	Actuarial Exhibits 2	02/07/2006
14		1	UDL	02/07/2006
15		1	Checklist	02/07/2006

8	Trade Secret Justifi...	1	Justification Document	02/07/2006
9	Manual/Rate Pages	1	Rate Pages 2	02/07/2006
10	Manual/Rate Pages	1	Rate Pages 3	02/07/2006
11	Miscellaneous	1	Actuarial Exhibits	02/07/2006
12	Miscellaneous	1	Actuarial Exhibits 1	02/07/2006
13	Miscellaneous	1	Actuarial Exhibits 2	02/07/2006
14	USD/Transmittal	1	UDL	02/07/2006
15	Checklist	1	Checklist	02/07/2006





# Improving Filing Submissions

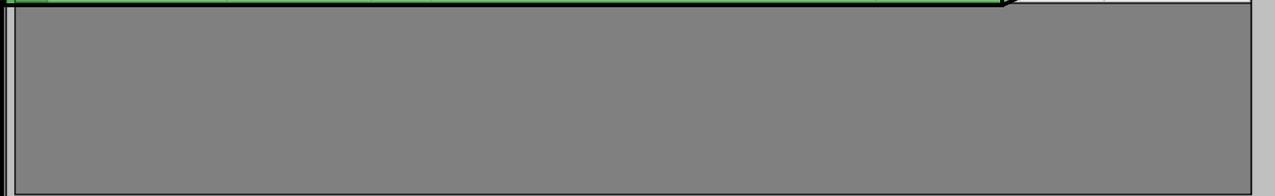
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Provide appropriate names for uploaded documents

- Be specific with your titles
- Here is what we'd like to see

Type	Form Number	Pages	Title	DateStamp
▶ Actuarial Memor...		1	Actuarial Memorandum	02/07/2006
2 Cover Letter		1	Cover Letter	02/07/2006
3 Forms	123	1	abc	02/07/2006
4 Forms	789	1	xyz	02/07/2006
5 Manual/Rate Pages		1	Rate Pages for 123	02/07/2006
6 Manual/Rate Pages		1	Additional rate pages for 123	02/07/2006
7 Underwriting Guide...		1	Underwriting Methodology	02/07/2006
8 Trade Secret Justifi...		1	Justification Document	02/07/2006
9 Manual/Rate Pages		1	Rate Pages for 789	02/07/2006
10 Manual/Rate Pages		1	Additonal Rate Pages for 789	02/07/2006
11 Miscellaneous		1	Actuarial Exhibits - experience	02/07/2006
12 Miscellaneous		1	Actuarial Exhibits - durational loss ratio slope	02/07/2006
13 Miscellaneous		1	Actuarial Exhibits - pricing assumptions	02/07/2006
14 USDL/Transmittal		1	UDL	02/07/2006
15 Checklist		1	Checklist	02/07/2006

8	Trade Secret Justifi...	1	Justification Document	02/07/2006
9	Manual/Rate Pages	1	Rate Pages for 789	02/07/2006
10	Manual/Rate Pages	1	Additonal Rate Pages for 789	02/07/2006
11	Miscellaneous	1	Actuarial Exhibits - experience	02/07/2006
12	Miscellaneous	1	Actuarial Exhibits - durational loss ratio slope	02/07/2006
13	Miscellaneous	1	Actuarial Exhibits - pricing assumptions	02/07/2006
14	USDL/Transmittal	1	UDL	02/07/2006
15	Checklist	1	Checklist	02/07/2006





# Improving Filing Submissions

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Submit Exhibits in Excel

- Rule 690-149.006(3)(b)23, FAC
- Include formulas
- Provide an additional copy as a .pdf if you like



# Improving Filing Submissions

## Illustrative Experience Exhibit (2/04)

- Rule 690-149.006(3)(b)23, FAC
- Use “illustrative experience exhibit” in the search function on [www.floir.com](http://www.floir.com)
- The current location is subject to change  
<http://www.floir.com/pdf/DurationalExperienceRateAnalysisExample.pdf>
- Here is a what you are looking for (2 pages)

**Appendix A  
Illustrative Experience Exhibit (02/2004)**

Projection Assumptions:  
 Rate Increase effective 07/01/2003 19.2%  
 Claim Trend 15.0%  
 Insurance Trend 1.0%  
 Lapse Rate 20.0%  
 Aging 1.00  
 Future premium increases equal claim trend

Cal Year (a)	Earned Premium (b)	Paid Claims (c)	Change in Claim Liability & Reserve (d)	Incurred Claims (e) = (c) + (d)	Incurred Loss Ratio (f) = (e) / (b)	Expected Incurred Claims * (g)	Expected Loss Ratio * (h)	A/E Claims Ratio (i)	Active Life Reserves (j)	Earned Premium Manual Rate Basis (k)	Earned Premium Current Rate Basis (l)
1995	565,464	207,477	19,274	226,751	40.1%	209,222	37.0%	108.4%	-	565,464.00	715,312
1996	1,337,824	575,693	78,504	654,196	48.9%	561,946	42.0%	116.4%	-	1,337,824.20	1,692,348
1997	2,352,416	927,487	114,633	1,042,120	44.3%	1,075,107	45.7%	96.9%	-	2,352,416.18	2,975,806
1998	3,986,382	1,749,723	183,673	1,933,395	48.5%	1,896,723	47.6%	101.9%	-	3,986,381.86	5,042,773
1999	5,339,093	2,211,239	436,951	2,648,190	49.6%	2,696,178	50.5%	98.2%	-	5,339,092.79	6,753,952
2000	6,174,297	3,144,650	269,736	3,414,386	55.3%	3,308,434	53.6%	103.2%	-	6,174,296.66	7,810,485
2001	6,959,921	3,518,031	525,683	4,043,714	58.1%	3,974,882	57.1%	101.7%	-	6,959,920.78	8,394,570
2002	8,259,585	4,537,263	443,267	4,980,530	60.3%	4,812,170	58.3%	103.5%	-	8,259,584.83	8,857,418
2003	7,747,260			5,474,303	70.7%	5,392,577	69.6%	101.6%	-		
2004	7,246,233			5,657,119	78.1%	5,665,512	78.2%	99.9%	-		
2005	6,666,534			5,588,695	83.8%	5,596,987	84.0%	99.9%	-		
2006	6,133,212			5,332,842	87.0%	5,340,754	87.1%	99.9%	-		
2007	5,642,555			4,991,619	88.5%	4,999,025	88.6%	99.9%	-		
2008	5,191,150			4,638,212	89.3%	4,645,094	89.5%	99.9%	-		
2009	4,775,858			4,309,827	90.2%	4,316,221	90.4%	99.9%	-		
2010	4,393,790			4,004,691	91.1%	4,010,633	91.3%	99.9%	-		
2011	4,042,286			3,721,159	92.1%	3,726,680	92.2%	99.9%	-		
2012	3,718,903			3,457,701	93.0%	3,462,831	93.1%	99.9%	-		
2013	3,421,391			3,212,896	93.9%	3,217,663	94.0%	99.9%	-		
2014	3,147,680			2,985,423	94.8%	2,989,852	95.0%	99.9%	-		
2015	2,895,866			2,774,055	95.8%	2,778,171	95.9%	99.9%	-		
2016	2,664,196			2,577,652	96.8%	2,581,476	96.9%	99.9%	-		
2017	2,451,061			2,395,154	97.7%	2,398,708	97.9%	99.9%	-		
2018	2,254,976			2,225,577	98.7%	2,228,879	98.8%	99.9%	-		
2019	2,074,578			2,068,006	99.7%	2,071,074	99.8%	99.9%	-		
2020	1,908,611			1,921,591	100.7%	1,924,442	100.8%	99.9%	-		
2021	1,755,923			1,785,543	101.7%	1,788,192	101.8%	99.9%	-		
2022	1,615,449			1,659,126	102.7%	1,661,588	102.9%	99.9%	-		
2023	1,486,213			1,541,660	103.7%	1,543,947	103.9%	99.9%	-		
2024	1,367,316			1,432,511	104.8%	1,434,636	104.9%	99.9%	-		
2025	1,257,931			1,331,089	105.8%	1,333,064	106.0%	99.9%	-		
2026	1,157,296			1,236,848	106.9%	1,238,683	107.0%	99.9%	-		
2027	1,064,712			1,149,279	107.9%	1,150,984	108.1%	99.9%	-		
Past	34,974,981			18,943,282	54.2%	18,534,661	53.0%	102.2%	-	34,974,981	42,242,665
Future	86,080,978			77,472,577	90.0%	77,497,673	90.0%	100.0%	-		
Lifetime	121,055,960			96,415,859	79.6%	96,032,334	79.3%	100.4%	-		
Interest 5.0%											
Past	38,051,930			20,427,775	53.7%	19,986,026	52.5%	102.2%	-	38,051,930	46,163,229
Future	59,677,447			52,202,547	87.5%	52,192,316	87.5%	100.0%	-		
Lifetime	97,729,377			72,630,322	74.3%	72,178,342	73.9%	100.6%	-		

Each filing should include an exhibit with the requested increase and one without the requested increase.  
 Formulas (and underlying assumptions) used to determine projected values should be disclosed as part of the filing.  
 Assumptions disclosed should include the interest, medical trend, insurance trend, aging, lapse, shock lapse, and the effectiveness of past and proposed rate increases.

\* Calendar year expected claims and expected loss ratios are taken from the durational experience exhibit. 2003 expected loss ratios are taken from the approved durational loss ratio slope one duration beyond the 2002 expected loss ratio. Each additional future value follows the approved durational loss ratio slope.

**Appendix A, continued**

<b>Premium By Duration and Calendar Year</b>									
<b>Ann Dur</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>Total</b>
1	565,464	885,453	1,325,465	2,154,657	2,365,453	2,265,752	2,165,841	2,765,798	14,493,883
2		452,371	619,817	927,826	1,508,260	1,655,817	1,586,026	1,516,089	8,266,206
3			407,134	557,835	742,260	1,206,608	1,324,654	1,268,821	5,507,313
4				346,064	446,268	467,624	965,286	1,059,723	3,284,966
5					276,851	357,015	444,243	868,758	1,946,866
6						221,481	285,612	377,606	884,699
7							188,259	242,770	431,029
8								160,020	160,020
9									-
10									-
11									-
12									-
13									-
14									-
15									-
16									-
17									-
18									-
	565,464	1,337,824	2,352,416	3,986,382	5,339,093	6,174,297	6,959,921	8,259,585	

<b>Durational Loss Ratio Slope</b>									
<b>Ann Dur</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>mid year durational slope</b>
1	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.37	0.444
2	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.583
3	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.696
4	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.782
5	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.82	0.840
6	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.871
7	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.886
8	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.895
9	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.904
10	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.913
11	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.92	0.922
12	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.931
13	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.940
14	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.950
15	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.959
16	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.969
17	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.97	0.979
18	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.979

<b>Expected Claims By Duration and Calendar Year</b>									
<b>Ann Dur</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>Total</b>
1	209,222	327,618	490,422	797,223	875,218	838,328	801,361	1,023,345	5,362,737
2		234,328	321,065	480,614	781,279	857,713	821,562	785,334	4,281,895
3			263,619	361,198	480,614	781,279	857,713	821,562	3,565,985
4				257,688	332,303	348,205	718,776	789,096	2,446,068
5					226,765	292,426	363,874	711,589	1,594,654
6						190,483	245,638	324,757	760,878
7							165,958	214,012	379,970
8								142,475	142,475
9									-
10									-
11									-
12									-
13									-
14									-
15									-
16									-
17									-
18									-
	209,222	561,946	1,075,107	1,896,723	2,696,178	3,308,434	3,974,882	4,812,170	
<b>Exp LR's</b>	<b>37.0%</b>	<b>42.0%</b>	<b>45.7%</b>	<b>47.6%</b>	<b>50.5%</b>	<b>53.6%</b>	<b>57.1%</b>	<b>58.3%</b>	



# Improving Filing Submissions

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Save Documents in a Print Ready Format

- This is how it will be archived
- Here are some examples



	A	B	C	D	E	F	G	H	Q	R	S	T	U
1	<b>Annual Rates</b>												
2	<b>Florida</b>												
5													
6													
7													
8				<b>Daily Hospital Benefit</b>				<b>Lump Sum Critical Illness Benefit per \$1,000</b>					
9				<u>250</u>		<u>500</u>							
10	<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>		<u>Male</u>	<u>Female</u>					
16	0-18	\$34	\$34	\$23	\$23		\$3	\$3					
17	19-29	39	51	29	40		9	12					
18	30-39	57	78	42	60		13	20					
19	40-49	97	112	74	83		19	30					
20	50-59	156	166	117	122		20	34					
21	60-69	220	228	164	167		21	39					
22	70-79	357	306	221	222		22	44					
23	80-89	398	363	239	253		23	46					
24	90-99	398	363	239	253		23	46					
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ABC INSURANCE COMPANY

Annual Rates  
Florida

Age	Daily Hospital Benefit				Lump Sum Critical Illness Benefit per \$1,000	
	250		500		Male	Female
	Male	Female	Male	Female		
0-18	\$34	\$34	\$23	\$23	\$3	\$3
19-29	39	51	29	40	9	12
30-39	57	78	42	60	13	20
40-49	97	112	74	83	19	30
50-59	156	166	117	122	20	34
60-69	220	228	164	167	21	39
70-79	357	306	221	222	22	44
80-89	398	363	239	253	23	46
90-99	398	363	239	253	23	46



# Improving Filing Submissions

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What if a document is “Trade Secret”?

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- Provide a second document explaining why this is exempt from public viewing



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- [Add to a submitted filing](#)

### Other Places

- [Filing workbench](#)

**Work Unit Number:** W06-181365

**Name:** HMO Demo

**Purpose:** Forms & Rates

**Product:** Health Maintenance Organization Group Conversion

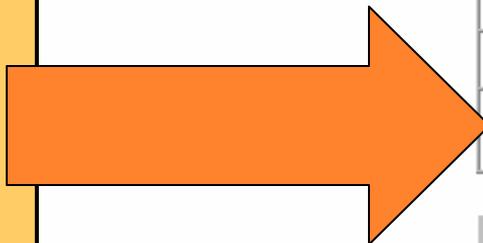
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Component	Last Updated	Status
<a href="#">Company Data</a>	1/10/2006 14:13	Complete
<a href="#">Actuarial Memorandum</a> Actuarial Memorandum for Accident, Health, Prepaid, & HMO Products	1/10/2006 14:16	Complete
<a href="#">Cover Letter</a>	1/10/2006 14:16	Complete
<a href="#">OIR-1507</a> L&H Universal Standardized Data Letter	1/10/2006 13:57	Incomplete
<a href="#">Forms to be Reviewed</a>	1/10/2006 14:20	Complete
<a href="#">Rate Pages</a>	1/10/2006 14:45	Complete
<a href="#">Forms Checklist</a>	1/10/2006 14:45	Complete
<a href="#">Supplementary Information (Optional)</a> Supplementary Documentation	1/10/2006 13:57	-----

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**Purpose:** Forms & Rates

**Product:** Health Maintenance Organization Group Conversion

Below is a list of files you have uploaded for this item. You may upload one or more files to satisfy this requirement.

Title	Date Uploaded
There are no documents currently uploaded for the Supplementary Information.	

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## File Upload

### Common Tasks

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- [Add to a submitted filing](#)

### Other Places

- [Filing workbench](#)

**Work Unit Number:** W06-181365

**Name:** HMO Demo

**Purpose:** Forms & Rates

**Product:** Health Maintenance Organization Group Conversion

Select the file you wish to include with this filing component. To upload a file, click Browse. Navigate to the location of the file on your computer and click Open. After you have selected the file you wish to upload, click Upload. If you do not wish to upload any files, click Cancel.

**Files must be less than ten Megabytes ( 10,000 Kilobytes ) and 100 pages in size.**

Please select the file you wish to upload as your Supplemental Information:

Title

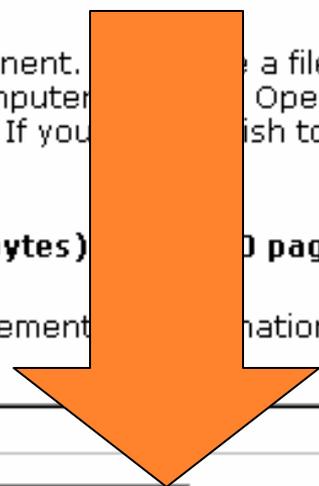
Document Type

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## File Upload

### Common Tasks

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- [Submit a filing](#)
- [Review submitted filings](#)
- [Add to a submitted filing](#)

### Other Places

- [Filing workbench](#)

**Work Unit Number:** W06-181365

**Name:** HMO Demo

**Purpose:** Forms & Rates

**Product:** Health Maintenance Organization Group Conversion

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**Files must be less than ten Megabytes ( 10,000 Kilobytes ) and 1000 pages in size.**

Please select the file you wish to upload as your Supplementary Information:

Title

Document Type

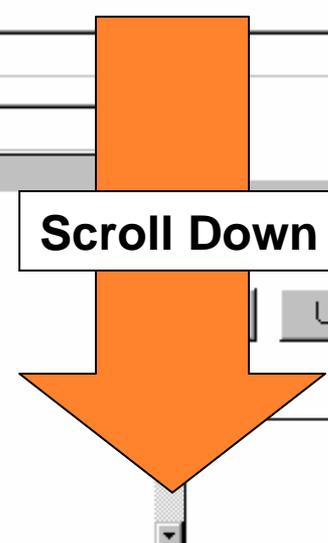
File to upload

Actuarial Memorandum  
Certification  
Checklist  
Correspondence  
Cover Letter  
Coverage Memorandum  
Experience Memorandum  
Explanatory Memorandum  
Forms  
Manual/Rate Pages

e...

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## File Upload

### Common Tasks

- [Start a new filing](#)
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- [Review submitted filings](#)
- [Add to a submitted filing](#)

### Other Places

- [Filing workbench](#)

**Work Unit Number:** W06-181365

**Name:** HMO Demo

**Purpose:** Forms & Rates

**Product:** Health Maintenance Organization Group Conversion

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**Files must be less than ten Megabytes (10,000 Kilobytes) and 1000 pages in size.**

Please select the file you wish to upload as your Supplementary Information:

Title

Document Type

File to upload

- Coverage Memorandum
- Experience Memorandum
- Explanatory Memorandum
- Forms
- Manual/Rate Pages
- Miscellaneous
- Previous Correspondence
- Rules
- Summary
- USDL/Transmittal
- Underwriting Guidelines





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### FILE

## File Upload

**Work Unit Number:** W06-181365

**Name:** HMO Demo

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**Product:** Health Maintenance Organization Group Conversion

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Contains "Trade Secret" Information

(**Note:** A claim of trade secret must comply with the provisions of Sections 815.45 and 812.081.)

Title

Document Type

Underwriting Guidelines

File to upload

Browse...

Contains "Trade Secret" Information

(**Note:** A claim of trade secret must comply with the provisions of Sections 815.45 and 812.081.)

Cancel

Upload

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### Common Tasks

- [Start a new filing](#)

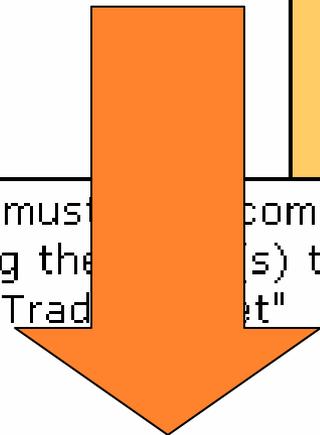
**Work Unit Number:** W06-181365

**Name:** HMO Demo

**Purpose:** Forms & Rates

**Product:** Health Maintenance Organization Group Conversion

## File Upload



**Note:** Items marked as containing "Trade Secret" information must be accompanied with a document that fully describes the factual basis entitling the item(s) to protection. Please select the file you wish to upload as your "Trade Secret" justification document:

File to upload

(**Note:** A claim of trade secret must comply with the provisions of Sections 815.45 and 812.081.)

**Note:** Items marked as containing "Trade Secret" information must be accompanied with a document that fully describes the factual basis entitling the item(s) to protection. Please select the file you wish to upload as your "Trade Secret" justification document:

File to upload



### File Upload

#### Common Tasks

- Start a new filing
- Start Data Reporting
- Submit a filing
- Review submitted filings
- Add to a submitted filing

#### Other Places

- Filing workbench

**Work Unit Number:** W06-181365  
**Name:** HMO Demo  
**Purpose:** Forms & Rates  
**Product:** Health Maintenance Organization Group Conversion

Select the file you wish to include with this filing component. To choose a file, click Browse. Navigate to the location of the file on your computer, and click Open. After you have selected the file you wish to upload, click Upload. If you do not wish to upload any files, click Cancel.

**Files must be less than ten Megabytes (10,000 Kilobytes) and 1000 pages in size.**

Please select the file you wish to upload as your Supplementary Information:

Title

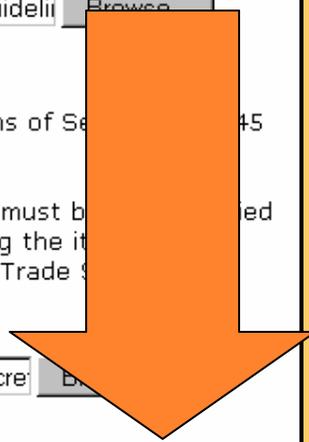
Document Type

File to upload

Contains "Trade Secret" Information  
**(Note:** A claim of trade secret must comply with the provisions of Sections 45 and 812.081.)

**Note:** Items marked as containing "Trade Secret" information must be accompanied with a document that fully describes the factual basis entitling the item to trade secret protection. Please select the file you wish to upload as your "Trade Secret" justification document:

File to upload





## File Upload

### Common Tasks

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- [Start Data Reporting](#)
- [Submit a filing](#)
- [Review submitted filings](#)
- [Add to a submitted filing](#)

**Work Unit Number:** W06-181365

**Name:** HMO Demo

**Purpose:** Forms & Rates

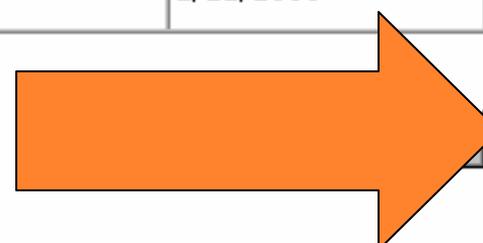
**Product:** Health Maintenance Organization Group Conversion

Below is a list of files you have uploaded for this item. You may upload one or more files to satisfy this requirement.

Title	Date Uploaded	Trade Secret
Underwriting Methodology	1/11/2006	<input checked="" type="checkbox"/>

### Other Places

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## Filing Component List

### Common Tasks

- [Start a new filing](#)
- [Start Data Reporting](#)
- [Submit a filing](#)
- [Review submitted filings](#)
- [Add to a submitted filing](#)

### Other Places

- [Filing workbench](#)

**Work Unit Number:** W06-181365

**Name:** HMO Demo

**Purpose:** Forms & Rates

**Product:** Health Maintenance Organization Group Conversion

To review the current details of your filing, click "Review this Filing".

Component	Last Updated	Status
Company Data	1/10/2006 14:13	Complete
Actuarial Memorandum Actuarial Memorandum for Accident, Health, Prepaid, & HMO Products	1/10/2006 14:16	Complete
Cover Letter	1/10/2006 14:16	Complete
OIR-1507 L&H Universal Standardized Data Letter	1/12/2006 12:39	Complete
Forms to be Reviewed	1/10/2006 14:20	Complete
Rate Pages	1/10/2006 14:45	Complete
Forms Checklist	1/10/2006 14:45	Complete
Supplementary Information Supplementary Documentation	1/11/2006 13:18	Included

[Review this Filing](#)

[Submit Filing](#)

LandH Rates Doc Review Filing : 06-00001 - Microsoft Internet Explorer provided by Fl... Days To Pend : 14 Item of Interest:

**- Filing Information**

Company: CAPITAL HEALTH PLAN INC.  
 Filing Number: HMO 06-00001 (Both)  
 Product: Health Maintenance Organization Group Conversion (718 + HOrg02G.001)

Received Date: 1/12/2006 FEIN: 591830622  
 DEEMER DATE: 2/11/2006 (In 24 Days) NAIC Company Code: 95112

**- Routing Information**

	Type	Form Number	Pages	Title	DateStamp	Move To	Status
1	Actuarial Memorand...		1	Actuarial Memorandum	01/12/2006		
2	Cover Letter		1	Cover Letter	01/12/2006		
3	Forms	123	1	abc	01/12/2006		
4	Forms	789	1	xyz	01/12/2006		
5	Manual/Rate Pages		1	Rate Pages	01/12/2006		
6	Manual/Rate Pages		1	Rate Pages 1	01/12/2006		

**Microsoft Internet Explorer** X

 The document that you are about to open contains "trade secret information".

REVEALING ANY OF THE INFORMATION CONTAINED THEREIN COULD RESULT IN CRIMINAL, CIVIL AND/OR DISCIPLINARY ACTION.

13	Manual/Rate Pages		1	Actuarial Exhibits 2	01/12/2006		
14	USDL/Transmittal		1	UDL	01/12/2006		
15	Checklist		1	Checklist	01/12/2006		



**Florida Department of Financial Services  
I-File Workflow System  
Forms & Rates Search Page**

Please enter your search criteria below and press the **Search** button

File Log #:

Company Name:

FEIN:

Filing Date (From):  /  /

Filing Date (To):  /  /

Form #:

- Filing Type:
- Forms Only
  - Rates Only
  - Both (Forms and Rates)
  - PPA

Line of Business: [Desc order](#) [Code order](#)

Keywords: [Clear](#)

- Application, WC
- Building Code Discount - ISO
- Building Code Discount - OIR
- Building Code Discount - Other
- Building Code Discount - Withdrawn
- Building Code Discounts

(Use **ctrl** or **shift** to multi-select)

Clear All

Search

Count:	File Log Number	Status	Roll/Frame	Company Name	FEIN	Date Filed	Filing Type	LOB Code	Company Filing Number
1	06-00001	Pending		CAPITAL HEALTH PLAN INC.	591830622	1/12/2006	Both	718	N/A

Make a PDF for filing 06-00001

Type	Form Number	Creation Date	Document Title	PDF
Actuarial Memorandum	n/a	1/12/2006	Actuarial Memorandum	
Cover Letter	n/a	1/12/2006	Cover Letter	

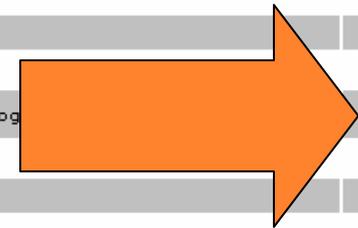


**Florida Department of Financial Services  
I-File Workflow System  
Forms & Rates**

**Legal issues prevent these filings from being made available through this search utility. Please contact the Department's Document Processing Section located at:**

**200 E. Gaines St.  
Tallahassee, FL 32399**

Make a PDF for filing 06-00001





# Improving Filing Submissions

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## Streamlined Rate Filing for Non-Credible Blocks

- Rule 69O-149.003(5), FAC
- Allows for a streamlined rate filing that does not exceed the safe harbor trend for medical expense products



# Improving Filing Submissions

---

## Filing Exemption for Non-Credible Blocks

- Rule 69O-149.007(7), FAC
- Non-credible on a nationwide basis
- Request shall be made annually
- Letter indicating nature of the filing, type of product, and reason for the request



# Improving Filing Submissions

## Florida Credibility Standards

- Rule 690-149.0025(6), FAC
- Low expected claim frequency products use claim counts (critical illness, LTC, etc.)
  - <200 claims - 0%, >1,000 claims - 100% credibility (over, at most, the past 5 year period)
- Otherwise use number of policies inforce
  - <500 policies - 0%, >2,000 policies - 100% credibility



# Improving Filing Submissions

---

## Definition of a Claim

- Rule 690-149.0025(6)(b)2, FAC
- A claim is counted as the **first** incidence or diagnosis of an event resulting in a covered benefit or series of covered benefits. It is not each provider encounter or service that may provide care or benefits due to such event.



# Improving Filing Submissions

---

## Large Group Exemption

- Section 627.410(6)(a), FS
- Applies to forms that cover **only** 51 or more lives
- If it covers both small and large group under the same form, both the small and large group rates must be provided



# Improving Filing Submissions

---

## Prior Filings as a Resource

- Use the prior filings including correspondence as a reference when creating your next filing
- If the same question is asked in every filing, make that answer standard in your initial submission



# Improving Filing Submissions

---

## Statutes & Rules

- Read the appropriate Statutes and Rules, especially if these are referenced in correspondence from the Office
- Florida Administrative Code – [www.flrules.org](http://www.flrules.org)
- Florida Statutes – [www.leg.state.fl.us](http://www.leg.state.fl.us)
- These are your friends



# SESRS

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## Small Employer Sample Rate Search





# SESRS

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- Provides sample rates for
  - Standard Benefit Health Plan
  - Basic Benefit Health Plan
  - High Deductible Health Plan (a.k.a. HSA plan)
- Required to offer these options to the entire small employer market
- This is not a rate quoting system

OFFICE OF INSURANCE REGULATION



# Small Employer Sample Rate Search

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## Small Employer Sample Rate Search

Welcome to the Small Employer Sample Rate Search (SESRS) Website. This website is designed to give consumers the ability to view small group major medical health insurance rates for standard, basic, and high deductible health plans currently available in the State of Florida. By displaying the information contained on this website, the Office of Insurance Regulation (OIR) does not endorse or recommend any particular carrier or plan. Consumers should carefully consider the benefits provided by each plan before selecting a particular plan. Additional information on particular carriers may be obtained by visiting [Consumer Services](#). Additional information regarding a particular plan may be obtained by contacting the carrier directly.

Please be aware that the premium rates on this website are an example and not the final premium rates to be charged to the consumer. Additional adjustments may be made to the premium rates due to claims experience, health status, or duration of coverage based on information supplied by the consumer during the underwriting process.

The premium rates are based on the current effective premium rates on file with OIR, for each company, using specific examples. A listing here **DOES NOT** imply or guarantee that a company will sell you insurance at the listed premium. This is intended to be referential information only. Please verify all premium rates with the applicable carrier.

OIR considers the information displayed on this website to be generally reliable. Although OIR takes reasonable care to keep the information displayed on the website accurate and up-to-date, there may be occasions where this is not possible. Accordingly, OIR does not guarantee, either expressly or by implication, the information's accuracy, completeness, or timeliness; nor is OIR responsible for any decisions taken, based on this information. OIR is not liable for any inaccuracies or omissions in this data.

OIR has not reviewed all the sites that may be linked to its sites and does not endorse and is not responsible for the content of any off-site pages or any other sites linked to these sites. Your linking to such sites is at your own risk.

To find sample plans and premium rates, click "Search Small Employer Rates." When you find a plan and view its details, you will be given an option to customize the plan for your company. This allows you to enter the employees that work for you in the various categories and calculate a sample monthly cost for your company. The pages on this website are printer friendly. Plan details and customized results may be exported to a Microsoft Excel compatible format. If you need assistance with this website, please click "Contact Us."

[Search Small Employer Rates](#)

[Frequently Asked Questions](#)

[Small-Business Owners Insurance: A Guide for Consumers](#) - Opens as Adobe PDF

[Health Insurance: A Guide for Consumers](#) - Opens as Adobe PDF

[Contact Us](#) - Opens as Adobe PDF

[FLOIR Website](#)

For more information with this website, please call the Consumer Helpline at 1-800-342-2762.

Office of Insurance Regulation website



Florida Department of Financial Services

200 East Gaines Street, Tallahassee, FL 32399

1-800-342-2762



# OFFICE OF INSURANCE REGULATION



## Small Employer Sample Rate Search



### Plan County

Plan County (Established Geographic Area) means the county or counties within which the carrier provides or arranges for health care services to be available to its insured members, or subscribers. When rating, some carriers refer to the county as the county the employee works in, while others refer to the county the employee resides in.

[Close Help](#)

Plan County ?

Deductible Range ? \$500 to \$5000+

- Coverage Type ?
- HMO
  - PPO
  - EPO
  - Indemnity
  - POS

Plan Type ?

One-Life Factor ?  Yes  No \*



Florida Department of Financial Services



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## Small Employer Sample Rate Search

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### Search Criteria

Please enter search criteria below. Items marked with a red asterisk (\*) are required. Click the blue question mark for an explanation of a search criterion. Click "Search" to find plans matching the criteria you entered. Your criteria are saved for the duration of your visit to the website, unless cleared by clicking "Clear Search Criteria."

Plan County ?  \*

Deductible Range ?  to

- Coverage Type ?
- HMO
  - PPO
  - EPO
  - Indemnity
  - POS

Plan Type ?  \*

One-Life Factor ?  Yes  No \*



Florida Department of Financial Services

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# Small Employer Sample Rate Search

## Search Results

Listed below are the plans that match your search criteria. Please contact the individual carrier for additional information regarding these plans.

Click the Plan Name to view the sample rates. To alter this search's criteria and execute a new search, click "Refine Search." Each column can be sorted by clicking the link in the header of the results table. Page numbers appear in the footer of the results table. If there is more than one page of results, click the page number to navigate to additional results.

25 plans returned

<a href="#">Plan Name</a>	<a href="#">Company Name</a>	<a href="#">Coverage Type</a>	<a href="#">Individual Deductible</a>	<a href="#">Individual Out of Pocket Maximum</a>	<a href="#">Primary Care Physician Co-Pay \$</a>	<a href="#">In Network Co-Insurance %</a>	<a href="#">Prescription Benefits</a>
<a href="#">CHP Plan A</a>	CAPITAL HEALTH PLAN, INC.	HMO	\$500	\$1000	\$5	5%	\$10/\$20/\$30
<a href="#">Vista Plan A</a>	VISTA HEALTHPLAN, INC.	HMO	\$500	\$1000	\$5	5%	\$10/\$20/\$30
<a href="#">CHP Plan G</a>	CAPITAL HEALTH PLAN, INC.	HMO	\$500	\$1000	\$15	5%	\$10/\$20/\$30
<a href="#">Vista Plan G</a>	VISTA HEALTHPLAN, INC.	HMO	\$500	\$1000	\$15	5%	\$10/\$20/\$30
<a href="#">CHP Plan D</a>	CAPITAL HEALTH PLAN, INC.	HMO	\$500	\$1000	\$20	5%	\$10/\$20/\$30
<a href="#">Vista Plan D</a>	VISTA HEALTHPLAN, INC.	HMO	\$500	\$1000	\$20	5%	\$10/\$20/\$30
<a href="#">Response John Alden Plan A</a>	JOHN ALDEN LIFE INSURANCE COMPANY	PPO	\$750	\$1000	N/A	N/A	\$5/\$10/\$20
<a href="#">Response John Alden Plan D</a>	JOHN ALDEN LIFE INSURANCE COMPANY	Indemnity	\$1000	\$1000	N/A	N/A	\$5/\$10/\$20
<a href="#">Best Class Plan A</a>	HUMANA MEDICAL PLAN, INC.	HMO	\$1000	\$1500	\$25	80%	\$10/10%/\$20/5%/\$30/10%/\$35
<a href="#">Humana Indemnity Basic Plan A</a>	BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.	Indemnity	\$1500	\$500	\$55	80%	40%/50%/60%/70%



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# Small Employer Sample Rate Search

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## Search Results

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**Search results for**

**County:** Dade; **Deductible:** \$500 to \$2500;

**Coverage Type:** HMO, PPO, Indemnity;

**Plan Type:** Basic; **One-Life Factor:** Yes

25 plans returned

<a href="#">Plan Name</a>	<a href="#">Company Name</a>	<a href="#">Coverage Type</a>	<a href="#">Individual Deductible</a>	<a href="#">Individual Out of Pocket Maximum</a>	<a href="#">Primary Care Physician Co-Pay \$</a>	<a href="#">In Network Co-Insurance %</a>	<a href="#">Prescription Benefits</a>
<a href="#">Humana Indemnity Basic Plan A</a>	HEALTH FIRST HEALTH PLANS, INC.	Indemnity	\$1500	\$500	\$55	80%	40%/50%/60%/70%
<a href="#">Humana Indemnity Basic Plan A</a>	NIPPON LIFE INSURANCE COMPANY OF AMERICA	Indemnity	\$1500	\$500	\$55	80%	40%/50%/60%/70%
<a href="#">Humana Indemnity Basic Plan B</a>	BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.	Indemnity	\$1500	\$750	\$55	80%	40%/50%/60%/70%
<a href="#">Humana Indemnity Basic Plan B</a>	HEALTH FIRST HEALTH PLANS, INC.	Indemnity	\$1500	\$750	\$55	80%	40%/50%/60%/70%
<a href="#">Humana Indemnity Basic Plan B</a>	NIPPON LIFE INSURANCE COMPANY OF AMERICA	Indemnity	\$1500	\$750	\$55	80%	40%/50%/60%/70%
<a href="#">Humana HMO Basic Plan A</a>	BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.	HMO	\$2500	\$750	\$50	60%	40%/50%/60%/70%
<a href="#">Humana HMO Basic Plan A</a>	HEALTH FIRST HEALTH PLANS, INC.	HMO	\$2500	\$750	\$50	60%	40%/50%/60%/70%
<a href="#">Humana HMO Basic Plan A</a>	NIPPON LIFE INSURANCE COMPANY OF AMERICA	HMO	\$2500	\$750	\$50	60%	40%/50%/60%/70%
<a href="#">Humana HMO Basic Plan B</a>	BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.	HMO	\$2500	\$1000	\$50	60%	40%/50%/60%/70%
<a href="#">Humana HMO Basic Plan B</a>	HEALTH FIRST HEALTH PLANS, INC.	HMO	\$2500	\$1000	\$50	60%	40%/50%/60%/70%



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# Small Employer Sample Rate Search

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## Search Results

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**Search results for**

**County:** Dade; **Deductible:** \$500 to \$2500;  
**Coverage Type:** HMO, PPO, Indemnity;  
**Plan Type:** Basic; **One-Life Factor:** Yes

25 plans returned

<a href="#">Plan Name</a>	<a href="#">Company Name</a>	<a href="#">Coverage Type</a>	<a href="#">Individual Deductible</a>	<a href="#">Individual Out of Pocket Maximum</a>	<a href="#">Primary Care Physician Co-Pay \$</a>	<a href="#">In Network Co-Insurance %</a>	<a href="#">Prescription Benefits</a>
<a href="#">Humana HMO Basic Plan B</a>	NIPPON LIFE INSURANCE COMPANY OF AMERICA	HMO	\$2500	\$1000	\$50	60%	40%/50%/60%/70%
<a href="#">Basic Option 1</a>	HEALTH OPTIONS, INC.	hmo	\$2500	\$5000	\$25	40%	\$10/\$50/\$100
<a href="#">Basic Option 2</a>	HEALTH OPTIONS, INC.	hmo	\$2500	\$7500	\$25	40%	\$10/\$50/\$100
<a href="#">Basic</a>	PACIFIC LIFE & ANNUITY COMPANY	HMO	\$2500	\$7500	N/A	60%	\$10/\$50/\$100
<a href="#">Basic</a>	TOTAL HEALTH CHOICE, INC.	Indemnity	\$2500	\$7500	N/A	60%	\$10/\$50/\$100

1 2 3



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## Plan Detail

This page lists the details of the plan and county you selected. Some carriers refer to the county as the county the employee works in, while others refer to the county the employee resides in.

To see customized sample premium rates for your company, click "Customize Plan." To see a second county's rates, choose the county from the drop down and click "Show County." To export the sample Monthly Premium Rates to a Microsoft Excel compatible format, click "Export to Excel." To print a copy of this page, click "Print." To return to the search results page with your previously entered criteria, click "Return to Search Results." To start a new search, click the "Search" menu item.



Please note that the premium rates displayed may not be the final premium rate actually charged by the carrier. Additional adjustments due to claims experience, health status, or duration of coverage may apply. Additional charges may also apply depending upon plan options selected. Please verify all premium rates with the applicable carrier.



The premium rates displayed in this table are effective as of today's date. Please contact the carrier for the most current premium rates based on your anticipated effective date of coverage.

### Carrier Detail

TOTAL HEALTH CHOICE, INC.  
313-871-2000  
[totalhealthchoiceonline.com](http://totalhealthchoiceonline.com)

### Plan Summary

**Plan Name** Basic  
**Plan County** Dade  
**Coverage Type** Indemnity  
**Plan Type** Basic  
**Individual Deductible** \$2500

## Sample Monthly Premium Rates for Dade County (as of 6/20/2006)

Age Range	Male Employee	Female Employee	Male & Dependents	Female & Dependents	Employee & Spouse	Family
< 25	\$162.77	\$250.05	\$448.19	\$535.47	\$469.43	\$759.57
25 - 29	\$162.77	\$250.05	\$448.19	\$535.47	\$469.43	\$759.57
30 - 34	\$207.59	\$304.31	\$419.88	\$516.60	\$535.47	\$750.14
35 - 39	\$207.59	\$304.31	\$419.88	\$516.60	\$535.47	\$750.14
40 - 44	\$259.49	\$346.76	\$441.12	\$528.39	\$603.89	\$787.88
45 - 49	\$259.49	\$346.76	\$441.12	\$528.39	\$603.89	\$787.88
50 - 54	\$316.10	\$389.22	\$573.21	\$646.34	\$674.64	\$936.48
55 - 59	\$368.00	\$443.48	\$610.95	\$686.45	\$816.18	\$1081.51
60 - 64	\$483.57	\$523.68	\$639.26	\$679.37	\$976.59	\$1134.63
<b>65+ Medicare Primary</b>	\$159.93	\$174.09	\$212.30	\$226.46	\$322.70	\$375.03
<b>65+ Medicare Secondary</b>	\$533.12	\$580.29	\$707.67	\$754.85	\$1075.67	\$1252.58

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## Plan Detail

This page lists the details of the plan and county you selected. Some carriers refer to the county as the county the employee works in, while others refer to the county the employee resides in.

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The premium rates displayed in this table are effective as of today's date. Please contact the carrier for the most current premium rates based on your anticipated effective date of coverage.

### Carrier Detail

TOTAL HEALTH CHOICE, INC.

### Plan Summary

**Plan Name** Basic  
**Plan County** Dade  
**Coverage Type** Indemnity  
**Plan Type** Basic  
**Individual Deductible** \$2500

[totalhealthchoiceonline.com](http://totalhealthchoiceonline.com)

### Sample Monthly Premium Rates for Dade County (as of 6/20/2006)

Age Range	Male Employee	Female Employee	Male & Dependents	Female & Dependents	Employee & Spouse	Family
< 25	\$162.77	\$250.05	\$448.19	\$535.47	\$469.43	\$759.57
25 - 29	\$162.77	\$250.05	\$448.19	\$535.47	\$469.43	\$759.57
30 - 34	\$207.59	\$304.31	\$419.88	\$516.60	\$535.47	\$750.14
35 - 39	\$207.59	\$304.31	\$419.88	\$516.60	\$535.47	\$750.14
40 - 44	\$259.49	\$346.76	\$441.12	\$528.39	\$603.89	\$787.88
45 - 49	\$259.49	\$346.76	\$441.12	\$528.39	\$603.89	\$787.88
50 - 54	\$316.10	\$389.22	\$573.21	\$646.34	\$674.64	\$936.48
55 - 59	\$368.00	\$443.48	\$610.95	\$686.45	\$816.18	\$1061.51
60 - 64	\$483.57	\$523.68	\$639.26	\$679.37	\$976.59	\$1134.63
65+ Medicare Primary	\$159.93	\$174.09	\$212.30	\$226.46	\$322.70	\$375.03
65+ Medicare Secondary	\$533.12	\$580.29	\$707.67	\$754.85	\$1075.67	\$1252.58

Customize this Plan

View an additional county for this plan:

Return to Search Results

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1	Customize Plan										
2											
3	Please note that the premium rates displayed may not be the final premium rate actually charged by the carrier. Additional adjustments due to claims experience, health status, or duration of coverage										
4	The premium rates displayed in this table are effective as of today's date. Please contact the carrier for the most current premium rates based on your anticipated effective date of coverage.										
5											
6	Carrier Detail										
7	TOTAL HEALTH CHOICE, INC.										
8	313-871-2000										
9	totalhealthchoiceonline.com										
10											
11	Plan Summary										
12	Plan County	Dade									
13	Coverage Type	Indemnity									
14	Plan Type	Standard									
15	Individual Deductible	\$1,000									
16											
17	Sample Monthly Premium Rates for Dade County (as of 6/19/2006)										
18		Male Employee	Female Employee	Male & Dependents	Female & Dependents	Employee & Spouse	Family				
19	< 25	\$168.75	\$259.24	\$464.68	\$555.17	\$486.69	\$787.52				
20	25 - 29	\$168.75	\$259.24	\$464.68	\$555.17	\$486.69	\$787.52				
21	30 - 34	\$215.22	\$315.50	\$435.33	\$535.61	\$555.17	\$777.73				
22	35 - 39	\$215.22	\$315.50	\$435.33	\$535.61	\$555.17	\$777.73				
23	40 - 44	\$269.03	\$359.52	\$457.35	\$547.84	\$626.10	\$816.86				
24	45 - 49	\$269.03	\$359.52	\$457.35	\$547.84	\$626.10	\$816.86				
25	50 - 54	\$327.72	\$403.54	\$594.31	\$670.12	\$699.47	\$970.94				
26	55 - 59	\$381.53	\$459.79	\$633.44	\$711.70	\$846.21	\$1,100.57				
27	60 - 64	\$501.37	\$542.95	\$662.78	\$704.36	\$1,012.52	\$1,176.38				
28	65+ Medicare Primary	\$165.82	\$180.49	\$220.11	\$234.79	\$334.57	\$389.60				
29	65+ Medicare Secondary	\$552.73	\$601.64	\$733.71	\$782.62	\$1,115.24	\$1,298.67				
30											
31											
32											
33											

## Plan Detail

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The premium rates displayed in this table are effective as of today's date. Please contact the carrier for the most current premium rates based on your anticipated effective date of coverage.

### Carrier Detail

TOTAL HEALTH CHOICE, INC.  
313-871-2000  
[totalhealthchoiceonline.com](http://totalhealthchoiceonline.com)

### Plan Summary

**Plan Name** Basic  
**Plan County** Dade  
**Coverage Type** Indemnity  
**Plan Type** Basic  
**Individual Deductible** \$2500

### Sample Monthly Premium Rates for Dade County (as of 6/20/2006)

Age Range	Male Employee	Female Employee	Male & Dependents	Female & Dependents	Employee & Spouse	Family
< 25	\$162.77	\$250.05	\$448.19	\$535.47	\$469.43	\$759.57
25 - 29	\$162.77	\$250.05	\$448.19	\$535.47	\$469.43	\$759.57
30 - 34	\$207.59	\$304.31	\$419.88	\$516.60	\$535.47	\$750.14
35 - 39	\$207.59	\$304.31	\$419.88	\$516.60	\$535.47	\$750.14
40 - 44	\$259.49	\$346.76	\$441.12	\$528.39	\$603.89	\$787.88
45 - 49	\$259.49	\$346.76	\$441.12	\$528.39	\$603.89	\$787.88
50 - 54	\$316.10	\$389.22	\$573.21	\$646.34	\$674.64	\$936.48
55 - 59	\$368.00	\$443.48	\$610.95	\$686.45	\$816.18	\$1061.51
60 - 64	\$483.57	\$523.68	\$639.26	\$679.37	\$976.59	\$1134.63
<b>65+ Medicare Primary</b>	\$159.93	\$174.09	\$212.30	\$226.46	\$322.70	\$375.03
<b>65+ Medicare Secondary</b>	\$533.12	\$580.29	\$707.67	\$754.85	\$1075.67	\$1252.58

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## Plan Detail

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### Carrier Detail

TOTAL HEALTH CHOICE, INC.  
313-871-2000  
[totalhealthchoiceonline.com](http://totalhealthchoiceonline.com)

### Plan Summary

**Plan Name** Basic  
**Plan County** Dade  
**Coverage Type** Indemnity  
**Plan Type** Basic  
**Individual Deductible** \$2500

### Sample Monthly Premium Rates for Dade County (as of 6/20/2006)

Age Range	Male Employee	Female Employee	Male & Dependents	Female & Dependents	Employee & Spouse	Family
< 25	\$162.77	\$250.05	\$448.19	\$535.47	\$469.43	\$759.57
25 - 29	\$162.77	\$250.05	\$448.19	\$535.47	\$469.43	\$759.57
30 - 34	\$207.59	\$304.31	\$419.88	\$516.60	\$535.47	\$750.14
35 - 39	\$207.59	\$304.31	\$419.88	\$516.60	\$535.47	\$750.14
40 - 44	\$259.49	\$346.76	\$441.12	\$528.39	\$603.89	\$787.88
45 - 49	\$259.49	\$346.76	\$441.12	\$528.39	\$603.89	\$787.88
50 - 54	\$316.10	\$389.22	\$573.21	\$646.34	\$674.64	\$936.48
55 - 59	\$368.00	\$443.48	\$610.95	\$686.45	\$816.18	\$1061.51
60 - 64	\$483.57	\$523.68	\$639.26	\$679.37	\$976.59	\$1134.63
65+ Medicare Primary	\$159.93	\$174.09	\$212.30	\$226.46	\$322.70	\$375.03
65+ Medicare Secondary	\$533.12	\$580.29	\$707.67	\$754.85	\$1075.67	\$1252.58

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### Carrier Detail

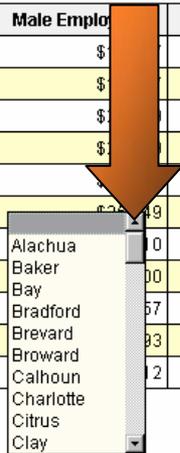
TOTAL HEALTH CHOICE, INC.  
313-871-2000  
[totalhealthchoiceonline.com](http://totalhealthchoiceonline.com)

### Plan Summary

**Plan Name** Basic  
**Plan County** Dade  
**Coverage Type** Indemnity  
**Plan Type** Basic  
**Individual Deductible** \$2500

### Sample Monthly Premium Rates for Dade County (as of 6/20/2006)

Age Range	Male Employee	Female Employee	Male & Dependents	Female & Dependents	Employee & Spouse	Family
< 25	\$250.05	\$250.05	\$448.19	\$535.47	\$469.43	\$759.57
25 - 29	\$250.05	\$250.05	\$448.19	\$535.47	\$469.43	\$759.57
30 - 34	\$304.31	\$304.31	\$419.88	\$516.60	\$535.47	\$750.14
35 - 39	\$304.31	\$304.31	\$419.88	\$516.60	\$535.47	\$750.14
40 - 44	\$346.76	\$346.76	\$441.12	\$528.39	\$603.89	\$787.88
45 - 49	\$346.76	\$346.76	\$441.12	\$528.39	\$603.89	\$787.88
50 - 54	\$389.22	\$389.22	\$573.21	\$646.34	\$674.64	\$936.48
55 - 59	\$443.48	\$443.48	\$610.95	\$686.45	\$816.18	\$1061.51
60 - 64	\$523.68	\$523.68	\$639.26	\$679.37	\$976.59	\$1134.63
65+ Medicare Primary	\$174.09	\$174.09	\$212.30	\$226.46	\$322.70	\$375.03
65+ Medicare Secondary	\$580.29	\$580.29	\$707.67	\$754.85	\$1075.67	\$1252.58



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313-871-2000  
[totalhealthchoiceonline.com](http://totalhealthchoiceonline.com)

### Plan Summary

**Plan Name** Basic  
**Plan County** Dade  
**Coverage Type** Indemnity  
**Plan Type** Basic  
**Individual Deductible** \$2500

### Sample Monthly Premium Rates for Dade County (as of 6/20/2006)

Age Range	Male Employee	Female Employee	Male & Dependents	Female & Dependents	Employee & Spouse	Family
< 25	\$162.77	\$250.05	\$448.19	\$535.47	\$469.43	\$759.57
25 - 29	\$182.77	\$250.05	\$448.19	\$535.47	\$469.43	\$759.57
30 - 34	\$219.88	\$304.31	\$419.88	\$516.60	\$535.47	\$750.14
35 - 39	\$219.88	\$304.31	\$419.88	\$516.60	\$535.47	\$750.14
40 - 44	\$241.12	\$346.76	\$441.12	\$528.39	\$603.89	\$787.88
45 - 49	\$241.12	\$346.76	\$441.12	\$528.39	\$603.89	\$787.88
50 - 54	\$389.22	\$389.22	\$573.21	\$646.34	\$674.64	\$936.48
55 - 59	\$443.48	\$443.48	\$610.95	\$686.45	\$816.18	\$1061.51
60 - 64	\$523.68	\$523.68	\$639.26	\$679.37	\$976.59	\$1134.63
65+ Medicare Primary	\$174.09	\$174.09	\$212.30	\$226.46	\$322.70	\$375.03
65+ Medicare Secondary	\$580.29	\$580.29	\$707.67	\$754.85	\$1075.67	\$1252.58

Customize this Plan

View an additional county for this plan:

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### Carrier Detail

TOTAL HEALTH CHOICE, INC.  
313-871-2000  
[totalhealthchoiceonline.com](http://totalhealthchoiceonline.com)

### Plan Summary

**Plan Name** Basic  
**Plan County** Dade  
**Coverage Type** Indemnity  
**Plan Type** Basic  
**Individual Deductible** \$2500

### Sample Monthly Premium Rates for Dade County (as of 6/20/2006)

Age Range	Male Employee	Female Employee	Male & Dependents	Female & Dependents	Employee & Spouse	Family
< 25	\$162.77	\$250.05	\$448.19	\$535.47	\$469.43	\$759.57
25 - 29	\$162.77	\$250.05	\$448.19	\$535.47	\$469.43	\$759.57
30 - 34	\$207.59	\$304.31	\$419.88	\$516.60	\$535.47	\$750.14
35 - 39	\$207.59	\$304.31	\$419.88	\$516.60	\$535.47	\$750.14
40 - 44	\$259.49	\$346.76	\$441.12	\$528.39	\$603.89	\$787.88
45 - 49	\$259.49	\$346.76	\$441.12	\$528.39	\$603.89	\$787.88
50 - 54	\$316.10	\$389.22	\$573.21	\$646.34	\$674.64	\$936.48
55 - 59	\$368.00	\$443.48	\$610.95	\$686.45	\$816.18	\$1061.51
60 - 64	\$483.57	\$523.68	\$639.26	\$679.37	\$976.59	\$1134.63
65+ Medicare Primary	\$159.93	\$174.09	\$212.30	\$226.46	\$322.70	\$375.03
65+ Medicare Secondary	\$533.12	\$580.29	\$707.67	\$754.85	\$1075.67	\$1252.58

Customize this Plan

View an additional county for this plan:

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**Carrier Detail**

TOTAL HEALTH CHOICE, INC.  
 313-871-2000  
[totalhealthchoiceonline.com](http://totalhealthchoiceonline.com)

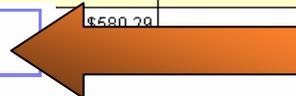
**Plan Summary**

**Plan Name** Basic  
**Plan County** Dade  
**Coverage Type** Indemnity  
**Plan Type** Basic  
**Individual Deductible** \$2500

**Sample Monthly Premium Rates for Dade County (as of 6/20/2006)**

Age Range	Male Employee	Female Employee	Male & Dependents	Female & Dependents	Employee & Spouse	Family
< 25	\$162.77	\$250.05	\$448.19	\$535.47	\$469.43	\$759.57
25 - 29	\$162.77	\$250.05	\$448.19	\$535.47	\$469.43	\$759.57
30 - 34	\$207.59	\$304.31	\$419.88	\$516.60	\$535.47	\$750.14
35 - 39	\$207.59	\$304.31	\$419.88	\$516.60	\$535.47	\$750.14
40 - 44	\$259.49	\$346.76	\$441.12	\$528.39	\$603.89	\$787.88
45 - 49	\$259.49	\$346.76	\$441.12	\$528.39	\$603.89	\$787.88
50 - 54	\$316.10	\$389.22	\$573.21	\$646.34	\$674.64	\$936.48
55 - 59	\$368.00	\$443.48	\$610.95	\$686.45	\$816.18	\$1061.51
60 - 64	\$483.57	\$523.68	\$639.26	\$679.37	\$976.59	\$1134.63
65+ Medicare Primary	\$159.93	\$174.09	\$212.30	\$226.46	\$322.70	\$375.03
		\$580.29	\$707.67	\$754.85	\$1075.67	\$1252.58

**Customize this Plan**



View an additional county for this plan:

**Sample Monthly Premium Rates for Palm Beach County (as of 6/20/2006)**

Age Range	Male Employee	Female Employee	Male & Dependents	Female & Dependents	Employee & Spouse	Family
< 25	\$162.77	\$250.05	\$448.19	\$535.47	\$469.43	\$759.57
25 - 29	\$162.77	\$250.05	\$448.19	\$535.47	\$469.43	\$759.57
30 - 34	\$207.59	\$304.31	\$419.88	\$516.60	\$535.47	\$750.14
35 - 39	\$207.59	\$304.31	\$419.88	\$516.60	\$535.47	\$750.14
40 - 44	\$259.49	\$346.76	\$441.12	\$528.39	\$603.89	\$787.88
45 - 49	\$259.49	\$346.76	\$441.12	\$528.39	\$603.89	\$787.88
50 - 54	\$316.10	\$389.22	\$573.21	\$646.34	\$674.64	\$936.48
55 - 59	\$368.00	\$443.48	\$610.95	\$686.45	\$816.18	\$1061.51
60 - 64	\$483.57	\$523.68	\$639.26	\$679.37	\$976.59	\$1134.63
65+ Medicare Primary	\$159.93	\$174.09	\$212.30	\$226.46	\$322.70	\$375.03
65+ Medicare Secondary	\$533.12	\$580.29	\$707.67	\$754.85	\$1075.67	\$1252.58



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**Carrier Detail**

TOTAL HEALTH CHOICE, INC.  
313-871-2000  
[totalhealthchoiceonline.com](http://totalhealthchoiceonline.com)

**Plan Summary**

**Plan Name** Basic  
**Plan County** Dade  
**Coverage Type** Indemnity  
**Plan Type** Basic  
**Individual Deductible** \$2500

**Sample Monthly Premium Rates for Dade County (as of 6/20/2006)**

Age Range	Male Employee	Female Employee	Male & Dependents	Female & Dependents	Employee & Spouse	Family
< 25	<input type="checkbox"/> @ \$162.77	<input type="checkbox"/> @ \$250.05	<input type="checkbox"/> @ \$448.19	<input type="checkbox"/> @ \$535.47	<input type="checkbox"/> @ \$469.43	<input type="checkbox"/> @ \$759.57
25 - 29	<input type="checkbox"/> @ \$162.77	<input type="checkbox"/> @ \$250.05	<input type="checkbox"/> @ \$448.19	<input type="checkbox"/> @ \$535.47	<input type="checkbox"/> @ \$469.43	<input type="checkbox"/> @ \$759.57
30 - 34	<input type="checkbox"/> @ \$207.59	<input type="checkbox"/> @ \$304.31	<input type="checkbox"/> @ \$419.88	<input type="checkbox"/> @ \$516.60	<input type="checkbox"/> @ \$535.47	<input type="checkbox"/> @ \$750.14
35 - 39	<input type="checkbox"/> @ \$207.59	<input type="checkbox"/> @ \$304.31	<input type="checkbox"/> @ \$419.88	<input type="checkbox"/> @ \$516.60	<input type="checkbox"/> @ \$535.47	<input type="checkbox"/> @ \$750.14
40 - 44	<input type="checkbox"/> @ \$259.49	<input type="checkbox"/> @ \$346.76	<input type="checkbox"/> @ \$441.12	<input type="checkbox"/> @ \$528.39	<input type="checkbox"/> @ \$603.89	<input type="checkbox"/> @ \$787.88
45 - 49	<input type="checkbox"/> @ \$259.49	<input type="checkbox"/> @ \$346.76	<input type="checkbox"/> @ \$441.12	<input type="checkbox"/> @ \$528.39	<input type="checkbox"/> @ \$603.89	<input type="checkbox"/> @ \$787.88
50 - 54	<input type="checkbox"/> @ \$316.10	<input type="checkbox"/> @ \$389.22	<input type="checkbox"/> @ \$573.21	<input type="checkbox"/> @ \$646.34	<input type="checkbox"/> @ \$674.64	<input type="checkbox"/> @ \$936.48
55 - 59	<input type="checkbox"/> @ \$368.00	<input type="checkbox"/> @ \$443.48	<input type="checkbox"/> @ \$610.95	<input type="checkbox"/> @ \$686.45	<input type="checkbox"/> @ \$816.18	<input type="checkbox"/> @ \$1061.51
60 - 64	<input type="checkbox"/> @ \$483.57	<input type="checkbox"/> @ \$523.68	<input type="checkbox"/> @ \$639.26	<input type="checkbox"/> @ \$679.37	<input type="checkbox"/> @ \$976.59	<input type="checkbox"/> @ \$1134.63
65+ Medicare Primary	<input type="checkbox"/> @ \$159.93	<input type="checkbox"/> @ \$174.09	<input type="checkbox"/> @ \$212.30	<input type="checkbox"/> @ \$226.46	<input type="checkbox"/> @ \$322.70	<input type="checkbox"/> @ \$375.03
65+ Medicare Secondary	<input type="checkbox"/> @ \$533.12	<input type="checkbox"/> @ \$580.29	<input type="checkbox"/> @ \$707.67	<input type="checkbox"/> @ \$754.85	<input type="checkbox"/> @ \$1075.67	<input type="checkbox"/> @ \$1252.58

Calculate

**Customized Plan Results**

Age Range	Gender	# Of Employees	Price Per Employee	Total Price
Total		0		\$ .00

Return to Plan Detail

Return to Search Results

Export

Print



Please note that the premium rates displayed may not be the final premium rate actually charged by the carrier. Additional adjustments due to claims experience, health status, or duration of coverage may apply. Additional charges may also apply depending upon plan options selected. Please verify all premium rates with the applicable carrier.



The premium rates displayed in this table are effective as of today's date. Please contact the carrier for the most current premium rates based on your anticipated effective date of coverage.

Carrier Detail

Plan Summary

Sample Monthly Premium Rates for Dade County (as of 6/20/2006)

Age Range	Male Employee	Female Employee	Male & Dependents	Female & Dependents	Employee & Spouse	Family
< 25	<input type="checkbox"/> @ \$162.77	<input checked="" type="checkbox"/> 1 @ \$250.05	<input type="checkbox"/> @ \$448.19	<input type="checkbox"/> @ \$535.47	<input type="checkbox"/> @ \$469.43	<input type="checkbox"/> @ \$759.57
25 - 29	<input type="checkbox"/> @ \$162.77	<input type="checkbox"/> @ \$250.05	<input type="checkbox"/> @ \$448.19	<input type="checkbox"/> @ \$535.47	<input checked="" type="checkbox"/> 2 @ \$469.43	<input checked="" type="checkbox"/> 1 @ \$759.57
30 - 34	<input checked="" type="checkbox"/> 1 @ \$207.59	<input type="checkbox"/> @ \$304.31	<input checked="" type="checkbox"/> 1 @ \$419.88	<input type="checkbox"/> @ \$516.60	<input type="checkbox"/> @ \$535.47	<input checked="" type="checkbox"/> 2 @ \$750.14
35 - 39	<input type="checkbox"/> @ \$207.59	<input checked="" type="checkbox"/> 2 @ \$304.31	<input type="checkbox"/> @ \$419.88	<input type="checkbox"/> @ \$516.60	<input type="checkbox"/> @ \$535.47	<input checked="" type="checkbox"/> 2 @ \$750.14
40 - 44	<input checked="" type="checkbox"/> 1 @ \$259.49	<input type="checkbox"/> @ \$346.76	<input type="checkbox"/> @ \$441.12	<input checked="" type="checkbox"/> 2 @ \$528.39	<input type="checkbox"/> @ \$603.89	<input checked="" type="checkbox"/> 1 @ \$787.88
45 - 49	<input type="checkbox"/> @ \$259.49	<input type="checkbox"/> @ \$346.76	<input type="checkbox"/> @ \$441.12	<input type="checkbox"/> @ \$528.39	<input type="checkbox"/> @ \$603.89	<input type="checkbox"/> @ \$787.88
50 - 54	<input type="checkbox"/> @ \$316.10	<input type="checkbox"/> @ \$389.22	<input checked="" type="checkbox"/> 2 @ \$573.21	<input type="checkbox"/> @ \$646.34	<input type="checkbox"/> @ \$674.64	<input type="checkbox"/> @ \$936.48
55 - 59	<input type="checkbox"/> @ \$368.00	<input type="checkbox"/> @ \$443.48	<input type="checkbox"/> @ \$610.95	<input type="checkbox"/> @ \$686.45	<input type="checkbox"/> @ \$816.18	<input type="checkbox"/> @ \$1061.51
60 - 64	<input type="checkbox"/> @ \$483.57	<input type="checkbox"/> @ \$523.68	<input type="checkbox"/> @ \$639.26	<input type="checkbox"/> @ \$679.37	<input type="checkbox"/> @ \$976.59	<input type="checkbox"/> @ \$1134.63
65+ Medicare Primary	<input type="checkbox"/> @ \$159.93	<input type="checkbox"/> @ \$174.09	<input type="checkbox"/> @ \$212.30	<input type="checkbox"/> @ \$226.46	<input type="checkbox"/> @ \$322.70	<input type="checkbox"/> @ \$375.03
65+ Medicare Secondary	<input type="checkbox"/> @ \$533.12	<input type="checkbox"/> @ \$580.29	<input type="checkbox"/> @ \$707.67	<input type="checkbox"/> @ \$754.85	<input type="checkbox"/> @ \$1075.67	<input type="checkbox"/> @ \$1252.58

Calculate



Age Range	Gender	# Of Employees	Price Per Employee	Total Price
Total		0		\$0.00

Return to Plan Detail

Return to Search Results

Export

Print

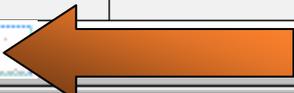
Sample Monthly Premium Rates for Dade County (as of 6/20/2006)

Age Range	Male Employee	Female Employee	Male & Dependents	Female & Dependents	Employee & Spouse	Family
< 25	<input type="checkbox"/> @ \$162.77	<input checked="" type="checkbox"/> 1 @ \$250.05	<input type="checkbox"/> @ \$448.19	<input type="checkbox"/> @ \$535.47	<input type="checkbox"/> @ \$469.43	<input type="checkbox"/> @ \$759.57
25 - 29	<input type="checkbox"/> @ \$162.77	<input type="checkbox"/> @ \$250.05	<input type="checkbox"/> @ \$448.19	<input type="checkbox"/> @ \$535.47	<input checked="" type="checkbox"/> 2 @ \$469.43	<input checked="" type="checkbox"/> 1 @ \$759.57
30 - 34	<input checked="" type="checkbox"/> 1 @ \$207.59	<input type="checkbox"/> @ \$304.31	<input checked="" type="checkbox"/> 1 @ \$419.88	<input type="checkbox"/> @ \$516.60	<input type="checkbox"/> @ \$535.47	<input checked="" type="checkbox"/> 2 @ \$750.14
35 - 39	<input type="checkbox"/> @ \$207.59	<input checked="" type="checkbox"/> 2 @ \$304.31	<input type="checkbox"/> @ \$419.88	<input type="checkbox"/> @ \$516.60	<input type="checkbox"/> @ \$535.47	<input checked="" type="checkbox"/> 2 @ \$750.14
40 - 44	<input checked="" type="checkbox"/> 1 @ \$259.49	<input type="checkbox"/> @ \$346.76	<input type="checkbox"/> @ \$441.12	<input checked="" type="checkbox"/> 2 @ \$528.39	<input type="checkbox"/> @ \$603.89	<input checked="" type="checkbox"/> 1 @ \$787.88

Customized Plan Results

Age Range	Gender	# Of Employees	Price Per Employee	Total Price
< 25	Female Employee	1	\$250.05	\$250.05
25 - 29	Employee & Spouse	2	\$469.43	\$938.86
25 - 29	Family	1	\$759.57	\$759.57
30 - 34	Male Employee	1	\$207.59	\$207.59
30 - 34	Male & Dependents	1	\$419.88	\$419.88
30 - 34	Family	2	\$750.14	\$1500.28
35 - 39	Female Employee	2	\$304.31	\$608.62
35 - 39	Family	2	\$750.14	\$1500.28
40 - 44	Male Employee	1	\$259.49	\$259.49
40 - 44	Female & Dependents	2	\$528.39	\$1056.78
40 - 44	Family	1	\$787.88	\$787.88
50 - 54	Male & Dependents	2	\$573.21	\$1146.42
<b>Total</b>		<b>18</b>		<b>\$9435.70</b>

35 - 39	Family	2	\$750.14	\$1500.28
40 - 44	Male Employee	1	\$259.49	\$259.49
40 - 44	Female & Dependents	2	\$528.39	\$1056.78
40 - 44	Family	1	\$787.88	\$787.88
50 - 54	Male & Dependents	2	\$573.21	\$1146.42
<b>Total</b>		<b>18</b>		<b>\$9435.70</b>

Return to Search Results 



# Small Employer Sample Rate Search

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## Search Results

Listed below are the plans that match your search criteria. Please contact the individual carrier for additional information regarding these plans.

Click the Plan Name to view the sample rates. To alter this search's criteria and execute a new search, click "Refine Search." Each column can be sorted by clicking the link in the header of the results table. Page numbers appear in the footer of the results table. If there is more than one page of results, click the page number to navigate to additional results.

### Search results for

**County:** Dade; **Deductible:** \$500 to \$2500;

**Coverage Type:** HMO, PPO, Indemnity;

**Plan Type:** Basic; **One-Life Factor:** Yes

25 plans returned

<a href="#">Plan Name</a>	<a href="#">Company Name</a>	<a href="#">Coverage Type</a>	<a href="#">Individual Deductible</a>	<a href="#">Individual Out of Pocket Maximum</a>	<a href="#">Primary Care Physician Co-Pay \$</a>	<a href="#">In Network Co-Insurance %</a>	<a href="#">Prescription Benefits</a>
<a href="#">CHP Plan A</a>	CAPITAL HEALTH PLAN, INC.	HMO	\$500	\$1000	\$5	5%	\$10/\$20/\$30
<a href="#">Vista Plan A</a>	VISTA HEALTHPLAN, INC.	HMO	\$500	\$1000	\$5	5%	\$10/\$20/\$30
<a href="#">CHP Plan G</a>	CAPITAL HEALTH PLAN, INC.	HMO	\$500	\$1000	\$15	5%	\$10/\$20/\$30
<a href="#">Vista Plan G</a>	VISTA HEALTHPLAN, INC.	HMO	\$500	\$1000	\$15	5%	\$10/\$20/\$30
<a href="#">CHP Plan D</a>	CAPITAL HEALTH PLAN, INC.	HMO	\$500	\$1000	\$20	5%	\$10/\$20/\$30
<a href="#">Vista Plan D</a>	VISTA HEALTHPLAN, INC.	HMO	\$500	\$1000	\$20	5%	\$10/\$20/\$30
<a href="#">Response John Alden Plan A</a>	JOHN ALDEN LIFE INSURANCE COMPANY	PPO	\$750	\$1000	N/A	N/A	\$5/\$10/\$20
<a href="#">Response John Alden Plan D</a>	JOHN ALDEN LIFE INSURANCE COMPANY	Indemnity	\$1000	\$1000	N/A	N/A	\$5/\$10/\$20
<a href="#">Best Class Plan A</a>	HUMANA MEDICAL PLAN, INC.	HMO	\$1000	\$1500	\$25	80%	\$10/10%/\$20/5%/\$30/10%/\$35
<a href="#">Humana Indemnity Basic Plan A</a>	BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.	Indemnity	\$1500	\$500	\$55	80%	40%/50%/60%/70%

1 2 3

Results 1 - 10 of 25 results

[Refine Search](#)



Florida Department of Financial Services



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# Small Employer Sample Rate Search

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## Search Criteria

Please enter search criteria below. Items marked with a red asterisk (\*) are required. Click the blue question mark for an explanation of a search criterion. Click "Search" to find plans matching the criteria you entered. Your criteria are saved for the duration of your visit to the website, unless cleared by clicking "Clear Search Criteria."

Plan County ?  \*

Deductible Range ?  to

- Coverage Type ?
- HMO
  - PPO
  - EPO
  - Indemnity
  - POS

Plan Type ?  \*

One-Life Factor ?  Yes  No \*



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Plan County ?  \*

Deductible Range ?  to

- Coverage Type ?
- HMO
  - PPO
  - EPO
  - Indemnity
  - POS

Plan Type ?  \*

One-Life Factor ?  Yes  No \*



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**Search results for**

**County:** Dade; **Deductible:** \$1000;  
**Coverage Type:** HMO, PPO, Indemnity;  
**Plan Type:** Standard; **One-Life Factor:** Yes

30 plans returned

<a href="#">Plan Name</a>	<a href="#">Company Name</a>	<a href="#">Coverage Type</a>	<a href="#">Individual Deductible</a>	<a href="#">Individual Out of Pocket Maximum</a>	<a href="#">Primary Care Physician Co-Pay \$</a>	<a href="#">In Network Co-Insurance %</a>	<a href="#">Prescription Benefits</a>
<a href="#">Humana Indemnity Standard Plan A</a>	BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.	Indemnity	\$1000	\$250	\$30	60%	\$10/\$20/\$30/\$40/\$50
<a href="#">Humana Indemnity Standard Plan A</a>	HEALTH FIRST HEALTH PLANS, INC.	Indemnity	\$1000	\$250	\$30	60%	\$10/\$20/\$30/\$40/\$50
<a href="#">Small Group Super Plan A</a>	NIPPON LIFE INSURANCE COMPANY OF AMERICA	Indemnity	\$1000	\$250	\$30	60%	\$10/\$20/\$30/\$40/\$50
<a href="#">HMO STD Copay</a>	BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.	HMO	\$1000	\$500	\$25	40%	\$10/\$20/\$30/\$40/\$50
<a href="#">Humana HMO Standard Plan A</a>	HEALTH FIRST HEALTH PLANS, INC.	HMO	\$1000	\$500	\$25	40%	\$10/\$20/\$30/\$40/\$50
<a href="#">Humana HMO Standard Plan A</a>	NIPPON LIFE INSURANCE COMPANY OF AMERICA	HMO	\$1000	\$500	\$25	40%	\$10/\$20/\$30/\$40/\$50
<a href="#">Humana Indemnity Standard Plan B</a>	BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.	Indemnity	\$1000	\$500	\$30	60%	\$10/\$20/\$30/\$40/\$50
<a href="#">Humana Indemnity Standard Plan B</a>	HEALTH FIRST HEALTH PLANS, INC.	Indemnity	\$1000	\$500	\$30	60%	\$10/\$20/\$30/\$40/\$50
<a href="#">Humana Indemnity Standard Plan B</a>	NIPPON LIFE INSURANCE COMPANY OF AMERICA	Indemnity	\$1000	\$500	\$30	60%	\$10/\$20/\$30/\$40/\$50
<a href="#">Humana HMO Standard Plan B</a>	BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.	HMO	\$1000	\$750	\$25	40%	\$10/\$20/\$30/\$40/\$50



SESRS

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[www.FLOIR.com](http://www.FLOIR.com)



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The Office serves Floridians through its responsibilities for regulation, compliance and enforcement of statutes related to the business of insurance. The Office is also entrusted with the duty of carefully monitoring statewide industry markets.

**Court Opinion Rules Against Allstate; Affirms Commissioner's Action to Suspend**  
[Commissioner McCarty demands documents from company](#)

**2008 Legislative Session**  
[Office of Insurance Regulation testifies before Florida House Insurance Committee](#)

**Freedom to Travel**  
[Insurers cannot use future travel plans to a foreign country as the sole basis for denying life insurance](#)

**Commissioner McCarty Applauds Recommendations by Senate Select Committee on Property Insurance Accountability**  
[Commissioner McCarty's comments and link to the recommendations](#)

**Commissioner McCarty Testifies Before U.S. House of Representatives Subcommittee**  
[Remarks highlight impact of insurance rates on communities, homeowners and the economy](#)



Gov. Crist and Commissioner McCarty announce Allstate subpoenas.  
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Commissioner McCarty discusses Insuring Coastal Property in Washington.



Commissioner McCarty questions hurricane modeling

**HEADLINES:**  
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**STATEMENT BY FLORIDA INSURANCE COMMISSIONER KEVIN MCCARTY ON PASSAGE OF CONSUMER-FOCUSED BILL BY SENATE BANKING AND INSURANCE COMMITTEE**

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- CONSUMER GUIDES
- CREDIT SCORING
- LONG-TERM CARE
- FREEDOM TO TRAVEL
- HURRICANE SEASON RX REFILLS
- CAN'T FIND INSURANCE?
- INSURANCE QUESTIONS OR COMPLAINTS?
- INSURE U - GET SMART ABOUT INSURANCE
- COMPARE SMALL GROUP MEDICAL RATES
- DOCTOR/LAWYER MALPRACTICE TRACKING SYSTEM
- PUBLIC HEARINGS
- UNLICENSED MEDICARE PART D PROVIDERS
- OTHER GOVERNMENT SITES AND INSURANCE LINKS



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2008 OIR Filing and Compliance Symposium



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### HEADLINES:

FLORIDA INSURANCE COMMISSIONER ANNOUNCES RESUMPTION OF ALLSTATE INSURANCE COMPANIES\*

Florida



# QUESTIONS?

