Filing at a Glance

Company: Celtic Insurance Company

Product Name: Open Blocks - Celtic Basic, Celtic Preferred, HSA	SERFF Tr Num: CELT-127886253	State: Delaware
TOI: H16I Individual Health - Major Medical	SERFF Status: Assigned	State Tr Num: 46287
Sub-TOI: H16I.005C Individual - Other	Co Tr Num: G5-544-00156, G5-555-00223, G5-592-00192-DE, G5-598-00226	State Status: Filing Outsourced for Actuarial Review
Filing Type: Rate		Reviewer(s): Jennifer Dawson (LRF), Laura Mauchly
	Author: Daniel Martinez	Disposition Date:
	Date Submitted: 12/12/2011	Disposition Status:
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: Resubmission
Individual Market Type: Individual
Filing Status Changed: 12/13/2011
State Status Changed: 12/16/2011
Created By: Daniel Martinez
Corresponding Filing Tracking Number:
PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Previous Filing Number: celt-127379870
Overall Rate Impact: 9.7%

Deemer Date:
Submitted By: Daniel Martinez

Filing Description:

This is a resubmission of a previously closed out rate increase filing (CELT-127379870). Attached in this resubmission is the MLR justification stating that the increase requested does have merit. Thank you.

Company and Contact

Filing Contact Information

Daniel Martinez, Contract Analyst
233 S. Wacker Dr. Suite 700
Chicago, IL 60606-6393

dmartinez@celtic-net.com
312-332-8387 [Phone]
312-441-0822 [FAX]

Filing Company Information

Celtic Insurance Company	CoCode: 80799	State of Domicile: Illinois
Sears Tower	Group Code:	Company Type: LAH
233 South Wacker Drive, Suite 700	Group Name:	State ID Number:
Chicago, IL 60606	FEIN Number: 06-0641618	
(312) 332-5401 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	$150.00
Retaliatory?	No
Fee Explanation:	$50 per rate filing, 3 rate filings = $150
Per Company:	Yes

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Celtic Insurance Company	$150.00	12/12/2011	54431663

Rate Information

Rate data applies to filing.

Filing Method:

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:	Company Rate Change:	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 required):	Minimum % Change (where required):
Celtic Insurance Company	Increase	9.700%	9.700%	$8,874	61	$91,931	9.700%	9.700%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:		68				8		
Policy Holders:		57				4		

Rate Review Details

COMPANY:

Company Name:	Celtic Insurance Company
HHS Issuer Id:	64004
Product Names:	Celtic Basic 1.0/2.1/2.2, HSA 2.0/2.1/3.0, CeltiCare Preferred 5.0/5.1
Trend Factors:	Trend assumptions to be used in future adjustment of rates will be based on claims costs of this and similar Celtic policies as well as various indices and published journals concerning health care costs, including the Medical Cost component of the Consumer Price Index, Buck Consultants' Trend Survey, Oliver Wyman's Carrier Trend Report and Milliman's Health Cost Index.

FORMS:

New Policy Forms:	
Affected Forms:	
Other Affected Forms:	G5-544-00156, G5-555-00223, G5-592-00192-DE, G5-598-00226

REQUESTED RATE CHANGE INFORMATION:

Change Period:	Quarterly
Member Months:	506
Benefit Change:	None
Percent Change Requested:	Min: 9.7 Max: 9.7 Avg: 9.7

PRIOR RATE:

Total Earned Premium:	102,226.00
Total Incurred Claims:	73,068.00
Annual $:	Min: 188.00 Max: 236.00 Avg: 200.00

REQUESTED RATE:

SERFF Tracking Number:	*CELT-127886253*	*State:*	*Delaware*
Filing Company:	*Celtic Insurance Company*	*State Tracking Number:*	*46287*
Company Tracking Number:	*G5-544-00156, G5-555-00223, G5-592-00192-DE, G5-598-00226*		
TOI:	*H16I Individual Health - Major Medical*	*Sub-TOI:*	*H16I.005C Individual - Other*
Product Name:	*Open Blocks - Celtic Basic, Celtic Preferred, HSA*		
Project Name/Number:	*/*		

Projected Earned Premium:	112,091.00
Projected Incurred Claims:	87,379.00
Annual $:	Min: 206.00 Max: 259.00 Avg: 220.00

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
	Open Block Rates	G5-544-00156, G5-555-00223, G5-592-00192-DE, G5-598-00226	New		DE-MemorandumCB - Rates.pdf DE-MemorandumCC5 - Rates.pdf DE-MemorandumHD2 - Rates.pdf

Celtic Insurance Company
Form G5-544-00156
Delaware

Medical Base Rates						
	Celtic Basic 1.0		Celtic Basic 2.1		Celtic Basic 2.2	
Age	Male	Female	Male	Male	Male	Male
0	49.44	49.44	54.38	54.38	55.52	55.52
1	49.44	49.44	54.38	54.38	55.52	55.52
2	49.44	49.44	54.38	54.38	55.52	55.52
3	49.44	49.44	54.38	54.38	55.52	55.52
4	49.44	49.44	54.38	54.38	55.52	55.52
5	45.29	45.29	49.82	49.82	50.87	50.87
6	45.29	45.29	49.82	49.82	50.87	50.87
7	45.29	45.29	49.82	49.82	50.87	50.87
8	45.29	45.29	49.82	49.82	50.87	50.87
9	45.29	45.29	49.82	49.82	50.87	50.87
10	45.29	45.29	49.82	49.82	50.87	50.87
11	45.29	45.29	49.82	49.82	50.87	50.87
12	45.29	45.29	49.82	49.82	50.87	50.87
13	45.29	45.29	49.82	49.82	50.87	50.87
14	45.29	45.29	49.82	49.82	50.87	50.87
15	57.41	57.41	49.82	50.52	50.87	51.58
16	57.41	57.41	49.82	50.52	50.87	51.58
17	57.41	57.41	49.82	50.52	50.87	51.58
18	57.41	58.56	53.00	56.00	54.11	57.18
19	57.41	59.73	53.00	56.00	54.11	57.18
20	59.96	60.18	53.00	56.00	54.11	57.18
21	59.96	60.63	53.00	56.00	54.11	57.18
22	59.96	61.08	53.00	56.00	54.11	57.18
23	59.96	61.54	53.00	56.00	54.11	57.18
24	59.96	62.00	53.00	56.00	54.11	57.18
25	59.96	63.55	53.36	57.20	54.48	58.40
26	59.96	65.14	53.96	58.63	55.09	59.86
27	59.96	66.77	54.56	60.09	55.71	61.35
28	59.96	71.45	55.16	62.88	56.32	64.20
29	61.99	76.45	55.79	66.51	56.96	67.91
30	63.35	84.03	58.60	71.01	59.83	72.50
31	64.93	85.49	61.68	75.66	62.98	77.25
32	66.56	87.46	64.56	80.46	65.92	82.15
33	67.88	89.21	67.54	84.75	68.96	86.53
34	69.58	90.77	70.62	88.05	72.10	89.90
35	72.24	92.71	73.68	91.78	75.23	93.71
36	74.90	94.57	77.15	95.52	78.77	97.53
37	77.90	97.93	80.63	99.40	82.32	101.49
38	80.55	101.26	84.17	103.29	85.94	105.46
39	83.77	103.63	87.96	107.78	89.81	110.04
40	87.54	105.70	91.92	112.04	93.85	114.39
41	91.48	107.82	96.05	115.91	98.07	118.34
42	95.59	110.83	100.37	119.70	102.48	122.21
43	99.90	114.54	105.89	123.70	108.11	126.30
44	104.71	117.87	112.04	127.89	114.39	130.58
45	109.42	121.37	118.17	132.90	120.65	135.69
46	114.34	125.54	123.49	137.47	126.08	140.36
47	119.49	128.67	129.05	140.89	131.76	143.85
48	125.72	134.08	134.52	145.48	137.34	148.54
49	131.38	138.62	139.92	149.71	142.86	152.85
50	140.71	145.20	144.93	153.91	147.97	157.14
51	151.36	153.99	150.60	158.61	153.76	161.94
52	162.75	163.41	157.05	163.41	160.35	166.84
53	175.02	175.36	166.27	170.10	169.76	173.67
54	188.07	187.60	176.79	177.28	180.50	181.00
55	196.94	196.94	185.12	185.12	189.01	189.01
56	206.79	205.21	194.38	192.90	198.46	196.95
57	217.13	213.41	204.10	200.61	208.39	204.82
58	228.08	223.03	214.40	209.65	218.90	214.05
59	239.83	233.30	225.44	219.30	230.17	223.91
60	250.77	242.93	235.72	228.35	240.67	233.15
61	262.50	253.77	246.75	238.54	251.93	243.55
62	274.23	264.28	257.78	248.42	263.19	253.64
63	285.20	274.85	268.09	258.36	273.72	263.79
64	296.92	285.85	279.10	268.70	284.96	274.34
65 +	549.31	528.82	516.35	497.09	527.19	507.53
Dependent Child Rate						
Per Child; up to 3	34.89	34.89	38.38	38.38	39.19	39.19

Sub-Standard Rate Ups	
Non-Smoker / Smoker	-7% / +7%
Occupational	0% to 100%
Medical	-10% to 250%

Plan Factors

Coinsurance	Deductible	Stop Loss	CB 1.0/2.1	CB 2.2
70/30	1,500	10,000	0.6700	0.6922
70/30	2,500	10,000	0.5416	0.5897
70/30	3,500	10,000	0.4894	0.5293
70/30	5,000	10,000	0.4337	0.4604
70/30	7,500	10,000	0.3706	0.3852
70/30	10,000	10,000	0.3160	0.3157
80/20	1,500	10,000	0.7320	0.7320
80/20	2,500	10,000	0.6203	0.6203
80/20	3,500	10,000	0.5546	0.5546
80/20	5,000	10,000	0.4800	0.4800
80/20	7,500	10,000	0.3995	0.3995
80/20	10,000	10,000	0.3265	0.3265

Product Type Factors	
Type	Factor
Fully Steered PPO	1.0000
Rx Drug Card Option	1.3316

Individual Discount Factor		
Coverage Option	Adult Factor	Child Factor
Primary	1.00	1.00
Primary+Spouse	0.93	1.00
Primary+Child(ren)	1.00	1.00
Family	0.93	1.00

Modal Factors	
Billing Mode	Factor
Monthly EFT	1.0
Quarterly Billing	3.0

Duration Factors	
Policy Months	Factor
0 - 24	1.00
25 - 30	1.02
31 - 36	1.09
37 - 42	1.17
43 +	1.25

Other Fees	
Billing Fee	$8.00 per bill
One-Time Application Fee	$25.00

Celtic Insurance Company
Form G5-544-00156
Delaware

Rx Drug Card Option Base Rates						
	Celtic Basic 1.0		Celtic Basic 2.1		Celtic Basic 2.2	
Age	Male	Female	Male	Male	Male	Male
0	0.55	0.55	0.61	0.61	0.59	0.59
1	0.58	0.58	0.64	0.64	0.62	0.62
2	0.61	0.61	0.67	0.67	0.65	0.65
3	0.65	0.65	0.72	0.72	0.70	0.70
4	0.68	0.68	0.75	0.75	0.73	0.73
5	0.72	0.72	0.79	0.79	0.77	0.77
6	0.76	0.76	0.84	0.84	0.81	0.81
7	0.80	0.80	0.88	0.88	0.85	0.85
8	0.85	0.85	0.94	0.94	0.91	0.91
9	0.90	0.90	0.99	0.99	0.96	0.96
10	0.95	0.95	1.05	1.05	1.01	1.01
11	1.00	1.00	1.10	1.10	1.06	1.06
12	1.06	1.06	1.17	1.17	1.13	1.13
13	1.12	1.12	1.23	1.23	1.19	1.19
14	1.18	1.18	1.30	1.30	1.25	1.25
15	1.25	1.25	1.08	1.10	1.04	1.06
16	1.28	1.37	1.11	1.21	1.07	1.17
17	1.31	1.50	1.14	1.32	1.10	1.27
18	1.35	1.63	1.25	1.56	1.21	1.51
19	1.38	1.77	1.27	1.66	1.23	1.60
20	1.42	1.92	1.26	1.79	1.21	1.72
21	1.46	2.08	1.29	1.92	1.24	1.84
22	1.50	2.25	1.33	2.06	1.28	1.98
23	1.58	2.38	1.40	2.17	1.34	2.08
24	1.67	2.51	1.48	2.27	1.42	2.18
25	1.77	2.65	1.58	2.39	1.52	2.29
26	1.87	2.80	1.68	2.52	1.61	2.42
27	1.97	2.96	1.79	2.66	1.72	2.55
28	2.15	3.05	1.98	2.68	1.90	2.57
29	2.33	3.15	2.10	2.74	2.02	2.63
30	2.53	3.24	2.34	2.74	2.23	2.62
31	2.75	3.33	2.61	2.95	2.49	2.82
32	2.99	3.41	2.90	3.14	2.77	3.00
33	3.26	3.49	3.24	3.32	3.09	3.17
34	3.55	3.55	3.60	3.44	3.44	3.29
35	3.75	3.75	3.83	3.71	3.66	3.54
36	3.97	3.97	4.09	4.01	3.91	3.83
37	4.19	4.19	4.34	4.25	4.14	4.06
38	4.43	4.43	4.63	4.52	4.42	4.32
39	4.68	4.68	4.91	4.87	4.69	4.65
40	5.06	4.80	5.31	5.09	5.04	4.84
41	5.47	4.92	5.74	5.29	5.45	5.03
42	5.92	5.03	6.22	5.43	5.91	5.16
43	6.41	5.13	6.79	5.54	6.45	5.26
44	6.77	5.41	7.24	5.87	6.88	5.58
45	7.15	5.72	7.72	6.26	7.33	5.95
46	7.56	6.04	8.16	6.61	7.71	6.25
47	7.98	6.39	8.62	7.00	8.10	6.58
48	8.43	6.75	9.02	7.32	8.43	6.84
49	8.91	7.13	9.49	7.70	8.83	7.16
50	9.19	7.81	9.47	8.28	8.76	7.66
51	9.48	8.53	9.43	8.79	8.68	8.09
52	10.01	9.01	9.66	9.01	8.84	8.24
53	10.58	9.52	10.05	9.23	9.15	8.40
54	11.18	10.06	10.51	9.51	9.51	8.61
55	11.81	10.63	11.10	9.99	9.99	8.99
56	12.48	11.23	11.73	10.56	10.22	9.20
57	13.18	11.87	12.39	11.16	10.44	9.41
58	13.93	12.54	13.09	11.79	10.66	9.60
59	14.72	13.25	13.84	12.46	10.87	9.79
60	15.55	13.99	14.62	13.15	11.07	9.96
61	16.43	14.79	15.44	13.90	11.25	10.13
62	17.36	15.62	16.32	14.68	11.42	10.28
63	18.34	16.50	17.24	15.51	11.64	10.47
64	19.38	17.44	18.22	16.39	11.84	10.65
65 +	35.85	32.26	33.70	30.32	21.91	19.71
Dependent Child Rate						
Per Child; up to 3	2.57	2.57	2.83	2.83	2.75	2.75

For Each Covered Person:

Medical Premium=
(Medical Base Rate) x (1 + Smoker Factor)
x (Plan Factor) x (1 + Occupation Rate-Up)
x (1 + Medical Rate-Up) x (Product Type Factor)
x (Trend Factor*) x (Area Factor**)
x (Individual Discount Factor) x (Duration Factor)

Rx Card Option Premium=
(Plus Option Base Rate) x (1 + Occupation Rate-Up)
x (1 + Medical Rate-Up) x (Product Type Factor)
x (Trend Factor*) x (Area Factor**)
x (Individual Discount Factor) x (Duration Factor)

Total Rate per Person =
[Medical Premium + Rx Drug Card Option Premium]

Total Billed Rate = Σ (Total Rate per Covered Person) * Modal Factor
+ Biling Fee

* see attached Trend Factor page
** see attached Area Factor page

Sample Premium Calculation for:

Sample Case

Effective Date:	7/1/2012
Primary:	Male, 33 years old, Smoker
Spouse:	Female, 33 years old, Non-Smoker
Number of Children:	2
Plan:	$2,500 Deductible 80/20 Coinsurance with Rx Card Option
Zip Code:	19701

Premium Calculation

Trend Factor:	2.1531
Area Factor:	1.515
Product Type Factor:	1.000
Rx Card Type Factor:	1.3316
Plan Factor:	0.6203
Primary Smoker Rate-Up:	7%
Spouse Smoker Rate-Up:	-7%
Med/Occpation Rate-Ups:	0 for the primary, spouse and children
Primary Discount Factor:	0.93
Spouse Discount Factor:	0.93
Children Discount Factor:	1.00

Primary Medical Premium = 67.54 x (1 + (0.07)) x 0.6203 x (1 + 0.0) x (1 + 0.0) x 1 x 2.1531 x 1.515 x 0.93 = $ 136.00

Spouse Medical Premium = 67.54 x (1 + (-0.07)) x 0.6203 x (1 + 0.0) x (1 + 0.0) x 1 x 2.1531 x 1.515 x 0.93 = $ 118.00

Children Medical Premium = (38.38 x 2) x 0.6203 x (1 + 0.0) x (1 + 0.0) x 1 x 2.1531 x 1.515 x 1 = $ 155.00

Primary Rx Premium = 3.24 x (1 + 0.0) x (1 + 0.0) x 1.3316 x 2.1531 x 1.515 x 0.93 = $ 13.00

Spouse Rx Premium = 3.24 x (1 + 0.0) x (1 + 0.0) x 1.3316 x 2.1531 x 1.515 x 0.93 = $ 13.00

Children Rx Premium = (2.83 x 2) x (1 + 0.0) x (1 + 0.0) x 1.3316 x 2.1531 x 1.515 x 1 = $ 25.00

Total Premium = (136.00 + 118.00 + 155.00) + (13.00 + 13.00 + 25.00)
= $460.00

Celtic Insurance Company
Form G5-544-00156

Delaware Area Factors

3-Digit ZIP Code	Celtic Basic 1.0 Fully Steered PPO	Celtic Basic 1.0 Plus Option	Celtic Basic 2.1 Fully Steered PPO	Celtic Basic 2.1 Plus Option	Celtic Basic 2.2 Fully Steered PPO	Celtic Basic 2.2 Plus Option
197	1.51500	1.51500	1.56800	1.56800	1.57600	1.57600
198	1.59200	1.59200	1.64800	1.64800	1.65600	1.65600
199	1.45800	1.45800	1.50900	1.50900	1.51700	1.51700

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Trend Factors for Celtic Basic

Date of Increase	Statewide Rate Increase	Statewide Cum. Factor	Nationwide Rate Increase	Nationwide Cum. Factor
4/1/05	**Initial**	1.3156	**Initial**	1.3156
7/1/05	3.5%	1.3616	4.5%	1.3748
10/1/05	3.5%	1.4093	-	1.3748
11/1/05	-	1.4093	-	1.3748
1/1/06	-	1.4093	-	1.3748
2/1/06	-	1.4093	-	1.3748
4/1/06	3.0%	1.4516	3.0%	1.4160
7/1/06	3.0%	1.4951	3.0%	1.4585
10/1/06	3.0%	1.5400	3.0%	1.5023
1/1/07	-	1.5400	3.0%	1.5474
4/1/07	7.1%	1.6496	3.0%	1.5938
7/1/07	3.0%	1.6991	3.0%	1.6416
10/1/07	3.0%	1.7501	3.0%	1.6908
1/1/08	-	1.7501	-	1.6908
4/1/08	-	1.7501	3.0%	1.7416
7/1/08	-	1.7501	3.0%	1.7938
10/1/08	-	1.7501	5.0%	1.8835
1/1/09	1.3%	1.7720	3.0%	1.9400
4/1/09	1.3%	1.7941	3.0%	1.9982
7/1/09	1.3%	1.8165	3.0%	2.0581
10/1/09	1.3%	1.8393	3.0%	2.1199
1/1/10	-	1.8393	3.0%	2.1835
4/1/10	-	1.8393	4.0%	2.2708
7/1/10	-	1.8393	4.0%	2.3617
10/1/10	-	1.8393	3.0%	2.4325
1/1/11	-	1.8393	9.0%	2.6514
4/1/11	-	1.8393	3.0%	2.7310
6/1/11	7.8%	1.9830	6.0%	2.8948
7/1/11	1.0%	2.0029	-	2.8948
10/1/11	1.0%	2.0029	-	2.8948
1/1/12	-	2.0029	-	2.8948
4/1/12	-	2.0029	3.5%	2.9962
7/1/12	7.5%	2.1531	3.0%	3.0860
10/1/12	2.0%	2.1961	3.0%	3.1786

Trend Factors for Celtic Basic 2.1

Date of Increase	Statewide Rate Increase	Statewide Cum. Factor	Nationwide Rate Increase	Nationwide Cum. Factor
4/1/08	**Initial**	1.7415	**Initial**	1.7415
7/1/08	2.5%	1.7851	3.0%	1.7938
10/1/08	2.5%	1.8297	2.5%	1.8386
1/1/09	2.0%	1.8663	2.0%	1.8754
4/1/09	3.0%	1.9223	3.0%	1.9316
7/1/09	3.0%	1.9799	4.0%	2.0089
10/1/09	3.0%	2.0393	-	2.0089
1/1/10	-	2.0393	-	2.0089
4/1/10	-	2.0393	2.0%	2.0491
7/1/10	-	2.0393	4.0%	2.1311
10/1/10	-	2.0393	3.0%	2.1950
1/1/11	-	2.0393	9.0%	2.3925
4/1/11	-	2.0393	3.0%	2.4643
6/1/11	7.8%	2.1988	6.0%	2.6122
7/1/11	1.0%	2.2208	-	2.6122
10/1/11	1.0%	2.2430	-	2.6122
1/1/12	-	2.2430	-	2.6122
4/1/12	-	2.2430	3.5%	2.7036
7/1/12	7.5%	2.4112	3.0%	2.7847
10/1/12	2.0%	2.4594	3.0%	2.8682

Celtic Insurance Company
Form G5-544-00156
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Trend Factors for Celtic Basic 2.2

Date of Increase	Statewide Rate Increase	Statewide Cum. Factor	Nationwide Rate Increase	Nationwide Cum. Factor
6/1/10	**Initial**	2.1312	**Initial**	2.1312
7/1/10	-	2.1312	-	2.1312
10/1/10	3.0%	2.1952	3.0%	2.1952
1/1/11	-	2.1952	9.0%	2.3927
4/1/11	-	2.1952	3.0%	2.4645
6/1/11	7.8%	2.3668	6.0%	2.6124
7/1/11	1.0%	2.3905	-	2.6124
10/1/11	1.0%	2.4144	-	2.6124
1/1/12	-	2.4144	-	2.6124
4/1/12	-	2.4144	3.5%	2.7038
7/1/12	7.5%	2.5954	3.0%	2.7849
10/1/12	2.0%	2.6473	3.0%	2.8685

Celtic Insurance Company
CeltiCare Preferred Health Plans
Form G5-555-00223
Delaware

Medical Base Rates

Age	Male	Female
0	74.54	74.54
1	73.86	73.86
2	73.94	73.94
3	73.52	73.52
4	73.68	73.68
5	67.73	67.73
6	64.38	64.38
7	64.24	64.24
8	64.09	64.09
9	63.77	63.77
10	63.77	64.19
11	63.79	64.21
12	63.98	64.44
13	64.05	64.52
14	64.38	64.91
15	63.61	66.01
16	63.82	66.27
17	63.64	66.01
18	67.67	72.20
19	67.52	71.93
20	67.57	73.03
21	67.80	73.33
22	67.87	73.36
23	67.96	73.46
24	67.97	73.42
25	68.56	75.19
26	69.45	77.10
27	70.34	79.05
28	71.37	82.34
29	72.28	86.70
30	76.09	91.99
31	80.28	97.94
32	84.23	104.00
33	88.38	109.54
34	92.67	113.78
35	96.64	118.38
36	101.15	123.28
37	105.65	128.27
38	110.29	133.28
39	115.20	139.16
40	120.49	144.53
41	126.04	149.36
42	131.84	154.00
43	139.24	159.09
44	147.18	164.29
45	155.13	170.78
46	162.02	176.66
47	169.21	181.20
48	176.20	187.04
49	183.17	192.51
50	188.98	198.23
51	195.59	204.42
52	203.51	210.35
53	214.99	218.57
54	228.14	227.44
55	238.82	237.39
56	250.63	247.34
57	263.03	257.25
58	276.16	268.79
59	290.24	281.12
60	303.43	292.75
61	317.57	305.79
62	331.74	318.49
63	345.20	331.30
64	359.35	344.65
65 +	664.82	637.60

Dependent Child Rate

Per Child; up to 3	51.07	51.07

Sub-Standard Rate Ups

Non-Smoker / Smoker	-7% / +7%
Occupational	0% to 100%
Medical	-10% to 250%

Plan Factors

Coinsurance	Deductible	Stop Loss	Factor
80/20	500	10,000	0.9820
80/20	1,000	10,000	0.8788
80/20	1,500	10,000	0.7630
80/20	2,500	10,000	0.6136
80/20	5,000	10,000	0.4908
80/20	10,000	10,000	0.4148
100/0	1,000	N/A	1.0968
100/0	1,500	N/A	0.9881
100/0	2,500	N/A	0.8128
100/0	5,000	N/A	0.5844
100/0	10,000	N/A	0.4625

Product Type Factors

Type	Factor
Indemnity	1.4000
Any Doc PPO	1.1400
Fully Steered PPO	1.0000
Plus Option	1.3316

Individual Discount Factor

Coverage Option	Adult Factor	Child Factor
Primary	1.00	1.00
Primary+Spouse	0.93	1.00
Primary+Child(ren)	1.00	1.00
Family	0.93	1.00

Modal Factors

Billing Mode	Factor
Monthly	1.0
Quarterly	3.0

Duration Factors

Policy Months	Factor
0 - 24	1.00
25 - 30	1.02
31 - 36	1.09
37 - 42	1.17
43 +	1.25

Other Fees

Billing Fee	$10.00 per bill
One-Time Application Fee	$25.00

Term Life Premium per $1,000 of Coverage

Age	Premium
0 - 4	0.30
5 - 17	0.20
18 - 29	0.28
30 - 34	0.32
35 - 39	0.44
40 - 44	0.64
45 - 49	0.92
50 - 54	1.36
55 - 59	2.00
60 - 64	2.96
65 - 69	4.64
70 - 74	7.24
75 - 79	11.76
80 - 84	18.32
85 - 89	28.08
90 - 94	39.88
95 - 99	73.20

Celtic Insurance Company
CeltiCare Preferred Health Plans
Form G5-555-00223
Delaware

Plus Option Base Rates

	Full Plus Option		Rx Card Only (5.0)		Rx Card Only (5.1)	
Age	Male	Female	Male	Female	Male	Female
0	2.35	2.35	0.65	0.65	1.30	1.30
1	3.03	3.03	0.65	0.65	1.30	1.30
2	2.90	2.90	0.65	0.65	1.30	1.30
3	3.30	3.30	0.65	0.65	1.30	1.30
4	3.07	3.07	0.65	0.65	1.30	1.30
5	3.45	3.45	0.65	0.65	1.30	1.30
6	3.67	3.67	0.65	0.65	1.30	1.30
7	3.77	3.77	0.65	0.65	1.30	1.30
8	3.87	3.87	0.65	0.65	1.30	1.30
9	4.14	4.14	0.65	0.65	1.30	1.30
10	4.54	5.29	0.65	0.65	1.30	1.30
11	4.44	5.19	0.65	0.65	1.30	1.30
12	4.17	4.87	0.65	0.65	1.30	1.30
13	4.00	4.70	0.98	0.98	1.47	1.47
14	3.58	4.20	0.98	0.98	1.47	1.47
15	2.72	3.63	0.98	1.00	1.47	1.50
16	2.47	3.23	0.98	1.06	1.47	1.59
17	2.63	3.35	0.98	1.13	1.47	1.70
18	2.78	3.53	0.98	1.23	1.47	1.85
19	2.88	3.51	0.98	1.24	1.47	1.86
20	2.56	4.12	0.98	1.26	1.47	1.89
21	2.27	3.55	0.98	1.28	1.47	1.92
22	2.15	3.25	0.98	1.33	1.47	2.00
23	1.96	2.92	0.98	1.35	1.47	2.03
24	1.86	2.74	0.98	1.37	1.47	2.06
25	1.65	2.50	0.98	1.39	1.47	2.09
26	1.69	2.54	0.98	1.47	1.47	2.21
27	1.68	2.50	1.05	1.56	1.56	2.31
28	1.70	2.31	1.16	1.57	1.70	2.30
29	1.67	2.18	1.23	1.61	1.79	2.34
30	1.91	2.22	1.38	1.61	1.98	2.31
31	2.06	2.31	1.54	1.74	2.19	2.47
32	2.25	2.43	1.72	1.86	2.41	2.61
33	2.17	2.29	1.92	1.97	2.66	2.73
34	2.12	2.17	2.14	2.05	2.93	2.81
35	2.11	2.05	2.28	2.21	3.09	2.99
36	2.02	1.98	2.44	2.39	3.27	3.20
37	2.03	1.99	2.59	2.54	3.43	3.36
38	1.92	1.88	2.77	2.70	3.62	3.53
39	1.90	1.88	2.95	2.92	3.81	3.77
40	1.84	1.76	3.19	3.06	4.06	3.90
41	2.03	1.87	3.46	3.19	4.35	4.01
42	2.03	1.76	3.75	3.28	4.66	4.07
43	1.96	1.68	4.11	3.35	5.04	4.11
44	1.80	1.46	4.39	3.56	5.31	4.31
45	1.90	1.54	4.69	3.81	5.60	4.55
46	1.97	1.60	4.97	4.03	5.85	4.75
47	2.02	1.63	5.26	4.27	6.11	4.96
48	1.77	1.42	5.52	4.48	6.32	5.13
49	1.82	1.47	5.82	4.72	6.57	5.33
50	1.97	1.72	5.81	5.08	6.47	5.65
51	1.94	1.80	5.80	5.41	6.36	5.93
52	1.90	1.76	5.96	5.56	6.44	6.01
53	1.67	1.54	6.21	5.71	6.61	6.08
54	1.81	1.63	6.51	5.89	6.83	6.18
55	1.79	1.61	6.89	6.20	7.11	6.40
56	1.75	1.58	7.30	6.57	7.42	6.68
57	1.69	1.51	7.72	6.95	7.72	6.95
58	1.54	1.38	8.18	7.36	8.18	7.36
59	1.80	1.62	8.66	7.79	8.66	7.79
60	1.77	1.59	9.16	8.25	9.16	8.25
61	1.99	1.80	9.70	8.73	9.70	8.73
62	1.78	1.60	10.27	9.25	10.27	9.25
63	1.75	1.57	10.88	9.79	10.88	9.79
64	1.63	1.46	11.52	10.37	11.52	10.37
65 +	2.98	2.69	21.31	19.18	21.31	19.18
Dependent Child Rate						
Per Child; up to 3	1.93	1.93	1.42	1.42	2.84	2.84

For Each Covered Person:

Medical Premium=
(Medical Base Rate) x (1 + Smoker Factor)
x (Plan Factor) x (1 + Occupation Rate-Up)
x (1 + Medical Rate-Up) x (Product Type Factor)
x (Trend Factor*) x (Area Factor**)
x (Individual Discount Factor) x (Duration Factor)

Plus Option Premium=
(Plus Option Base Rate) x (1 + Occupation Rate-Up)
x (1 + Medical Rate-Up) x (Product Type Factor)
x (Trend Factor*) x (Area Factor**)
x (Individual Discount Factor) x (Duration Factor)

Total Rate per Person =
[Medical Premium + Plus Option Premium+ Term Life Premium]

Total Billed Rate = Σ (Total Rate per Covered Person) * Modal Factor
+ Biling Fee

* see attached Trend Factor page
** see attached Area Factor page

Sample Premium Calculation:

Sample Case

Effective Date:	4/1/2012
Primary:	Male, 33 years old, Smoker
Spouse:	Female, 33 years old, Non-Smoker
Number of Children:	2
Plan:	Fully Steered PPO, $2,500 Deductible 80/20 Coinsurance, with Plus Option
Zip Code:	19701

Premium Calculation

Trend Factor:	2.3531
Area Factor:	1.42
Product Type Factor:	1.000
Rx Card Type Factor:	1.3316
Plan Factor:	0.6136
Primary Smoker Rate-Up:	7%
Spouse Smoker Rate-Up:	-7%
Med/Occupation Rate-Ups:	0 for the primary, spouse and children
Primary Discount Factor:	0.93
Spouse Discount Factor:	0.93
Children Discount Factor:	1.00
Medical Primary Insurance Factor:	1.00
Plus Primary Insurance Factor:	1.00
Primary Medical Premium = 1 x 2.3531 x 1.42 x 0.93 x 1.00 =	88.38 x (1 + (0.07)) x 0.6136 x (1 + 0.0) x $180.00
Spouse Medical Premium = (1 + 0.0) x 1 x 2.3531 x 1.42 x 0.93 =	109.54 x (1 + (-0.07)) x 0.6136 x (1 + 0.0) x $157.00
Children Medical Premium = (1 + 0.0) x 1 x 2.3531 x 1.42 x 1 =	(51.07 x 2) x 0.6136 x (1 + 0.0) x $209.00
Primary Plus Option Premium = 1.42 x 0.93 x 1.00 =	2.17 x (1 + 0.0) x (1 + 0.0) x 1.3316 x 2.3531 x $9.00
Spouse Plus Option Premium = 1.42 x 0.93 =	2.29 x (1 + 0.0) x (1 + 0.0) x 1.3316 x 2.3531 x $9.00
Children Plus Option Premium = 2.3531 x 1.42 x 1 =	(1.93 x 2) x (1 + 0.0) x (1 + 0.0) x 1.3316 x $17.00

Total Premium = (180.00 + 157.00 + 209.00) + (9.00 + 9.00 + 17.00) + 0.00)
= $581.00

Celtic Insurance Company
CeltiCare Preferred Health Plans
Form G5-555-00223

Delaware Area Factors

	CeltiCare Preferred 5.0 Area Factors				CeltiCare Preferred 5.1 Area Factors			
3-Digit ZIP Code	Indemnity	Any Doc PPO	Fully Steered PPO	Plus Option	Indemnity	Any Doc PPO	Fully Steered PPO	Plus Option
197	1.42000	1.42000	1.42000	1.42000	1.44900	1.44900	1.44900	1.44900
198	1.49100	1.49100	1.49100	1.49100	1.52100	1.52100	1.52100	1.52100
199	1.36600	1.36600	1.36600	1.36600	1.39300	1.39300	1.39300	1.39300

Celtic Insurance Company
CeltiCare Preferred Health Plans
Form G5-555-00223
Delaware

CeltiCare Preferred 5.0 Trend Factors

Date of Increase	Statewide Rate Increase	Statewide Cum. Factor	Nationwide Rate Increase	Nationwide Cum. Factor
4/1/08	**Initial**	1.7056	**Initial**	1.7056
7/1/08	2.5%	1.7483	2.5%	1.7483
10/1/08	2.5%	1.7920	2.5%	1.7920
1/1/09	2.0%	1.8278	2.0%	1.8278
4/1/09	3.0%	1.8826	3.0%	1.8826
7/1/09	3.0%	1.9391	4.0%	1.9580
10/1/09	3.0%	1.9973	-	1.9580
1/1/10	-	1.9973	-	1.9580
4/1/10	-	1.9973	2.0%	1.9971
7/1/10	-	1.9973	4.0%	2.0770
10/1/10	-	1.9973	3.0%	2.1393
1/1/11	-	1.9973	9.0%	2.3318
4/1/11	-	1.9973	3.0%	2.4018
6/1/11	7.8%	2.1534	6.0%	2.5459
7/1/11	1.0%	2.1750	-	2.5459
10/1/11	1.0%	2.1967	-	2.5459
1/1/12	-	2.1967	-	2.5459
4/1/12	-	2.1967	3.5%	2.6350
7/1/12	7.5%	2.3615	3.0%	2.7141
10/1/12	2.0%	2.4087	3.0%	2.7955

CeltiCare Preferred 5.1 Trend Factors

Date of Increase	Statewide Rate Increase	Statewide Cum. Factor	Nationwide Rate Increase	Nationwide Cum. Factor
6/1/10	**Initial**	2.0772	**Initial**	2.0772
7/1/10	-	2.0772	-	2.0772
10/1/10	3.0%	2.1395	3.0%	2.1395
1/1/11	-	2.1395	9.0%	2.3321
4/1/11	-	2.1395	3.0%	2.4020
6/1/11	7.8%	2.3068	6.0%	2.5462
7/1/11	1.0%	2.3298	-	2.5462
10/1/11	1.0%	2.3531	-	2.5462
1/1/12	-	2.3531	-	2.5462
4/1/12	-	2.3531	3.5%	2.6353
7/1/12	7.5%	2.5296	3.0%	2.7143
10/1/12	2.0%	2.5802	3.0%	2.7958

Celtic Insurance Company
High Deductible Health Plans
Form G5-592-00192-DE (HSA. 2.0/2.1) and Form G5-598-00226 (HSA 3.0)
Delaware

	HSA 2.0		HSA 2.1		HSA 3.0	
Age	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
0	70.63	66.55	60.85	60.85	60.85	60.85
1	70.63	66.55	60.88	60.88	60.88	60.88
2	70.63	66.55	60.94	60.94	60.94	60.94
3	70.63	66.55	60.98	60.98	60.98	60.98
4	70.63	66.55	61.04	61.04	61.04	61.04
5	62.92	60.96	56.05	56.05	56.05	56.05
6	62.92	60.96	56.11	56.11	56.11	56.11
7	62.92	60.96	56.17	56.17	56.17	56.17
8	62.92	60.96	56.24	56.24	56.24	56.24
9	62.92	60.96	56.30	56.30	56.30	56.30
10	62.92	60.96	56.38	56.38	56.38	56.38
11	62.92	60.96	56.46	56.46	56.46	56.46
12	62.92	60.96	56.55	56.55	56.55	56.55
13	62.92	60.96	56.63	56.63	56.63	56.63
14	62.92	60.96	56.72	56.72	56.72	56.72
15	79.14	78.21	56.45	57.92	56.45	57.92
16	79.14	78.21	56.49	58.06	56.49	58.06
17	79.14	78.21	56.53	58.21	56.53	58.21
18	79.14	78.82	60.18	63.90	60.18	63.90
19	79.14	80.40	60.23	64.05	60.23	64.05
20	82.56	81.00	60.20	64.20	60.20	64.20
21	82.56	81.61	60.26	64.39	60.26	64.39
22	82.56	82.22	60.30	64.58	60.30	64.58
23	82.56	82.83	60.40	64.72	60.40	64.72
24	82.56	83.45	60.51	64.86	60.51	64.86
25	82.56	85.54	61.04	66.36	61.04	66.36
26	82.56	87.68	61.85	68.11	61.85	68.11
27	82.56	89.88	62.68	69.93	62.68	69.93
28	82.56	96.17	63.58	73.04	63.58	73.04
29	85.52	102.91	64.43	77.14	64.43	77.14
30	87.44	113.10	67.87	82.10	67.87	82.10
31	89.67	115.08	71.65	87.54	71.65	87.54
32	91.96	117.72	75.23	93.11	75.23	93.11
33	93.85	120.08	78.98	98.09	78.98	98.09
34	96.25	122.17	82.88	101.92	82.88	101.92
35	99.87	124.79	86.58	106.42	86.58	106.42
36	103.49	127.29	90.76	110.94	90.76	110.94
37	107.56	131.81	94.95	115.58	94.95	115.58
38	111.16	136.30	99.27	120.25	99.27	120.25
39	115.54	139.49	103.86	125.70	103.86	125.70
40	120.72	142.28	108.79	130.73	108.79	130.73
41	126.12	145.12	113.97	135.28	113.97	135.28
42	131.77	149.18	119.40	139.68	119.40	139.68
43	137.68	154.17	126.31	144.26	126.31	144.26
44	144.19	158.66	133.73	149.38	133.73	149.38
45	150.57	163.37	141.19	155.47	141.19	155.47
46	157.24	168.97	147.69	161.01	147.69	161.01
47	164.21	173.20	154.50	165.35	154.50	165.35
48	172.64	180.48	161.13	170.88	161.13	170.88
49	180.29	186.59	167.77	176.11	167.77	176.11
50	192.81	195.45	173.29	181.58	173.29	181.58
51	207.10	207.27	179.54	187.49	179.54	187.49
52	222.47	219.95	187.02	193.14	187.02	193.14
53	239.02	236.04	197.77	200.88	197.77	200.88
54	256.62	252.51	210.07	209.22	210.07	209.22
55	268.61	265.09	220.16	218.59	220.16	218.59
56	281.91	276.21	231.30	228.00	231.30	228.00
57	295.86	287.26	243.00	237.40	243.00	237.40
58	310.63	300.20	255.40	248.31	255.40	248.31
59	326.49	314.03	268.69	259.96	268.69	259.96
60	341.25	326.98	281.20	270.99	281.20	270.99
61	357.09	341.58	294.61	283.35	294.61	283.35
62	372.91	355.73	308.09	295.43	308.09	295.43
63	387.71	369.96	320.86	307.64	320.86	307.64
64	403.53	384.76	334.47	320.37	334.47	320.37
65 +	746.53	711.79	618.78	592.67	618.78	592.67
Dependent Child Rate						
Per Child; up to 3	46.66	46.66	43.20	43.20	43.20	43.20

High Deductible Health Plan 2.0/2.1/3.0 Factors

Indiv./Family	Deductible	Coinsurance	Stop Loss	HSA 2.0	HSA 2.1	HSA 3.0
Individual	1,500	80/20	18,000	0.6721	0.6721	0.6721
		100/0	N/A	0.8938	0.9385	0.9385
	2,600	80/20	12,500	0.5441	0.5441	0.5441
		100/0	N/A	0.7228	0.7589	0.7589
	5,000	100/0	N/A	0.4994	0.5244	0.5244
Family	3,000	80/20	36,000	0.6721	0.6721	0.6721
		100/0	N/A	0.8938	0.9385	0.9385
	5,150	80/20	25,000	0.5441	0.5441	0.5441
		100/0	N/A	0.7228	0.7589	0.7589
	10,000	100/0	N/A	0.4994	0.5244	0.5244

Sub-Standard Rate-Ups	
Non-Smoker / Smoker	*-7% / 7%*
Occupational	*0% to 100%*
Medical	*-10% to 250%*

Product Type Factors

Type	HSA 2.0	HSA 2.1	HSA 3.0
Indemnity	1.3898	1.4000	1.4000
Fully Steered PPO	1.0000	1.0000	1.0000

Modal Factors	
Billing Mode	Factor
Monthly	1.0
Quarterly	3.0

Duration Factors	
Policy Month	Factor
0 - 24	1.00
25 - 30	1.02
31 - 36	1.09
37 - 42	1.17
43 +	1.25

Family Discount Factor	
Ind./Family	Discount Factor
Individual Policy	1.0000
Family Policy	0.9300

Other Fees	
Fee Type	Fee
Billing Fees (HSA 2.0/2.1; HSA 3.0)	*$8.00; $10 per bill*
HSA Maintenance Fee	*None*
One-time Application Fee	*$25.00*

Medical Premium = (Medical Base Rate) x (Plan Factor)
x (1 + Smoker Factor) x (1 + Occup. Rate-Up)
x (1 + Med. Rate-Up) x (Product Type Factor)
x (Trend Factor*) x (Area Factor**)
x (Family Discount Factor) x (Duration Factor)

Preventive Opt Premium = (Preventive Option Base Rate)
x (1 + Occup. Rate-Up) x (1 + Med. Rate-Up)
x (Product Type Factor) x (Trend Factor*) x (Area Factor**)
x (Family Discount Factor) x (Duration Factor)

**see attached Trend Factor sheet*
***see attached Area Factor sheet*

Total Premium = [Medical Premium + Preventive Opt Premium + HSA Maintenance Fee]
x Modal Factor + Billing Fee

Celtic Insurance Company
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Delaware Area Factors

3-Digit ZIP Code	HSA 2.0		HSA 2.1		HSA 3.0	
	Indemnity	Fully Steered PPO	Indemnity	Fully Steered PPO	Indemnity	Fully Steered PPO
197	1.46700	1.46700	1.57900	1.57900	1.57900	1.57900
198	1.54200	1.54200	1.66000	1.66000	1.66000	1.66000
199	1.41200	1.41200	1.52000	1.52000	1.52000	1.52000

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Delaware

High Deductible 2.0

Date of Increase	Statewide Rate Increase	Statewide Cum. Factor	Nationwide Rate Increase	Nationwide Cum. Factor
10/1/05	**Initial**	1.2041	**Initial**	1.2041
11/1/05	-	1.2041	-	1.2041
1/1/06	-	1.2041	-	1.2041
2/1/06	-	1.2041	-	1.2041
3/1/06	-	1.2041	-	1.2041
4/1/06	3.5%	1.2463	3.5%	1.2463
7/1/06	3.5%	1.2899	3.5%	1.2899
10/1/06	3.5%	1.3350	3.5%	1.3350
1/1/07	-	1.3350	-	1.3350
4/1/07	3.5%	1.3818	3.0%	1.3751
7/1/07	3.5%	1.4301	-	1.3751
10/1/07	3.5%	1.4802	-	1.3751
1/1/08	-	1.4802	-	1.3751
4/1/08	-	1.4802	-	1.3751
7/1/08	-	1.4802	-	1.3751
10/1/08	-	1.4802	-	1.3751
1/1/09	-	1.4802	-	1.3751
4/1/09	-	1.4802	-	1.3751
7/1/09	-	1.4802	3.0%	1.4163
10/1/09	-	1.4802	3.0%	1.4588
1/1/10	-	1.4802	3.0%	1.5026
4/1/10	-	1.4802	4.0%	1.5627
7/1/10	-	1.4802	6.0%	1.6565
10/1/10	-	1.4802	5.0%	1.7393
1/1/11	-	1.4802	9.0%	1.8958
4/1/11	-	1.4802	3.0%	1.9527
6/1/11	7.8%	1.5959	6.0%	2.0699
7/1/11	1.0%	1.6119	-	2.0699
10/1/11	1.0%	1.6280	-	2.0699
1/1/12	-	1.6280	-	2.0699
4/1/12	-	1.6280	3.5%	2.1423
7/1/12	7.5%	1.7501	3.0%	2.2066
10/1/12	2.0%	1.7851	3.0%	2.2728

Celtic Insurance Company
High Deductible Health Plans
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Delaware

High Deductible 2.1

Date of Increase	Statewide Rate Increase	Statewide Cum. Factor	Nationwide Rate Increase	Nationwide Cum. Factor
4/1/08	**Initial**	1.4163	**Initial**	1.4163
7/1/08	2.5%	1.4518	2.5%	1.4518
10/1/08	2.5%	1.4880	2.5%	1.4880
1/1/09	2.0%	1.5178	2.0%	1.5178
4/1/09	3.0%	1.5633	3.0%	1.5633
7/1/09	3.0%	1.6102	3.0%	1.6102
10/1/09	3.0%	1.6585	3.0%	1.6585
1/1/10	-	1.6585	3.0%	1.7083
4/1/10	-	1.6585	4.0%	1.7766
7/1/10	-	1.6585	6.0%	1.8832
10/1/10	-	1.6585	5.0%	1.9774
1/1/11	-	1.6585	9.0%	2.1554
4/1/11	-	1.6585	3.0%	2.2200
6/1/11	7.8%	1.7882	6.0%	2.3532
7/1/11	1.0%	1.8061	-	2.3532
10/1/11	1.0%	1.8241	-	2.3532
1/1/12	-	1.8241	-	2.3532
4/1/12	-	1.8241	3.5%	2.4356
7/1/12	7.5%	1.9610	3.0%	2.5087
10/1/12	2.0%	2.0002	3.0%	2.5839

Celtic Insurance Company
High Deductible Health Plans
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Delaware

High Deductible 3.0

Date of Increase	Statewide Rate Increase	Statewide Cum. Factor	Nationwide Rate Increase	Nationwide Cum. Factor
4/1/08	**Initial**	1.4163	**Initial**	1.4163
7/1/08	2.5%	1.4518	2.5%	1.4518
10/1/08	2.5%	1.4880	2.5%	1.4880
1/1/09	2.0%	1.5178	2.0%	1.5178
4/1/09	3.0%	1.5633	3.0%	1.5633
7/1/09	3.0%	1.6102	4.0%	1.6259
10/1/09	3.0%	1.6585	-	1.6259
1/1/10	-	1.6585	-	1.6259
4/1/10	-	1.6585	2.0%	1.6584
7/1/10	-	1.6585	3.0%	1.7081
10/1/10	-	1.6585	3.0%	1.7594
1/1/11	-	1.6585	9.0%	1.9177
4/1/11	-	1.6585	3.0%	1.9753
6/1/11	7.8%	1.7882	6.0%	2.0938
7/1/11	1.0%	1.8061	-	2.0938
10/1/11	1.0%	1.8241	-	2.0938
1/1/12	-	1.8241	-	2.0938
4/1/12	-	1.8241	3.5%	2.1671
7/1/12	7.5%	1.9610	3.0%	2.2321
10/1/12	2.0%	2.0002	3.0%	2.2990