

State: VermontGMCB **Filing Company:** 4 Ever Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: 4EL 2016 ExPat
Project Name/Number: 4EL 2016 ExPat/54.1215 ER

Filing at a Glance

Company: 4 Ever Life Insurance Company
Product Name: 4EL 2016 ExPat
State: VermontGMCB
TOI: H16G Group Health - Major Medical
Sub-TOI: H16G.002C Large Group Only - Other
Filing Type: GMCB Rate
Date Submitted: 05/31/2017
SERFF Tr Num: BCSF-131049258
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: 54.1215 ER R
Implementation: On Approval
Date Requested:
Author(s): Susan Hiller, Michele O'Doherty, Carolyn Heindl
Reviewer(s): Noel Hudson (primary), Thomas Crompton, Marisa Melamed
Disposition Date:
Disposition Status:
Implementation Date:
State Filing Description:

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General Information

Project Name: 4EL 2016 ExPat	Status of Filing in Domicile: Pending
Project Number: 54.1215 ER	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: IL is the state of domicile
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 06/01/2017	
State Status Changed:	Deemer Date:
Created By: Carolyn Heindl	Submitted By: Carolyn Heindl
Corresponding Filing Tracking Number: BCSF-130866203	

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

4 Ever Life Insurance Company is submitting the attached rate filing to correspond with the above noted form filing, which has been submitted separately as required by §44-710.

The attached rate filing includes a copy of the Actuarial Memorandum along with the Rate Manual for this policy form stated above. This is an Expatriate Health Plan, subject to the Expatriate Health Coverage Clarification Act of 2014 (EHCAA)

This program provides hospital/medical/surgical expense benefits to large employers The program is for the benefit of employees who are traveling outside the United States for extended periods of time for employer business. It continues to cover those employees when temporarily back in the United States.

Thank you in advance for your time and consideration of this submission. We look forward to receiving your approval. Please contact us should you have any questions

Company and Contact

Filing Contact Information

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 2 Mid America Plaza 630-472-7714 [Phone]
 Suite 200
 Oakbrook Terrace, IL 60181

Filing Company Information

4 Ever Life Insurance Company	CoCode: 80985	State of Domicile: Illinois
2 Mid America Plaza	Group Code: 23	Company Type:
Suite 200	Group Name:	State ID Number:
Oakbrook Terrace, IL 60181	FEIN Number: 36-2149353	
(630) 472-7842 ext. [Phone]		

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Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? No
Fee Explanation: Vermont Rates @\$150=\$150. Check #8014172 for \$150.00, dated May 22, 2017 has been mailed to Green Mountain Care Board on May 31, 2017.

SERFF Tracking #:

BCSF-131049258

State Tracking #:

Company Tracking #:

54.1215 ER R

State:

VermontGMCB

Filing Company:

4 Ever Life Insurance Company

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4EL 2016 ExPat/54.1215 ER

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:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
4 Ever Life Insurance Company	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Rate Review Detail

COMPANY:

Company Name: 4 Ever Life Insurance Company
 HHS Issuer Id: 00000

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
4EL 2016 Ex Pat			1

Trend Factors:

FORMS:

New Policy Forms: 54.1215
 Affected Forms:
 Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Other
 Member Months: 0
 Benefit Change: None
 Percent Change Requested: Min: Max: Avg:

PRIOR RATE:

Total Earned Premium:
 Total Incurred Claims:
 Annual \$: Min: Max: Avg:

REQUESTED RATE:

Projected Earned Premium: 395,100.00
 Projected Incurred Claims: 237,060.00
 Annual \$: Min: 439.00 Max: 439.00 Avg: 439.00

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BCSF-131049258

State Tracking #:

Company Tracking #:

54.1215 ER R

State:

VermontGMCB

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Manual	54.1215	New		VT Expat Rate Manual 2016_05_23.pdf,

**4Ever Life Insurance Company
Global HealthGuard
Forms 54.1215 et al.**

**Rate Manual
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Derivation of Rates

I. Benefit Plan Base Rates (See Table A)

All plans are compared to the base rate shown in Table A Claims Distribution Table.

The Medical Base Rate is	\$494.58
The Rx Base Rate is	\$99.31
The ADD Base Rate is	\$0.045 per thousand

II. Usage (split In US in-network, In US out-of-network, Overseas, totals 1.000)

Use actual/projected split, otherwise use:

U.S. Citizen Overseas usage:	.70
U.S. In-network usage:	5/6 times (1-overseas usage)
U.S. Out-of-network usage:	1/6 times (1-overseas usage)
Overseas usage if an alien traveling to US:	.10

III. Cost of Claims (CoC) - See Table A:

Base Rate minus A, minus B minus (1 -coinsurance) times C where:

A. Deductible covered claims = Deductible divided by .8, 0.4 if overseas

A = Excess of Base Rate over CoC calculated using deductible covered claims interpolated for interim values

B. Maximum covered claims = [Deductible+minimum(maximum benefit+out-of-pocket; maximum benefit/coinsurance)]/.8, 0.4 if overseas

B = CoC calculated using maximum covered claims interpolated for interim values

C. Out-of-pocket covered claims = out-of-pocket/(1-coinsurance) divided by .8, .4 if overseas plus Deductible covered claims

C = Excess of Base rate over CoC calculated using out-of-pocket covered claims interpolated for interim values less A

IV. Plan Design Factor - See Table B

Equals CoC divided by standard benefit plan CoC.

Base Plan Medical = US, 100% coinsurance, \$0 deductible, \$2k out-of-pocket, unlimited maximum.

Base Plan Rx = Unlimited maximum, no copays or coinsurance

V. Relative Geographical Cost - See Table C

U.S. In-network: .90 for medical, 1.00 for Rx

U.S. Out-of-network: 1.25 for medical, 1.00 for Rx

Overseas: .35 times area factor for medical (weighted average by enrollment; .45 for TCN), .65 for Rx

VI. Office Visit Copay Factor

1 plus [expected number of office visits times cost of an office visit less the office visit copay

minus Expected number of office visits (3.5) times cost of an office visit (\$120) times coinsurance times DeductiblePercent

all divided by the base rate (annualized)]

Deductible	DeductiblePercent	Deductible	DeductiblePercent
0	1.00	2,500	0.80
250	0.98	4,000	0.75
500	0.95	5,000	0.60
1,000	0.90	10,000	0.65
2,000	0.85		

VII. Hospital Out-of-Network Copay Factor

The factor is .97 if there is a hospital out-of-network copay

VIII. Not Used

IX. Integrated Deductible Factor (Medical and Rx)

For high deductibles, the Rx cost is reduced by 35%.

For deductibles below \$250, it is reduced by 35% times deductible/250

X. Trend Factors

Trend for full months from 1/1/17

Benefit	Annual Factor
Medical Rx	7.0%
Dental	6.0%
Vision	4.0%

XI. Anti-Selection Factor

Plan Design Factor	Factor
0.4	-0.12
0.5	-0.09
0.6 - 0.699	-0.06
0.7 - 0.799	-0.03
0.8 - 0.899	0.00
0.9 +	0.03

XII. Maximum Benefit Factor

Maximum Benefit	Factor
500,000	-0.020
1,000,000	0.000
2,000,000	0.020
3,000,000	0.030
5,000,000	0.035
>5,000,000	0.040

interpolate for interim values

XIIa. Specific Benefit Adjustments 1 + sum of factors below**Morbidity Adjustment Factor** -0.2175**Medical Evacuation Factor - Table D**

From the table shown below

Creditable Coverage Adjustment

Current Medical Cover	Factor
None	0.060
Business Travel/Accident	0.045
Offshore Limited Benefits	0.030
Offshore US Style Plan	0.015
ACA Compliant	0.000

Industry Adjustment Factor

S&P Sector	Factor
Other	0.000
Real Estate, Materials	-0.02
Financials/Services, Utilities	-0.04
Consumer Staples/Discretionary	-0.06
Technology, Health Care	-0.08

Primary to Protection & Indemnity Ins 0.015**XIII. Group Size Factor**

Group Size Factor	Factor
1	0.425
2	0.350
3	0.275
4	0.200
5	0.125
6	0.050
7+	0.000

XIV. Age Gender Factors (weighted average by enrollment)

Age	Male	Female	Dep. Child
0-24	0.3280	0.7520	0.367
25-29	0.4090	0.9830	0.367
30-34	0.5210	1.1430	0.367
35-39	0.6680	1.1390	0.367
40-44	0.8280	1.1700	0.367
45-49	1.0590	1.3780	0.367
50-54	1.4520	1.6650	0.367
55-59	1.8900	1.9660	0.367
60-64	2.5590	2.3350	0.367
65-69	3.4510	2.7840	0.367
70-74	4.9071	3.9587	0.367
75-79	6.1197	4.9369	0.367
80-84	7.3147	5.9010	0.367
85-89	8.8746	7.1593	0.367
90-94	11.3192	9.1315	0.367
95 or above	12.4039	10.0065	0.367

XV. Retention

Group Size	Retention Before Commission
1	0.345
2	0.31
10	0.31
20	0.28
40	0.275
100	0.26
499	0.21025
1,000+	0.15

may be reduced by up to 10% pts
interpolate for Sizes not listed

Commissions
0-20%

XVI. Dental and Vision

A standard dental plan and a vision plan is to be sold. The rates do not vary by age, area, group size, retention, commission, etc.

The 2017 Premium rates are as follows (updated Jan1 each year):

Relation	Dental	Vision
EE	\$43.00	\$14.00
EE + Spouse	\$93.00	\$28.00
EE + Child(ren)	\$83.00	\$27.00
Family	\$133.00	\$39.00

if non-standard plan, use experience or claims manual to adjust. Add 6% to dental rates if no dental pre-x exclusion

XVII. Tier Factors

Since rates are calculated for Employee (or Participant), Spouse and Child, the tier rates are derived.

The number of expected spouses per employee and children per employee at each tier is as follows:

		#Sp in Tier	#Chrn in Tier
Two Tier	Comp Dep	0.9	2.2
Three Tier	One Dep	0.9	0.1
Three Tier	2+ Deps	0.9	2.3
Four Tier	Spouse	1	0
Four Tier	Child/Children	0	2
Four Tier	Family	1	2.25

XVIII. Experience Rating (See Table E)

For larger groups, an experience rate is used for Medical and Rx when actual credible claims is obtainable.

A blend of the manual rate and an experience rate will be used weighted by a credibility factor (CF) (See Table E).

Actual claims is adjusted from the midpoint of the experience period to the midpoint of the rating period.

If claims are on a paid basis (rather than an incurred basis), lagged actual claims may be used.

If sufficient data is available, incurred claims will be calculated using a claims triangle reserve method.

Actual claims may also be adjusted if benefits or network availability will be changed.

The basic formula is as follows:

Final Rate = Experience Rate times CF plus Manual Rate times (1-CF)

XIX. Underwriting Discretion - +/-25%

XX. Local Coverage Adjustment

In jurisdictions where local carrier coverage is required, reduce by percent of claims coverage of local carrier

Sample Rate Calculation
Policy Effective 1/1/2017

	US-IN	US-OUT	Oversea	Rx
1 Medical Benefit	US	US	Oversea	All
2 Location	80%	60%	100%	100%
3 Coinsurance	\$0	\$1,000	\$0	\$0
4 Deductible	\$2,000	\$2,000	\$2,000	\$10 Tier 1/\$25 Tier 2-4 Copays
5 Out-of-Pocket	unlimited	unlimited	unlimited	Unlimited
6 Maximum	N	N	N	
7 Rx-Integrated-Deduc?	\$30	N	N	
8 OfficeVisitCopay, i.e. 10	NA	N	NA	
9 Hospital Out-of-Network	N	N	N	
10 AD&D	\$250,000	\$250,000	\$250,000	

12 Medical Base Rate	\$494.58	\$494.58	\$494.58	
13 Usage Percent	0.25	0.05	0.70	
14 Plan Design Factor	0.887	0.709	1.000	0.9572
15 Relative Geographical Cost	0.900	1.250	0.350	5 Aruba, 5 Burma
16 Office Visit Copay	0.996	1.000	1.000	
17 Hospital Out-of-Network	1.000	1.000	1.000	
18 Not Used	1.000	1.000	1.000	
19 Untrended Medical Plan	\$98.31	\$21.91	\$121.17	\$241.39
20 Rx Base Rate	\$99.31	\$99.31	\$99.31	
21 Usage Percent	0.25	0.05	0.70	
22 Plan Design Factor	0.747	0.747	0.747	
23 Coinsurance	100%	100%	100%	
24 Integrated Deductible Factor	1.000	1.000	1.000	
25 Relative Geographical Cost	1.000	1.000	0.650	
26 Untrended Rx Plan Cost	18.55	3.71	33.75	\$56.01
27 Untrended Medical & Rx (19+26)				\$297.40
28 Trend: Medical/Rx; Den; vision	1.000	1.000	1.000	
29 Anti-Selection Factor	0.030			
30 Maximum Benefit Factor	0.040			
30a Specific Benefit Adjustment Factors	-0.2115			current ACA coverage; Energy sector
31 Group Size Factor	0.000			
32 Combined Factors (28*(1+29+30+30a+31))	0.859			\$255.32
33 AD&D	0.000	0.000	NA	
34 Age Factors (Partic, Sp, Children)	0.999	0.999	0.367	5 Male age 42, 5 female age 42
35 Med&Rx Before Retention	255.07	255.07	93.70	
36 Med,Rx,ADD Before Retention (P)	255.07	255.07	93.70	
37 Retention(R) & Commission(C)	0.31	0.130		
37a Underwriting Discretion (D)	1.000			
38 Rates After Ret ((P)x(D))/(1-(R))/(1-(C))	424.9	424.9	156.09	
39 Med,Rx Per Employee	255.07			

	#Units	ED-Rx-AD&	DENTAL	VISION	TOTAL	AA #Sp in Tier	BB #Chrn in tier
4 Tier							
40 Participant (38ee)	10	\$424.90	\$43	\$14			
41 Participant Plus Spouse	0	\$849.80	\$93	\$28		1	0
42 Participant Plus Child(ren)	0	\$737.08	\$83	\$27		0	2
43 Participant Plus Family	0	\$1,201.00	\$133	\$39		1	2.25
44 Total Mo Prem-4 Tier	10	\$4,249	\$430	\$140	\$4,819		

EXPERIENCE RATE

E1 Experience Period Begins:	11/1/14	E14 Experience PEPM (E6*(1+E10)*E12/E13)	\$233.20
E2 Experience Period Ends:	10/31/16	E15 Experience "Using Lagged" (E7*(1+E10)*E12/E13)	\$243.63
E3 Number of Months Experience:	24	E16 Manual Expected PEPM wNW wIBNR wTrend	255.07
E4 Enrolled Months	240	E17 Credibility Factor (CF)	10.00%
E5 Actual Claims	50,000	E18 Blended Claims Cost = Experience*CF + Manual*(1-CF)	\$252.88
E6 Actual PEPM	\$208.33	E19 Retention	0.31
E7 Lagged PEPM	\$217.65	E20 Commission	0.130
E8 Months Trended (mdpt to mdpt)	20	E21 Final Premium Charged (PEPM)	\$421.26
E9 Annual Trend Factor	0.07	E22 Gross MLR - Medical Loss Ratio	60.0%
E10 Trend from midpt to midpt	11.94%		
E11 Lagged is this percent over Actual	4.5%		
E12 Plan or other differential	1.000		
E13 Adjustment to incur claims	1.000		

TABLE A - Claims Distribution Table

Level	Cost of claims above Level (CoC)
\$0	\$494.58
\$50	\$489.37
\$100	\$484.20
\$150	\$479.08
\$200	\$474.63
\$250	\$470.23
\$300	\$465.83
\$350	\$461.79
\$400	\$457.91
\$450	\$454.02
\$500	\$450.38
\$750	\$433.85
\$1,000	\$419.62
\$1,500	\$396.19
\$2,000	\$376.98
\$2,500	\$360.66
\$3,000	\$346.54
\$4,000	\$322.39
\$5,000	\$302.96
\$7,500	\$265.21
\$10,000	\$237.00
\$15,000	\$195.59
\$20,000	\$167.50
\$25,000	\$146.90
\$30,000	\$130.84
\$35,000	\$118.16
\$40,000	\$107.91
\$45,000	\$99.13
\$50,000	\$91.93
\$60,000	\$79.74
\$70,000	\$69.95
\$80,000	\$62.16
\$90,000	\$55.55
\$100,000	\$50.30
\$125,000	\$40.07
\$150,000	\$32.72
\$175,000	\$27.23
\$200,000	\$23.01
\$225,000	\$19.74
\$250,000	\$16.97
\$300,000	\$12.77
\$400,000	\$7.66
\$500,000	\$4.85
\$1,000,000	\$0.54
\$10,000,000	\$0.005
Unlimited	\$0.00

base rates are for a policy year starting 1/1/2017

TABLE B - Sample of Plans with Benefit Design Factors

Med Plan#	Loc	Coins	Ded	OOP	Annual	Ben Design Fctr
				(addDed)	Limit	
1	US	80%	\$0	\$2,000	unlimited	0.887
2	US	60%	\$1,000	\$2,000	unlimited	0.709
3	Oversea	100%	\$0	\$2,000	unlimited	1.000
4	US	80%	\$500	\$3,000	\$5,000,000	0.784
5	US	60%	\$1,000	\$3,000	\$5,000,000	0.682
6	Oversea	100%	\$250	\$3,000	\$5,000,000	0.894
7	US	80%	\$1,000	\$4,000	\$5,000,000	0.717
8	US	60%	\$2,000	\$4,000	\$5,000,000	0.595
9	Oversea	100%	\$500	\$4,000	\$5,000,000	0.825
10	US	80%	\$2,000	\$8,000	\$5,000,000	0.619
11	US	60%	\$4,000	\$8,000	\$5,000,000	0.473
12	Oversea	100%	\$1,000	\$8,000	\$5,000,000	0.729
13	US	80%	\$5,000	\$10,000	\$5,000,000	0.488
14	US	60%	\$10,000	\$10,000	\$5,000,000	0.344
15	Oversea	80%	\$2,500	\$10,000	\$5,000,000	0.475

Rx Plan#	Type	Coinsurance Percent	Tier 1 Copay	Tier 2 Copay	Tier 3 Copay	Specialty Copay	Factor					
							Integrated Medical/Rx OOP Maximum					
							no	2,000	3,000	4,000	8,000	10,000
1	Copay	100%	\$10	\$25	\$25	\$25	0.747	0.763	0.760	0.758	0.754	0.752
2	Coinsurance	100%	\$0	\$0	\$0	\$0	1.000	1.000	1.000	1.000	1.000	1.000
3	Coinsurance	80%	\$0	\$0	\$0	\$0	0.800	0.873	0.860	0.852	0.830	0.824
4	Copay	100%	\$20	\$30	\$30	\$30	0.677	0.693	0.690	0.688	0.683	0.682
5	Coinsurance	100%	\$0	\$0	\$0	\$0	1.000	1.000	1.000	1.000	1.000	1.000
6	Blend		\$10	20%	20%	20%	0.679	0.741	0.731	0.723	0.705	0.699
7	Blend		\$10	30%	30%	30%	0.608	0.715	0.698	0.688	0.662	0.653
8	Blend		\$10	40%	40%	40%	0.538	0.692	0.670	0.655	0.623	0.611
9	Blend		\$10	50%	50%	50%	0.469	0.673	0.645	0.626	0.585	0.572

for other plans, use experience or outside claims manual to adjust

TABLE C - Area Factors (weighted average by enrollment)

Area	Factor	Area	Factor	Area	Factor
AFGHANISTAN	0.9209	FIJI	0.9209	NEPAL	0.9209
AFRICA	0.8053	FINLAND	1.1329	LESSER ANTILLES	1.0811
AFRICAN	0.8053	FR. PACIFIC ISLANDS	0.9209	NETHERLANDS	0.9636
ALBANIA	1.1329	FRANCE	1.1329	NEW ZEALAND	0.9209
ALGERIA	0.8053	FRENCH COMM IN AFRICA	0.8053	NICARAGUA	1.0811
ANDORRA FRENCH	1.1329	FRENCH GUIANA	1.0811	NIGER	0.8053
ANDORRA SPANISH	1.1329	GABON	0.8053	NIGERIA	0.8053
ANGOLA	0.8053	GAMBIA	0.8053	NORTH AMERICA	1.5501
ANTIGUA	1.0811	GERMANY	1.1329	NORWAY	1.1329
ARGENTINA	1.0811	GHANA	0.8053	OMAN	1.0117
ARMENIA	1.1329	GIBRALTAR	1.1329	PAKISTAN	0.9209
ARUBA	1.0811	GREECE	1.1329	PANAMA	1.0811
AUSTRALIA	0.8379	GREENLAND	1.1329	PAPUA NEW GUINEA	0.9209
AUSTRIA	1.1329	GRENADA	1.0811	PARUGUAY	1.0811
AZERBAIJAN	1.1329	GUADELOUPE	1.0811	PERU	1.0811
AZORES	1.1329	GUAM	0.9209	PHILIPPINES	0.7897
BAHAMAS	1.0811	GUATEMALA	1.0811	POLAND	1.1329
BAHRAIN	1.0117	GUINEA BISSAU	0.8053	PORTUGAL	1.1329
BANGLADESH	0.9209	GUINEA REPUBLIC	0.8053	PUERTO RICO	1.0811
BARBADOS	1.0811	GUYANA	1.0811	QATAR	1.0117
BELARUS	1.1329	HAITI	1.0811	REUNION ISLANDS	0.8053
BELGIUM	0.9636	HONDURAS	1.0811	ROMANIA	1.1329
BELIZE	1.0811	HONG KONG	1.3482	RWANDA	0.8053
BENIN	0.8053	HUNGARY	1.1329	SAO TOME E PRINCIPE	0.8053
BERMUDA	1.0811	ICELAND	1.1329	SAUDI	1.0117
BHUTAN	0.9209	INDIA	0.9209	SAUDI ARABIA	1.0117
BOLIVIA	1.0811	INDONESIA	0.7332	SENEGAL	0.8053
BOSNIA HERZEGOVINA	1.1329	IRAN	1.0117	SEYCHELLES	0.8053
BOTSWANA	0.8053	IRAQ	1.0117	SIERRA LEONE	0.8053
BRAZIL	1.2212	IRELAND	0.9636	SINGAPORE	1.1810
BRUNEI	0.9209	ISRAEL	1.5501	SLOVAKIA	1.1329
BULGARIA	1.1329	ITALY	1.1329	SLOVENIA	1.1329
BURKINA FASCO	0.8053	IVORY COAST	0.8053	SOLOMON ISLANDS	0.9209
BURMA/MYANMAR	0.9209	JAMAICA	1.0811	SOMALI REPUBLIC	0.8053
BURUNDI	0.8053	JAPAN	0.9209	SOUTH AFRICA	0.8053
C&S AMER 1	1.0811	JERSEY	1.1329	SOUTH AMERICA	1.0811
C&S AMER 2	1.0811	JORDAN	1.0117	SPAIN	1.1329
CAMBODIA	0.9209	KAZAKHSTAN	1.1329	SRI LANKA	0.9209
CAMEROON	0.8053	KENYA	0.8053	ST LUCIA	1.0811
CANADA	1.0942	KIRIBATI	0.9209	SUDAN	0.8053
CANARY ISLANDS	0.8053	KOREA	0.9209	SWAZILAND	0.8053
CAPE VERDE	0.8053	KOREA SOUTH	0.9209	SWEDEN	1.1329
CAYMAN ISLANDS	1.0811	KUWAIT	1.0117	SWITZERLAND	1.5501
CENTRAL AFRICAN REP	0.8053	LAOS	0.9209	SYRIA	1.0117
CHAD	0.8053	LATVIA	1.1329	TAIWAN	0.9209
CHILE	1.0811	LEBANON	1.0117	TANZANIA	0.8053
CHINA	1.1626	LEICHTENSTEIN	1.1329	THAILAND	0.7960
CIS	1.1329	LESOTHO	0.8053	TOGO REPUBLIC	0.8053
COLOMBIA	1.0811	LIBERIA	0.8053	TONGA	0.9209
COMORO ISLANDS	0.8053	LIBYA	0.8053	TRINIDAD & TOBAGO	1.0811
CONGO	0.8053	LITHUANIA	1.1329	TUNISIA	0.8053
COSTA RICA	1.0811	LUXEMBOURG	1.1329	TURKEY	1.0117
CROATIA	1.1329	MACAU	0.9209	TURKS & CAICOS ISLANDS	1.0811
CUBA	1.5501	MADAGASCAR	0.8053	UAE	1.0117
CYPRUS	1.1329	MADEIRA	1.1329	UGANDA	0.8053
CZECH REPUBLIC	1.1329	MALAWI	0.8053	UKRAINE	1.1329
DENMARK	1.2778	MALAYSIA	0.9209	UNITED KINGDOM	1.1825
DJIBOUTI	0.8053	MALDIVES	0.9209	URUGUAY	1.0811
DOMINICA ISLE	1.0811	MALI REPUBLIC	0.8053	UZBEKISTAN	1.1329
DOMINICAN REPUBLIC	1.0811	MALTA	1.1329	VANUATU	0.9209
ECUADOR	1.0811	MARSHALL ISLANDS	0.9209	VENEZUELA	1.0811
EGYPT	0.8053	MARTINIQUE	1.0811	VIETNAM	0.9209
EL SALVADOR	1.0811	MAURITANIA	0.8053	VIRGIN ISLANDS (British)	1.0811
EQUATORIAL GUINEA	0.8053	MAURITIUS	0.8053	SAMOA	0.9209
ESTONIA	1.1329	MEXICO	1.2711	YEMEN	1.0117
ETHIOPIA	0.8053	MIDDLE EAST	1.0117	YEMEN, REP	1.0117
EUROPE	1.1329	MOLDOVA	1.1329		
EUROPEAN	1.1329	MONACO	1.1329	ZAIRE	0.8053
FALKLAND ISLANDS	1.0811	MONGOLIA	0.9209	ZAMBIA	0.8053
FAR EAST 1	0.9209	MOROCCO	0.8053	ZIMBABWE	0.8053
FAR EAST 2	0.9209	MOZAMBIQUE	0.8053	MACEDONIA	1.1329
FAROE ISLANDS	1.1329	MUSCAT	1.0117	MONTENEGRO	1.1329
		NAMERICAN	1.5501	SERBIA	1.1329
		NAMIBIA	0.8053	KOSOVO	1.1329

TABLE D - Medical Evacuation

Option	Benefit	Factor
1	\$0	-0.018
2	\$50,000	-0.010
3	\$100,000	0.000
4	\$150,000	0.003
5	\$200,000	0.004
6	\$250,000	0.006
7	\$300,000	0.007
8	\$350,000	0.010
9	\$400,000	0.010
10	\$450,000	0.011
11	\$500,000	0.011
12	\$550,000	0.012
13	\$600,000	0.013
14	\$650,000	0.013
15	\$700,000	0.014
16	\$750,000	0.014
17	\$800,000	0.015
18	\$850,000	0.016
19	\$900,000	0.016
20	\$950,000	0.017
21	\$1,000,000	0.018
22	\$1,000,001+	Not Avail

use next lowest Benefit Amount if value not listed

TABLE E - Credibility Factors

Number of Life Years		Range of Credibility		Formula
From	To	Low	High	
0	74	0%	30%	17%
75	99	0%	35%	24%
100	124	0%	40%	29%
125	149	0%	45%	33%
150	174	0%	50%	37%
175	199	5%	55%	40%
200	224	10%	60%	42%
225	249	15%	65%	45%
250	274	20%	70%	47%
275	299	25%	75%	49%
300	324	30%	80%	50%
325	349	35%	85%	52%
350	374	40%	90%	53%
375	399	45%	95%	55%
400	424	50%	100%	56%
425	or more	50%	100%	57%

State: VermontGMCB **Filing Company:** 4 Ever Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: 4EL 2016 ExPat
Project Name/Number: 4EL 2016 ExPat/54.1215 ER

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	VT_4EL_ExPat_Act_Memo_20170523.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	VT_4EL_ExPat_Act_Memo_20170523.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Civil Union Rating Requirements
Comments:	Civil Union requirements have been incorporated into the approved Certificate form 54.1315 ER (Page 64) which was approved 5/20/2017 included in BCSF-130866203.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	N/A Initial Submission
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Filing Compliance Certification
Comments:	
Attachment(s):	VT Certification of Compliance.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Third Party Filing Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	

SERFF Tracking #:

BCSF-131049258

State Tracking #:

Company Tracking #:

54.1215 ER R

State: VermontGMCB

Filing Company:

4 Ever Life Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name: 4EL 2016 ExPat

Project Name/Number: 4EL 2016 ExPat/54.1215 ER

Status Date:	
Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A - Large Group
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Excel Rate Manual
Comments:	
Attachment(s):	VT Expat Rate Manual 2016_05_23.xlsx
Item Status:	
Status Date:	

SERFF Tracking #:

BCSF-131049258

State Tracking #:

Company Tracking #:

54.1215 ER R

State:

VermontGMCB

Filing Company:

4 Ever Life Insurance Company

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name:

4EL 2016 ExPat

Project Name/Number:

4EL 2016 ExPat/54.1215 ER

Attachment VT Expat Rate Manual 2016_05_23.xlsx is not a PDF document and cannot be reproduced here.

4 Ever Life Insurance Company
Actuarial Memorandum
Global HealthGuard Program
Forms 54.1215 et al.

Item 1. Scope & Purpose

This is a new rate filing. I have prepared this actuarial memorandum on behalf of 4 Ever Life Insurance Company. This memorandum is for the purpose of demonstrating that the anticipated loss ratio of this product meets minimum requirements and that the benefits are reasonable in relation to the proposed premium. This rate filing is not intended to be used for other purposes.

Item 2. Benefit Description

The program is an expatriate health plan that provides hospital/medical/surgical expense benefits to employers for the benefit of employees who are traveling outside the United States for extended periods of time for employer business purposes (generally 6 months or more).

All plans are subject to deductibles and coinsurance and have maximum benefits and other limits consistent with PPACA.

The policy has in-network and out-of-network benefits for coverage in the US and uses a PPO network for these benefits.

Item 3. Renewability

The Policy will continue inforce while the required premiums are paid until the Policy is terminated by either the policyholder or the insurer as allowed in the Policy.

Item 4. Applicability

This filing applies to all new issues and subsequent renewals. There are no existing insureds under this form.

Item 5. Morbidity

The morbidity basis shown in the attached Rate Manual is based on the nationwide experience for a similar block of business that was written nationwide for large employers. Current nationwide membership is around 18,000 members and the experienced loss ratio has averaged 66.8%.

**4 Ever Life Insurance Company
Actuarial Memorandum
Global HealthGuard Program
Forms 54.1215 et al.**

4Ever Life Large Employer Group Global HealthGuard ExPat (\$000)

Year	Earned Premium	Paid Claims	Reserve	Incurred Claims	Loss Ratio	Avg Covered Lives (0)	Claims pmpm (\$0)
2011	139	83	0	83	59.7%	77	215
2012	17,011	12,066	0	12,066	70.9%	4,439	227
2013	58,918	41,783	0	41,783	70.9%	13,470	259
2014	60,216	40,345	0	40,345	67.0%	12,924	260
2015	77,646	49,851	85	49,936	64.3%	16,313	255
201611	77,307	44,677	5,522	50,199	64.9%	17,922	255
Total	291,237	188,804	5,607	194,411	66.8%	11,926	255

Item 6. Mortality

Mortality is based on US population mortality.

Item 7. Persistency

Given the short term nature of the product, there is no specific persistency assumption used in developing the claim costs.

Item 8. Expenses and Commissions

Premium	100.0%
Administration	19.0%
Average Commissions	13.0%
Premium Taxes	2.0%
Contingency and Risk Margin	6.0%
Total	40.0%

The actual commissions will vary between 0% and 20%.

The retention net of commissions varies by group size as shown in the following table.

**4 Ever Life Insurance Company
Actuarial Memorandum
Global HealthGuard Program
Forms 54.1215 et al.**

Group Size	Retention
1	34.5%
2	31.0%
10	31.0%
20	28.0%
40	27.5%
100	26.0%
499	21.025%
1,000+	15.0%

Item 9. Marketing Method

Marketing will be to employer groups either through direct response or using agents and brokers.

Item 10. Underwriting

The policies are guarantee issue with no health questions. A group can be declined if the travel is to a country of civil unrest or hazardous.

Item 11. Premium Classes

For each employer, rates vary only by tier. The rate is determined by taking the average rate based on the age and gender of the employees, benefit plan provisions (deductible, coinsurance, and lifetime maximum, etc.), area, etc.

Item 12. Issue Age Limits

None.

Item 13. Area Factors

Rates vary by nationality as shown in the rate manual.

Item 14. Average Annual Premium

The average annual premium is shown in the Rate Manual worksheet.

Item 15. Number of Insureds

The Company has no insureds at the present time as this is the initial filing.

**4 Ever Life Insurance Company
Actuarial Memorandum
Global HealthGuard Program
Forms 54.1215 et al.**

Item 16. Premium Modalization Rules

Premiums are stated as monthly.

Item 17. Trend Assumption

Medical trend is 7.0% annual. Dental trend is 6.0 % annual. Vision trend is 4.0% annual.

Item 18. Claim Liability and Reserves

Claim Reserves and Liabilities will be established by a combination of Lag Studies, case level reserves, and analysis of claim inventories.

Item 19. Active Life Reserves

No Active Life Reserves will be held for this coverage.

Item 20. Minimum Required Loss Ratio

The EXPATRIATE HEALTH COVERAGE CLARIFICATION ACT OF 2014 generally exempts expatriate health plans from the MLR requirements of PPACA for plans written on or after 7/1/15. Prior to that, expatriate plans were allowed a 2x factor to the numerator when calculating the MLR, essentially permitting a minimum standard loss ratio of 42.5% for large-group expatriate plans in order to meet MLR requirements. . Please keep in mind that there are expenses involved in administering expatriate plans that do not exist in typical major medical plans.

The unique cost characteristics of plans covering expatriate employees and their dependents were identified in 2011 by the United State Department of Health and Human Services (HHS) and Centers of Medicare and Medicaid Services (CMS) noting “that these policies have higher administrative costs as a result of (1) Providing international access to providers; (2) maintaining emergency evacuation services; and (3) navigating health care and legal systems in different countries. These policies may also have unpredictable experience depending on the location of the enrollees. One issuer stated that a large portion of international policies are sold through brokers, and high broker fees contribute to the increased administrative cost. We received no comments opposing a special circumstances adjustment for expatriate policies.” (FEDERAL REGISTER VOLUME 76, NUMBER 235 DECEMBER 7, 2011). These concerns prompted HHS to determine that for MLR reporting requirements for Expatriate plans that a factor of 2 times the effective claims costs could be used as the numerator in MLR determinations (Interim Final Rule on 12/1/2010 concerning MLR and Final Rule 12/7/2011). The Expatriate Health Coverage Clarification Act of 2014 exempting expatriate plans from key provisions of the Affordable Care Act such as MLR reporting further confirmed the unique status of expatriate plans. In addition to the factors noted above by HHS, costs of administering expatriate plans are impacted by low volumes of claims submitted electronically and high volumes of claims that are submitted in languages other than English and that do not conform to US coding standards thereby adding substantial additional cost to insurers. Other costs include providing translation and other services to enrollees, helping subscribers locate qualified providers in different countries, 24-hour call centers, and identifying and credentialing providers worldwide in countries with different licensing and other requirements from those found in the United States. Coverage is

**4 Ever Life Insurance Company
Actuarial Memorandum
Global HealthGuard Program
Forms 54.1215 et al.**

often for short durations and exposed to high risk of claim fluctuation because of lower loss frequency and uncertain costs by location.

Item 21. Distribution of Business

The anticipated distribution of business is shown on the attached Rate Manual worksheet and is used in the calculation of the average premium.

Item 22. Contingency and Risk Margin

The expected margin for profit and contingencies is 6.0% of premium.

Item 23. Experience – Past and Future

As this is a new product, no historical experience is available in this state.

Item 24. Anticipated Loss Ratio

The anticipated loss ratio is 60.0%. The anticipated loss ratio for each year is 60.0%

Item 25. History of Rate Adjustments

This is a new rate filing. There have been no rate adjustments.

Item 26. Proposed Effective Date

These rates are to be effective coincident with approval.

4 Ever Life Insurance Company
Actuarial Memorandum
Global HealthGuard Program
Forms 54.1215 et al.

Item 27. Actuarial Certification

I, Randall Jones, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I certify to the best of my knowledge and judgment, this Actuarial Memorandum and the entire rate filing is in compliance with the applicable laws of the State and with the rules of the Department of Insurance, and complies with Actuarial Standard of Practice No. 8 “Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits” as adopted by the Actuarial Standards Board, and that the benefits provided are reasonable in relation to the proposed premiums based on the standards described above. The premium schedule is not excessive, inadequate or unfairly discriminatory. This rate filing is in full compliance with the Expatriate Health Coverage Clarification Act of 2014.



Randall S. Jones, FSA, MAAA
President
Sierra Actuarial Services, Inc.
May 23, 2017

4 Ever Life Insurance Company
Actuarial Memorandum
Global HealthGuard Program
Forms 54.1215 et al.

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4 Ever Life Insurance Company
Actuarial Memorandum
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Forms 54.1215 et al.

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Randall S. Jones, FSA, MAAA
President
Sierra Actuarial Services, Inc.
May 23, 2017

4 Ever Life Insurance Company

Oakbrook Terrace, IL 60181

Certification of Compliance

Re: Group Major Medical Policy Form 54.1215 ER (VT), et al.

I, Linda Hickok, Vice President, certify to the best of my knowledge and belief that the attached forms comply with Vermont law, specifically the accident and health requirements of Regulation 80-1, and that:

1. Only large employer-employee groups meeting the standards of 8 VSA § 4079 (1) will be allowed to purchase this product; and
2. The forms will be issued only to large employer-employee groups meeting the standards of 8 VSA § 4079 (1).

If further certify to the best of my knowledge and belief that the attached forms comply with:

1. Regulation H-2009-03 (NILS designation H-09-3), the Consumer Protection and Quality Requirements for Managed Care Organizations;
2. Regulation H-2008-01 (NILS designation H-08-1), the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES); and
3. The immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA).

Signature:



Date: May 22, 2017