

SERFF Tracking Number: NLAM-127364367 State: New York  
Filing Company: Nippon Life Insurance Company of America State Tracking Number: 2011080093  
Company Tracking Number:  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO  
Product Name: NY Community Rated - Trend update and rate increase (effective 1.1.2012)  
Project Name/Number: /

## Filing at a Glance

Company: Nippon Life Insurance Company of America

Product Name: NY Community Rated - Trend update and rate increase (effective 1.1.2012) SERFF Tr Num: NLAM-127364367 State: New York

TOI: H16G Group Health - Major Medical SERFF Status: Pending State Action State Tr Num: 2011080093

Sub-TOI: H16G.003A Small Group Only - PPO Co Tr Num:

Filing Type: Rate Adjustment pursuant to Section 3231(e)(1)

State Status:

Reviewer(s):

Author:

Date Submitted: 08/12/2011

Disposition Date:

Disposition Status:

Implementation Date:

Implementation Date Requested: 01/01/2012

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 10/11/2011

State Status Changed:

Created By:

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Please see attached cover letter and actuarial memorandum for details

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Overall Rate Impact: 21.3%

Deemer Date:

Submitted By:

## Company and Contact

### Filing Contact Information

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[Redacted]  
 521 Fifth Avenue  
 Fifth Floor  
 New York, NY 10175

**Filing Company Information**

Nippon Life Insurance Company of America CoCode: 81264 State of Domicile: Iowa  
 521 5th Avenue Group Code: 81264 Company Type: Life  
 5th Floor Group Name: N/A State ID Number:  
 New York, NY 10175 FEIN Number: 04-2509896  
 (212) 682-3000 ext. [Phone]

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**Filing Fees**

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nippon Life Insurance Company of America	\$0.00		

**State Specific**

1. Is a parallel product being submitted for another entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): No
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: Commercial
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York? Yes/No (If Yes, enter which one.): No
4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains an application, advertisement, administrative form, or is an out-of-state filing. Form submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): Rate only
5. Is this a Rate only filing? Yes/No [If Yes, enter one: Commission/Fee Schedule, "File and Use" Rate Adjustment, Prior Approval Rate Adjustment, DBL Loss Ratio Monitoring, Loss Ratio Experience Monitoring/Reporting, Medicare Supplement Annual Filing (other than rate adjustment), Medicare Supplement Refund Calculation Filing, Timothy's Law Subsidy Filing, Sole Proprietor Rating, 4308(h) Loss Ratio Report, 3231(e) Loss Ratio Report, Experience Rating Formula, or Other with brief explanation.): Yes, 3231(e)

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6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.): No
7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No
8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No
9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No

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## Rate Information

Rate data applies to filing.

**Filing Method:** Prior Approval  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 9.000%  
**Effective Date of Last Rate Revision:** 07/01/2011  
**Filing Method of Last Filing:** Prior Approval

## 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):
Nippon Life Insurance Company of America	Increase	21.300%	21.300%	\$7,713,361	319	\$36,212,964	24.000%	13.100%
<b>Product Type:</b>	<b>HMO</b>	<b>PPO</b>	<b>EPO</b>	<b>POS</b>	<b>HSA</b>	<b>HDHP</b>	<b>FFS</b>	<b>Other</b>
<b>Covered Lives:</b>		4,774				1,154		
<b>Policy Holders:</b>		278				41		

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## Rate Review Details

### COMPANY:

Company Name: Nippon Life Insurance Company of America  
HHS Issuer Id: 88713  
Product Names: PPO and HDHP  
Trend Factors:

### FORMS:

New Policy Forms:  
Affected Forms:  
Other Affected Forms: NP 5500 et al

### REQUESTED RATE CHANGE

#### INFORMATION:

Change Period: Annual  
Member Months: 43,691  
Benefit Change: None  
Percent Change Requested: Min: 13.1 Max: 24.0 Avg: 21.3

#### PRIOR RATE:

Total Earned Premium: 32,236,487.00  
Total Incurred Claims: 25,427,837.00  
Annual \$: Min: 277.00 Max: 674.00 Avg: 590.00

#### REQUESTED RATE:

Projected Earned Premium: 57,917,831.00  
Projected Incurred Claims: 47,492,622.00  
Annual \$: Min: 314.00 Max: 763.00 Avg: 668.00

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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Rate Manual - Other than section Z		New		Rate manual - other than section Z.pdf
	Rate manual section Z - area factor (Part 1)		New		Rate Manual Section Z - Area factor (part 1).pdf
	Rate manual section Z - area factor (Part 2)		New		Rate Manual Section Z - Area factor (part 2).pdf

**NEW YORK COMMUNITY RATE MANUAL  
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**D. NEW YORK COMMUNITY RATES**

**PART 1 – MEDICAL**

**I BENEFIT DESCRIPTIONS**

These are types of standard plans: PPO Plans and High Deductible HSA compatible Health Plans. For groups of two to fifty lives, there are twenty six PPO Plans and sixteen HSA plans available. The expected loss ratio for the New York Community Rated group is 82%.

**PPO Plans** are typical PPO coverages with a larger benefit percentage reimbursable to an insured for going to a preferred provider than to a nonpreferred provider. The available benefit percentages are 100%/70%, 100%/80%, 90%/80%, 90%/70%, 80%/70% and 80%/60%. Various deductibles, maximum out-of-pocket and non-hospital physician visit co-pays are available. There is no lifetime maximum benefit per person for these plans.

**High Deductible HSA Compatible Plans** are PPO coverage with a benefit structure that complies with all applicable federal regulations covering High Deductible Health Plans (HDHP). There are a few features that are unique to these plans. First, there is no wellness care coverage out-of-network. Second, there is no individual deductible or out-of-pocket limit for an employee who has dependent coverage. The aggregate deductible and out-of-pocket limit must be met before benefits are payable or co-insurance no longer applies for any individual family member. Finally, no physician visit co-pay option is available.

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The standard PPO plans as follows:

	Deductible*	Coinsurance (Network/ Non- Network)**	Out-of-Pocket***	Co-pay (Network/ Non-Network)
2-50 Life Groups	\$ 100	90/80	\$ 1,000	\$ 10/0
	200	90/80	1,000	10/0
	300	90/80	2,000	10/0
	200	90/70 ****	1,000	10/0
	300	90/70 ****	2,000	15/0
	500	80/70 ****	2,000	15/0

	Deductible/ (Network/ Non-Networking) *		Coinsurance (Network/ Non- Network)**	Out-of-Pocket (Network/ Non- Network)	Co-pay (Network/ Non-Network)
2-50 Life Groups	\$0	\$3,000	100/80	\$0/ \$6,000	\$20/0
	\$0	\$5,000	100/80	\$0/ \$10,000	\$20/0
	\$500	\$1,000	100/80	\$500/ \$3,000	\$20/0
	\$1,000	\$2,000	100/80	\$1,000/ \$6,000	\$20/0
	\$0	\$3,000	100/70	\$0/ \$6,000	\$20/0
	\$0	\$5,000	100/70	\$0/ \$10,000	\$20/0
	\$500	\$1,000	100/70	\$500/ \$3,000	\$20/0
	\$1,000	\$2,000	100/70	\$1,000/ \$6,000	\$20/0
	\$500	\$1,000	90/70	\$1,500/ \$3,000	\$20/0
	\$1,000	\$2,000	90/70	\$3,000/ \$6,000	\$20/0
	\$500	\$1,000	80/60	\$2,000/ \$4,000	\$20/0
	\$1,000	\$2,000	80/60	\$4,000/ \$8,000	\$20/0

\* Individual deductible shown. Family limit of three deductibles per family for the \$10, \$15 and \$25 copay plans and two deductibles per family for the \$20 copay plans. The deductible applies to all covered charges except Network physician visits for home and office calls (non-hospital Network physician charges).

\*\* The coinsurance percentage for Network non-hospital physician charges is 100% rather than the percentage shown.

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\*\*\* Individual amount shown. Family limit is three times the individual amount for the \$10, \$15 and \$25 copay plans and two times the individual amount for the \$20 copay plans.

\*\*\*\* Non-Network Home Health Care will be paid at 80%.

Note: Non-hospital physician visit co-pays do not apply toward the calendar year deductible or Out-of-Pocket.

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HSA Plans

	<u>Deductible*</u>		<u>Coinsurance</u>	<u>Out-of Pocket**</u>	
	<u>Network</u>	<u>Non- Network</u>		<u>Network</u>	<u>Non-Network</u>
2-50 Life Groups	\$2,000	\$4,000	100/70***	\$2,000	\$8,000
	\$2,500	\$5,000	100/70	\$2,500	\$10,000
	\$3,000	\$6,000	100/70	\$3,000	\$10,000
	\$5,000	\$10,000	100/70	\$5,000	\$15,000
	\$1,500	\$3,000	80/60***	\$3,000	\$6,000
	\$1,500	\$3,000	80/60	\$5,000	\$10,000
	\$2,000	\$4,000	80/60	\$3,000	\$6,000
	\$2,000	\$4,000	80/60	\$5,000	\$10,000
	\$2,500	\$5,000	80/60	\$5,000	\$10,000
	\$3,000	\$6,000	80/60	\$5,000	\$10,000

\* Individual deductible shown. Family limit of two deductibles per family. The deductible applies to all covered charges.

\*\* Individual amount shown. Family is two times the individual amount.

\*\*\* Non-Network Home Health Care will be paid at 75%.

All standard plans have the following features:

1. Covered Charges –

PPO plans out of network, covered charges will either be the actual cost charged to the insured for necessary treatment and care of injury or sickness but only to the extent that such charges do not exceed the prevailing charges. PPO Plans pay in-network benefits per negotiated contractual arrangements. Covered are charges:

- a. by a hospital for room and board (limited to semi-private) and other hospital services,
- b. by a physician for professional service including physician visits, surgery, diagnosis, medical care and treatment, provided the physician is not a member of the insured's immediate family,
- c. for intensive care in a hospital,
- d. for services of legally licensed physiotherapists and graduate registered nurses (only while confined in a Hospital or Skilled Nursing Facility or as specifically provided in the Home Health Care/ Hospice Care provision, or as otherwise required by state law),

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- e. for drugs and medicines requiring a physician's prescription (if PCS is provided, only those covered charges not covered by PCS will be payable),
- f. for surgical dressings, casts, splints, braces, crutches, artificial limbs, artificial eyes, or for rental of a wheelchair, hospital-type bed, or an artificial respirator,
- g. for anesthesia, blood, blood plasma, and oxygen (including rental or equipment for its administration),
- h. for X-ray and laboratory examinations, and X-ray, radium, and radioactive isotope therapy.
- i. For necessary ambulance services,
- j. By a dentist or dental surgeon for repair of damage to the jaw and natural teeth as the direct result and within six months of an accident.

Included as recognized Covered Charges are the following health care services:

- a. routine physical exams,
- b. preventive medicine (flu shots, polio vaccines, and other routine immunizations),
- c. certain nonprescription drugs ordered by a physician if obviously necessary and no other family member can use, such as insulin, syringe, and testape,
- d. prescription (legend) drugs including sales tax (if PCS is provided, only those covered charges not covered by PCS will be payable),
- e. registered physical therapists,
- f. speech therapy where an insured's speech is impaired by an injury or sickness such as a stroke,
- g. birth control pills,
- h. medical expenses in the treatment of drug addiction and alcoholism,
- i. dialysis,
- j. transplants (recipient's expenses),
- k. initial glasses or contact lenses following cataract surgery,
- l. audiograms when performed by a qualified technician
- m. chiropractic treatment within limits

2. Limitations – benefits are not payable for:
- a. medically unnecessary care,
  - b. services provided by a family member,
  - c. dental services, except as described under Covered Charges
  - d. eye examinations for the correction of vision or the fitting of glasses,
  - e. vision materials (frames or lenses) or hearing aids,
  - f. acupuncture or acupressure treatment in excess of \$500 per calendar year
  - g. comfort or convenience services and supplies,
  - h. drugs or medicines that do not require a physician's prescription, vitamins, nutritional supplements, or special diets,
  - i. cosmetic treatment or services
  - j. confinement, treatment, or services that is subject to the Pre-Existing Conditions Restrictions provision,
  - k. confinement, treatment, or service for educational or training problems, learning disorders,
  - l. confinement, treatment, or service for which the insured has no financial liability or that would be provided at no charge in the absence of insurance,
  - m. confinement, treatment, or service paid for or furnished by the United States Government or one of its agencies (except Medicaid),
  - n. confinement, treatment, or service that results from war or act of war,
  - o. confinement, treatment, or service that results from voluntary participation in criminal acts,
  - p. confinement, treatment, or service that results from a sickness that is covered by a Worker' Compensation Act or other similar law,
  - q. confinement, treatment, or service that results from an injury arising out of or in the course of any employment for wage or profit,
  - r. confinement, treatment, or service covered by medical expense insurance issued under an Individual Purchase Rights,

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- s. Treatment or Service rendered and separately billed by employees of hospitals, laboratories or other institutions; or
- t. rest cures, custodial care and transportation; or
- u. Treatment or Service for which benefits are provided for any loss or portion for which mandatory automobile no-fault benefits are recovered or recoverable; or
- v. Treatment or Service for foot care with respect to: corns, calluses, trimming of toenails, flat feet, fallen arches, chronic foot strain, symptomatic complaints of the feet, or casting for orthotics, or any appliance (including orthotics); or
- w. Treatment or Service provided outside the United States, its possessions, or the countries of Canada or Mexico, unless the Insured Person is temporarily outside the United States for a period of six months or less for one of the following reasons:
  - travel, provided the travel is for a reason other than securing health care diagnosis or treatment; or
  - a business assignment; or

Full-Time Student status, provided the Insured Person is either:

- enrolled and attending an accredited school in a foreign country; or
  - is participating in an academic program in a foreign country, for which the institution of higher learning at which the student is enrolled in the U.S. grants academic credit.
- x. wigs or hair prostheses; or
  - y. cryopreservation or storage; or
  - z. behavior modification or group therapy, except as provided for Mental Health or Behavioral, Alcohol or Drug Abuse Treatment Services; or
  - aa. Treatment or Service for smoking cessation or nicotine addiction or gambling addiction or stress management; or
  - bb. Treatment or Service for insertion, removal, or revision of breast implants, unless provided post-mastectomy, or for any sickness or condition for which the insertion of breast implants or the fact of having breast implants within the body, was a contributing factor, unless the sickness or condition occurs post-mastectomy, unless the surgery is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection, or other diseases of the involved part; or
  - cc. charges for telephone calls or telephone consultations or missed appointments; or

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- dd. any nursing services (except as described above under Covered Charges and as required by state law); or
- ee. Treatment or Service related to the restoration of fertility or the promotion of conception (including reversal of voluntary sterilization), except as provided under Infertility Diagnosis and Treatment; or
- ff. Treatment or Service for the purpose of reversal of voluntary sterilization; or
- gg. dietetic counseling, unless provided while the Member or Dependent is Hospital Inpatient Confined, or as provided under Diabetes Treatment and Home Health or Hospice Care; or
- hh. Treatment or Service provided for weight loss or reduction of obesity, including surgical procedures, even if the covered person has other health conditions which might be helped by weight loss or reduction of obesity; or
- ii. routine immunizations and inoculations given as preventive measures against disease (except that benefits will be payable for Children's Preventive and Primary Care Services and Pediatric Vaccines); or
- jj. comprehensive physical examinations or medical diagnostic procedures required by, paid by or reimbursed by the Policyholder.

3. Full Coverage From Birth to Age 26

Provides coverage for all “covered charges” from date of birth to age 26 of a dependent child.

4. Mental and Nervous Disorders –

a. Inpatient Hospital Services

If a member or dependent is confined to a hospital as a registered bed patient due to a Mental or Nervous Disorder, benefits will be payable for charges by the hospital for room, board, and other usual services and for physician visits provided during such confinement.

Benefits will be payable the same as for any other sickness for not more than 30 days of confinement each calendar year for each insured person.

Benefits will be payable for physician visits when provided while the person is hospital confined, only if they occur during the period for which these inpatient hospital benefits are payable.

b. Outpatient Services

If a member or dependent receives treatment or service on an outpatient basis due to a Mental or Nervous Disorder, benefits will be payable for covered charges incurred by such treatment or service.

“Outpatient Services” mean treatment or service (including physician visits), which is provided other than while confined in a hospital as a registered bedpatient, including Outpatient Crisis Intervention Services, services by a licensed psychiatrist or psychologist, and services furnished by a facility operated by, or issued an operating license by, the Office of Mental Health.

Benefits will be payable the same as for any other sickness for at least 30 outpatient visits each year. Reimbursements for early visits shall be at least equal to reimbursements for subsequent visits.

c. Outpatient Crisis Intervention Services

“Outpatient Crisis Intervention Services” consists of at least three psychiatric emergency is an emergency where the person appears to have mental illness for which immediate observation, care, and treatment is appropriate and which is likely to result in serious harm to the person or others, as certified by a licensed mental health provider whose services are covered under the group policy.

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However, benefits provided by this paragraph will be used to reduce benefits otherwise payable under the Inpatient Services and Outpatient Services described above.

Also available upon request are new “ Timothy’s Law” mental health benefits. These benefits include full coverage comparable to the medical coverage under the policy for adults and children with the following illnesses.

Biologically based mental illness is defined as a mental, nervous, or emotional disorder caused by a biological disorder of the brain which results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the illness. Under the law, the following disorder satisfy the definition of biologically based mental illness: schizophrenia/ psychotic disorders; major depression; bipolar disorder; delusional disorders; panic disorder; obsessive compulsive disorders, anorexia and bulimia.

Children with serious emotional disturbances is defined as those person under the age of eighteen years who have a diagnosis of attention deficit disorders, disruptive behavior disorders, or pervasive development disorders and one or more of the following: serious suicidal symptoms or other life-threatening self-destructive behaviors; significant psychotic symptoms (hallucinations, delusion, bizarre behaviors); behavior caused by emotion disturbances that placed the child at risk of causing personal injury or significant property damage; or behavior caused by emotional disturbances that placed the child at substantial risk or removal from the household.

5. Alcohol or Drug Abuse –

a. Inpatient Hospital Services

If a member or dependent is confined to a hospital as a registered bedpatient due to alcoholism or drug abuse, benefits will be payable for charges by the hospital for room, board, and other usual services and for physician visits provided during the confinement.

Benefits will be payable the same as for any other sickness for:

- Seven days of confinement for detoxification; and
- 30 days for confinement for rehabilitative services;

each calendar year for each insured person.

Benefits will be payable for physician visits when provided while the person is hospital confined, only if they occur during the period for which these inpatient hospital benefits are payable.

b. Outpatient Services

If a member or dependent receives treatment or service on an outpatient basis due to alcoholism or drug abuse, benefits will be payable for covered charges incurred for such treatment or service.

“Outpatient Services” mean treatment or service (including physician visits) which is provided other than while confined in a hospital as a registered bedpatient.

Benefits will be payable the same as for any other sickness for not more than 60 visits for each insured person each calendar year (of the 60 visits, up to 20 visits may be used by covered family members, even if the person in need of treatment has not received treatment).

6. Pre-existing Condition Restrictions –

A Preexisting Condition is a condition (whether physical or mental), regardless of the cause of the condition for which medical advice, diagnosis, care, or treatment was recommended or received within the six-month period ending on the effective date of an individual's insurance under the Group Policy. However, pregnancy will not be considered a Preexisting Condition. A congenital sickness or injury of a covered Dependent Child will not be considered a Preexisting Condition. Genetic information will not be considered a Preexisting Condition in the absence of a diagnosis of the condition related to such information.

Exclusion period: Benefits for Treatment or Service of a Member's or Dependent's Preexisting Condition will be excluded for a period of:

- 12 consecutive months after the earlier of:
  - the effective date of the individual's insurance; or
  - the first day of the Waiting Period;for Members or Dependents for whom insurance is requested during the first period in which the individual is eligible to enroll under the Group Policy;
- 12 consecutive months after the effective date of the individual's insurance for Members or Dependents who are Special Enrollees;
- 12 consecutive months after the effective date of the individual's insurance for Members or Dependents who are Late Enrollees.

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The Pre-existing Conditions restrictions will not apply to persons under age 19

In determining whether the Pre-existing Condition restriction applies to a person, credit will be given for his or her satisfaction or partial satisfaction of a similar provision under previous health insurance coverage or employer-provided health benefit arrangement, provided the previous coverage was continuous to a date not more than 60 days prior to the effective date of the person's insurance under this plan. In the case of previous HMO coverage, any waiting period prior to the previous coverage becoming effective must also be credited, provided that the previous coverage was substantially similar to the new coverage.

### 7. Maternity –

The standard Maternity plan is in compliance with the Federal Pregnancy Requirements set forth by the 1978 amendment to the Civil Rights Act. The Amendment requires that pregnancy and related conditions be treated on exactly the same basis as any other sickness. This involves not only the same deductible, coinsurance, and full pay areas, but also equal application of pregnancy restrictions, elimination of “conception while insured” provisions, and removal of any special related Extended Benefits.

Although not a requirement of the Federal legislation, the standard plan includes:

- a) Coverage for all insured females – employees and dependents (including dependent daughters).
- b) Coverage for elective abortions.

### 8. Home Health Care –

Includes covered charges by a Home Health Care Agency for:

- 1) part-time or intermittent home nursing care by or under the supervision of a Registered Nurse,
- 2) part-time or intermittent home care by a Home Health Aide,
- 3) physical, occupational, or speech therapy,
- 4) drugs, medicines, and other supplies prescribed by the attending physician if the cost of these items would have been covered charges had the insured remained as an inpatient in a hospital, and
- 5) laboratory services if the cost of these services would have been covered charges had the insured remained as a inpatient in a hospital.
- 6) In New York, home health care is reimbursed at the greater of the standard benefit percentage or 75%

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The above services and supplies must be provided under the terms of a Home Health Care Plan.

A Home Health Care Plan is defined as the continued treatment of an insured after release from the hospital and confinement but only if it is established in writing by the attending physician within seven days after hospital confinement ends.

The general Comprehensive Medical limitations will apply to Home Health Care. In addition, Comprehensive Medical covered charges will not include charges for:

- 1) services or supplies not included in the Home Health Care plan;
- 2) the services of any person who normally lives in the member or dependent's home;
- 3) custodial care (services or supplies provided to assist a person in daily living – e.g., meals and personally grooming);
- 4) transportation services.
- 5) more than 40 Home Health Care visits in a calendar year. For this purpose, one visit will be counted for up to four hours of service (in a 24-hour period) by a Home health Aide and one visit will be counted for each visit by any other person.

The deductible applicable to Home Health Care will be limited to \$50 per calendar year to comply with New York state requirements. This deductible amount will be applied in place of and separately from the Comprehensive Medical deductible for all other covered charges.

9. Hospice Care –

Charges are covered for Hospice Care Services provided by a Hospice, Hospice Care Team, Hospital, Home Health Care Agency, or Skilled Nursing Facility for:

- a. any sick insured who, in the opinion of the attending physician, has no reasonable prospect of course and is expected to live no longer than six months, and
- b. the family of such insured;

but only to the extent that such Hospice Care Services are provided under the terms of a Hospice Care Program and are billed through the Hospice that manages that program.

Hospice Care Services consist of:

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- a. inpatient and outpatient care, home care, nursing care, counseling, and other supportive services and supplies provided to meet the physical, psychological, spiritual, and social needs of the dying individual; and
- b. drugs and medicines (requiring a physician's prescription) and other supplies prescribed for the dying individual by any physician who is a part of the Hospice care team; and
- c. instructions for care of the patient, counseling, and other supportive services for the family of the dying individual; and
- d. bereavement counseling services, either before or after the individual's death, provided to the family of the terminally ill person.

The general Comprehensive Medical limitations listed in this section will apply to Hospice Care. In addition, Comprehensive Medical Covered Charges will not include Hospice Care charges that:

- 1) exceed an overall maximum of 210 Hospice Care days (beginning with the first day on which Hospice Care is provided); or
- 2) exceed five visits for bereavement counseling services; or
- 3) are for Hospice Care Services not approved by the attending physician and the Company; or
- 4) are for transportation services;
- 5) are for custodial care (services or supplies provided to assist an person in daily living – e.g., meals and personal grooming); or

10. Skilled Nursing Facility –

Room and board and other services are covered, provided:

- a. a physician certifies the need for confinement,
- b. at least three days of hospital confinement preceded the skilled nursing facility confinement,
- c. the skilled nursing facility confinement results from the sickness or injury that was the cause of the hospital confinement, and
- d. the skilled nursing facility confinement begins not later than 14 days after the end of the hospital confinement or not later than 14 days after the end of a prior skilled nursing facility confinement for which benefits were payable.

Covered charges for each day will not be more than 50% of the most frequent semi-private room rate charged by the hospital in which the person was confined before the skilled nursing facility confinement. Also, covered charges will not include charges for more than 120 days for all skilled nursing facility confinements that result from

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the same or related sickness or injury under our standard benefit, and not more than 60 days for all skilled nursing facility confinements that result from the same or related sickness or injury if our 2006 Policy form benefit reduction is chosen.

### 11. Extended Benefit Provision –

Benefits will be payable for treatment or service received by a member or dependent within 12 months after the group policy is terminated, or three months after the individual terminates the policy under our standard benefit, or benefits will be payable for treatment or service received by a member or dependent for a hospital stay or surgery within 31 days after the group policy is terminated or three months after the individual terminates the policy if our 2006 policy form benefit reduction is chosen, provided that:

- a. the member (other than a retired member) or the dependant has been disabled (or a retired member has been in a period of limited activity) from the date insurance ceased until the date of treatment or service; and
- b. the member or dependant would have qualified for benefit payment if insurance had remained in force; and
- c. the sickness or injury for which the member or dependent receives treatment or service was diagnosed by a physician on or before the date insurance ceased.

However, no benefits will be payable for treatment or service received on or after the member or dependent becomes eligible for other group medical expense coverage. Also, extended benefits will not apply to insurance, which terminates because the member or dependent transfers to an HMO.

If the replaced plan did not provide extended benefits upon policy termination, our plan will also be written without extended benefits upon policy termination where not prohibited by state law. If the replaced plan did provide extended benefits upon policy termination, our standard extended benefits as described above, will apply regardless of what extended benefits the replaced plan provided.

### 12. Deductible and Coinsurance Credit on Replacement of a Prior Plan –

Credit of portion of the deductible is allowed during the first year on any replaced medical plan, provided the deductible is on a calendar year or policy year basis. Under the credit, covered charges incurred toward the deductible of the previous carrier will be recognized toward satisfaction of our deductible during the remainder of the year. This avoids making the member or dependent satisfy more than one deductible in a calendar year due to change carrier.

Further, coinsured covered charges incurred under the prior carrier plan but within the calendar year of carrier change are counted toward our maximum coinsurance liability. This is true with either a per member or dependent or per family stop loss/out-of-pocket provision, provided both the prior plan and our replacement plan contain one or the other of these limits on member and dependent coinsurance liability.

13. Health Info Line –

Health Info Line (HIL) is benefit which combines three cost-saving tools into one convenient service; Hospital Pre-Admission Authorization, Benefit Advice, and Pretreatment Review or Presurgery Review

a. Hospital Pre-Admission Authorization

Before patients enter the hospital on a nonemergency basis, they ask their physicians to submit treatment proposals to Nippon's contracted staff of registered nurses and physicians. If an emergency occurs, the insured is asked to have the same data submitted within two working days following admission. Either way, Nippon's contracted personnel reviews each case to determine if the patient needs the amount of hospital time requested.

If the requirements for Health Info Line, Same Day Surgery, Second Surgical Opinion, Presurgery, or Pretreatment Review are not met, the normal deductible, coinsurance, and out-of-pocket provisions apply. The benefit payment is then reduced 25%. The 25% benefit penalty does not count toward the satisfaction of the out-of-pocket limit of \$2,000 per claimant per calendar year.

If days are not approved as medically necessary, benefits are not payable for those days.

Appeals may be directed to Nippon contracted staff.

b. Benefit Advice

Supplies employees with the facts they need to make well-informed, cost-effective health care decisions. Nippon's contracted registered nurses provide a wealth of information on health care options and benefit plan coverages. They can answer employee questions on such topics as outpatient surgery, generic drugs, health care alternatives, health care providers, treatment costs, and plan coverages.

c. Pre-treatment Review

When a physician recommends treatment for certain conditions, the insured, a family member, or doctor needs to call Health Info Line providing basic information. Nippon's contracted staff of medical professionals will review the treatment with the doctor and determine if benefits are available for the treatment. Then they will let the patient know. The insured and the doctor will also receive a letter confirming the treatment plan.

If Health Info Line is not called, the benefits payable may be reduced 25% of the hospital, surgical, and anesthesia charges, unless it is demonstrated that a medical emergency existed and the surgery could not be delayed for the time necessary for a review to take place.

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The 25% benefit penalty will not count toward the satisfaction of the deductible or coinsurance limits. Also, the benefit penalty maximum is \$2,000 per individual per calendar year in addition to deductible and coinsurance limits.

### d. Presurgery Review

In states where Pretreatment Review has not been approved, Presurgery Review will be included in its place. When a physician recommends certain listed nonemergency surgeries, the insured needs to call the Health Info Line toll-free number providing some basic information. Nippon's contracted staff of medical professionals will review the need for surgery with the doctor and determine whether a second opinion is required. Then they will let the patient know whether to seek a second opinion. The plan pays 100% (no deductible applies) of the consultant's fee for a required second opinion (and third opinion if desired).

If Health Info Line is not called or a required second opinion not obtained, the Comprehensive Medical benefits payable will be reduced 25% of the hospital, surgical, and anesthesia charges, unless it is demonstrated that a medical emergency existed and the surgery could not be delayed for the time necessary to obtain a second opinion.

The 25% benefit penalty will not count toward the satisfaction of the deductible or coinsurance limits. Also, the benefit penalty maximum is \$2,000 per individual per calendar year in addition to deductible and coinsurance limits.

## 14. Variance –

### a. Prescription Drugs Exclusion

Excludes as covered charges any medicines and drugs covered under a separate plan such as Pharmaceutical Card System, Inc. (PCS). Those drugs not covered by PCS would still be an eligible covered charge under the Comprehensive Medical Plan. The PCS plan does not include contraceptive coverage. Note that the rate credit for this variance is to be paid to the Comprehensive Medical rate, rather than to the rate for the Prescription Drug coverage.

### b. Reimbursement at the 90<sup>th</sup> percentile

An option is available of reimbursement not to exceed prevailing charges screened at the 90<sup>th</sup> percentile.

### c. \$250 per inpatient day rate

An option is available for \$250 per inpatient day co-pay on some of our PPO plans.

### d. \$1000 per inpatient admission rate

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An option is available for a \$1000 per inpatient admission rate.

- e. Full coverage comparable to the medical coverage of biologically based mental illness.

An option is available for full coverage of biologically based mental illness.

- f. Full coverage comparable to the medical coverage of children with serious emotional disturbances.

An option is available for full coverage of children with severe emotional disturbances.

- g. Make Available Option under S.6030.

An option is available to extend dependent coverage through age 29 under S.6030.

- h. Extension of Dependent Coverage to Age 26.

If the Make Available Option, under New York Law S.6030, is not chosen, the plan must extend dependent coverage to age 26, under Patient Protection and Affordable Care Act (PPACA).

- i. Remove Preventive Care Cost Sharing.

A required coverage, under PPACA, to remove all cost sharing for preventive benefits from non-grandfathered plans.

- j. Extension of Mini-COBRA.

A required coverage, under New York Thirty-six Month State Continuation Benefit Required by Chapter 236 of the laws of 2009, to extend the period of continuation coverage to 36 months.

## II. Rates

See pages D13 – D16.

## CALCULATION OF MEDICAL RATES

1. Determine the base rate from Table A.
2. Determine the PCS exclusion rate from Table A for member, spouse, and child for desired plan, if applicable.
3. Subtract the PCS exclusion rate from the base rate, if applicable.
4. Determine the 90<sup>th</sup> percentile reimbursement rate from Table A for member, spouse, and child for desired plan, if applicable.
5. Add the 90<sup>th</sup> percentile reimbursement rate to the base rate, if applicable.
6. Determine the \$1000 per inpatient admission rate from Table A for member, spouse and child for desired plan, if applicable.
7. Add the \$1000 per inpatient admission rate, if applicable.
8. Determine the full coverage of biologically based mental illness rate from Table B.
9. Add the full coverage of biologically based mental illness rate, if applicable.
10. Determine the full coverage of children with severe emotional disturbances rate from Table B.
11. Add the full coverage of children with severe emotional disturbances, if applicable.
12. Determine the rate load for the Make Available Option under S.6030 from Table C.
13. Multiply the base rate by the Make Available Option rate load.
14. Determine the rate load for the Extension of Dependent Coverage to Age 26 Factor from Table C.
15. Multiply the base rate by the Extension of Dependent Coverage to Age 26 Factor.
16. Determine the rate load for the Remove Preventive Care Cost Sharing Factor for non-grandfathered plans from Table C.
17. Multiply the base rate by the Remove Preventive Care Cost Sharing Factor.
18. Determine the rate load for the Extension of Mini-COBRA Factor from Table C.
19. Multiply the base rate by the Extension of Mini-COBRA Factor.
20. Determine the Area Factor from Table D and Section Z. A weighted average area factor would be calculated for the entire group based on the number of employees who work in each area.

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21. Determine the Network Discount Factor from Table E.
22. Determine the Effective Date Adjustment Factor by using  $[1+(.0080)X]$  where X is the number of complete months elapsed since January 1, 2012 as of the date of issue through December 31, 2012.
- Employer's rates are guaranteed for 12 months using the Effective Date adjustment Factor in effect on their policy anniversary.
23. The Experience Adjustment Factor reflects actual experience on the Nippon Life Insurance Company of America New York Community Rated block.

Experience Adjustment Factor	3.802
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24. Multiply the rates from Line 19 by the Area Factor, Network Discount Factor, the Effective Date Adjustment Factor, and the Experience Adjustment Factor to produce the final rates.

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TABLE A

Basic Rates for Cases with 2 to 50 Covered Lives Effective 10/1/2007

<u>Deductible</u>		<u>Coinsurance</u>		<u>Out of Pocket</u>		<u>Co-pay</u>		<u>Base</u>	<u>PCS</u>	90th Percentile Reimburse ment Addition	
<u>In</u> <u>Network</u>	<u>Out of</u> <u>Network</u>	<u>Rates</u>	<u>Deduction</u>								
\$100		90%/ 10%	80%/ 20%	\$1,000		\$10	\$0	Member	210.49	14.68	5.37
\$200 Per Out of Network								Spouse	247.98	18.34	6.30
Hospital Admission								Child	201.07	14.85	5.19
\$200		90%/ 10%	80%/ 20%	\$1,000		\$10	\$0	Member	209.99	14.40	5.35
\$200 Per Out of Network								Spouse	247.81	17.80	6.29
Hospital Admission								Child	198.44	13.87	5.12
\$300		90%/ 10%	80%/ 20%	\$2,000		\$10	\$0	Member	199.39	13.63	5.08
\$200 Per Out of Network								Spouse	234.95	17.00	5.97
Hospital Admission								Child	188.00	12.72	4.89
\$200		90%/ 10%	70%/ 30%	\$1,000		\$10	\$0	Member	206.94	12.35	5.28
\$200 Per Out of Network								Spouse	244.48	15.26	6.22
Hospital Admission								Child	194.66	11.82	5.02
\$300		90%/ 10%	70%/ 30%	\$2,000		\$15	\$0	Member	195.19	11.67	4.97
\$200 Per Out of Network								Spouse	229.97	14.51	5.84
Hospital Admission								Child	181.71	10.84	4.69
\$500	\$1,000	90%/ 10%	70%/ 30%	\$1,500	\$3,000	\$20	\$0	Member	179.68	12.32	4.58
\$200 Per Out of Network								Spouse	211.62	15.20	5.37
Hospital Admission								Child	182.14	12.58	4.65
\$1,000	\$2,000	90%/ 10%	70%/ 30%	\$3,000	\$6,000	\$20	\$0	Member	161.83	11.10	4.12
\$200 Per Out of Network								Spouse	190.64	13.69	4.84
Hospital Admission								Child	160.80	11.22	4.14
\$500		80%/ 20%	70%/ 30%	\$2,000		\$15	\$0	Member	189.82	11.09	3.86
\$200 Per Out of Network								Spouse	223.00	13.77	4.52
Hospital Admission								Child	170.91	9.30	3.53
\$500	\$1,000	80%/ 20%	60%/ 40%	\$2,000	\$4,000	\$20	\$0	Member	171.41	11.75	4.37
\$200 Per Out of Network								Spouse	200.38	14.40	5.09
Hospital Admission								Child	166.22	11.61	4.29
\$1,000	\$2,000	80%/ 20%	60%/ 40%	\$4,000	\$8,000	\$20	\$0	Member	150.02	10.29	3.82
\$200 Per Out of Network								Spouse	175.56	12.61	4.46
Hospital Admission								Child	145.42	10.16	3.75

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Basic Rates for Cases with 2 to 50 Covered Lives Effective 10/1/2007

<u>Deductible</u>		<u>Coinsurance</u>		<u>Out of Pocket</u>		<u>Co-pay</u>			<u>Base</u>	<u>PCS</u>	<u>\$1,000</u>
<u>In</u>	<u>Out of</u>	<u>In</u>	<u>Out of</u>	<u>In</u>	<u>Out of</u>	<u>In</u>	<u>Out of</u>		<u>Rates</u>	<u>Deduction</u>	<u>Per</u>
<u>Network</u>	<u>Network</u>	<u>Network</u>	<u>Network</u>	<u>Network</u>	<u>Network</u>	<u>Network</u>	<u>Network</u>				<u>admission</u>
\$0	\$3,000	100%/ 0%	70%/ 30%	\$0	\$6,000	\$20	\$0	Member	189.90	13.02	-2.16
								Spouse	223.45	16.06	-2.54
								Child	191.12	13.33	-2.20
\$0	\$5,000	100%/ 0%	70%/ 30%	\$0	\$10,000	\$20	\$0	Member	184.02	12.62	-2.10
								Spouse	215.92	15.51	-2.46
								Child	184.88	12.90	-2.14
\$500	\$1,000	100%/0%	70%/ 30%	\$500	\$3,000	\$20	\$0	Member	182.24	12.50	-2.08
								Spouse	215.94	15.52	-2.46
								Child	184.91	13.05	-2.15
\$1,000	\$2,000	100%/0%	70%/ 30%	\$1,000	\$6,000	\$20	\$0	Member	166.96	11.45	-1.91
								Spouse	197.54	14.19	-2.25
								Child	169.53	11.82	-1.96
\$0	\$3,000	100%/ 0%	80%/ 20%	\$0	\$6,000	\$20	\$0	Member	191.42	13.13	-2.18
								Spouse	225.63	16.21	-2.57
								Child	193.45	13.49	-2.23
\$0	\$5,000	100%/0%	80%/ 20%	\$0	\$10,000	\$20	\$0	Member	186.12	12.77	-2.13
								Spouse	218.31	15.69	-2.49
								Child	187.69	13.10	-2.16
\$500	\$1,000	100%/0%	80%/ 20%	\$500	\$3,000	\$20	\$0	Member	184.41	12.64	-2.11
								Spouse	218.75	15.72	-2.49
								Child	190.54	13.29	-2.19
\$1,000	\$2,000	100%/0%	80%/ 20%	\$1,000	\$6,000	\$20	\$0	Member	169.40	11.61	-1.93
								Spouse	200.71	14.42	-2.29
								Child	172.55	12.04	-1.99

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High Deductible HSA Compatible Health Plans

<u>Deductible</u>		<u>Coinsurance</u>		<u>Out of Pocket</u>		<u>Co-pay</u>			<u>Base Rates</u>
<u>In Network</u>	<u>Out of Network</u>	<u>In Network</u>	<u>Out of Network</u>	<u>In Network</u>	<u>Out of Network</u>	<u>In Network</u>	<u>Out of Network</u>		
\$2,000	\$4,000	100%/ 0%	70%/ 30%	\$2,000	\$8,000	N/A	N/A	Member	126.31
								Member+Spouse	263.84
								Member+Child	214.59
								Family	372.13
\$2,500	\$5,000	100%/ 0%	70%/ 30%	\$2,500	\$10,000	N/A	N/A	Member	116.51
								Member+Spouse	237.82
								Member+Child	193.53
								Family	336.09
\$3,000	\$6,000	100%/ 0%	70%/ 30%	\$3,000	\$10,000	N/A	N/A	Member	111.66
								Member+Spouse	223.01
								Member+Child	181.88
								Family	316.59
\$5,000	\$10,000	100%/0%	80%/ 10%	\$5,000	\$15,000	N/A	N/A	Member	95.77
								Member+Spouse	172.16
								Member+Child	142.56
								Family	250.40
\$1,500	\$3,000	80%/ 20%	60%/ 40%	\$3,000	\$6,000	N/A	N/A	Member	117.75
								Member+Spouse	242.31
								Member+Child	197.70
								Family	341.93
\$1,500	\$3,000	80%/ 20%	60%/ 40%	\$5,000	\$10,000	N/A	N/A	Member	108.23
								Member+Spouse	224.80
								Member+Child	184.32
								Family	316.64
\$2,000	\$4,000	80%/ 20%	60%/ 40%	\$3,000	\$6,000	N/A	N/A	Member	116.87
								Member+Spouse	234.69
								Member+Child	191.17
								Family	332.96
\$2,000	\$4,000	80%/ 20%	60%/ 40%	\$5,000	\$10,000	N/A	N/A	Member	104.84
								Member+Spouse	212.41
								Member+Child	173.89
								Family	300.64
\$2,500	\$5,000	80%/ 20%	60%/ 40%	\$5,000	\$10,000	N/A	N/A	Member	99.49
								Member+Spouse	196.79
								Member+Child	161.06
								Family	279.19
\$3,000	\$6,000	80%/ 20%	60%/ 40%	\$5,000	\$10,000	N/A	N/A	Member	97.11
								Member+Spouse	188.01
								Member+Child	154.09
								Family	267.82

Table B  
Timothy's Law Must Offer Benefits

		<u>PPO</u>		<u>HSA</u> <u>Compatible</u>
Full coverage of Biologically Based Conditions	Member	\$0.20	Member	\$0.10
	Spouse	\$0.20	Member + Spouse	\$0.20
	Child	\$0.32	Member + Child	\$0.20
			Family	\$0.36
Full coverage of severe emotional disturbances in children	Member	\$0.00	Member	\$0.00
	Spouse	\$0.00	Member + Spouse	\$0.00
	Child	\$0.32	Member + Child	\$0.16
			Family	\$0.16

Table C

Rate adjustment for Make Available Option

Make Available Option under S.6030 1.00%

Extension of Dependent Coverage to Age 26 Factor

If the Make Available Option, under New York Law S.6030, is not chosen, a 0.7% load to extend dependent coverage to age 26, under Patient Protection and Affordable Care Act (PPACA).

Remove Preventive Care Cost Sharing Factor

There is a 0.5% load remove all cost sharing for preventive benefits for non-grandfathered copay plans, and a 1.0% load for non-grandfathered non-copay plans under PPACA.

Extension of Mini-COBRA Factor

There is a 0.25% load to extend the period of continuation coverage to 36 months, under New York Thirty-six Month State Continuation Benefit Required by Chapter 236 of the laws of 2009.

Table D  
Area Factor

<u>Locality</u> <u>Code</u>	<u>County</u>	<u>County</u> <u>Name</u>	<u>Medical/Rx</u> <u>Area Factor</u>
3601	003	Bronx	1.26
3601	024	Kings	1.26
3601	030	Nassau	1.26
3601	031	New York	1.26
3601	041	Queens	1.26
3608	043	Richmond	1.23
3602	044	Rockland	1.23
3602	052	Suffolk	1.23
3698	060	Westchester	1.23

Multiply the above Area Factors by a Demographic Adjustment Factor of 1.15 to arrive the final Area Factor to be used in rate calculation.

If an employer domiciled in one of the nine counties above has employees who work outside of those nine counties, please use the area factors in Section Z for those employees. An average area factor would then be calculated for the entire group based on the number of employees who work in each area.

Table E

Network Discount Factor

PPO Plans

<u>Network</u>	<u>Discount</u>
ASA	.67
MagnaCare	.68
Multiplan	.75
PHCS PPO	.80
*PHCS Open Access	.73

\* Available only with the 90/ 70 coinsurance plans

Indemnity Plans

<u>Network</u>	<u>Discount</u>
Multiplan	.90

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Example Rates Calculations

		<u>Plan I</u>	<u>Plan II</u>
	Deductible	\$200	\$200
	In Network Coinsurance	90/10%	90/10%
	Out of Network Coinsurance	80/20%	80/20%
	Out-of-Pocket	\$1,000	\$1,000
	In Network Copay	\$10	\$10
	Rx	No PCS	PCS
1. Base Rate	Member	209.99	209.99
	Spouse	247.81	247.81
	Child	198.44	198.44
2. PCS Exclusion	Member	N/A	14.40
	Spouse	N/A	17.80
	Child	N/A	13.87
3. 90 <sup>th</sup> Percentile Reimbursement	Member	N/A	N/A
	Spouse	N/A	N/A
	Child	N/A	N/A
4. Biologically Based Mental Illness	Member	N/A	N/A
	Spouse	N/A	N/A
	Child	N/A	N/A
5. Emotional Disturbance in Children	Member	N/A	N/A
	Spouse	N/A	N/A
	Child	N/A	N/A
6. Make Available Option		1.01	1.01
7. Extension of Dependent Coverage to Age 26		N/A	N/A
8. Remove Preventive Care Cost Sharing	(Non-grandfathered plan)	1.005	1.005
9. Extension of Mini-COBRA Factor	(Effective 11/1/2010)	1.0025	1.0025
10. Base Rate - PCS Exclusion	Member	213.68	199.03
	Spouse	252.17	234.06
	Child	201.93	187.82
11. Network Discount Factor	(ASA Network)	0.67	0.67
12. Area Factors	New York (10000-10292)	1.4490	1.4490
13. Effective Date	Adjust Factor 1/1/12	1.000	1.000
14. Experience Adjustment Factor		3.802	3.802
15. Final Rates	Member*	788.69	734.60**
	Spouse	930.73	863.88**
	Child	745.31	693.21**

\* The Employee rate will be charged for the Young Adult Option extend depended coverage through age 29 under law S.6030

\*\*PCS rate must be added to these rates to obtain total medical rates.

## **PART 2 – PRESCRIPTION DRUG**

### **BENEFIT DESCRIPTION**

**Prescription Drugs Expense Insurance** is a supplemental medical expense benefit that can only be written with Medical Insurance. It normally provides full payment for Prescription Drugs after a deductible for each prescription.

Prescription Drugs Expense Insurance replaces most of the drug benefit under the Medical coverage. Those drugs not covered by PCS would still be an eligible covered charge under Medical. A variance giving some Medical plan credit for the addition of Prescription Drugs Expense Insurance is found in Part 1 of this section (Section D) of the rate manual.

Prescription Drugs Expense Insurance is available to all eligible active members under age 65.

For members 65 and over, Prescription Drugs Expense Insurance is available only to active members provided they are also insured for Medical benefits where both coverages are provided. Retired members are not eligible for Prescription Drugs Expense Insurance but still have coverage for Prescription Drugs under the Medical coverage.

All claims are paid by a third party, PCS, Inc. of Scottsdale, AZ.

Prescription Drugs Expense Insurance covered charges are reimbursable if the prescription is filled by a “RECAP Member” pharmacy or by a “Non-Member” pharmacy.

A “RECAP Member” pharmacy is defined as a pharmacy that has entered into a participating contract with PCS. These pharmacies have a PCS RECAP sign or logo indicating their participation in the pharmacy network.

A “Non-Member” pharmacy is defined as a pharmacy that has not entered into a participating contract with PCS.

It is in the member’s best interest to seek out a “RECAP Member” pharmacy to guarantee that the full cost of the drug in excess of the deductible will be covered.

When prescriptions are filed at a “Non-Member” pharmacy, the member pays the total cost billed by the pharmacist. The member then has to obtain a Prescription Drugs Expense Insurance claim form from the employer. The pharmacist completes one part of the form while the member completes the other part of the form. The form is mailed to PCS for reimbursement. PCS screens these claims using “usual and customary” guidelines. The potential disadvantage to the member is that the pharmacist may mark-up the drug more than “usual and customary” allows for. In that event, the member will have to pay more.

PCS pays all claims to pharmacists or members. In turn, Nippon Life Insurance Company of America reimburses PCS.

Prescription Drugs Expense Insurance coverage is designed to provide payments for insulin, medicine, or drugs which require a physician’s prescription (legend drugs) and are essential for treatment of injury or disease. “Prescription Legend Drugs” means any

medicinal substance, the label of which under the Federal Food, Drug and Cosmetic Act, is required to bear the legend, "Caution: Federal Law prohibits dispensing without a prescription."

Each prescription and each refill shall not exceed a 34-day supply or a 100-unit dose.

The prescription drug plan offered includes contraceptive coverage.

Coverage charges **exclude** the following:

1. Medicine or drugs dispensed by a hospital, rest home, skilled nursing facility, convalescent hospital, nursing home, or similar institution during a member's confinement there.
2. Non-legend drugs (including allergens), patent or proprietary medicines or drugs not requiring a prescription (other than injectable insulin), or charges for the administration or injection of any medicine or drug.
3. Any medicine or drug prescribed due to sickness covered by a Workers' Compensation Act or similar legislation, due to injury arising out of or in the course of any employment for wage or profit.
4. Any medicine or drug compensated for or furnished by the United States Government or any Agency thereof unless in the absence of insurance, there is a legal obligation for the member to pay for such medicines or drugs.
5. Any medicine or drug labeled "Caution – Limited by Federal Law to investigational use," or any experimental drug, even though a charge is made.
6. Immunization agents, biological sera, blood or blood plasma, injectable, or any prescription directing parenteral (human injection) administration or use (other than insulin), vitamins, vitamin prescriptions (other than legend vitamins).
7. Any prescription refilled in excess of the number specified by the physician or for any refill dispensed after one year from the physician's original order.
8. Drugs or medicines covered by medical expense insured under the Individual Purchase Rights
9. Any medicine or drug delivered or administered by the prescriber.
10. Drugs or medicines that are not for medically necessary care.
11. Drugs or medicine prescribed or dispensed by a person in the member's immediate family.
12. Drugs or medicines that would be provided at no charge in the absence of insurance.
13. Drugs or medicines provided as the result of a sickness or injury that is due to voluntary participation in criminal activities.

14. Tretinoin.
15. Cosmetic, and health and beauty aids.
16. Drugs or medicines that are Experimental or Investigational. (The denial of any claim on the basis of the exclusion of coverage for Experimental or Investigational drugs or medicines may be appealed through the procedure prescribed in the notice of that claim decision.)
17. DSEI drugs (drugs determined by the Food and Drug Administration as lacking in substantial evidence of effectiveness).
18. Drugs or medicines prescribed for treatment leading to, in connection with or resulting from sexual transformation or intersex surgery.
19. Herbal supplements.

The plans offered have a \$5/\$10 Generic/Non-Generic (brand name) and \$10/\$15/\$25 Generic/Preferred Brand Name/Non-Preferred Brand Name per prescription deductible. 100% coverage is provided above the deductible. The lower deductible for generic drugs is an incentive to encourage members to purchase lower cost generic drugs.

**Maximum Allowable Cost (MAC)** is included in the plan offered. MAC is the highest unit price a plan will pay for a select group of generic drugs. These drugs can be purchased by the pharmacist at a price less than is allowable on the MAC listing. We offer two MAC plan options, MAC A and MAC B. Under MAC A, the pharmacist is not reimbursed for the difference between the actual cost and the MAC listing price whether or not the doctor requires a brand name drug be dispensed. Under MAC B, the pharmacist is not reimbursed for the difference between the actual cost and the MAC listing price only if the insured voluntarily opts for the brand name drug. The pharmacist will be reimbursed for the difference in cost, however, if the doctor requires the brand name drug dispensed.

**Mail Order Maintenance Drugs (MOMD)** is a supplemental medical expense benefit that allows members who take one or more maintenance medications a convenient, inexpensive way to order medications and have them delivered directly to their home. The benefits provide full payment after a \$10/\$20 Generic/Non-Generic (brand name) and \$20/\$30/\$50 Generic/Preferred Brand Name/Non-Preferred Brand Name per prescription deductible.

Maintenance drugs and medications are those taken on a regular or long term basis to treat such conditions as high blood pressure, ulcers, arthritis, heart or thyroid conditions, emphysema, diabetes, etc.

Benefit payment is restricted to:

1. prescribed maintenance medications which are necessary to treat a chronic or long term sickness or injury and that can be legally dispensed only upon the written prescription of a physician,
2. a 90 day supply for each prescription and each refill, and
3. prescription which are filled through the contracted firm.

**PCS RATE CALCULATION**

I. Basic Rates\*

MAC A

Retail	\$5/\$10	\$10/\$15/\$25	\$10/\$20/\$35	\$15/\$30/\$50
Mail Order	\$10/\$20	\$20/\$30/\$50	\$20/\$40/\$70	\$30/\$60/\$100
Employee	12.31	9.96	9.19	7.82
Spouse	15.26	12.34	11.39	9.69
Children	10.35	8.37	7.73	6.58

MAC B

Retail	\$5/\$10	\$10/\$15/\$25	\$10/\$20/\$35	\$15/\$30/\$50
Mail Order	\$10/\$20	\$20/\$30/\$50	\$20/\$40/\$70	\$30/\$60/\$100
Employee	13.68	10.48	9.67	8.23
Spouse	16.96	12.99	11.99	10.20
Children	11.50	8.81	8.13	6.93

\*Notes:

Extension of Dependent Coverage to Age 26 Factor

If the Make Available Option, under New York Law S.6030, is not chosen, a 0.7% load to extend dependent coverage to age 26, under Patient Protection and Affordable Care Act (PPACA).

Extension of Mini-COBRA Factor

There is a 0.25% load to extend the period of continuation coverage to 36 months, under New York Thirty-six Month State Continuation Benefit Required by Chapter 236 of the laws of 2009.

II. Calculation of PCS Rates

A. Calculation of Gross Monthly Rate

1. The basic rates for the employee, spouse and child are shown on page D-20.
2. Determine the rate load for the Extension of Dependent Coverage to Age 26 Factor on page D-20.
3. Multiply the base rate by the Extension of Dependent Coverage to Age 26 Factor.
4. Determine the rate load for the Extension of Mini-COBRA Factor on page D-20.
5. Multiply the base rate by the Extension of Mini-COBRA Factor.
6. Determine the PCS area factor from the Area Factors table on page D-15 and Section Z. A weighted average area factor would be calculated for the entire group based on the number of employees who work in each area.
7. Determine the Effective Date Adjustment Factor by using  $[1+(.0080)X]$  where  
  
X is the number of complete months elapsed since January 1, 2012 as of the date of issue through December 31, 2012.
8. The Experience Adjustment Factor reflects actual experience on the Nippon Life Insurance Company of America New York Community Rated block.  
  
Experience Adjustment Factor                      3.802
9. Multiply the rates from line 6 by the Area Factor, the Effective Date Adjustment Factor, and the Experience Factor to produce the final rates.

**Appendix 1**

Information Required Pursuant to Addendum 3 of Circular Letter 1993-1 - Comparative Premium Rate Information for Small Group Health Insurance Preface to Section D of Rate Manual

	Plan A	Plan B
Coverage		
Deductible		
Individual	\$200	\$500
Family	\$600	\$1,500
Coinsurance		
Network	90/10	80/20
Non-Network	80/20	70/30
Physician Visit Copay		
Network	\$10	\$15
Non-Network	\$0	\$0
Out-of-Pocket		
Individual	\$1,000	\$2,000
Family	\$3,000	\$6,000
Drugs	Included in a separate PCS program	Included in a separate PCS program
Reimbursement Level	80%	70%
Network	ASA	ASA
<u>Drug Rates with Oral Contraceptives @ 1/1/2012</u>		
Bronx, Kings, Nassau, New York, Queens		
Employee	75.55	75.55
Spouse	93.66	93.66
Child	63.51	63.51
Richmond, Rockland, Suffolk, Westchester		
Employee	73.75	73.75
Spouse	91.43	91.43
Child	62.00	62.00
<u>Total Rate @ 7/1/2011</u>		
Bronx, Kings, Nassau, New York, Queens		
Employee	864.23	788.48
Spouse	1,024.39	931.21
Child	808.82	705.42
Richmond, Rockland, Suffolk, Westchester		
Employee	843.66	769.71
Spouse	1,000.00	909.04
Child	789.56	688.62

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Notes:

Rate for Employee/Spouse coverage is calculated by adding Employee and Spouse rates shown above.

Rate for Employee/Child(ren) coverage is calculated by adding the Employee and Child rates shown above.

Rate for Employee/Spouse/Child(ren) coverage is calculated by adding Employee, Spouse and Child(ren) rates shown above.

Plan A is expected to be the most commonly sold PPO Plan

Plan B is a PPO and is expected to be the most commonly sold low cost plan

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**Appendix 2**

**A. New York Small Group Schedule of Commissions**

Effective July 1, 2011 the broker commissions for new business sales with 50 or less eligible employees will be paid in accordance with the schedule below.

Please contact your local Nippon Life Benefits representative for more information about our product portfolio and commission.

Medical/Rx/Vision

Annual Premium	Commission Percentage
All Premium	<b>1.0%</b>

Dental

Annual Premium	Commission Percentage
For the first \$ 50,000	<b>8.0%</b>
For the next \$ 50,000	<b>6.0%</b>
Over \$100,000	<b>3.0%</b>

Life/STD/LTD

Annual Premium	Commission Percentage
All	<b>15.0%</b>

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**B. New York Small Group Schedule of Commissions**

Effective between January 1, 2007 and March 31, 2011, the broker commissions for new business sales with 50 or less eligible employees will be paid in accordance with the schedule below.

Please contact your local Nippon Life Benefits representative for more information about our product portfolio and commission.

Medical/Rx/Vision

Annual Premium	Commission Percentage
For the first \$ 100,000	5.0%
For the next \$ 400,000	4.0%
Over \$ 500,000	2.0%

Dental

Annual Premium	Commission Percentage
For the first \$ 50,000	8.0%
For the next \$ 50,000	6.0%
Over \$100,000	3.0%

Life/STD/LTD

Annual Premium	Commission Percentage
All	15.0%

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**B. 2010 Persistence Incentive Plan for the following Categories of Group Life/Health Business:**

1. New York Community Rated cases effective prior to January 1, 2007 are eligible for a persistence incentive bonus.

The number of covered employee lives is determined as of the most recent policy anniversary date.

**Overview**

NLIA's incentive plan is focused on persistence. Payments are based on two calculations, as follows:

*Basic Persistence Incentive*

An incentive payment is calculated, if persistence is 70% or better and the agent or broker satisfies certain additional requirements. The incentive is a percentage of the producer's total billed Non-Participating Group Life/Health premium during the prior calendar year, using a schedule that increases with higher persistence. There is no minimum premium requirement.

*Supplementary Persistence Incentive*

If the agent or broker qualifies for the Basic Persistence Incentive, and has billed Non-Participating Group Life/Health premiums of \$250,000 or more, an additional incentive payment is calculated based on total calendar year billed Non-Participating Group Life/Health premium.

The basic approach for the incentive plan is that premium that stays with NLIA for longer period of time has a greater value to the Company.

**Qualification Requirements**

For a *Basic Persistence Incentive*, an agent or broker must meet both of the following qualifications:

Qualification 1

A persistence percentage of 70% or better. The persistence is calculated as the ratio of

Annualized December 2009 premium for Pooled Group Life/Health policies still in force on 12/31/10  
Annualized December 2009 premium for Pooled Group Life/Health policies in force on 12/31/09

Note: An agent or broker, during his or her first calendar year appointed with NLIA, will be assumed to have a persistence percentage of 85%.

Qualification 2

Satisfy at least 2 of the following, as of 12/31/10

- 10% or more of premium is from NLIA Life, Disability, Dental or Vision Care products. This includes all Pooled as well as Regular Group premium.
- 20% or more of premium is non-community rated Pooled Group Medical premium.
- At least \$250,000 and/or 5 Non-Participating Group Medical cases in force with NLIA.

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Policies replaced by insurers with whom NLIA or NLI Agency has a marketing agreement in force at the time of the replacement will no be treated as lapsed in the year the policy is replaced for purposes of satisfying qualification requirements and calculating incentive payments. In subsequent years these replaced will not qualify for the Persistency Incentive Plan.

Except where there is a replacement by an insurer with whom NLIA or NLI Agency has a marketing agreement, a policy that terminates during 2010 will be deemed terminated for the entire year and no premium received for that policy will be considered for purposes of the Persistency Incentive Plan.

Qualification Requirements: (continued)

For a *Supplementary Persistency Incentive*. If an agent or broker must meet both of the following qualification s:

Qualification 1

Qualify for the Basic Persistency Incentive. If an agent or broker does not qualify for the Basis Persistency Incentive, he or she will not be eligible to receive a Supplementary Persistency Incentive.

Qualification 2

Have a minimum of \$250,000 of billed Non-Participating Group Life/Health premium during 2010.

**The Incentive Schedules**

- a) Basic Persistency Incentive, as a percent of 2010 NLIA Non-Participating Group Life/Health billed premium.

Persistency Percentage:	<u>&lt;70</u>	<u>70-79.9</u>	<u>80-89.9</u>	<u>90+</u>
	0	0.20%	0.50%	0.75%

Supplementary Persistency Incentive, as a percent of 2010 Non-Participating Life/Health billed premium, based on persistency and billed premium.

Persistency Percentage:	<u>&lt;70</u>	<u>70-79.9</u>	<u>80-89.9</u>	<u>90+</u>
Billed 2000 Premium:				
<\$250,000	0	0	0	0
\$250-349,999	0	0.20%	0.35%	0.65%
\$350-499,999	0	0.35%	0.65%	0.85%
\$500,000+	0	0.65%	0.85%	1.00%

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## APPENDIX 3 NEW YORK SMALL GROUP UNDERWRITING GUIDELINE

### Eligible Employee

An eligible employee is defined as employee who is regularly scheduled to work for a small employer on a full-time basis, with a normal workweek of 20 or more hours. The NY Insurance Department interprets the law as prohibiting an insurer from refusing to offer coverage to employees who are working at least 20 hours per week. However, the law does not require small employers to provide coverage to employees who are working 20 hours per week. Underwriting will permit employers to have an eligibility requirement of between 20 and 35 hours per week.

Under Nippon Life Benefits' contract, a sole proprietor or partner is included. An employee who works on a part-time, temporary or substitute basis is not an eligible employee.

Pursuant to a discussion with an attorney at the Insurance Department, an employee covered under a separate health care policy negotiated under a collective bargaining agreement is not an eligible employee.

### Small Employer - Definition

A small employer is defined as an employer actively engaged in business that employs an average of at least 2 but not more than 50 eligible employees on the date of application for coverage or, in subsequent years, on the date of the determination of renewal rates.

**Note:** New York law approaches a definition of small employer by stating that a group health insurance policy covering between 2 to 50 employees or members, exclusive of spouses and dependents, must be community rated.

### Minimum Participation

For contributory policies, the policy must insure at least 50% of the employees eligible for coverage under the policy. Nippon Life Benefits requires a participation level of 75%.

Nippon Life Benefits contract wording provides that eligible employees who waive coverage in writing due to coverage through another employer are not counted in the participation calculation.

Example: The employer has 10 eligible employees. Three of them have coverage as dependent spouses under another employer's plan and have waived Nippon Life Benefits' coverage in writing. One employee neither wants to enroll nor waive coverage. For participation purposes, the 3 employees with coverage under another employer's plan are not counted in the calculation. The employee who neither wants to enroll nor waive is counted in the calculation as not participating. Therefore, the participation level is over 85% (6 participants of 7 employees countable).

### Dual Coverage

If the employer has another health plan, whether an HMO or an insured plan, the employer's application must be accepted if the group meets Nippon Life Benefits' participation requirements.

For participation purposes, Nippon Life Benefits will take the entire group into consideration. Employees covered under the employer's other competing health plan will be counted as non-participating employees. However, as noted above under minimum participation, Nippon Life Benefits will not count eligible employees who waive Nippon Life Benefits' coverage in writing due to coverage under another employer's plan.

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Example: The employer has 20 eligible employees. There are 12 employees who want Nippon Life Benefits' coverage. Seven employees are enrolled in the employer's HMO plan. One employee waives coverage because of coverage as a spouse under another employer's plan. The participation level is below 75% ( $[12]/[20-1]=12/19$ ). The employer's application is rejected.

### One Life Group

A one-life group is not an eligible group. Under New York law, the policy must cover at least 2 employees.

### Carve Out Rules

**All proposals involving a carve out** (coverage for only a specific eligible class of employees) **must be approved in advance by Underwriting.** Acceptable carve-out classes must be based on conditions pertaining to employment, such as, exempt/non-exempt, hourly/salaried, union/non-union, management/non-management, or rotational/non-rotational. If approved for quotation, Nippon Life Benefits will apply the participation requirements as follows:

- If the carve out is a class of 10 or more employees, the participation requirements will be applied to just the proposed eligible class, instead of the entire small employer group. Nippon Life Benefits requires written waivers from employees in that specific class with other coverage who do not want coverage under Nippon Life Benefits' plan.

Example: The employer has 25 employees, 10 exempt and 15 non-exempt. The employer wants Nippon Life Benefits coverage for only the exempt employees. Two of the exempt employees have other coverage and waive Nippon Life Benefits coverage in writing. The participation requirements are applied only to the exempt employees and 2 of them are not counted because they waived coverage in writing. Therefore the participation level is 100% (8 participants of 8 countable).

- For a class of rotational staff members (foreign nationals working for an American subsidiary), Nippon Life Benefits may permit a carve-out class of as few as 2 to 9 rotational employees. The participation requirements will be applied to the proposed class, instead of the entire small employer group. Nippon Life Benefits requires written waivers from rotational employees with other coverage who do not want coverage under Nippon Life Benefits' plan.

Example: The employer has 30 employees, 5 of whom are rotational staff members. The employer wants coverage only for the rotational employees, all of whom want Nippon Life Benefits coverage. The participation requirements are applied only to the rotational employees and the participation level is 100% (5 participants of 5 countable).

- If an employer wishes to cover a class of employees under the 10 life-threshold (i.e., 2 to 9 employees) for a class of other than rotational employees, Nippon Life Benefits will apply its participation requirements to the entire small employer group. Nippon Life Benefits requires written waivers from all employees with other coverage who do not want coverage under Nippon Life Benefits' plan.

Example: The employer has 8 employees, 3 management and 5 non-management. The employer wants to cover only the management employees, all of whom want Nippon Life Benefits coverage. The non-management employees are not offered coverage. The participation requirements are applied

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to all 8 employees and the employer's application is rejected because the participation level is below 75% (3 participants of 8 countable).

**Note:** Employees at a separate location should be treated as an eligible group in their own right rather than a carve out of the employer's employees.

**Example:** The employer is a national corporation based in Wisconsin with locations nationwide. The total number of employees nationwide is 450. Each location secures insurance coverage separately for its employees. There is one location in New York with 20 employees. The employer applies for coverage only for the New York employees. The New York employees are a small group under New York law. The employer's application must be accepted if Nippon Life Benefits' participation requirements are met, based only on the 20 New York employees.

### Dependent

Insurers must provide coverage for children from birth and continued coverage for handicapped children.

**Nippon Life Benefits New York Contract Definition:** Spouse and dependent children to age 19.

A spouse must be the employee's lawful spouse. The spouse cannot be in the Armed Forces or insured as an employee.

"Child" is:

- (1) a natural child,
- (2) a legally adopted child (as of the earlier of the date of placement or the date of adoption),
- (3) a stepchild,
- (4) a foster child who receives more than one-half his or her financial support from the employee, is under the legal guardianship of the employee or employee's spouse and is approved in writing by Nippon Life Benefits,
- (5) a handicapped child of any age, if the child became handicapped prior to the limiting age.

A child cannot be in the Armed Forces or insured as an employee.

### Minimum Contribution

Nippon Life Benefits requires the employer to contribute at least 50% of the premium for all employees. If retirees are included, the employer must contribute at a level equal to what it contributes for active employees.

### Evidence of Insurability/Rates

Evidence of insurability cannot be requested for the purposes of rating the group. Community rates apply.

### Rate Guarantee Period

Nippon Life Benefits' initial rate guarantee period is 12 months. After the initial period, Nippon Life Benefits can change rates on any premium due date, if the rates have been in force for at least 12 months. Nippon Life Benefits sets renewal rates in anticipation that they will not be changed for 12 months.

# SECTION Z.

## AREA FACTORS

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Alabama

State Code: 01

County Name	County Code	Area Factors	
		Med/Rx	Dental
Autauga	001	0.94	1.00
Baldwin	002	1.00	1.00
Barbour	003	0.94	1.00
Bibb	004	0.94	1.00
Blount	005	0.94	1.00
Bullock	006	0.94	1.00
Butler	007	0.94	1.00
Calhoun	008	1.00	1.00
Chambers	009	0.94	1.00
Cherokee	010	0.94	1.00
Chilton	011	0.94	1.00
Choctaw	012	0.94	1.00
Clarke	013	0.94	1.00
Clay	014	0.94	1.00
Cleburne	015	0.94	1.00
Coffee	016	0.94	1.00
Colbert	017	0.94	1.00
Conecuh	018	0.94	1.00
Coosa	019	0.94	1.00
Covington	020	0.94	1.00
Crenshaw	021	0.94	1.00
Cullman	022	0.94	1.00
Dale	023	0.94	1.00
Dallas	024	0.94	1.00
DeKalb	025	0.94	1.00
Elmore	026	0.94	1.00
Escambia	027	0.94	1.00
Etowah	028	1.00	1.00
Fayette	029	0.94	1.00
Franklin	030	0.94	1.00
Geneva	031	0.94	1.00
Greene	032	0.94	1.00
Hale	033	0.94	1.00
Henry	034	0.94	1.00
Houston	035	0.94	1.00
Jackson	036	0.94	1.00
Jefferson	037	1.15	1.06
Lamar	038	0.94	1.00
Lauderdale	039	0.94	1.00

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Alabama  
 State Code: 01

County Name	County Code	Area Factors	
		Med/Rx	Dental
Lawrence	040	0.94	1.00
Lee	041	0.94	1.00
Limestone	042	0.94	1.00
Lowndes	043	0.94	1.00
Macon	044	0.94	1.00
Madison	045	0.89	1.06
Marengo	046	0.94	1.00
Marion	047	0.94	1.00
Marshall	048	0.94	1.00
Mobile	049	0.89	1.06
Monroe	050	0.94	1.00
Montgomery	051	0.89	1.06
Morgan	052	1.00	1.00
Perry	053	0.94	1.00
Pickens	054	0.94	1.00
Pike	055	0.94	1.00
Randolph	056	0.94	1.00
Russell	057	0.94	1.00
St. Clair	058	0.94	1.00
Shelby	059	1.00	1.00
Sumter	060	0.94	1.00
Talladega	061	0.94	1.00
Tallapoosa	062	0.94	1.00
Tusculoosa	063	1.00	1.00
Walker	064	0.94	1.00
Washington	065	0.94	1.00
Wilcox	066	0.94	1.00
Winston	067	0.94	1.00

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Alaska

State Code: 60

County Name	County Code	Area Factors	
		Med/Rx	Dental
Entire State	001	0.94	1.51

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Arizona  
State Code: 02

County Name	County Code	Area Factors	
		Med/Rx	Dental
Apache	001	0.89	0.89
Cochise	002	1.00	0.89
Coconino	003	1.00	0.89
Gila	004	0.89	0.89
Graham	005	0.89	0.89
Greenlee	006	0.89	0.89
Maricopa	007	1.26	1.12
Mohave	008	1.00	0.89
Navajo	009	0.89	0.89
Pima	010	1.06	1.06
Pinal	011	1.00	0.89
Santa Cruz	012	0.89	0.89
Yavapai	013	1.00	0.89
Yuma	014	1.00	0.89
La Paz	015	0.89	0.89

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Arkansas

State Code: 03

County Name	County Code	Area Factors	
		Med/Rx	Dental
Arkansas	001	0.89	0.94
Ashley	002	0.89	0.94
Baxter	003	0.89	0.94
Benton	004	0.89	0.94
Boone	005	0.89	0.94
Bradley	006	0.89	0.94
Calhoun	007	0.89	0.94
Carroll	008	0.89	0.94
Chicot	009	0.89	0.94
Clark	010	0.89	0.94
Clay	011	0.89	0.94
Cleburne	012	0.89	0.94
Cleveland	013	0.89	0.94
Columbia	014	0.89	0.94
Conway	015	0.89	0.94
Craighead	016	0.89	0.94
Crawford	017	0.89	0.94
Crittenden	018	0.89	0.94
Cross	019	0.89	0.94
Dallas	020	0.89	0.94
Desha	021	0.89	0.94
Drew	022	0.89	0.94
Faulkner	023	0.89	0.94
Franklin	024	0.89	0.94
Fulton	025	0.89	0.94
Garland	026	0.89	0.94
Grant	027	0.89	0.94
Greene	028	0.89	0.94
Hempstead	029	0.89	0.94
Hot Spring	030	0.89	0.94
Howard	031	0.89	0.94
Independence	032	0.89	0.94
Izard	033	0.89	0.94
Jackson	034	0.89	0.94
Jefferson	035	0.89	0.94
Johnson	036	0.89	0.94
Lafayette	037	0.89	0.94
Lawrence	038	0.89	0.94
Lee	039	0.89	0.94

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Arkansas

State Code: 03

County Name	County Code	Area Factors	
		Med/Rx	Dental
Lincoln	040	0.89	0.94
Little River	041	0.89	0.94
Logan	042	0.89	0.94
Lonoke	043	0.89	0.94
Madison	044	0.89	0.94
Marion	045	0.89	0.94
Miller	046	0.89	0.94
Mississippi	047	0.89	0.94
Monroe	048	0.89	0.94
Montgomery	049	0.89	0.94
Nevada	050	0.89	0.94
Newton	051	0.89	0.94
Ouachita	052	0.89	0.94
Perry	053	0.89	0.94
Phillips	054	0.89	0.94
Pike	055	0.89	0.94
Poinsett	056	0.89	0.94
Polk	057	0.89	0.94
Pope	058	0.89	0.94
Prairie	059	0.89	0.94
Pulaski	060	1.00	1.00
Randolph	061	0.89	0.94
St. Francis	062	0.89	0.94
Saline	063	0.89	0.94
Scott	064	0.89	0.94
Searcy	065	0.89	0.94
Sebastian	066	0.89	0.94
Sevier	067	0.89	0.94
Sharp	068	0.89	0.94
Stone	069	0.89	0.94
Union	070	0.89	0.94
Van Buren	071	0.89	0.94
Washington	072	0.89	0.94
White	073	0.89	0.94
Woodruff	074	0.89	0.94
Yell	075	0.89	0.94

# NIPPON LIFE INSURANCE COMPANY OF AMERICA

**California**

State Code: 04

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
ALAMEDA	001	94501 through 94588	1.07	1.60
ALAMEDA	001	94601 through 94666	1.15	1.60
ALAMEDA	001	94701 through 94720	1.07	1.60
ALPINE	002	95646	1.06	1.19
ALPINE	002	96120	1.06	1.19
AMADOR	003	95601 through 95699	1.06	1.19
BUTTE	004	95914 through 95978	1.05	1.26
CALAVERAS	005	95221 through 95257	1.06	1.19
COLUSA	006	95912 through 95987	1.06	1.19
CONTRA COSTA	007	94506 through 94598	1.07	1.60
CONTRA COSTA	007	94801 through 94875	1.15	1.60
DEL NORTE	008	95531 through 95567	1.06	1.19
EL DORADO	009	95613 through 95684	1.07	1.34
EL DORADO	009	95709 through 95762	1.07	1.34
EL DORADO	009	96150 through 96158	1.07	1.34
FRESNO	010	93210 through 93242	0.99	1.34
FRESNO	010	93602 through 93675	0.99	1.34
FRESNO	010	93700 through 93794	0.99	1.34
FRESNO	010	93844 through 93888	0.99	1.34
GLENN	011	95913 through 95988	1.06	1.19
HUMBOLDT	012	95501 through 95589	1.06	1.26
IMPERIAL	013	92222 through 92283	1.07	1.26
INYO	014	92328 through 92389	1.06	1.19
INYO	014	93513 through 93549	1.06	1.19
KERN	015	93203 through 93287	1.07	1.26
KERN	015	93300 through 93399	1.15	1.26
KERN	015	93501 through 93596	1.07	1.26
KINGS	016	93202 through 93266	1.05	1.26
LAKE	017	95422 through 95493	0.99	1.26
LASSEN	018	96009 through 96068	1.06	1.19
LASSEN	018	96109 through 96137	1.06	1.19
LOS ANGELES	019	90000 through 90099	1.53	1.80
LOS ANGELES	019	90101 through 90189	1.53	1.80
LOS ANGELES	019	90200 through 90296	1.53	1.80
LOS ANGELES	019	90300 through 90398	1.53	1.80
LOS ANGELES	019	90400 through 90411	1.53	1.80
LOS ANGELES	019	90500 through 90510	1.11	1.80
LOS ANGELES	019	90601 through 90671	1.11	1.80
LOS ANGELES	019	90701 through 90755	1.11	1.80

# NIPPON LIFE INSURANCE COMPANY OF AMERICA

## California

State Code: 04

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
LOS ANGELES	019	90800 through 90899	1.11	1.80
LOS ANGELES	019	91001 through 91077	1.11	1.70
LOS ANGELES	019	91100 through 91191	1.11	1.70
LOS ANGELES	019	91200 through 91226	1.11	1.80
LOS ANGELES	019	91301 through 91399	1.53	1.70
LOS ANGELES	019	91400 through 91499	1.53	1.80
LOS ANGELES	019	91500 through 91526	1.53	1.80
LOS ANGELES	019	91600 through 91618	1.53	1.80
LOS ANGELES	019	91702 through 91799	1.11	1.60
LOS ANGELES	019	91800 through 91899	1.11	1.80
LOS ANGELES	019	93510 through 93599	1.11	1.26
MADERA	020	93601 through 93669	1.06	1.26
MARIN	021	94901 through 94998	1.07	1.70
MARIPOSA	022	93623	1.06	1.19
MARIPOSA	022	95306 through 95389	1.06	1.19
MENDOCINO	023	95410 through 95494	1.06	1.26
MENDOCINO	023	95585 through 95587	1.06	1.26
MERCED	024	93620 through 93665	1.06	1.26
MERCED	024	95301 through 95388	0.99	1.26
MODOC	025	96006 through 96054	1.06	1.19
MODOC	025	96101 through 96116	1.06	1.19
MONO	026	93512 through 93546	1.06	1.19
MONO	026	96107 through 96133	1.06	1.19
MONTEREY	027	93426 through 93450	1.05	1.34
MONTEREY	027	93901 through 93962	1.07	1.34
MONTEREY	027	95004 through 95039	1.05	1.34
NAPA	028	94503 through 94599	1.06	1.42
NEVADA	029	95712 through 95728	0.99	1.34
NEVADA	029	95924 through 95986	0.99	1.34
NEVADA	029	96111 through 96162	1.07	1.34
ORANGE	030	90620 through 90680	1.00	1.70
ORANGE	030	90720 through 90743	1.00	1.70
ORANGE	030	92601 through 92698	1.00	1.70
ORANGE	030	92701 through 92799	1.02	1.70
ORANGE	030	92800 through 92899	1.02	1.70
PLACER	031	95602 through 95681	1.05	1.34
PLACER	031	95701 through 95765	1.05	1.34
PLACER	031	96140 through 96148	1.07	1.34
PLUMAS	032	95915 through 95984	1.06	1.19

# NIPPON LIFE INSURANCE COMPANY OF AMERICA

## California

State Code: 04

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
PLUMAS	032	96020	1.06	1.19
PLUMAS	032	96103 through 96135	1.06	1.19
RIVERSIDE	033	91718 through 91760	1.07	1.26
RIVERSIDE	033	92201 through 92292	1.00	1.26
RIVERSIDE	033	92320	1.07	1.26
RIVERSIDE	033	92501 through 92599	1.07	1.26
RIVERSIDE	033	92860 through 92883	1.07	1.26
SACRAMENTO	034	94203 through 94299	1.05	1.42
SACRAMENTO	034	95608 through 95693	1.05	1.42
SACRAMENTO	034	95741 through 95763	1.05	1.42
SACRAMENTO	034	95800 through 95899	1.15	1.42
SAN BENITO	035	95023 through 95075	1.06	1.26
SAN BERNARDINO	036	91701 through 91798	1.15	1.26
SAN BERNARDINO	036	92242 through 92286	1.07	1.26
SAN BERNARDINO	036	92301 through 92399	1.15	1.26
SAN BERNARDINO	036	92400 through 92427	1.07	1.26
SAN BERNARDINO	036	93558 through 93592	1.07	1.26
SAN DIEGO	037	91901 through 91995	1.00	1.51
SAN DIEGO	037	92003 through 92096	1.15	1.51
SAN DIEGO	037	92100 through 92199	1.00	1.51
SAN FRANCISCO	038	94100 through 94199	1.11	1.70
SAN JOAQUIN	039	95201 through 95298	0.99	1.42
SAN JOAQUIN	039	95304 through 95391	0.99	1.42
SAN JOAQUIN	039	95686	0.99	1.42
SAN LUIS OBISPO	040	93401 through 93483	1.05	1.34
SAN MATEO	041	94002 through 94099	1.05	1.70
SAN MATEO	041	94128	1.11	1.70
SAN MATEO	041	94303 through 94308	1.05	1.70
SAN MATEO	041	94400 through 94497	1.05	1.70
SANTA BARBARA	042	93013 through 93067	0.99	1.34
SANTA BARBARA	042	93101 through 93199	0.99	1.34
SANTA BARBARA	042	93214 through 93254	0.99	1.34
SANTA BARBARA	042	93427 through 93464	0.99	1.34
SANTA CLARA	043	94022 through 94091	1.06	1.60
SANTA CLARA	043	94300 through 94310	1.06	1.60
SANTA CLARA	043	95002 through 95071	1.15	1.60

# NIPPON LIFE INSURANCE COMPANY OF AMERICA

## California

State Code: 04

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
SANTA CLARA	043	95100 through 95196	1.15	1.60
SANTA CRUZ	044	95001 through 95077	1.05	1.34
SHASTA	045	96001 through 96099	1.07	1.26
SIERRA	046	95910 through 95944	1.06	1.34
SIERRA	046	96118 through 96126	1.06	1.34
SISKIYOU	047	95568	1.06	1.19
SISKIYOU	047	96014 through 96097	1.06	1.19
SISKIYOU	047	96134	1.06	1.19
SOLANO	048	94510 through 94592	1.06	1.42
SOLANO	048	95620 through 95696	1.06	1.42
SONOMA	049	94922 through 94999	0.99	1.51
SONOMA	049	95401 through 95497	0.99	1.51
STANISLAUS	050	95307 through 95397	1.05	1.42
SUTTER	051	95622 through 95676	1.05	1.26
SUTTER	051	95953 through 95993	0.99	1.26
TEHAMA	052	96021 through 96092	1.06	1.19
TRINITY	053	95527 through 95595	1.06	1.19
TRINITY	053	96010 through 96093	1.06	1.19
TULARE	054	93201 through 93292	0.99	1.19
TULARE	054	93603 through 93673	0.99	1.19
TUOLUMNE	055	95305 through 95383	1.06	1.19
VENTURA	056	91319 through 91377	1.15	1.26
VENTURA	056	93001 through 93099	1.07	1.26
YOLO	057	95605 through 95698	1.06	1.26
YOLO	057	95776 through 95799	1.05	1.26
YOLO	057	95937	1.06	1.26
YUBA	058	95692	1.05	1.26
YUBA	058	95901 through 95981	1.05	1.26

# NIPPON LIFE INSURANCE COMPANY OF AMERICA

California

State Code: 04

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental

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# NIPPON LIFE INSURANCE COMPANY OF AMERICA

California

State Code: 04

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental

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NIPPON LIFE INSURANCE COMPANY OF AMERICA

Colorado  
State Code: 05

County Name	County Code	Area Factors	
		Med/Rx	Dental
Adams	001	1.06	1.26
Alamosa	002	0.71	1.06
Arapahoe	003	1.06	1.26
Archuleta	004	0.71	1.06
Baca	005	0.71	1.06
Bent	006	0.71	1.06
Boulder	007	0.81	1.19
Chaffee	008	0.71	1.06
Cheyenne	009	0.71	1.06
Clear Creek	010	0.71	1.06
Conejos	011	0.71	1.06
Costilla	012	0.71	1.06
Crowley	013	0.71	1.06
Custer	014	0.71	1.06
Delta	015	0.71	1.06
Denver	016	1.06	1.26
Dolores	017	0.71	1.06
Douglas	018	1.06	1.26
Eagle	019	0.71	1.06
Elbert	020	0.71	1.06
El Paso	021	0.97	1.19
Fremont	022	0.71	1.06
Garfield	023	0.71	1.06
Gilpin	024	0.71	1.06
Grand	025	0.71	1.06
Gunnison	026	0.71	1.06
Hinsdale	027	0.71	1.06
Huerfano	028	0.71	1.06
Jackson	029	0.71	1.06
Jefferson	030	1.06	1.26
Kiowa	031	0.71	1.06
Kit Carson	032	0.71	1.06
La Plata	033	0.71	1.06
Lake	034	0.71	1.06
Larimer	035	0.81	1.19
Las Animas	036	0.71	1.06
Lincoln	037	0.71	1.06
Logan	038	0.71	1.06
Mesa	039	0.71	1.06

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Colorado

State Code: 05

County Name	County Code	Area Factors	
		Med/Rx	Dental
Mineral	040	0.71	1.06
Moffat	041	0.71	1.06
Montezuma	042	0.71	1.06
Montrose	043	0.71	1.06
Morgan	044	0.71	1.06
Otero	045	0.71	1.06
Ouray	046	0.71	1.06
Park	047	0.71	1.06
Phillips	048	0.71	1.06
Pitkin	049	0.71	1.06
Prowers	050	0.71	1.06
Pueblo	051	0.81	1.19
Rio Blanco	052	0.71	1.06
Rio Grande	053	0.71	1.06
Routt	054	0.71	1.06
Saguache	055	0.71	1.06
San Juan	056	0.71	1.06
San Miguel	057	0.71	1.06
Sedgwick	058	0.71	1.06
Summit	059	0.71	1.06
Teller	060	0.71	1.06
Washington	061	0.71	1.06
Weld	062	0.81	1.19
Yuma	063	0.71	1.06

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Connecticut  
 State Code: 06

County Name	County Code	Area Factors	
		Med/Rx	Dental
Fairfield	001	1.19	1.51
Hartford	002	0.91	1.19
Litchfield	003	0.91	1.19
Middlesex	004	0.91	1.19
New Haven	005	0.91	1.19
New London	006	0.91	1.19
Tolland	007	0.91	1.19
Windham	008	0.91	1.19

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Delaware  
State Code: 07

County Name	County Code	Area Factors	
		Med/Rx	Dental
Kent	001	0.87	1.06
New Castle	002	0.88	1.19
Sussex	003	0.83	1.06

NIPPON LIFE INSURANCE COMPANY OF AMERICA

District of Columbia

State Code: 08

County Name	County Code	Area Factors	
		Med/Rx	Dental
Entire Area	001	1.15	1.34

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Florida  
State Code: 09

County Name	County Code	Area Factors	
		Med/Rx	Dental
Alachua	001	0.97	0.94
Baker	002	1.06	0.89
Bay	003	1.12	0.89
Bradford	004	1.06	0.89
Brevard	005	1.12	1.00
Broward	006	1.42	1.51
Calhoun	007	1.06	0.89
Charlotte	008	1.06	1.00
Citrus	009	1.12	0.89
Clay	010	1.12	0.89
Collier	011	1.06	1.00
Columbia	012	1.06	0.89
Dade	013	1.46	1.70
De Soto	014	1.06	0.89
Dixie	015	1.06	0.89
Duval	016	1.09	1.12
Escambia	017	0.97	0.94
Flagler	018	1.12	1.00
Franklin	019	1.06	0.89
Gadsden	020	1.06	0.89
Gilchrist	021	1.06	0.89
Glades	022	1.06	0.89
Gulf	023	1.06	0.89
Hamilton	024	1.06	0.89
Hardee	025	1.06	0.89
Hendry	026	1.06	0.89
Hernando	027	1.12	0.89
Highlands	028	1.12	0.89
Hillsborough	029	1.12	1.12
Holmes	030	1.06	0.89
Indian River	031	1.12	1.00
Jackson	032	1.06	0.89
Jefferson	033	1.06	0.89
Lafayette	034	1.06	0.89
Lake	035	0.97	0.94
Lee	036	1.06	1.00
Leon	037	0.97	0.94
Levy	038	1.06	0.89
Liberty	039	1.06	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Florida  
 State Code: 09

County Name	County Code	Area Factors	
		Med/Rx	Dental
Madison	040	1.06	0.89
Manatee	041	1.06	1.00
Marion	042	0.97	0.94
Martin	043	1.12	1.00
Monroe	044	1.12	0.89
Nassau	045	1.12	1.00
Okaloosa	046	0.97	0.94
Okeechobee	047	1.06	0.89
Orange	048	1.15	1.06
Osceola	049	1.12	0.89
Palm Beach	050	1.20	1.26
Pasco	051	1.06	1.00
Pinellas	052	1.12	1.12
Polk	053	0.97	0.94
Putnam	054	1.12	0.89
St Johns	055	1.12	1.00
St Lucie	056	1.12	1.00
Santa Rosa	057	0.97	0.94
Sarasota	058	1.06	1.06
Seminole	059	1.15	1.06
Sumter	060	1.06	0.89
Suwannee	061	1.06	0.89
Taylor	062	1.06	0.89
Union	063	1.06	0.89
Volusia	064	1.12	1.00
Wakulla	065	1.06	0.89
Walton	066	1.06	0.89
Washington	067	1.06	0.89

# Nippon Life Insurance Company of America

## Georgia

State Code: 10

County Name	County Code	Area Factors	
		Med/Rx	Dental
APPLING	001	0.96	0.94
ATKINSON	002	0.90	0.94
BACON	003	0.96	0.94
BAKER	004	See Below	0.94
BALDWIN	005	0.96	0.94
BANKS	006	0.93	0.94
BARROW	007	See Below	0.94
BARTOW	008	0.85	0.94
BEN HILL	009	0.90	0.94
BERRIEN	010	0.90	0.94
BIBB	011	See Below	1.06
BLECKLEY	012	0.96	0.94
BRANTLEY	013	0.96	0.94
BROOKS	014	0.90	0.94
BRYAN	015	0.80	0.94
BULLOCH	016	0.89	0.94
BURKE	017	0.88	0.94
BUTTS	018	0.86	0.94
CALHOUN	019	See Below	0.94
CAMDEN	020	0.96	0.94
CANDLER	021	0.89	0.94
CARROLL	022	0.85	0.94
CATOOSA	023	0.94	0.94
CHARLTON	024	See Below	See Below
CHATHAM	025	0.81	1.06
CHATTAHOOCHEE	026	0.82	0.94
CHATTOOGA	027	0.92	0.94
CHEROKEE	028	0.85	1.06
CLARKE	029	0.93	0.94
CLAY	030	See Below	0.94
CLAYTON	031	See Below	1.26
CLINCH	032	0.90	0.94
COBB	033	See Below	See Below
COFFEE	034	0.96	0.94
COLQUITT	035	0.90	0.94
COLUMBIA	036	0.94	1.06
COOK	037	0.90	0.94
COWETA	038	0.86	0.94
CRAWFORD	039	0.90	0.94

Nippon Life Insurance Company of America

**Georgia**

State Code: 10

County Name	County Code	Area Factors	
		Med/Rx	Dental
CRISP	040	0.96	0.94
DADE	041	0.94	0.94
DAWSON	042	0.96	0.94
DECATUR	043	See Below	0.94
DE KALB	044	See Below	See Below
DODGE	045	0.93	0.94
DOOLY	046	0.96	0.94
DOUGHERTY	047	0.93	1.06
DOUGLAS	048	See Below	See Below
EARLY	049	See Below	0.94
ECHOLS	050	0.90	0.94
EFFINGHAM	051	0.80	0.94
ELBERT	052	0.90	0.94
EMANUEL	053	See Below	See Below
EVANS	054	0.89	0.94
FANNIN	055	0.93	0.94
FAYETTE	056	0.86	0.94
FLOYD	057	0.85	0.94
Forsyth	058	See Below	See Below
FRANKLIN	059	See Below	0.94
FULTON	060	See Below	See Below
GILMER	061	0.96	0.94
GLASCOCK	062	0.89	0.94
GLYNN	063	0.96	0.94
GORDON	064	See Below	0.94
GRADY	065	See Below	0.94
GREENE	066	0.93	0.94
GWINNETT	067	See Below	See Below
HABERSHAM	068	0.93	0.94
HALL	069	0.97	1.06
HANCOCK	070	0.96	0.94
HARALSON	071	0.85	0.94
HARRIS	072	0.85	0.94
HART	073	See Below	0.94
HEARD	074	0.82	0.94
HENRY	075	0.86	0.94
HOUSTON	076	0.96	1.06
IRWIN	077	0.90	0.94
JACKSON	078	0.96	0.94

# Nippon Life Insurance Company of America

## Georgia

State Code: 10

County Name	County Code	Area Factors	
		Med/Rx	Dental
JASPER	079	See Below	0.94
JEFF DAVIS	080	0.96	0.94
JEFFERSON	081	0.89	0.94
JENKINS	082	0.89	0.94
JOHNSON	083	0.96	0.94
JONES	084	1.00	0.94
LAMAR	085	0.82	0.94
LANIER	086	0.90	0.94
LAURENS	087	See Below	See Below
LEE	088	0.90	0.94
LIBERTY	089	0.85	0.94
LINCOLN	090	0.89	0.94
LONG	091	0.85	0.94
LOWNDES	092	0.90	0.94
LUMPKIN	093	0.93	0.94
MACON	094	0.96	0.94
MADISON	095	0.93	0.94
MARION	096	0.82	0.94
MC DUFFIE	097	0.92	0.94
MC INTOSH	098	0.85	0.94
MERIWETHER	099	0.82	0.94
MILLER	100	See Below	0.94
MITCHELL	101	0.90	0.94
MONROE	102	0.96	0.94
MONTGOMERY	103	0.89	0.94
MORGAN	104	0.93	0.94
MURRAY	105	0.94	0.94
MUSCOGEE	106	See Below	See Below
NEWTON	107	See Below	0.94
OCONEE	108	0.93	0.94
OGLETHORPE	109	0.93	0.94
PAULDING	110	0.85	0.94
PEACH	111	0.96	0.94
PICKENS	112	0.85	0.94
PIERCE	113	0.96	0.94
PIKE	114	0.82	0.94
POLK	115	0.85	0.94
PULASKI	116	0.90	0.94
PUTNAM	117	0.96	0.94

Nippon Life Insurance Company of America

**Georgia**

State Code: 10

County Name	County Code	Area Factors	
		Med/Rx	Dental
QUITMAN	118	See Below	0.94
RABUN	119	0.93	0.94
RANDOLPH	120	See Below	0.94
RICHMOND	121	0.94	1.06
ROCKDALE	122	See Below	0.94
SCHLEY	123	0.82	0.94
SCREVEN	124	0.89	0.94
SEMINOLE	125	See Below	0.94
SPALDING	126	0.86	0.94
STEPHENS	127	0.93	0.94
STEWART	128	0.82	0.94
SUMTER	129	0.90	0.94
TALBOT	130	0.82	0.94
TALIAFERRO	131	0.93	0.94
TATTNALL	132	0.89	0.94
TAYLOR	133	0.96	0.94
TELFAIR	134	0.96	0.94
TERRELL	135	See Below	0.94
THOMAS	136	0.90	0.94
TIFT	137	0.90	0.94
TOOMBS	138	0.89	0.94
TOWNS	139	0.93	0.94
TREUTLEN	140	0.89	0.94
TROUP	141	0.85	0.94
TURNER	142	0.90	0.94
TWIGGS	143	0.96	0.94
UNION	144	0.93	0.94
UPSON	145	See Below	0.94
WALKER	146	0.94	0.94
WALTON	147	See Below	0.94
WARE	148	0.96	0.94
WARREN	149	See Below	0.94
WASHINGTON	150	0.96	0.94
WAYNE	151	0.96	0.94
WEBSTER	152	0.82	0.94
WHEELER	153	0.89	0.94
WHITE	154	0.96	0.94
WHITFIELD	155	0.94	0.94
WILCOX	156	0.96	0.94

Nippon Life Insurance Company of America

**Georgia**

State Code: 10

County Name	County Code	Area Factors	
		Med/Rx	Dental
WILKES	157	0.93	0.94
WILKINSON	158	0.96	0.94
WORTH	159	0.90	0.94

# NIPPON LIFE INSURANCE COMPANY OF AMERICA

**Georgia**

**SPLIT COUNTIES**

State Code: 10

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
BAKER	004	31770	0.90	0.94
Baker	004	39870	0.83	0.94
BARROW	007	30011	0.85	0.94
BARROW	007	30203	0.82	0.94
BARROW	007	30620 through 30680	0.93	0.94
BIBB	011	31052	1.02	1.06
BIBB	011	31200 through 31299	0.89	1.06
CALHOUN	019	31713 through 31766	0.90	0.94
Calhoun	019	39813 through 39866	0.83	0.94
CHARLTON	024	31537 through 31562	0.96	0.94
CHARLTON	024	31646	0.90	0.94
CLAY	030	31724 through 31751	0.90	0.94
Clay	030	39824 through 39851	0.83	0.94
CLAYTON	031	30027 through 30051	0.89	1.26
CLAYTON	031	30236 through 30298	0.86	1.26
COBB	033	30001 through 30090	0.95	1.26
COBB	033	30101 through 30168	0.92	1.26
DE KALB	044	30002 through 30089	0.87	1.26
DE KALB	044	30322 through 30366	0.92	1.26
DE KALB	044	31119 through 31146	0.92	0.94
DE KALB	044	39901	1.00	0.94
DECATUR	043	31715 through 31752	0.90	0.94
Decatur	043	39815 through 39852	0.83	0.94
DOUGLAS	048	30057	0.87	0.94
DOUGLAS	048	30122 through 30187	0.85	0.94
EARLY	049	31723 through 31761	0.90	0.94
Early	049	39823 through 39861	0.83	0.94
EMANUEL	053	30401 through 30471	0.89	0.94
EMANUEL	053	31002	0.96	0.94
FORSYTH	058	30028 through 30041	0.91	0.94
FORSYTH	058	30130 through 30131	0.88	0.94
FRANKLIN	059	30520 through 30553	0.93	0.94
FRANKLIN	059	30639 through 30662	0.90	0.94
FULTON	060	30004 through 30097	0.87	1.26
FULTON	060	30201 through 30291	0.85	1.26

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Georgia

SPLIT COUNTIES

State Code: 10

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
FULTON	060	30301 through 30399	0.92	1.26
FULTON	060	31106 through 31199	0.92	1.26
GORDON	064	30139	0.85	0.94
GORDON	064	30701 through 30746	0.92	0.94
GRADY	065	31728 through 31797	0.90	0.94
Grady	065	39827 through 39897	0.83	0.94
GWINNETT	067	30003 through 30099	0.95	1.26
GWINNETT	067	30136 through 30199	0.92	1.26
GWINNETT	067	30211 through 30278	0.85	1.26
GWINNETT	067	30515 through 30519	0.96	1.26
HART	073	30516	0.93	0.94
HART	073	30643	0.90	0.94
JASPER	079	30055	0.85	0.94
JASPER	079	30255	0.82	0.94
JASPER	079	31038 through 31085	0.96	0.94
LAURENS	087	30454	0.89	0.94
LAURENS	087	31009 through 31075	0.96	0.94
MILLER	100	31737	0.90	0.94
Miller	100	39837	0.83	0.94
MUSCOGEE	106	31808 through 31829	0.92	1.06
MUSCOGEE	106	31900 through 31999	0.88	1.06
NEWTON	107	30014 through 30070	0.87	0.94
NEWTON	107	30209 through 30270	0.85	0.94
QUITMAN	118	31754 through 31767	0.90	0.94
Quitman	118	39854 through 39867	0.83	0.94
RANDOLPH	120	31736 through 31786	0.90	0.94
Randolph	120	39836 through 39886	0.83	0.94
ROCKDALE	122	30012 through 30094	0.89	0.94
ROCKDALE	122	30207 through 30208	0.86	0.94
SEMINOLE	125	31745 through 31759	0.90	0.94
Seminole	125	39845 through 39859	0.83	0.94
TERRELL	135	31726 through 31785	0.90	0.94
Terrell	135	39826 through 39885	0.83	0.94
UPSON	145	30285 through 30286	0.84	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

**Georgia**

SPLIT COUNTIES

State Code: 10

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
UPSON	145	31097	0.98	0.94
WALTON	147	30018 through 30052	0.89	0.94
WALTON	147	30235 through 30279	0.86	0.94
WALTON	147	30641 through 30656	0.99	0.94
WARREN	149	30807 through 30828	0.89	0.94
WARREN	149	31045	0.96	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Hawaii

State Code: 61

County Name	County Code	Area Factors	
		Med/Rx	Dental
Hawaii	001	0.84	1.19
Honolulu	002	0.84	1.19
Kauai	003	0.84	1.19
Maui	004	0.84	1.19

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Idaho

State Code: 12

County Name	County Code	Area Factors	
		Med/Rx	Dental
Ada	001	0.71	1.06
Adams	002	0.71	1.06
Bannock	003	0.71	1.06
Bear Lake	004	0.71	1.06
Benewah	005	0.71	1.06
Bingham	006	0.71	1.06
Blaine	007	0.71	1.06
Boise	008	0.71	1.06
Bonner	009	0.71	1.06
Bonneville	010	0.71	1.06
Boundary	011	0.71	1.06
Butte	012	0.71	1.06
Camas	013	0.71	1.06
Canyon	014	0.71	1.06
Caribon	015	0.71	1.06
Cassia	016	0.71	1.06
Clark	017	0.71	1.06
Clearwater	018	0.71	1.06
Custer	019	0.71	1.06
Elmore	020	0.71	1.06
Franklin	021	0.71	1.06
Fremont	022	0.71	1.06
Gem	023	0.71	1.06
Gooding	024	0.71	1.06
Idaho	025	0.71	1.06
Jefferson	026	0.71	1.06
Jerome	027	0.71	1.06
Kootenai	028	0.71	1.06
Latah	029	0.71	1.06
Lemhi	030	0.71	1.06
Lewis	031	0.71	1.06
Lincoln	032	0.71	1.06
Madison	033	0.71	1.06
Miniduka	034	0.71	1.06
Nez Perce	035	0.71	1.06
Oneida	036	0.71	1.06
Owyhee	037	0.71	1.06
Payette	038	0.71	1.06
Power	039	0.71	1.06

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Idaho

State Code: 12

County Name	County Code	Area Factors	
		Med/Rx	Dental
Shoshone	040	0.71	1.06
Teton	041	0.71	1.06
Twin Falls	042	0.71	1.06
Valley	043	0.71	1.06
Washington	044	0.71	1.06

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Illinois

State Code: 13

County Name	County Code	Area Factors	
		Med/Rx	Dental
ADAMS	001	0.77	0.87
ALEXANDER	002	0.77	0.87
BOND	003	0.88	0.87
BOONE	004	0.84	0.87
BROWN	005	0.77	0.87
BUREAU	006	0.88	0.87
CALHOUN	007	0.88	0.87
CARROLL	008	See Below	See Below
CASS	009	0.83	0.87
CHAMPAIGN	010	See Below	See Below
CHRISTIAN	011	0.83	0.87
CLARK	012	0.77	0.87
CLAY	013	0.77	0.87
CLINTON	014	0.88	0.87
COLES	015	0.83	0.87
COOK	016	1.06	1.31
CRAWFORD	017	0.77	0.87
CUMBERLAND	018	0.77	0.87
DE KALB	019	1.00	0.87
DE WITT	020	0.88	0.87
DOUGLAS	021	0.83	0.87
DU PAGE	022	0.96	1.16
EDGAR	023	0.83	0.87
EDWARDS	024	0.77	0.87
EFFINGHAM	025	0.77	0.87
FAYETTE	026	0.77	0.87
FORD	027	0.88	0.87
FRANKLIN	028	0.77	0.87
FULTON	029	See Below	See Below
GALLATIN	030	0.77	0.87
GREENE	031	0.88	0.87
GRUNDY	032	1.05	0.87
HAMILTON	033	0.77	0.87
HANCOCK	034	0.77	0.87
HARDIN	035	0.77	0.87
HENDERSON	036	0.77	0.87
HENRY	037	0.77	0.87
IROQUOIS	038	0.82	0.87
JACKSON	039	See Below	See Below
JASPER	040	0.77	0.87
JEFFERSON	041	0.77	0.87

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Illinois

State Code: 13

County Name	County Code	Area Factors	
		Med/Rx	Dental
JERSEY	042	0.88	0.87
JO DAVIESS	043	0.75	0.87
JOHNSON	044	0.77	0.87
KANE	045	0.96	0.98
KANKAKEE	046	0.86	0.87
KENDALL	047	1.05	0.87
KNOX	048	0.77	0.87
LA SALLE	049	See Below	See Below
LAKE	050	0.99	1.24
LAWRENCE	051	0.77	0.87
LEE	052	See Below	See Below
LIVINGSTON	053	See Below	See Below
LOGAN	054	0.83	0.87
MACON	055	0.83	0.87
MACOUPIN	056	0.83	0.87
MADISON	057	0.88	0.87
MARION	058	0.77	0.87
MARSHALL	059	0.88	0.87
MASON	060	0.83	0.87
MASSAC	061	0.77	0.87
MC DONOUGH	062	0.77	0.87
MC HENRY	063	See Below	See Below
MC LEAN	064	0.88	0.87
MENARD	065	0.83	0.87
MERCER	066	0.77	0.87
MONROE	067	0.88	0.87
MONTGOMERY	068	0.83	0.87
MORGAN	069	0.83	0.87
MOULTRIE	070	0.83	0.87
OGLE	071	See Below	See Below
PEORIA	072	See Below	See Below
PERRY	073	0.77	0.87
PIATT	074	0.83	0.87
PIKE	075	0.77	0.87
POPE	076	0.77	0.87
PULASKI	077	0.77	0.87
PUTNAM	078	0.88	0.87
RANDOLPH	079	0.88	0.87
RICHLAND	080	0.77	0.87
ROCK ISLAND	081	0.77	0.87

# NIPPON LIFE INSURANCE COMPANY OF AMERICA

## Illinois

State Code: 13

County Name	County Code	Area Factors	
		Med/Rx	Dental
SAINT CLAIR	082	0.88	0.87
SALINE	083	0.77	0.87
SANGAMON	084	See Below	See Below
SCHUYLER	085	0.77	0.87
SCOTT	086	0.83	0.87
SHELBY	087	0.77	0.87
STARK	088	See Below	See Below
STEPHENSON	089	0.75	0.87
TAZEWELL	090	0.88	0.87
UNION	091	0.77	0.87
VERMILION	092	See Below	See Below
WABASH	093	0.77	0.87
WARREN	094	0.77	0.87
WASHINGTON	095	See Below	See Below
WAYNE	096	0.77	0.87
WHITE	097	0.77	0.87
WHITESIDE	098	See Below	See Below
WILL	099	0.96	0.98
WILLIAMSON	100	0.77	0.87
WINNEBAGO	101	See Below	See Below
WOODFORD	102	0.88	0.87

# NIPPON LIFE INSURANCE COMPANY OF AMERICA

Illinois      SPLIT COUNTIES

State Code:    13

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
CARROLL	008	61014 through 61078	0.75	0.87
CARROLL	008	61285	0.68	0.87
CHAMPAIGN	010	60949	0.93	0.87
CHAMPAIGN	010	61801 through 61880	0.88	0.87
FULTON	029	61415 through 61484	0.77	0.87
FULTON	029	61501 through 61563	0.88	0.87
JACKSON	039	62901	0.80	0.87
JACKSON	039	62902	0.79	0.87
JACKSON	039	62903 through 62994	0.80	0.87
LA SALLE	049	60470	1.05	0.87
LA SALLE	049	60518 through 60557	1.05	0.87
LA SALLE	049	61301 through 61373	0.77	0.87
LEE	052	60530 through 60553	1.05	0.87
LEE	052	61006 through 61058	0.75	0.87
LEE	052	61310 through 61378	0.77	0.87
LIVINGSTON	053	60420 through 60460	1.06	0.87
LIVINGSTON	053	60920 through 60934	0.93	0.87
LIVINGSTON	053	61311 through 61775	0.88	0.87
MC HENRY	063	60001 through 60098	0.99	0.98
MC HENRY	063	60102 through 60180	1.05	0.98
OGLE	071	60113	1.05	0.87
OGLE	071	61007 through 61091	0.75	0.87
PEORIA	072	61451	0.77	0.87
PEORIA	072	61517 through 61656	0.88	0.87
SANGAMON	084	62515 through 62693	0.83	0.87
SANGAMON	084	62700 through 62796	0.88	0.87
STARK	088	61421 through 61491	0.77	0.87
STARK	088	61559	0.88	0.87
VERMILION	092	60932 through 60963	0.93	0.87
VERMILION	092	61810 through 61883	0.88	0.87
WASHINGTON	095	62214 through 62271	0.83	0.87
WASHINGTON	095	62803 through 62877	0.77	0.87
WHITESIDE	098	61017 through 61081	0.83	0.87
WHITESIDE	098	61230 through 61283	0.77	0.87
WINNEBAGO	101	61016 through 61088	0.80	0.87
WINNEBAGO	101	61100 through 61132	0.81	0.87

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Illinois SPLIT COUNTIES

State Code: 13

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental

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NIPPON LIFE INSURANCE COMPANY OF AMERICA

Illinois      SPLIT COUNTIES

State Code:    13

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental

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NIPPON LIFE INSURANCE COMPANY OF AMERICA

**Indiana**

State Code: 15

County Name	County Code	Area Factors	
		Med/Rx	Dental
ADAMS	001	0.77	0.84
ALLEN	002	See Below	See Below
BARTHOLOMEW	003	0.87	0.84
BENTON	004	0.73	0.84
BLACKFORD	005	0.77	0.84
BOONE	006	0.98	0.84
BROWN	007	0.84	0.84
CARROLL	008	0.77	0.84
CASS	009	0.77	0.84
CLARK	010	0.77	0.84
CLAY	011	0.77	0.84
CLINTON	012	0.83	0.84
CRAWFORD	013	0.77	0.84
DAVISS	014	0.71	0.84
DE KALB	015	0.77	0.84
DEARBORN	016	0.83	0.84
DECATUR	017	0.73	0.84
DELAWARE	018	0.76	0.84
DUBOIS	019	0.71	0.84
ELKHART	020	0.83	0.84
FAYETTE	021	0.73	0.84
FLOYD	022	0.77	0.84
FOUNTAIN	023	0.73	0.84
FRANKLIN	024	0.71	0.84
FULTON	025	0.77	0.84
GIBSON	026	0.77	0.84
GRANT	027	0.77	0.84
GREENE	028	0.77	0.84
HAMILTON	029	1.00	0.84
HANCOCK	030	1.00	0.84
HARRISON	031	0.77	0.84
HENDRICKS	032	1.00	0.84
HENRY	033	0.76	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

**Indiana**

State Code: 15

County Name	County Code	Area Factors	
		Med/Rx	Dental
HOWARD	034	0.77	0.84
HUNTINGTON	035	0.77	0.84
JACKSON	036	0.73	0.84
JASPER	037	See Below	See Below
JAY	038	0.77	0.84
JEFFERSON	039	0.73	0.84
JENNINGS	040	0.73	0.84
JOHNSON	041	1.01	0.84
KNOX	042	0.71	0.84
KOSCIUSKO	043	0.83	0.84
LA PORTE	044	0.83	0.84
LAGRANGE	045	0.77	0.84
LAKE	046	0.82	0.94
LAWRENCE	047	0.73	0.84
MADISON	048	0.87	0.84
MARION	049	1.01	0.94
MARSHALL	050	0.83	0.84
MARTIN	051	0.71	0.84
MIAMI	052	0.77	0.84
MONROE	053	0.86	0.84
MONTGOMERY	054	0.73	0.84
MORGAN	055	1.00	0.84
NEWTON	056	See Below	See Below
NOBLE	057	0.77	0.84
OHIO	058	0.71	0.84
ORANGE	059	0.73	0.84
OWEN	060	0.75	0.84
PARKE	061	0.73	0.84
PERRY	062	0.71	0.84
PIKE	063	0.71	0.84
PORTER	064	0.82	0.94
POSEY	065	0.77	0.84
PULASKI	066	0.77	0.84
PUTNAM	067	0.87	0.84
RANDOLPH	068	0.76	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

**Indiana**

State Code: 15

County Name	County Code	Area Factors	
		Med/Rx	Dental
RIPLEY	069	0.71	0.84
RUSH	070	0.77	0.84
SAINT JOSEPH	071	See Below	See Below
SCOTT	072	0.73	0.84
SHELBY	073	1.00	0.84
SPENCER	074	0.71	0.84
STARKE	075	0.83	0.84
STEUBEN	076	0.77	0.84
SULLIVAN	077	0.77	0.84
SWITZERLAND	078	0.73	0.84
TIPPECANOE	079	0.73	0.84
TIPTON	080	0.87	0.84
UNION	081	0.76	0.84
VANDEBURGH	082	0.77	0.84
VERMILLION	083	0.75	0.84
VIGO	084	0.77	0.84
WABASH	085	0.77	0.84
WARREN	086	0.73	0.84
WARRICK	087	0.77	0.84
WASHINGTON	088	0.73	0.84
WAYNE	089	0.87	0.84
WELLS	090	0.77	0.84
WHITE	091	0.77	0.84
WHITLEY	092	0.77	0.84

Nippon Life Insurance Company of America

Indiana SPLIT COUNTIES

State Code: 15

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
ALLEN	002	46704	0.73	0.84
ALLEN	002	46741	0.73	0.84
ALLEN	002	46743	0.73	0.84
ALLEN	002	46745	0.73	0.84
ALLEN	002	46748	0.73	0.84
ALLEN	002	46765	0.73	0.84
ALLEN	002	46773	0.73	0.84
ALLEN	002	46774	0.77	0.84
ALLEN	002	46797	0.73	0.84
ALLEN	002	46798	0.73	0.84
ALLEN	002	46799	0.77	0.84
ALLEN	002	46800	0.77	0.84
ALLEN	002	46801	0.77	0.84
ALLEN	002	46802	0.77	0.84
ALLEN	002	46803	0.77	0.84
ALLEN	002	46804	0.77	0.84
ALLEN	002	46805	0.77	0.84
ALLEN	002	46806	0.77	0.84
ALLEN	002	46807	0.77	0.84
ALLEN	002	46808	0.77	0.84
ALLEN	002	46809	0.77	0.84
ALLEN	002	46814	0.77	0.84
ALLEN	002	46815	0.77	0.84
ALLEN	002	46816	0.77	0.84
ALLEN	002	46818	0.77	0.84
ALLEN	002	46819	0.77	0.84
ALLEN	002	46825	0.77	0.84
ALLEN	002	46835	0.77	0.84
ALLEN	002	46845	0.77	0.84
ALLEN	002	46850	0.77	0.84
ALLEN	002	46851	0.77	0.84
ALLEN	002	46852	0.77	0.84
ALLEN	002	46853	0.77	0.84
ALLEN	002	46854	0.77	0.84
ALLEN	002	46855	0.77	0.84
ALLEN	002	46856	0.77	0.84
ALLEN	002	46857	0.77	0.84
ALLEN	002	46858	0.77	0.84
ALLEN	002	46859	0.77	0.84
ALLEN	002	46860	0.77	0.84
ALLEN	002	46861	0.77	0.84
ALLEN	002	46862	0.77	0.84
ALLEN	002	46863	0.77	0.84
ALLEN	002	46864	0.77	0.84
ALLEN	002	46865	0.77	0.84

Nippon Life Insurance Company of America

Indiana SPLIT COUNTIES

State Code: 15

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
ALLEN	002	46866	0.77	0.84
ALLEN	002	46867	0.77	0.84
ALLEN	002	46868	0.77	0.84
ALLEN	002	46869	0.77	0.84
ALLEN	002	46885	0.77	0.84
ALLEN	002	46895	0.77	0.84
ALLEN	002	46896	0.77	0.84
ALLEN	002	46897	0.77	0.84
ALLEN	002	46898	0.77	0.84
ALLEN	002	46899	0.77	0.84
JASPER	037	46310	0.87	0.84
JASPER	037	46380	0.87	0.84
JASPER	037	46392	0.87	0.84
JASPER	037	47943	0.77	0.84
JASPER	037	47977	0.77	0.84
JASPER	037	47978	0.77	0.84
NEWTON	056	46349	0.87	0.84
NEWTON	056	46372	0.87	0.84
NEWTON	056	46379	0.87	0.84
NEWTON	056	46381	0.87	0.84
NEWTON	056	47922	0.77	0.84
NEWTON	056	47948	0.77	0.84
NEWTON	056	47951	0.77	0.84
NEWTON	056	47963	0.77	0.84
NEWTON	056	47964	0.77	0.84
SAINT JOSEPH	071	46530	0.8	0.84
SAINT JOSEPH	071	46536	0.8	0.84
SAINT JOSEPH	071	46544	0.8	0.84
SAINT JOSEPH	071	46545	0.8	0.84
SAINT JOSEPH	071	46546	0.8	0.84
SAINT JOSEPH	071	46552	0.8	0.84
SAINT JOSEPH	071	46554	0.8	0.84
SAINT JOSEPH	071	46556	0.8	0.84
SAINT JOSEPH	071	46561	0.8	0.84
SAINT JOSEPH	071	46574	0.8	0.84
SAINT JOSEPH	071	46595	0.8	0.84
SAINT JOSEPH	071	46600	0.83	0.84
SAINT JOSEPH	071	46601	0.83	0.84
SAINT JOSEPH	071	46604	0.83	0.84
SAINT JOSEPH	071	46612	0.83	0.84
SAINT JOSEPH	071	46613	0.83	0.84
SAINT JOSEPH	071	46614	0.83	0.84
SAINT JOSEPH	071	46615	0.83	0.84
SAINT JOSEPH	071	46616	0.83	0.84
SAINT JOSEPH	071	46617	0.83	0.84

Nippon Life Insurance Company of America

Indiana      SPLIT COUNTIES  
 State Code: 15

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
SAINT JOSEPH	071	46619	0.83	0.84
SAINT JOSEPH	071	46620	0.83	0.84
SAINT JOSEPH	071	46624	0.83	0.84
SAINT JOSEPH	071	46626	0.83	0.84
SAINT JOSEPH	071	46628	0.83	0.84
SAINT JOSEPH	071	46629	0.83	0.84
SAINT JOSEPH	071	46634	0.83	0.84
SAINT JOSEPH	071	46635	0.83	0.84
SAINT JOSEPH	071	46637	0.83	0.84
SAINT JOSEPH	071	46660	0.83	0.84
SAINT JOSEPH	071	46680	0.83	0.84
SAINT JOSEPH	071	46699	0.83	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Iowa

State Code: 16

County Name	County Code	Area Factors	
		Med/Rx	Dental
Adair	001	0.67	0.84
Adams	002	0.67	0.84
Allamakee	003	0.67	0.84
Appanoose	004	0.67	0.84
Audubon	005	0.67	0.84
Benton	006	0.67	0.84
Black Hawk	007	0.75	0.89
Boone	008	0.67	0.84
Bremer	009	0.67	0.84
Buchanan	010	0.67	0.84
Buena Vista	011	0.67	0.84
Butler	012	0.67	0.84
Calhoun	013	0.67	0.84
Carroll	014	0.67	0.84
Cass	015	0.67	0.84
Cedar	016	0.67	0.84
Cerro Gordo	017	0.67	0.84
Cherokee	018	0.67	0.84
Chickasaw	019	0.67	0.84
Clarke	020	0.67	0.84
Clay	021	0.67	0.84
Clayton	022	0.67	0.84
Clinton	023	0.67	0.84
Crawford	024	0.67	0.84
Dallas	025	0.67	0.84
Davis	026	0.67	0.84
Decatur	027	0.67	0.84
Delaware	028	0.67	0.84
Des Moines	029	0.67	0.84
Dickinson	030	0.67	0.84
Dubuque	031	0.75	0.89
Emmet	032	0.67	0.84
Fayette	033	0.67	0.84
Floyd	034	0.67	0.84
Franklin	035	0.67	0.84
Fremont	036	0.67	0.84
Greene	037	0.67	0.84
Grundy	038	0.67	0.84
Guthrie	039	0.67	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Iowa  
 State Code: 16

County Name	County Code	Area Factors	
		Med/Rx i	Dental
Hamilton	040	0.67	0.84
Hancock	041	0.67	0.84
Hardin	042	0.67	0.84
Harrison	043	0.67	0.84
Henry	044	0.67	0.84
Howard	045	0.67	0.84
Humboldt	046	0.67	0.84
Ida	047	0.67	0.84
Iowa	048	0.67	0.84
Jackson	049	0.67	0.84
Jasper	050	0.67	0.84
Jefferson	051	0.67	0.84
Johnson	052	0.75	0.89
Jones	053	0.67	0.84
Keokuk	054	0.67	0.84
Kossuth	055	0.67	0.84
Lee	056	0.67	0.84
Linn	057	0.75	0.89
Louisa	058	0.67	0.84
Lucas	059	0.67	0.84
Lyon	060	0.67	0.84
Madison	061	0.67	0.84
Mahaska	062	0.67	0.84
Marion	063	0.67	0.84
Marshall	064	0.67	0.84
Mills	065	0.67	0.84
Mitchell	066	0.67	0.84
Monona	067	0.67	0.84
Monroe	068	0.67	0.84
Montgomery	069	0.67	0.84
Muscatine	070	0.67	0.84
O'Brien	071	0.67	0.84
Osceola	072	0.67	0.84
Page	073	0.67	0.84
Palo Alto	074	0.67	0.84
Plymouth	075	0.67	0.84
Pocahontas	076	0.67	0.84
Polk	077	0.77	0.89
Pottawattamie	078	0.75	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Iowa  
State Code: 16

County Name	County Code	Area Factors	
		Med/Rx	Dental
Poweshiek	079	0.67	0.84
Ringgold	080	0.67	0.84
Sac	081	0.67	0.84
Scott	082	0.75	0.89
Shelby	083	0.67	0.84
Sioux	084	0.67	0.84
Story	085	0.75	0.89
Tama	086	0.67	0.84
Taylor	087	0.67	0.84
Union	088	0.67	0.84
Van Buren	089	0.67	0.84
Wapello	090	0.67	0.84
Warren	091	0.67	0.84
Washington	092	0.67	0.84
Wayne	093	0.67	0.84
Webster	094	0.67	0.84
Winnebago	095	0.67	0.84
Winneshiek	096	0.67	0.84
Woodbury	097	0.75	0.89
Worth	098	0.67	0.84
Wright	099	0.67	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Kansas

State Code: 17

County Name	County Code	Area Factors	
		Med/Rx	Dental
Allen	001	0.89	0.84
Anderson	002	0.89	0.84
Atchison	003	0.89	0.84
Barber	004	0.89	0.84
Barton	005	0.89	0.84
Bourbon	006	0.89	0.84
Brown	007	0.89	0.84
Butler	008	0.91	0.89
Chase	009	0.89	0.84
Chautauqua	010	0.89	0.84
Cherokee	011	0.89	0.84
Cheyenne	012	0.89	0.84
Clark	013	0.89	0.84
Clay	014	0.89	0.84
Cloud	015	0.89	0.84
Coffey	016	0.89	0.84
Comanche	017	0.89	0.84
Cowley	018	0.89	0.84
Crowford	019	0.89	0.84
Decatur	020	0.89	0.84
Dickinson	021	0.89	0.84
Doniphan	022	0.89	0.84
Douglas	023	0.91	0.89
Edwards	024	0.89	0.84
Elk	025	0.89	0.84
Ellis	026	0.89	0.84
Ellsworth	027	0.89	0.84
Finney	028	0.89	0.84
Ford	029	0.89	0.84
Franklin	030	0.89	0.84
Geary	031	0.89	0.84
Gove	032	0.89	0.84
Graham	033	0.89	0.84
Grant	034	0.89	0.84
Gray	035	0.89	0.84
Greeley	036	0.89	0.84
Greenwood	037	0.89	0.84
Hamilton	038	0.89	0.84
Harper	039	0.89	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Kansas

State Code: 17

County Name	County Code	Area Factors	
		Med/Rx	Dental
Harvey	040	0.91	0.89
Haskell	041	0.89	0.84
Hodgeman	042	0.89	0.84
Jackson	043	0.89	0.84
Jefferson	044	0.91	0.89
Jewell	045	0.89	0.84
Johnson	046	1.09	1.12
Kearny	047	0.89	0.84
Kingman	048	0.89	0.84
Kiowa	049	0.89	0.84
Labette	050	0.89	0.84
Lane	051	0.89	0.84
Leavenworth	052	0.91	0.89
Lincoln	053	0.89	0.84
Linn	054	0.89	0.84
Logan	055	0.89	0.84
Lyon	056	0.89	0.84
Marion	057	0.89	0.84
Marshall	058	0.89	0.84
McPherson	059	0.89	0.84
Meade	060	0.89	0.84
Miami	061	0.89	0.84
Mitchell	062	0.89	0.84
Montgomery	063	0.89	0.84
Morris	064	0.89	0.84
Morton	065	0.89	0.84
Nemaha	066	0.89	0.84
Neosho	067	0.89	0.84
Ness	068	0.89	0.84
Norton	069	0.89	0.84
Osage	070	0.89	0.84
Osborne	071	0.89	0.84
Ottawa	072	0.89	0.84
Pawnee	073	0.89	0.84
Phillips	074	0.89	0.84
Pottawatomie	075	0.89	0.84
Pratt	076	0.89	0.84
Rawlins	077	0.89	0.84
Reno	078	0.91	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Kansas

State Code: 17

County Name	County Code	Area Factors	
		Med/Rx	Dental
Republic	079	0.89	0.84
Rice	080	0.89	0.84
Riley	081	0.91	0.89
Rooks	082	0.89	0.84
Rush	083	0.89	0.84
Russell	084	0.89	0.84
Saline	085	0.91	0.89
Scott	086	0.89	0.84
Sedgwick	087	1.03	0.94
Seward	088	0.89	0.84
Shawnee	089	0.91	0.89
Sheridan	090	0.89	0.84
Sherman	091	0.89	0.84
Smith	092	0.89	0.84
Stafford	093	0.89	0.84
Stanton	094	0.89	0.84
Stevens	095	0.89	0.84
Sumner	096	0.89	0.84
Thomas	097	0.89	0.84
Trego	098	0.89	0.84
Waubaussee	099	0.89	0.84
Wallace	100	0.89	0.84
Washington	101	0.89	0.84
Wichita	102	0.89	0.84
Wilson	103	0.89	0.84
Woodson	104	0.89	0.84
Wyandotte	105	1.09	1.12

NIPPON LIFE INSURANCE COMPANY OF AMERICA

**KENTUCKY**

State Code: 19

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
ADAIR	001	All	0.69	0.89
ALLEN	002	All	0.75	0.89
ANDERSON	003	All	0.80	0.89
BALLARD	004	All	0.75	0.89
BARREN	005	All	0.75	0.89
BATH	006	All	0.80	0.89
BELL	007	40813 through 40856	0.69	0.89
BELL	007	40902 through 40988	0.80	0.89
BOONE	008	All	0.80	0.89
BOURBON	009	All	0.80	0.89
BOYD	010	All	0.80	0.89
BOYLE	011	All	0.80	0.89
BRACKEN	012	All	0.80	0.89
BREATHITT	013	All	0.90	0.89
BRECKINRIDGE	014	All	0.80	0.89
BULLITT	015	All	0.80	0.89
BUTLER	016	All	0.69	0.89
CALDWELL	017	All	0.75	0.89
CALLOWAY	018	All	0.75	0.89
CAMPBELL	019	All	0.80	0.89
CARLISLE	020	All	0.75	0.89
CARROLL	021	All	0.80	0.89
CARTER	022	All	0.80	0.89
CASEY	023	All	0.80	0.89
CHRISTIAN	024	All	0.69	0.89
CLARK	025	All	0.80	0.89
CLAY	026	All	0.80	0.89
CLINTON	027	All	0.69	0.89
CRITTENDEN	028	All	0.75	0.89
CUMBERLAND	029	All	0.69	0.89
DAVISS	030	All	0.69	0.89
EDMONSON	031	42163	0.75	0.89
EDMONSON	031	42207 through 42285	0.69	0.89
ELLIOTT	032	41125 through 41177	0.80	0.89
ELLIOTT	032	41211	0.90	0.89
ESTILL	033	All	0.80	0.89
FAYETTE	034	All	0.80	0.94
FLEMING	035	All	0.80	0.89
FLOYD	036	All	0.80	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

**KENTUCKY**

State Code: 19

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
FRANKLIN	037	All	0.80	0.89
FULTON	038	All	0.75	0.89
GALLATIN	039	All	0.80	0.89
GARRARD	040	All	0.80	0.89
GRANT	041	All	0.80	0.89
GRAVES	042	All	0.75	0.89
GRAYSON	043	40119	0.80	0.89
GRAYSON	043	42712 through 42780	0.69	0.89
GREEN	044	All	0.69	0.89
GREENUP	045	All	0.80	0.89
HANCOCK	046	All	0.69	0.89
HARDIN	047	40121 through 40177	0.80	0.89
HARDIN	047	42701 through 42788	0.69	0.89
HARLAN	048	40801 through 40873	0.69	0.89
HARLAN	048	40927 through 40964	0.80	0.89
HARRISON	049	All	0.80	0.89
HART	050	All	0.69	0.89
HENDERSON	051	All	0.75	0.89
HENRY	052	All	0.80	0.89
HICKMAN	053	All	0.75	0.89
HOPKINS	054	All	0.75	0.89
JACKSON	055	40402 through 40494	0.80	0.89
JACKSON	055	41307	0.90	0.89
JEFFERSON	056	All	0.80	0.94
JESSAMINE	057	All	0.80	0.89
JOHNSON	058	All	0.90	0.89
KENTON	059	All	0.80	0.94
KNOTT	060	41725 through 41772	0.80	0.89
KNOTT	060	41801 through 41862	0.75	0.89
KNOX	061	40734 through 40771	0.75	0.89
KNOX	061	40903 through 40999	0.80	0.89
LARUE	062	All	0.69	0.89
LAUREL	063	All	0.75	0.89
LAWRENCE	064	41124 through 41180	0.80	0.89
LAWRENCE	064	41201 through 41264	0.90	0.89
LEE	065	All	0.90	0.89
LESLIE	066	40803 through 40874	0.69	0.89
LESLIE	066	40979,41714 through 41777	0.80	0.89
LETCHER	067	40826 through 40862	0.69	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

**KENTUCKY**

State Code: 19

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
LETCHER	067	41517 through 41537	0.85	0.89
LETCHER	067	41804 through 41858	0.75	0.89
LEWIS	068	All	0.80	0.89
LINCOLN	069	All	0.80	0.89
LIVINGSTON	070	All	0.75	0.89
LOGAN	071	All	0.69	0.89
LYON	072	All	0.75	0.89
MADISON	073	All	0.80	0.89
MAGOFFIN	074	All	0.80	0.89
MARION	075	All	0.80	0.89
MARSHALL	076	All	0.75	0.89
MARTIN	077	All	0.90	0.89
MASON	078	All	0.80	0.89
MC CRACKEN	079	All	0.75	0.89
MC CREARY	080	All	0.69	0.89
MC LEAN	081	All	0.69	0.89
MEADE	082	All	0.80	0.89
MENIFEE	083	All	0.80	0.89
MERCER	084	All	0.80	0.89
METCALFE	085	42124 through 42166	0.75	0.89
METCALFE	085	42214	0.69	0.89
MONROE	086	All	0.75	0.89
MONTGOMERY	087	All	0.80	0.89
MORGAN	088	41352	0.90	0.89
MORGAN	088	41406 through 41477	0.80	0.89
MUHLENBERG	089	All	0.69	0.89
NELSON	090	All	0.80	0.89
NICHOLAS	091	All	0.80	0.89
OHIO	092	All	0.69	0.89
OLDHAM	093	All	0.80	0.89
OWEN	094	All	0.80	0.89
OWSLEY	095	All	0.90	0.89
PENDLETON	096	All	0.80	0.89
PERRY	097	41367	0.90	0.89
PERRY	097	40981,41701 through 41778	0.80	0.89
PIKE	098	All	0.85	0.89
POWELL	099	All	0.80	0.89
PULASKI	100	All	0.80	0.89
ROBERTSON	101	All	0.80	0.89
ROCKCASTLE	102	All	0.80	0.89
ROWAN	103	All	0.80	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

**KENTUCKY**

State Code: 19

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
RUSSELL	104	All	0.69	0.89
SCOTT	105	All	0.80	0.89
SHELBY	106	All	0.80	0.89
SIMPSON	107	All	0.75	0.89
SPENCER	108	All	0.80	0.89
TAYLOR	109	All	0.69	0.89
TODD	110	All	0.69	0.89
TRIGG	111	All	0.69	0.89
TRIMBLE	112	All	0.80	0.89
UNION	113	All	0.75	0.89
WARREN	114	42101 through 42171	0.75	0.89
WARREN	114	42235 through 42274	0.69	0.89
WASHINGTON	115	All	0.80	0.89
WAYNE	116	All	0.69	0.89
WEBSTER	117	All	0.75	0.89
WHITLEY	118	All	0.75	0.89
WOLFE	119	All	0.90	0.89
WOODFORD	120	All	0.80	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Louisiana

State Code: 21

County Name	County Code	Area Factors	
		Med/Rx	Dental
Acadia	001	0.97	1.00
Allen	002	0.86	0.94
Ascension	003	0.97	1.00
Assumption	004	0.86	0.94
Avoyelles	005	0.86	0.94
Beauregard	006	0.86	0.94
Bienville	007	0.86	0.94
Bossier	008	1.06	1.12
Caddo	009	1.06	1.12
Calcasieu	010	1.03	1.12
Caldwell	011	0.86	0.94
Cameron	012	0.86	0.94
Catahoula	013	0.86	0.94
Clairborne	014	0.86	0.94
Concordia	015	0.86	0.94
De Soto	016	0.86	0.94
East Baton Rouge	017	0.94	1.19
East Carroll	018	0.86	0.94
East Feliciana	019	0.86	0.94
Evangeline	020	0.86	0.94
Franklin	021	0.86	0.94
Grant	022	0.86	0.94
Iberia	023	0.97	1.00
Iberville	024	0.86	0.94
Jackson	025	0.86	0.94
Jefferson	026	1.26	1.19
Jefferson Davis	027	0.86	0.94
Lafayette	028	1.03	1.12
Lafourche	029	0.97	1.00
La Salle	030	0.86	0.94
Lincoln	031	0.86	0.94
Livingston	032	0.97	1.00
Madison	033	0.86	0.94
Morehouse	034	0.86	0.94
Natchitoches	035	0.86	0.94
Orleans	036	1.26	1.19
Ouachita	037	1.03	1.12
Plaquemines	038	0.86	0.94
Pointe Coupee	039	0.86	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Lousiana

State Code: 21

County Name	County Code	Area Factors	
		Med/Rx	Dental
Rapides	040	1.03	1.12
Red River	041	0.86	0.94
Richland	042	0.86	0.94
Sabine	043	0.86	0.94
St Bernard	044	1.03	1.12
St Charles	045	0.97	1.00
St Helena	046	0.86	0.94
St James	047	0.86	0.94
St John the Baptist	048	0.86	0.94
St Landry	049	0.97	1.00
St Martin	050	0.97	1.00
St Mary	051	0.97	1.00
St Tammany	052	1.03	1.12
Tangipahoa	053	0.97	1.00
Tensas	054	0.86	0.94
Terrebonne	055	0.97	1.00
Union	056	0.86	0.94
Vermillion	057	0.97	1.00
Vernon	058	0.97	1.00
Washington	059	0.86	0.94
Webster	060	0.86	0.94
West Baton Rouge	061	0.97	1.00
West Carroll	062	0.86	0.94
West Feliciana	063	0.86	0.94
Winn	064	0.86	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Maine.

State Code: 22

County Name	County Code	Area Factors	
		Med/Rx	Dental
Androscoggin	001	0.65	1.00
Aroostook	002	0.65	1.00
Cumberland	003	0.65	1.00
Franklin	004	0.65	1.00
Hancock	005	0.65	1.00
Kennebec	006	0.65	1.00
Knox	007	0.65	1.00
Lincoln	008	0.65	1.00
Oxford	009	0.65	1.00
Penobscot	010	0.65	1.00
Piscataquis	011	0.65	1.00
Sagadahoc	012	0.65	1.00
Somerset	013	0.65	1.00
Waldo	014	0.65	1.00
Washington	015	0.65	1.00
York	016	0.65	1.00

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Maryland

State Code: 23

County Name	County Code	Area Factors	
		Med/Rx	Dental
Allegany	001	0.84	0.94
Anne Arundel	002	0.91	1.19
Baltimore	003	0.91	1.19
Calvert	004	0.84	0.94
Caroline	005	0.84	0.94
Carroll	006	0.91	1.00
Cecil	007	0.84	0.94
Charles	008	0.84	1.00
Dorchester	009	0.84	0.94
Frederick	010	0.84	1.00
Garrett	011	0.84	0.94
Harford	012	0.91	1.00
Howard	013	0.91	1.19
Kent	014	0.84	0.94
Montgomery	015	1.09	1.34
Prince Georges	016	1.09	1.34
Queen Annes	017	0.84	0.94
St. Marys	018	0.84	0.94
Somerset	019	0.84	0.94
Talbot	020	0.84	0.94
Washington	021	0.84	1.00
Wicomico	022	0.84	0.94
Worcester	023	0.84	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Massachusetts

State Code: 24

County Name	County Code	Area Factors	
		Med/Rx	Dental
Barnstable	001	0.86	1.00
Berkshire	002	0.86	1.00
Bristol	003	1.00	1.34
Dukes	004	0.86	1.00
Essex	005	1.00	1.34
Franklin	006	0.86	1.00
Hampden	007	0.86	1.00
Hampshire	008	0.86	1.00
Middlesex	009	1.00	1.34
Nantucket	010	0.86	1.00
Norfolk	011	1.00	1.34
Plymouth	012	1.00	1.34
Suffolk	013	1.00	1.34
Worcester	014	0.86	1.00

NIPPON LIFE INSURANCE COMPANY OF AMERICA

**Michigan**

State Code: 25

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
ALCONA	001	All	0.79	1.06
ALGER	002	All	0.79	1.06
ALLEGAN	003	All	0.79	1.06
ALPENA	004	All	0.79	1.06
ANTRIM	005	All	0.79	1.06
ARENAC	006	All	0.79	1.06
BARAGA	007	All	0.79	1.06
BARRY	008	All	0.89	1.06
BAY	009	All	0.79	1.12
BENZIE	010	All	0.79	1.06
BERRIEN	011	All	0.88	1.12
BRANCH	012	All	0.89	1.06
CALHOUN	013	All	0.89	1.12
CASS	014	All	0.89	1.06
CHARLEVOIX	015	All	0.79	1.06
CHEBOYGAN	016	All	0.79	1.06
CHIPPEWA	017	All	0.79	1.06
CLARE	018	All	0.79	1.06
CLINTON	019	All	0.79	1.06
CRAWFORD	020	All	0.79	1.06
DELTA	021	All	0.79	1.06
DICKINSON	022	All	0.79	1.06
EATON	023	All except 48907,48908,48917	0.79	1.06
EATON	023	48907,48908 and 48917	0.89	1.06
EMMET	024	All	0.79	1.06
GENESEE	025	All	0.83	1.12
GLADWIN	026	All	0.79	1.06
GOGEBIC	027	All	0.79	1.06
GRAND TRAVERSE	028	All	0.79	1.06
GRATIOT	029	All	0.79	1.06
HILLSDALE	030	All	0.89	1.06
HOUGHTON	031	All	0.79	1.06
HURON	032	All	0.83	1.06
INGHAM	033	All	0.89	1.12
IONIA	034	All	0.79	1.06
IOSCO	035	All	0.79	1.06
IRON	036	All	0.79	1.06
ISABELLA	037	All	0.79	1.06
JACKSON	038	All	0.89	1.06

NIPPON LIFE INSURANCE COMPANY OF AMERICA

**Michigan**

State Code: 25

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
KALAMAZOO	039	All	0.89	1.12
KALKASKA	040	All	0.79	1.06
KENT	041	All	0.79	1.12
KEWEENAW	042	All	0.79	1.06
LAKE	043	All	0.79	1.06
LAPEER	044	All	0.83	1.06
LEELANAU	045	All	0.79	1.06
LENAWEE	046	All	0.89	1.06
LIVINGSTON	047	All	0.94	1.12
LUCE	048	All	0.79	1.06
MAC KINAC	049	All	0.79	1.06
MACOMB	050	All	0.96	1.34
MANISTEE	051	All	0.79	1.06
MARQUETTE	052	All	0.79	1.06
MASON	053	All	0.79	1.06
MECOSTA	054	All	0.79	1.06
MENOMINEE	055	All	0.79	1.06
MIDLAND	056	All	0.79	1.06
MISSAUKEE	057	All	0.79	1.06
MONROE	058	All	0.96	1.12
MONTCALM	059	All	0.83	1.06
MONTMORENCY	060	All	0.79	1.06
MUSKEGON	061	All	0.79	1.12
NEWAYGO	062	All	0.79	1.06
OAKLAND	063	All	0.94	1.34
OCEANA	064	All	0.79	1.06
OGEMAW	065	All	0.79	1.06
ONTONAGON	066	All	0.79	1.06
OSCEOLA	067	All	0.79	1.06
OSCODA	068	All	0.79	1.06
OTSEGO	069	All	0.79	1.06
OTTAWA	070	All	0.89	1.12
PRESQUE ISLE	071	All	0.79	1.06
ROSCOMMON	072	All	0.79	1.06
SAGINAW	073	All	0.79	1.12
SAINT CLAIR	074	All	0.96	1.06
SAINT JOSEPH	075	All	0.93	1.06
SANILAC	076	All	0.83	1.06
SCHOOLCRAFT	077	All	0.79	1.06

NIPPON LIFE INSURANCE COMPANY OF AMERICA

**Michigan**

State Code: 25

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
SHIAWASSEE	078	All	0.79	1.06
TUSCOLA	079	All	0.79	1.06
VAN BUREN	080	All	0.89	1.06
WASHTENAW	081	All	0.96	1.12
WAYNE	082	All	0.96	1.34
WEXFORD	083	All	0.79	1.06

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Minnesota

State Code: 26

County Name	County Code	Area Factors	
		Med/Rx	Dental
Aitkin	001	0.77	0.89
Anoka	002	0.86	0.94
Becker	003	0.77	0.89
Beltrami	004	0.77	0.89
Benton	005	0.77	0.89
Big Stone	006	0.77	0.89
Blue Earth	007	0.77	0.89
Brown	008	0.77	0.89
Carlton	009	0.77	0.89
Carver	010	0.86	0.94
Cass	011	0.77	0.89
Chippewa	012	0.77	0.89
Chisago	013	0.77	0.89
Clay	014	0.77	0.89
Clearwater	015	0.77	0.89
Cook	016	0.77	0.89
Cottonwood	017	0.77	0.89
Crow Wing	018	0.77	0.89
Dakota	019	0.86	0.94
Dodge	020	0.77	0.89
Douglas	021	0.77	0.89
Fairbault	022	0.77	0.89
Fillmore	023	0.77	0.89
Freeborn	024	0.77	0.89
Goodhue	025	0.77	0.89
Grant	026	0.77	0.89
Hennepin	027	0.89	0.94
Houston	028	0.77	0.89
Hubbard	029	0.77	0.89
Isanti	030	0.77	0.89
Itasca	031	0.77	0.89
Jackson	032	0.77	0.89
Kanabec	033	0.77	0.89
Kandiyohi	034	0.77	0.89
Kittson	035	0.77	0.89
Koochiching	036	0.77	0.89
Lac Qui Parle	037	0.77	0.89
Lake	038	0.77	0.89
Lake of the Woods	039	0.77	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Minnesota

State Code: 26

County Name	County Code	Area Factors	
		Med/Rx	Dental
Le Sueur	040	0.77	0.89
Lincoln	041	0.77	0.89
Lyon	042	0.77	0.89
Mahnomen	043	0.77	0.89
Marshall	044	0.77	0.89
Martin	045	0.77	0.89
McLeod	046	0.77	0.89
Meeker	047	0.77	0.89
Mille Lacs	048	0.77	0.89
Morrison	049	0.77	0.89
Mower	050	0.77	0.89
Murray	051	0.77	0.89
Nicollet	052	0.77	0.89
Nobles	053	0.77	0.89
Norman	054	0.77	0.89
Olmsted	055	0.86	0.94
Otter Trail	056	0.77	0.89
Pennington	057	0.77	0.89
Pine	058	0.77	0.89
Pipestone	059	0.77	0.89
Polk	060	0.77	0.89
Pope	061	0.77	0.89
Ramsey	062	0.89	0.94
Red Lake	063	0.77	0.89
Redwood	064	0.77	0.89
Renville	065	0.77	0.89
Rice	066	0.77	0.89
Rock	067	0.77	0.89
Roseau	068	0.77	0.89
Saint Louis	069	0.86	0.94
Scott	070	0.86	0.94
Sherburne	071	0.77	0.89
Sibley	072	0.77	0.89
Stearns	073	0.86	0.84
Steele	074	0.77	0.89
Stevens	075	0.77	0.89
Swift	076	0.77	0.89
Todd	077	0.77	0.89
Traverse	078	0.77	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Minnesota

State Code: 26

County Name	County Code	Area Factors	
		Med/Rx	Dental
Wabasha	079	0.77	0.89
Wadena	080	0.77	0.89
Waseca	081	0.77	0.89
Washington	082	0.86	0.94
Watsonwan	083	0.77	0.89
Wilkin	084	0.77	0.89
Winona	085	0.77	0.89
Wright	086	0.77	0.89
Yellow Medicine	087	0.77	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Mississippi

State Code: 27

County Name	County Code	Area Factors	
		Med/Rx	Dental
Adams	001	0.84	0.89
Alcorn	002	0.84	0.89
Amite	003	0.84	0.89
Attala	004	0.84	0.89
Benton	005	0.84	0.89
Bolívar	006	0.84	0.89
Calhoun	007	0.84	0.89
Carroll	008	0.84	0.89
Chicasaw	009	0.84	0.89
Choctaw	010	0.84	0.89
Claiborne	011	0.84	0.89
Clarke	012	0.84	0.89
Clay	013	0.84	0.89
Coahoma	014	0.84	0.89
Copiah	015	0.84	0.89
Covington	016	0.84	0.89
DeSoto	017	0.81	0.94
Forrest	018	0.84	0.89
Franklin	019	0.84	0.89
George	020	0.84	0.89
Greene	021	0.84	0.89
Grenada	022	0.84	0.89
Hancock	023	0.84	0.89
Harrison	024	0.81	0.94
Hinds	025	0.81	0.94
Holmes	026	0.84	0.89
Humphreys	027	0.84	0.89
Issaquena	028	0.84	0.89
Itawamba	029	0.84	0.89
Jackson	030	0.81	0.94
Jasper	031	0.84	0.89
Jefferson	032	0.84	0.89
Jefferson Davis	033	0.84	0.89
Jones	034	0.84	0.89
Kemper	035	0.84	0.89
Lafayette	036	0.84	0.89
Lamar	037	0.84	0.89
Lauderdale	038	0.84	0.89
Lawrence	039	0.84	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Mississippi

State Code: 27

County Name	County Code	Area Factors	
		Med/Rx I	Dental
Leake	040	0.84	0.89
Lee	041	0.84	0.89
Leflore	042	0.84	0.89
Lincoln	043	0.84	0.89
Lowndes	044	0.84	0.89
Madison	045	0.81	0.94
Marion	046	0.84	0.89
Marshall	047	0.84	0.89
Monroe	048	0.84	0.89
Montgomery	049	0.84	0.89
Neshoba	050	0.84	0.89
Newton	051	0.84	0.89
Noxubee	052	0.84	0.89
Oktibbeha	053	0.84	0.89
Panola	054	0.84	0.89
Pearl River	055	0.84	0.89
Perry	056	0.84	0.89
Pike	057	0.84	0.89
Pontotoc	058	0.84	0.89
Prentiss	059	0.84	0.89
Quitman	060	0.84	0.89
Rankin	061	0.81	0.94
Scott	062	0.84	0.89
Sharkey	063	0.84	0.89
Simpson	064	0.84	0.89
Smith	065	0.84	0.89
Stone	066	0.84	0.89
Sunflower	067	0.84	0.89
Tallahatchie	068	0.84	0.89
Tate	069	0.84	0.89
Tippah	070	0.84	0.89
Tishomingo	071	0.84	0.89
Tunica	072	0.84	0.89
Union	073	0.84	0.89
Walthall	074	0.84	0.89
Warren	075	0.84	0.89
Washington	076	0.84	0.89
Wayne	077	0.84	0.89
Webster	078	0.84	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Mississippi

State Code: 27

County Name	County Code	Area Factors	
		Med/Rx	Dental
Wilkinson	079	0.84	0.89
Winston	080	0.84	0.89
Yalobusha	081	0.84	0.89
Yazoo	082	0.84	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Missouri

State Code: 28

County Name	County Code	Area Factors	
		Med/Rx	Dental
Adair	001	0.84	0.84
Andrew	002	0.84	0.84
Atchison	003	0.84	0.84
Audrain	004	0.84	0.84
Barry	005	0.94	0.84
Barton	006	0.94	0.84
Bates	007	0.94	0.84
Benton	008	0.94	0.84
Bollinger	009	0.94	0.84
Boone	010	0.91	0.84
Buchanan	011	0.91	0.84
Butler	012	0.94	0.84
Caldwell	013	0.84	0.84
Callaway	014	0.84	0.84
Camden	015	0.94	0.84
Cape Girardeau	016	0.91	0.84
Carroll	017	0.84	0.84
Carter	018	0.94	0.84
Cass	019	0.91	0.84
Cedar	020	0.94	0.84
Chariton	021	0.84	0.84
Christian	022	0.94	0.84
Clark	023	0.84	0.84
Clay	024	1.12	1.00
Clinton	025	0.84	0.84
Cole	026	0.91	0.84
Cooper	027	0.84	0.84
Crawford	028	0.94	0.84
Dade	029	0.94	0.84
Dallas	030	0.94	0.84
Daviess	031	0.84	0.84
DeKalb	032	0.84	0.84
Dent	033	0.94	0.84
Douglas	034	0.94	0.84
Dunklin	035	0.94	0.84
Franklin	036	0.91	0.84
Gasconade	037	0.84	0.84
Gentry	038	0.84	0.84
Greene	039	0.81	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Missouri

State Code: 28

County Name	County Code	Area Factors	
		Med/Rx	Dental
Grundy	040	0.84	0.84
Harrison	041	0.84	0.84
Henry	042	0.94	0.84
Hickory	043	0.94	0.84
Holt	044	0.84	0.84
Howard	045	0.84	0.84
Howell	046	0.94	0.84
Iron	047	0.94	0.84
Jackson	048	1.12	1.00
Jasper	049	0.81	0.84
Jefferson	050	0.94	0.84
Johnson	051	0.84	0.84
Knox	052	0.84	0.84
Laclede	053	0.94	0.84
Lafayette	054	0.84	0.84
Lawrence	055	0.91	0.84
Lewis	056	0.84	0.84
Lincoln	057	0.91	0.84
Linn	058	0.84	0.84
Livingston	059	0.84	0.84
McDonald	060	0.94	0.84
Macon	061	0.84	0.84
Madison	062	0.94	0.84
Maries	063	0.94	0.84
Marion	064	0.84	0.84
Mercer	065	0.84	0.84
Miller	066	0.94	0.84
Mississippi	067	0.94	0.84
Moniteau	068	0.84	0.84
Monroe	069	0.84	0.84
Montgomery	070	0.84	0.84
Morgan	071	0.94	0.84
New Madrid	072	0.94	0.84
Newton	073	0.91	0.84
Nodaway	074	0.84	0.84
Oregon	075	0.94	0.84
Osage	076	0.84	0.84
Ozark	077	0.94	0.84
Pemiscot	078	0.94	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Missouri

State Code: 28

County Name	County Code	Area Factors	
		Med/Rx	Dental
Perry	079	0.94	0.84
Pettis	080	0.84	0.84
Phelps	081	0.94	0.84
Pike	082	0.84	0.84
Platte	083	1.12	1.00
Polk	084	0.94	0.84
Pulaski	085	0.94	0.84
Putnam	086	0.84	0.84
Ralls	087	0.84	0.84
Randolph	088	0.84	0.84
Ray	089	0.84	0.84
Reynolds	090	0.94	0.84
Ripley	091	0.94	0.84
St. Charles	092	1.06	0.94
St. Claire	093	0.94	0.84
St. Francois	094	0.94	0.84
Ste. Genevieve	095	0.94	0.84
St. Louis	096	1.06	0.94
St. Louis, City of	097	1.06	0.94
Saline	098	0.84	0.84
Schuyler	099	0.84	0.84
Scotland	100	0.84	0.84
Scott	101	0.94	0.84
Shannon	102	0.94	0.84
Shelby	103	0.84	0.84
Stoddard	104	0.94	0.84
Stone	105	0.94	0.84
Sullivan	106	0.84	0.84
Taney	107	0.94	0.84
Texas	108	0.94	0.84
Vernon	109	0.94	0.84
Warren	110	0.91	0.84
Washington	111	0.94	0.84
Wayne	112	0.94	0.84
Webster	113	0.94	0.84
Worth	114	0.84	0.84
Wright	115	0.94	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Montana  
State Code: 30

County Name	County Code	Area Factors	
		Med/Rx	Dental
Beaverhead	001	0.75	0.89
Big Horn	002	0.75	0.89
Blaine	003	0.75	0.89
Broadwater	004	0.75	0.89
Carbon	005	0.75	0.89
Carter	006	0.75	0.89
Cascade	007	0.75	0.89
Chouteau	008	0.75	0.89
Custer	009	0.75	0.89
Daniels	010	0.75	0.89
Dawson	011	0.75	0.89
Deer Lodge	012	0.75	0.89
Fallon	013	0.75	0.89
Fergus	014	0.75	0.89
Flathead	015	0.75	0.89
Gallatin	016	0.75	0.89
Garfield	017	0.75	0.89
Glacier	018	0.75	0.89
Golden Valley	019	0.75	0.89
Granite	020	0.75	0.89
Hill	021	0.75	0.89
Jefferson	022	0.75	0.89
Judith Basin	023	0.75	0.89
Lake	024	0.75	0.89
Lewis and Clark	025	0.75	0.89
Liberty	026	0.75	0.89
Lincoln	027	0.75	0.89
McCone	028	0.75	0.89
Madison	029	0.75	0.89
Meagher	030	0.75	0.89
Mineral	031	0.75	0.89
Missoula	032	0.75	0.89
Musselshell	033	0.75	0.89
Park	034	0.75	0.89
Petroleum	035	0.75	0.89
Phillips	036	0.75	0.89
Pondera	037	0.75	0.89
Powder River	038	0.75	0.89
Powell	039	0.75	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Montana

State Code: 30

County Name	County Code	Area Factors	
		Med/Rx	Dental
Prairie	040	0.75	0.89
Ravalli	041	0.75	0.89
Richland	042	0.75	0.89
Roosevelt	043	0.75	0.89
Rosebud	044	0.75	0.89
Sanders	045	0.75	0.89
Sheridan	046	0.75	0.89
Silver Bow	047	0.75	0.89
Stillwater	048	0.75	0.89
Sweet Grass	049	0.75	0.89
Teton	050	0.75	0.89
Toole	051	0.75	0.89
Treasure	052	0.75	0.89
Valley	053	0.75	0.89
Wheatland	054	0.75	0.89
Wibaux	055	0.75	0.89
Yellowstone	056	0.75	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Nebraska

State Code: 31

County Name	County Code	Area Factors	
		Med/Rx	Dental
Adams	001	0.75	0.84
Antelope	002	0.75	0.84
Arthur	003	0.75	0.84
Banner	004	0.75	0.84
Blaine	005	0.75	0.84
Boone	006	0.75	0.84
Box Butte	007	0.75	0.84
Boyd	008	0.75	0.84
Brown	009	0.75	0.84
Buffalo	010	0.75	0.84
Burt	011	0.75	0.84
Butler	012	0.75	0.84
Cass	013	0.75	0.84
Cedar	014	0.75	0.84
Chase	015	0.75	0.84
Cherry	016	0.75	0.84
Cheyenne	017	0.75	0.84
Clay	018	0.75	0.84
Colfax	019	0.75	0.84
Cuming	020	0.75	0.84
Custer	021	0.75	0.84
Dakota	022	0.75	0.84
Dawes	023	0.75	0.84
Dawson	024	0.75	0.84
Deuel	025	0.75	0.84
Dixon	026	0.75	0.84
Dodge	027	0.75	0.84
Douglas	028	0.84	1.06
Dundy	029	0.75	0.84
Fillmore	030	0.75	0.84
Franklin	031	0.75	0.84
Frontier	032	0.75	0.84
Furnas	033	0.75	0.84
Gage	034	0.75	0.84
Garden	035	0.75	0.84
Garfield	036	0.75	0.84
Gosper	037	0.75	0.84
Grant	038	0.75	0.84
Greeley	039	0.75	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Nebraska

State Code: 31

County Name	County Code	Area Factors	
		Med/Rx	Dental
Hall	040	0.75	0.84
Hamilton	041	0.75	0.84
Harlan	042	0.75	0.84
Hayes	043	0.75	0.84
Hitchcock	044	0.75	0.84
Holt	045	0.75	0.84
Hooker	046	0.75	0.84
Howard	047	0.75	0.84
Jefferson	048	0.75	0.84
Johnson	049	0.75	0.84
Kearney	050	0.75	0.84
Keith	051	0.75	0.84
Keyapaha	052	0.75	0.84
Kimball	053	0.75	0.84
Knox	054	0.75	0.84
Lancaster	055	0.77	0.89
Lincoln	056	0.75	0.84
Logan	057	0.75	0.84
Loup	058	0.75	0.84
McPherson	059	0.75	0.84
Madison	060	0.75	0.84
Merrick	061	0.75	0.84
Morrill	062	0.75	0.84
Nance	063	0.75	0.84
Nemaha	064	0.75	0.84
Nuckolls	065	0.75	0.84
Otoe	066	0.75	0.84
Pawnee	067	0.75	0.84
Perkins	068	0.75	0.84
Phelps	069	0.75	0.84
Pierce	070	0.75	0.84
Platte	071	0.75	0.84
Polk	072	0.75	0.84
Red Willow	073	0.75	0.84
Richardson	074	0.75	0.84
Rock	075	0.75	0.84
Saline	076	0.75	0.84
Sarpy	077	0.84	1.06
Saunders	078	0.75	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Nebraska

State Code: 31

County Name	County Code	Area Factors	
		Med/Rx	Dental
Scotts Bluff	079	0.75	0.84
Seward	080	0.75	0.84
Sheridan	081	0.75	0.84
Sherman	082	0.75	0.84
Sioux	083	0.75	0.84
Stanton	084	0.75	0.84
Thayer	085	0.75	0.84
Thomas	086	0.75	0.84
Thurston	087	0.75	0.84
Valley	088	0.75	0.84
Washington	089	0.75	0.84
Wayne	090	0.75	0.84
Webster	091	0.75	0.84
Wheeler	092	0.75	0.84
York	093	0.75	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Nevada

State Code: 32

County Name	County Code	Area Factors	
		Med/Rx	Dental
Carson City/Ormsby	001	0.86	1.19
Churchill	002	0.84	1.19
Clark	003	1.30	1.26
Douglas	004	see below	
Elko	005	0.84	1.19
Esmeralda	006	0.84	1.19
Eureka	007	0.84	1.19
Humboldt	008	0.84	1.19
Lander	009	0.84	1.19
Lincoln	010	0.84	1.19
Lyon	011	0.84	1.19
Mineral	012	0.84	1.19
Nye	013	0.84	1.19
Pershing	014	0.84	1.19
Storey	015	0.84	1.19
Washoe	016	1.03	1.34
White Pine	017	0.84	1.19
Douglas county			
Cities:			
Centerville		0.84	1.19
Dresslerville		0.84	1.19
Elks Point		0.86	1.34
Gardnerville		0.84	1.19
Gardnerville-Minden		0.84	1.19
Gardnerville-Ranchos		0.84	1.19
Genoa		0.84	1.19
Glenbrook		0.86	1.34
Glendale		0.86	1.34
Lower Kingsbury		0.86	1.34
Upper Kingsbury		0.86	1.34
Lakeridge		0.86	1.34
Lincoln Park		0.86	1.34
Lockwood		0.84	1.19
Midas		0.84	1.19
Minden		0.84	1.19
Pardise Hill		0.84	1.19
Patrick		0.84	1.19

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Nevada

State Code: 32

County Name	County Code	Area Factors	
		Med/Rx	Dental
Sheridan		0.84	1.19
Skyland		0.86	1.34
Stateline		0.86	1.34
Topaz Lake		0.84	1.19
Topas Ranch Est.		0.84	1.19
Tracy-Clark		0.84	1.19
Vista		0.84	1.19
Zephyr Cove		0.86	1.34
Zephyr Cove-Round Hill Village		0.86	1.34

NIPPON LIFE INSURANCE COMPANY OF AMERICA

New Hampshire

State Code: 33

County Name	County Code	Area Factors	
		Med/Rx	Dental
Belknap	001	0.77	1.06
Carroll	002	0.77	1.06
Cheshire	003	0.77	1.06
Coos	004	0.77	1.06
Grafton	005	0.77	1.06
Hillsborough	006	0.77	1.06
Merrimack	007	0.77	1.06
Rockingham	008	0.77	1.06
Strafford	009	0.77	1.06
Sullivan	010	0.77	1.06

NIPPON LIFE INSURANCE COMPANY OF AMERICA

New Jersey

State Code: 34

County Name	County Code	Area Factors	
		Med/Rx	Dental
ATLANTIC	001	See Below	See Below
BERGEN	002	0.99	1.60
BURLINGTON	003	See Below	See Below
CAMDEN	004	0.88	1.34
CAPEMAY	005	0.83	1.26
CUMBERLAND	006	0.83	1.26
ESSEX	007	0.90	1.60
GLOUCESTER	008	0.83	1.34
HUDSON	009	0.90	1.60
HUNTERDON	010	0.80	1.26
MERCER	011	0.88	1.34
MIDDLESEX	012	0.80	1.42
MONMOUTH	013	0.90	1.42
MORRIS	014	0.90	1.42
OCEAN	015	0.83	1.26
PASSAIC	016	0.99	1.60
SALEM	017	0.83	1.26
SOMERSET	018	0.80	1.42
SUSSEX	019	0.90	1.26
UNION	020	0.90	1.60
WARREN	021	0.90	1.26

NIPPON LIFE INSURANCE COMPANY OF AMERICA

New Jersey

SPLIT COUNTIES

State Code: 34

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
ATLANTIC	001	08037	0.83	1.26
ATLANTIC	001	08201	0.83	1.34
ATLANTIC	001	08203	0.83	1.34
ATLANTIC	001	08205	0.83	1.34
ATLANTIC	001	08213	0.83	1.26
ATLANTIC	001	08215	0.83	1.26
ATLANTIC	001	08217	0.83	1.26
ATLANTIC	001	08220	0.83	1.34
ATLANTIC	001	08221	0.83	1.34
ATLANTIC	001	08222	0.83	1.34
ATLANTIC	001	08225	0.83	1.34
ATLANTIC	001	08227	0.83	1.34
ATLANTIC	001	08231	0.83	1.34
ATLANTIC	001	08232	0.83	1.34
ATLANTIC	001	08233	0.83	1.34
ATLANTIC	001	08234	0.83	1.34
ATLANTIC	001	08240	0.83	1.26
ATLANTIC	001	08241	0.83	1.26
ATLANTIC	001	08244	0.83	1.34
ATLANTIC	001	08310	0.83	1.26
ATLANTIC	001	08317	0.83	1.26
ATLANTIC	001	08319	0.83	1.26
ATLANTIC	001	08326	0.83	1.26
ATLANTIC	001	08330	0.83	1.26
ATLANTIC	001	08340	0.83	1.26
ATLANTIC	001	08341	0.83	1.26
ATLANTIC	001	08342	0.83	1.26
ATLANTIC	001	08346	0.83	1.26
ATLANTIC	001	08350	0.83	1.26
ATLANTIC	001	08400	0.83	1.34
ATLANTIC	001	08401	0.83	1.34
ATLANTIC	001	08402	0.83	1.34
ATLANTIC	001	08403	0.83	1.34
ATLANTIC	001	08404	0.83	1.34
ATLANTIC	001	08405	0.83	1.34
ATLANTIC	001	08406	0.83	1.34
ATLANTIC	001	08411	0.83	1.34
BURLINGTON	003	08010	0.88	1.34
BURLINGTON	003	08011	0.88	1.34
BURLINGTON	003	08015	0.88	1.26

NIPPON LIFE INSURANCE COMPANY OF AMERICA

New Jersey

SPLIT COUNTIES

State Code: 34

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
BURLINGTON	003	08016	0.88	1.34
BURLINGTON	003	08019	0.88	1.26
BURLINGTON	003	08022	0.88	1.26
BURLINGTON	003	08036	0.88	1.26
BURLINGTON	003	08041	0.88	1.26
BURLINGTON	003	08042	0.88	1.26
BURLINGTON	003	08046	0.88	1.34
BURLINGTON	003	08048	0.88	1.26
BURLINGTON	003	08052	0.88	1.34
BURLINGTON	003	08053	0.88	1.26
BURLINGTON	003	08054	0.88	1.26
BURLINGTON	003	08055	0.88	1.26
BURLINGTON	003	08057	0.88	1.34
BURLINGTON	003	08060	0.88	1.26
BURLINGTON	003	08064	0.88	1.26
BURLINGTON	003	08065	0.88	1.34
BURLINGTON	003	08068	0.88	1.26
BURLINGTON	003	08073	0.88	1.34
BURLINGTON	003	08075	0.88	1.34
BURLINGTON	003	08076	0.88	1.34
BURLINGTON	003	08077	0.88	1.34
BURLINGTON	003	08088	0.88	1.26
BURLINGTON	003	08224	0.88	1.26
BURLINGTON	003	08370	0.88	1.34
BURLINGTON	003	08505	0.88	1.34
BURLINGTON	003	08511	0.88	1.26
BURLINGTON	003	08515	0.88	1.26
BURLINGTON	003	08518	0.88	1.34
BURLINGTON	003	08554	0.88	1.34
BURLINGTON	003	08562	0.88	1.26
BURLINGTON	003	08640	0.88	1.34
BURLINGTON	003	08641	0.88	1.34

NIPPON LIFE INSURANCE COMPANY OF AMERICA

New Mexico  
 State Code: 35

County Name	County Code	Area Factors	
		Med/Rx	Dental
Bernalillo	001	0.84	1.06
Catron	002	0.71	1.00
Chaves	003	0.71	1.00
Colfax	004	0.71	1.00
Curry	005	0.71	1.00
De Baca	006	0.71	1.00
Dona Ana	007	0.71	1.00
Eddy	008	0.71	1.00
Grant	009	0.71	1.00
Guadalupe	010	0.71	1.00
Harding	011	0.71	1.00
Hidalgo	012	0.71	1.00
Lea	013	0.71	1.00
Lincoln	014	0.71	1.00
Los Alamos	015	0.71	1.00
Luna	016	0.71	1.00
McKinley	017	0.71	1.00
Mora	018	0.71	1.00
Otero	019	0.71	1.00
Quay	020	0.71	1.00
Rio Arriba	021	0.71	1.00
Roosevelt	022	0.71	1.00
Sandoval	023	0.71	1.00
San Juan	024	0.71	1.00
San Miguel	025	0.71	1.00
Santa Fe	026	0.84	1.06
Sierra	027	0.71	1.00
Socorro	028	0.71	1.00
Taos	029	0.71	1.00
Torrance	030	0.71	1.00
Union	031	0.71	1.00
Valencia	032	0.71	1.00
Cibola	033	0.71	1.00

NIPPON LIFE INSURANCE COMPANY OF AMERICA

NEW YORK

State Code: 36

County Name	County Code	Area Factors	
		Med/Rx	Dental
ALBANY	001	See Below	See Below
ALLEGANY	002	0.73	1.12
BROOME	004	See Below	See Below
CATTARAUGUS	005	0.73	1.12
CAYUGA	006	0.73	1.12
CHAUTAUQUA	007	0.73	1.12
CHEMUNG	008	0.73	1.12
CHENANGO	009	See Below	See Below
CLINTON	010	0.73	1.12
COLUMBIA	011	See Below	See Below
CORTLAND	012	See Below	See Below
DELAWARE	013	See Below	See Below
DUTCHESS	014	0.85	1.19
ERIE	015	0.73	1.12
ESSEX	016	0.73	1.12
FRANKLIN	017	0.73	1.12
FULTON	018	0.73	1.12
GENESEE	019	0.73	1.12
GREENE	020	See Below	See Below
HAMILTON	021	0.73	1.12
HERKIMER	022	0.73	1.12
JEFFERSON	023	0.73	1.12
LEWIS	025	0.73	1.12
LIVINGSTON	026	0.73	1.12
MADISON	027	0.73	1.12
MONROE	028	0.73	1.12
MONTGOMERY	029	0.73	1.12
NIAGARA	032	0.73	1.12
ONEIDA	033	0.73	1.12
ONONDAGA	034	0.73	1.12
ONTARIO	035	0.73	1.12
ORANGE	036	See Below	See Below
ORLEANS	037	0.73	1.12
OSWEGO	038	0.73	1.12
OTSEGO	039	See Below	See Below
PUTNAM	040	See Below	See Below

NIPPON LIFE INSURANCE COMPANY OF AMERICA

NEW YORK

State Code: 36

County Name	County Code	Area Factors	
		Med/Rx	Dental
RENSSELAER	042	0.73	1.12
SAINT LAWRENCE	045	0.73	1.12
SARATOGA	046	0.73	1.12
SCHENECTADY	047	0.73	1.12
SCHOHARIE	048	0.73	1.12
SCHUYLER	049	0.73	1.12
SENECA	050	0.73	1.12
STEUBEN	051	0.73	1.12
SULLIVAN	053	0.85	1.12
TIOGA	054	See Below	See Below
TOMPKINS	055	0.73	1.12
ULSTER	056	0.85	1.12
WARREN	057	0.73	1.12
WASHINGTON	058	0.73	1.12
WAYNE	059	0.73	1.12
WYOMING	061	0.73	1.12
YATES	062	0.73	1.12

NIPPON LIFE INSURANCE COMPANY OF AMERICA

NEW YORK SPLIT COUNTIES

State Code: 36

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
ALBANY	001	12007 through 12288	0.73	1.12
ALBANY	001	12469	0.85	1.12
BROOME	004	13737 through 13865	0.80	1.12
BROOME	004	13900 through 13905	0.73	1.12
CHENANGO	009	13124 through 13464	0.73	1.12
CHENANGO	009	13730 through 13844	0.80	1.12
COLUMBIA	011	12017 through 12195	0.73	1.12
COLUMBIA	011	12502 through 12593	0.85	1.12
CORTLAND	012	13040 through 13158	0.73	1.12
CORTLA ID	012	13738 through 13863	0.80	1.12
DELAWARE	013	12167	0.73	1.12
DELAWARE	013	12406 through 12474	0.85	1.12
DELAWARE	013	13731 through 13860	0.80	1.12
GREENE	020	12015 through 12192	0.73	1.12
GREENE	020	12405 through 12496	0.85	1.12
ORANGE	036	10910 through 10998	1.12	1.19
ORANGE	036	12518 through 12780	0.85	1.19
OTSEGO	039	12064 through 13488	0.73	1.12
OTSEGO	039	13747 through 13861	0.80	1.12
PUTNAM	040	10509 through 10579	1.12	1.19
PUTNAM	040	12563	0.85	1.19
TIOGA	054	13732 through 13864	0.80	1.12
TIOGA	054	14859 through 14892	0.73	1.12

NIPPON LIFE INSURANCE COMPANY OF AMERICA

North Carolina

State Code: 37

County Name	County Code	Area Factors	
		Med/Rx	Dental
Alamance	001	0.75	0.84
Alexander	002	0.73	0.84
Alleghany	003	0.73	0.84
Anson	004	0.73	0.84
Ash	005	0.73	0.84
Avery	006	0.73	0.84
Beaufort	007	0.73	0.84
Bertie	008	0.73	0.84
Bladen	009	0.73	0.84
Brunswick	010	0.73	0.84
Buncombe	011	0.75	0.84
Burke	012	0.73	0.84
Cabarrus	013	0.73	0.84
Caldwell	014	0.73	0.84
Camden	015	0.73	0.84
Carteret	016	0.73	0.84
Caswell	017	0.73	0.84
Catawba	018	0.75	0.84
Chatham	019	0.73	0.84
Cherokee	020	0.73	0.84
Chowan	021	0.73	0.84
Clay	022	0.73	0.84
Cleveland	023	0.73	0.84
Columbus	024	0.73	0.84
Craven	025	0.73	0.84
Cumberland	026	0.75	0.84
Currituck	027	0.73	0.84
Dare	028	0.73	0.84
Davidson	029	0.75	0.84
Davie	030	0.73	0.84
Dulpin	031	0.73	0.84
Durham	032	0.79	0.89
Edgecombe	033	0.73	0.84
Forsyth	034	0.77	0.94
Franklin	035	0.73	0.84
Gaston	036	0.75	0.84
Gates	037	0.73	0.84
Graham	038	0.73	0.84
Granville	039	0.73	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

North Carolina

State Code: 37

County Name	County Code	Area Factors	
		Med/Rx	Dental
Greene	040	0.73	0.84
Guilford	041	0.77	0.94
Halifax	042	0.73	0.84
Harnett	043	0.73	0.84
Haywood	044	0.73	0.84
Henderson	045	0.73	0.84
Hertford	046	0.73	0.84
Hoke	047	0.73	0.84
Hyde	048	0.73	0.84
Iredell	049	0.73	0.84
Jackson	050	0.73	0.84
Johnston	051	0.73	0.84
Jones	052	0.73	0.84
Lee	053	0.73	0.84
Lenoir	054	0.73	0.84
Lincoln	055	0.73	0.84
McDowell	056	0.73	0.84
Macon	057	0.73	0.84
Madison	058	0.73	0.84
Martin	059	0.73	0.84
Mecklenburg	060	0.77	0.84
Mitchell	061	0.73	0.84
Montgomery	062	0.73	0.84
Moore	063	0.73	0.84
Nash	064	0.73	0.84
New Hanover	065	0.73	0.84
Northampton	066	0.73	0.84
Onslow	067	0.75	0.84
Orange	068	0.75	0.84
Pamlico	069	0.73	0.84
Pasquotank	070	0.73	0.84
Pender	071	0.73	0.84
Perquimans	072	0.73	0.84
Person	073	0.73	0.84
Pitt	074	0.75	0.84
Polk	075	0.73	0.84
Randolph	076	0.75	0.84
Richmond	077	0.73	0.84
Robeson	078	0.75	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

North Carolina

State Code: 37

County Name	County Code	Area Factors	
		Med/Rx	Dental
Rockingham	079	0.73	0.84
Rowan	080	0.75	0.84
Rutherford	081	0.73	0.84
Sampson	082	0.73	0.84
Scotland	083	0.73	0.84
Stanly	084	0.73	0.84
Stokes	085	0.73	0.84
Surry	086	0.73	0.84
Swain	087	0.73	0.84
Transylvania	088	0.73	0.84
Tyrrell	089	0.73	0.84
Union	090	0.73	0.84
Vance	091	0.73	0.84
Wake	092	0.79	0.89
Warren	093	0.73	0.84
Washington	094	0.73	0.84
Watauga	095	0.73	0.84
Wayne	096	0.73	0.84
Wilkes	097	0.73	0.84
Wilson	098	0.73	0.84
Yadkin	099	0.73	0.84
Yancey	100	0.73	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

North Dakota  
State Code: 39

County Name	County Code	Area Factors	
		Med/Rx	Dental
Adams	001	0.79	0.84
Barnes	002	0.79	0.84
Benson	003	0.79	0.84
Billings	004	0.79	0.84
Bottineau	005	0.79	0.84
Bowman	006	0.79	0.84
Burke	007	0.79	0.84
Burleigh	008	0.79	0.84
Cass	009	0.79	0.84
Cavalier	010	0.79	0.84
Dickey	011	0.79	0.84
Divide	012	0.79	0.84
Dunn	013	0.79	0.84
Eddy	014	0.79	0.84
Emmons	015	0.79	0.84
Foster	016	0.79	0.84
Golden Valley	017	0.79	0.84
Grand Forks	018	0.79	0.84
Grant	019	0.79	0.84
Griggs	020	0.79	0.84
Hettinger	021	0.79	0.84
Kidder	022	0.79	0.84
La Moure	023	0.79	0.84
Logan	024	0.79	0.84
McHenry	025	0.79	0.84
McIntosh	026	0.79	0.84
McKensie	027	0.79	0.84
McLean	028	0.79	0.84
Mercer	029	0.79	0.84
Morton	030	0.79	0.84
Mountrail	031	0.79	0.84
Nelson	032	0.79	0.84
Oliver	033	0.79	0.84
Pembina	034	0.79	0.84
Pierce	035	0.79	0.84
Ramsey	036	0.79	0.84
Ransom	037	0.79	0.84
Renville	038	0.79	0.84
Richland	039	0.79	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

North Dakota

State Code: 39

County Name	County Code	Area Factors	
		Med/Rx	Dental
Rolette	040	0.79	0.84
Sargent	041	0.79	0.84
Sheridan	042	0.79	0.84
Sioux	043	0.79	0.84
Slope	044	0.79	0.84
Stark	045	0.79	0.84
Steele	046	0.79	0.84
Stutsman	047	0.79	0.84
Towner	048	0.79	0.84
Traill	049	0.79	0.84
Walsh	050	0.79	0.84
Ward	051	0.79	0.84
Wells	052	0.79	0.84
Williams	053	0.79	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

**OHIO**

State Code: 40

County Name	County Code	Area Factors	
		Med/Rx	Dental
ADAMS	001	0.77	0.84
ALLEN	002	0.77	0.84
ASHLAND	003	0.83	0.84
ASHTABULA	004	0.93	0.84
ATHENS	005	0.82	0.84
AUGLAIZE	006	0.77	0.84
BELMONT	007	0.71	0.84
BROWN	008	See Below	See Below
BUTLER	009	0.83	0.84
CARROLL	010	0.83	0.84
CHAMPAIGN	011	0.77	0.84
CLARK	012	0.77	0.84
CLERMONT	013	0.83	0.84
CLINTON	014	0.83	0.84
COLUMBIANA	015	See Below	See Below
COSHOCTON	016	0.71	0.84
CRAWFORD	017	0.77	0.84
CUYAHOGA	018	0.93	1.12
DARKE	019	0.77	0.84
DEFIANCE	020	0.88	0.84
DELAWARE	021	0.77	0.84
ERIE	022	0.83	0.84
FAIRFIELD	023	0.83	0.84
FAYETTE	024	0.83	0.84
FRANKLIN	025	See Below	See Below
FULTON	026	0.88	0.84
GALLIA	027	0.77	0.84
GEAUGA	028	0.93	0.84
GREENE	029	0.77	0.94
GUERNSEY	030	0.71	0.84
HAMILTON	031	0.83	1
HANCOCK	032	0.77	0.84
HARDIN	033	0.77	0.84
HARRISON	034	0.71	0.84
HENRY	035	0.83	0.84
HIGHLAND	036	0.83	0.84
HOCKING	037	0.83	0.84
HOLMES	038	0.77	0.84
HURON	039	0.83	0.84
JACKSON	040	0.77	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

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County Name	County Code	Area Factors	
		Med/Rx	Dental
JEFFERSON	041	0.71	0.84
KNOX	042	0.77	0.84
LAKE	043	0.93	0.84
LAWRENCE	044	0.77	0.84
LICKING	045	0.77	0.84
LOGAN	046	0.77	0.84
LORAIN	047	0.93	0.84
LUCAS	048	0.88	0.84
MADISON	049	0.83	0.84
MAHONING	050	See Below	See Below
MARION	051	0.77	0.84
MEDINA	052	0.88	0.84
MEIGS	053	0.82	0.84
MERCER	054	0.77	0.84
MIAMI	055	0.77	0.84
MONROE	056	See Below	See Below
MONTGOMERY	057	See Below	See Below
MORGAN	058	0.71	0.84
MORROW	059	0.77	0.84
MUSKINGUM	060	0.71	0.84
NOBLE	061	See Below	See Below
OTTAWA	062	0.88	0.84
PAULDING	063	0.77	0.84
PERRY	064	0.71	0.84
PICKAWAY	065	0.83	0.84
PIKE	066	0.77	0.84
PORTAGE	067	0.88	0.84
PREBLE	068	0.77	0.84
PUTNAM	069	0.77	0.84
RICHLAND	070	0.72	0.84
ROSS	071	See Below	See Below
SANDUSKY	072	0.88	0.84
SCIOTO	073	0.77	0.84
SENECA	074	0.83	0.84
SHELBY	075	0.77	0.84
STARK	076	0.83	0.84
SUMMIT	077	See Below	See Below
TRUMBULL	078	0.88	0.84
TUSCARAWAS	079	See Below	See Below
UNION	080	0.77	0.84

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		Med/Rx	Dental
VAN WERT	081	0.77	0.84
VINTON	082	0.77	0.84
WARREN	083	0.83	0.84
WASHINGTON	084	0.82	0.84
WAYNE	085	See Below	See Below
WILLIAMS	086	0.88	0.84
WOOD	087	See Below	See Below
WYANDOT	088	0.77	0.84

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County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
BROWN	008	45101	0.77	0.84
BROWN	008	45115	0.77	0.84
BROWN	008	45118	0.77	0.84
BROWN	008	45119	0.77	0.84
BROWN	008	45121	0.77	0.84
BROWN	008	45130	0.77	0.84
BROWN	008	45131	0.77	0.84
BROWN	008	45154	0.77	0.84
BROWN	008	45167	0.77	0.84
BROWN	008	45168	0.77	0.84
BROWN	008	45171	0.77	0.84
BROWN	008	45275	0.83	0.84
COLUMBIANA	015	43920	0.80	0.84
COLUMBIANA	015	43945	0.80	0.84
COLUMBIANA	015	43962	0.80	0.84
COLUMBIANA	015	43968	0.80	0.84
COLUMBIANA	015	44408	0.86	0.84
COLUMBIANA	015	44413	0.86	0.84
COLUMBIANA	015	44415	0.86	0.84
COLUMBIANA	015	44423	0.86	0.84
COLUMBIANA	015	44427	0.86	0.84
COLUMBIANA	015	44431	0.86	0.84
COLUMBIANA	015	44432	0.86	0.84
COLUMBIANA	015	44441	0.86	0.84
COLUMBIANA	015	44445	0.86	0.84
COLUMBIANA	015	44455	0.86	0.84
COLUMBIANA	015	44460	0.86	0.84
COLUMBIANA	015	44490	0.86	0.84
COLUMBIANA	015	44492	0.86	0.84
COLUMBIANA	015	44493	0.86	0.84
COLUMBIANA	015	44625	0.86	0.84
COLUMBIANA	015	44634	0.86	0.84
COLUMBIANA	015	44665	0.86	0.84
FRANKLIN	025	43002	0.77	0.94
FRANKLIN	025	43004	0.77	0.94
FRANKLIN	025	43016	0.77	0.94
FRANKLIN	025	43017	0.77	0.94
FRANKLIN	025	43026	0.77	0.94
FRANKLIN	025	43054	0.83	0.94
FRANKLIN	025	43068	0.77	0.94
FRANKLIN	025	43081	0.77	0.94
FRANKLIN	025	43082	0.77	0.94
FRANKLIN	025	43085	0.77	0.94
FRANKLIN	025	43086	0.77	0.94
FRANKLIN	025	43099	0.77	0.94
FRANKLIN	025	43109	0.83	0.94
FRANKLIN	025	43110	0.83	0.94
FRANKLIN	025	43119	0.83	0.94
FRANKLIN	025	43123	0.83	0.94
FRANKLIN	025	43125	0.83	0.94
FRANKLIN	025	43126	0.83	0.94
FRANKLIN	025	43137	0.83	0.94
FRANKLIN	025	43195	0.83	0.94
FRANKLIN	025	43196	0.83	0.94
FRANKLIN	025	43198	0.83	0.94
FRANKLIN	025	43199	0.83	0.94
FRANKLIN	025	43200	0.83	0.94
FRANKLIN	025	43201	0.83	0.94

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County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
FRANKLIN	025	43202	0.83	0.94
FRANKLIN	025	43203	0.83	0.94
FRANKLIN	025	43204	0.83	0.94
FRANKLIN	025	43205	0.83	0.94
FRANKLIN	025	43206	0.83	0.94
FRANKLIN	025	43207	0.83	0.94
FRANKLIN	025	43209	0.83	0.94
FRANKLIN	025	43210	0.83	0.94
FRANKLIN	025	43211	0.83	0.94
FRANKLIN	025	43212	0.83	0.94
FRANKLIN	025	43213	0.83	0.94
FRANKLIN	025	43214	0.83	0.94
FRANKLIN	025	43215	0.83	0.94
FRANKLIN	025	43216	0.83	0.94
FRANKLIN	025	43217	0.83	0.94
FRANKLIN	025	43218	0.83	0.94
FRANKLIN	025	43219	0.83	0.94
FRANKLIN	025	43220	0.83	0.94
FRANKLIN	025	43221	0.83	0.94
FRANKLIN	025	43222	0.83	0.94
FRANKLIN	025	43223	0.83	0.94
FRANKLIN	025	43224	0.83	0.94
FRANKLIN	025	43226	0.83	0.94
FRANKLIN	025	43227	0.83	0.94
FRANKLIN	025	43228	0.83	0.94
FRANKLIN	025	43229	0.83	0.94
FRANKLIN	025	43230	0.83	0.94
FRANKLIN	025	43231	0.83	0.94
FRANKLIN	025	43232	0.83	0.94
FRANKLIN	025	43234	0.83	0.94
FRANKLIN	025	43235	0.83	0.94
FRANKLIN	025	43236	0.83	0.94
FRANKLIN	025	43240	0.83	0.94
FRANKLIN	025	43251	0.83	0.94
FRANKLIN	025	43253	0.83	0.94
FRANKLIN	025	43260	0.83	0.94
FRANKLIN	025	43265	0.83	0.94
FRANKLIN	025	43266	0.83	0.94
FRANKLIN	025	43267	0.83	0.94
FRANKLIN	025	43268	0.83	0.94
FRANKLIN	025	43269	0.83	0.94
FRANKLIN	025	43270	0.83	0.94
FRANKLIN	025	43271	0.83	0.94
FRANKLIN	025	43272	0.83	0.94
FRANKLIN	025	43279	0.83	0.94
FRANKLIN	025	43285	0.83	0.94
FRANKLIN	025	43286	0.83	0.94
FRANKLIN	025	43287	0.83	0.94
FRANKLIN	025	43291	0.83	0.94
FRANKLIN	025	43299	0.83	0.94
MAHONING	050	44401	0.88	0.84
MAHONING	050	44405	0.88	0.84
MAHONING	050	44406	0.88	0.84
MAHONING	050	44416	0.88	0.84
MAHONING	050	44422	0.88	0.84
MAHONING	050	44429	0.88	0.84
MAHONING	050	44436	0.88	0.84
MAHONING	050	44442	0.88	0.84

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County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
MAHONING	050	44443	0.88	0.84
MAHONING	050	44449	0.88	0.84
MAHONING	050	44451	0.88	0.84
MAHONING	050	44452	0.88	0.84
MAHONING	050	44454	0.88	0.84
MAHONING	050	44471	0.88	0.84
MAHONING	050	44500	0.88	0.84
MAHONING	050	44501	0.88	0.84
MAHONING	050	44502	0.88	0.84
MAHONING	050	44503	0.88	0.84
MAHONING	050	44504	0.88	0.84
MAHONING	050	44505	0.88	0.84
MAHONING	050	44506	0.88	0.84
MAHONING	050	44507	0.88	0.84
MAHONING	050	44509	0.88	0.84
MAHONING	050	44510	0.88	0.84
MAHONING	050	44511	0.88	0.84
MAHONING	050	44512	0.88	0.84
MAHONING	050	44513	0.88	0.84
MAHONING	050	44514	0.88	0.84
MAHONING	050	44515	0.88	0.84
MAHONING	050	44555	0.88	0.84
MAHONING	050	44598	0.88	0.84
MAHONING	050	44599	0.88	0.84
MAHONING	050	44609	0.83	0.84
MAHONING	050	44619	0.83	0.84
MAHONING	050	44672	0.83	0.84
MONROE	056	43716	0.71	0.84
MONROE	056	43747	0.71	0.84
MONROE	056	43752	0.71	0.84
MONROE	056	43754	0.71	0.84
MONROE	056	43757	0.71	0.84
MONROE	056	43786	0.71	0.84
MONROE	056	43789	0.71	0.84
MONROE	056	43793	0.71	0.84
MONROE	056	43914	0.71	0.84
MONROE	056	43915	0.71	0.84
MONROE	056	43931	0.71	0.84
MONROE	056	43946	0.71	0.84
MONROE	056	45730	0.82	0.84
MONROE	056	45734	0.82	0.84
MONTGOMERY	057	45309	0.77	0.94
MONTGOMERY	057	45315	0.77	0.94
MONTGOMERY	057	45322	0.77	0.94
MONTGOMERY	057	45325	0.77	0.94
MONTGOMERY	057	45327	0.77	0.94
MONTGOMERY	057	45342	0.77	0.94
MONTGOMERY	057	45343	0.77	0.94
MONTGOMERY	057	45345	0.77	0.94
MONTGOMERY	057	45354	0.77	0.94
MONTGOMERY	057	45377	0.77	0.94
MONTGOMERY	057	45401	0.83	0.94
MONTGOMERY	057	45402	0.83	0.94
MONTGOMERY	057	45403	0.83	0.94
MONTGOMERY	057	45404	0.83	0.94
MONTGOMERY	057	45405	0.83	0.94
MONTGOMERY	057	45406	0.83	0.94
MONTGOMERY	057	45407	0.83	0.94

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County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
MONTGOMERY	057	45408	0.83	0.94
MONTGOMERY	057	45409	0.83	0.94
MONTGOMERY	057	45410	0.83	0.94
MONTGOMERY	057	45412	0.83	0.94
MONTGOMERY	057	45413	0.83	0.94
MONTGOMERY	057	45414	0.83	0.94
MONTGOMERY	057	45415	0.83	0.94
MONTGOMERY	057	45416	0.83	0.94
MONTGOMERY	057	45417	0.83	0.94
MONTGOMERY	057	45418	0.83	0.94
MONTGOMERY	057	45419	0.83	0.94
MONTGOMERY	057	45420	0.83	0.94
MONTGOMERY	057	45422	0.83	0.94
MONTGOMERY	057	45423	0.83	0.94
MONTGOMERY	057	45424	0.83	0.94
MONTGOMERY	057	45426	0.83	0.94
MONTGOMERY	057	45427	0.83	0.94
MONTGOMERY	057	45428	0.83	0.94
MONTGOMERY	057	45429	0.83	0.94
MONTGOMERY	057	45430	0.83	0.94
MONTGOMERY	057	45431	0.83	0.94
MONTGOMERY	057	45432	0.83	0.94
MONTGOMERY	057	45434	0.83	0.94
MONTGOMERY	057	45435	0.83	0.94
MONTGOMERY	057	45437	0.83	0.94
MONTGOMERY	057	45439	0.83	0.94
MONTGOMERY	057	45440	0.83	0.94
MONTGOMERY	057	45441	0.83	0.94
MONTGOMERY	057	45444	0.83	0.94
MONTGOMERY	057	45448	0.83	0.94
MONTGOMERY	057	45449	0.83	0.94
MONTGOMERY	057	45454	0.83	0.94
MONTGOMERY	057	45458	0.83	0.94
MONTGOMERY	057	45459	0.83	0.94
MONTGOMERY	057	45463	0.83	0.94
MONTGOMERY	057	45469	0.83	0.94
MONTGOMERY	057	45470	0.83	0.94
MONTGOMERY	057	45475	0.83	0.94
MONTGOMERY	057	45479	0.83	0.94
MONTGOMERY	057	45481	0.83	0.94
MONTGOMERY	057	45482	0.83	0.94
MONTGOMERY	057	45490	0.83	0.94
NOBLE	061	43711	0.71	0.84
NOBLE	061	43717	0.71	0.84
NOBLE	061	43724	0.71	0.84
NOBLE	061	43779	0.71	0.84
NOBLE	061	43788	0.71	0.84
NOBLE	061	45727	0.82	0.84
ROSS	071	43101	0.80	0.84
ROSS	071	43115	0.80	0.84
ROSS	071	45601	0.77	0.84
ROSS	071	45612	0.77	0.84
ROSS	071	45617	0.77	0.84
ROSS	071	45628	0.77	0.84
ROSS	071	45633	0.77	0.84
ROSS	071	45644	0.77	0.84
ROSS	071	45647	0.77	0.84
ROSS	071	45673	0.77	0.84

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County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
ROSS	071	45681	0.77	0.84
SUMMIT	077	44056	0.88	0.84
SUMMIT	077	44067	0.88	0.84
SUMMIT	077	44087	0.88	0.84
SUMMIT	077	44203	0.88	0.84
SUMMIT	077	44210	0.88	0.84
SUMMIT	077	44216	0.88	0.84
SUMMIT	077	44221	0.88	0.84
SUMMIT	077	44222	0.88	0.84
SUMMIT	077	44223	0.88	0.84
SUMMIT	077	44224	0.88	0.84
SUMMIT	077	44232	0.88	0.84
SUMMIT	077	44236	0.88	0.84
SUMMIT	077	44237	0.88	0.84
SUMMIT	077	44238	0.88	0.84
SUMMIT	077	44250	0.88	0.84
SUMMIT	077	44260	0.88	0.84
SUMMIT	077	44262	0.88	0.84
SUMMIT	077	44264	0.88	0.84
SUMMIT	077	44278	0.88	0.84
SUMMIT	077	44286	0.88	0.84
SUMMIT	077	44300	0.93	0.84
SUMMIT	077	44301	0.93	0.84
SUMMIT	077	44302	0.93	0.84
SUMMIT	077	44303	0.93	0.84
SUMMIT	077	44304	0.93	0.84
SUMMIT	077	44305	0.93	0.84
SUMMIT	077	44306	0.93	0.84
SUMMIT	077	44307	0.93	0.84
SUMMIT	077	44308	0.93	0.84
SUMMIT	077	44309	0.93	0.84
SUMMIT	077	44310	0.93	0.84
SUMMIT	077	44311	0.93	0.84
SUMMIT	077	44312	0.93	0.84
SUMMIT	077	44313	0.93	0.84
SUMMIT	077	44314	0.93	0.84
SUMMIT	077	44315	0.93	0.84
SUMMIT	077	44316	0.93	0.84
SUMMIT	077	44317	0.93	0.84
SUMMIT	077	44319	0.93	0.84
SUMMIT	077	44320	0.93	0.84
SUMMIT	077	44321	0.93	0.84
SUMMIT	077	44322	0.93	0.84
SUMMIT	077	44325	0.93	0.84
SUMMIT	077	44326	0.93	0.84
SUMMIT	077	44328	0.93	0.84
SUMMIT	077	44329	0.93	0.84
SUMMIT	077	44331	0.93	0.84
SUMMIT	077	44333	0.93	0.84
SUMMIT	077	44334	0.93	0.84
SUMMIT	077	44372	0.93	0.84
SUMMIT	077	44393	0.93	0.84
SUMMIT	077	44396	0.93	0.84
SUMMIT	077	44397	0.93	0.84
SUMMIT	077	44398	0.93	0.84
SUMMIT	077	44399	0.93	0.84
TUSCARAWAS	079	43804	0.71	0.84
TUSCARAWAS	079	43832	0.71	0.84

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County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
TUSCARAWAS	079	43837	0.71	0.84
TUSCARAWAS	079	43840	0.71	0.84
TUSCARAWAS	079	44612	0.74	0.84
TUSCARAWAS	079	44621	0.74	0.84
TUSCARAWAS	079	44622	0.74	0.84
TUSCARAWAS	079	44624	0.74	0.84
TUSCARAWAS	079	44629	0.74	0.84
TUSCARAWAS	079	44653	0.74	0.84
TUSCARAWAS	079	44656	0.74	0.84
TUSCARAWAS	079	44663	0.74	0.84
TUSCARAWAS	079	44671	0.74	0.84
TUSCARAWAS	079	44678	0.74	0.84
TUSCARAWAS	079	44679	0.74	0.84
TUSCARAWAS	079	44680	0.74	0.84
TUSCARAWAS	079	44681	0.74	0.84
TUSCARAWAS	079	44682	0.74	0.84
TUSCARAWAS	079	44683	0.74	0.84
TUSCARAWAS	079	44697	0.74	0.84
WAYNE	085	44214	0.77	0.84
WAYNE	085	44217	0.77	0.84
WAYNE	085	44230	0.77	0.84
WAYNE	085	44270	0.77	0.84
WAYNE	085	44276	0.77	0.84
WAYNE	085	44287	0.77	0.84
WAYNE	085	44606	0.83	0.84
WAYNE	085	44618	0.83	0.84
WAYNE	085	44627	0.83	0.84
WAYNE	085	44636	0.83	0.84
WAYNE	085	44645	0.83	0.84
WAYNE	085	44659	0.83	0.84
WAYNE	085	44667	0.83	0.84
WAYNE	085	44676	0.83	0.84
WAYNE	085	44677	0.83	0.84
WAYNE	085	44691	0.83	0.84
WOOD	087	43402	0.88	0.84
WOOD	087	43403	0.88	0.84
WOOD	087	43406	0.88	0.84
WOOD	087	43413	0.88	0.84
WOOD	087	43414	0.88	0.84
WOOD	087	43437	0.88	0.84
WOOD	087	43441	0.88	0.84
WOOD	087	43443	0.88	0.84
WOOD	087	43447	0.88	0.84
WOOD	087	43450	0.88	0.84
WOOD	087	43451	0.88	0.84
WOOD	087	43457	0.88	0.84
WOOD	087	43460	0.88	0.84
WOOD	087	43462	0.88	0.84
WOOD	087	43463	0.88	0.84
WOOD	087	43465	0.88	0.84
WOOD	087	43466	0.88	0.84
WOOD	087	43467	0.88	0.84
WOOD	087	43511	0.88	0.84
WOOD	087	43522	0.88	0.84
WOOD	087	43525	0.88	0.84
WOOD	087	43529	0.88	0.84
WOOD	087	43541	0.88	0.84
WOOD	087	43551	0.88	0.84

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County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
WOOD	087	43552	0.88	0.84
WOOD	087	43565	0.88	0.84
WOOD	087	43569	0.88	0.84
WOOD	087	43619	0.88	0.84
WOOD	087	44817	0.83	0.84
WOOD	087	45872	0.83	0.84

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NIPPON LIFE INSURANCE COMPANY OF AMERICA

Oklahoma

State Code: 41

County Name	County Code	Area Factors	
		Med/Rx	Dental
Adair	001	0.91	0.84
Alfalfa	002	0.91	0.84
Atoka	003	0.91	0.84
Beaver	004	0.91	0.84
Beckham	005	0.91	0.84
Blaine	006	0.91	0.84
Bryan	007	0.91	0.84
Caddo	008	0.91	0.84
Canadian	009	0.81	0.84
Carter	010	0.91	0.84
Cherokee	011	0.91	0.84
Choctaw	012	0.91	0.84
Cimarron	013	0.91	0.84
Cleveland	014	1.00	1.06
Coal	015	0.91	0.84
Comanche	016	0.81	0.84
Cotton	017	0.91	0.84
Craig	018	0.91	0.84
Creek	019	0.81	0.84
Custer	020	0.91	0.84
Delaware	021	0.91	0.84
Dewey	022	0.91	0.84
Ellis	023	0.91	0.84
Garfield	024	0.81	0.84
Garvin	025	0.91	0.84
Grady	026	0.91	0.84
Grant	027	0.91	0.84
Greer	028	0.91	0.84
Harmon	029	0.91	0.84
Harper	030	0.91	0.84
Haskell	031	0.91	0.84
Hughes	032	0.91	0.84
Jackson	033	0.91	0.84
Jefferson	034	0.91	0.84
Johnston	035	0.91	0.84
Kay	036	0.91	0.84
Kingfisher	037	0.91	0.84
Kiowa	038	0.91	0.84
Latimer	039	0.91	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Oklahoma  
State Code: 41

County Name	County Code	Area Factors	
		Med/Rx	Dental
Le Flore	040	0.91	0.84
Lincoln	041	0.91	0.84
Logan	042	0.91	0.84
Love	043	0.91	0.84
McClain	044	0.91	0.84
McCurtain	045	0.91	0.84
McIntosh	046	0.91	0.84
Major	047	0.91	0.84
Marshall	048	0.91	0.84
Mayes	049	0.91	0.84
Murray	050	0.91	0.84
Muskogee	051	0.81	0.84
Noble	052	0.91	0.84
Nowata	053	0.91	0.84
Okfuskee	054	0.91	0.84
Oklahoma	055	1.00	1.06
Okmulgee	056	0.91	0.84
Osage	057	0.81	0.84
Ottawa	058	0.91	0.84
Pawnee	059	0.91	0.84
Payne	060	0.81	0.84
Pittsburg	061	0.91	0.84
Pontotoc	062	0.91	0.84
Pottawatta	063	0.81	0.84
Pushmataha	064	0.91	0.84
Roger Mill	065	0.91	0.84
Rogers	066	0.81	0.84
Seminole	067	0.91	0.84
Sequoyah	068	0.91	0.84
Stephens	069	0.91	0.84
Texas	070	0.91	0.84
Tillman	071	0.91	0.84
Tulsa	072	1.03	1.12
Wagoner	073	0.81	0.84
Washington	074	0.91	0.84
Washita	075	0.91	0.84
Woods	076	0.91	0.84
Woodward	077	0.91	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Oregon  
State Code: 42

County Name	County Code	Area Factors	
		Med/Rx	Dental
Baker	001	0.81	1.19
Benton	002	0.81	1.19
Clackamas	003	0.91	1.26
Clatsop	004	0.81	1.19
Columbia	005	0.81	1.19
Coos	006	0.81	1.19
Crook	007	0.81	1.19
Curry	008	0.81	1.19
Deschutes	009	0.81	1.19
Douglas	010	0.81	1.19
Gilliam	011	0.81	1.19
Grant	012	0.81	1.19
Harney	013	0.81	1.19
Hood River	014	0.81	1.19
Jackson	015	0.81	1.19
Jefferson	016	0.81	1.19
Josephine	017	0.81	1.19
Klamath	018	0.81	1.19
Lake	019	0.81	1.19
Lane	020	0.81	1.19
Lincoln	021	0.81	1.19
Linn	022	0.81	1.19
Malheur	023	0.81	1.19
Marion	024	0.81	1.19
Morrow	025	0.81	1.19
Multnomah	026	0.91	1.26
Polk	027	0.81	1.19
Sherman	028	0.81	1.19
Tillamook	029	0.81	1.19
Umatilla	030	0.81	1.19
Union	031	0.81	1.19
Wallowa	032	0.81	1.19
Wasco	033	0.81	1.19
Washington	034	0.91	1.26
Wheeler	035	0.81	1.19
Yamhill	036	0.81	1.19

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Pennsylvania  
State Code: 43

County Name	County Code	Area Factors	
		Med/Rx	Dental
Adams	001	0.75	0.94
Allegheny	002	0.84	1.19
Armstrong	003	0.75	0.94
Beaver	004	0.77	0.94
Bedford	005	0.75	0.94
Berks	006	0.77	0.94
Blair	007	0.77	0.94
Bradford	008	0.75	0.94
Bucks	009	1.06	1.19
Butler	010	0.77	0.94
Cambria	011	0.77	0.94
Cameron	012	0.75	0.94
Carbon	013	0.75	0.94
Centre	014	0.77	0.94
Chester	015	1.06	1.19
Clarion	016	0.75	0.94
Clearfield	017	0.75	0.94
Clinton	018	0.75	0.94
Columbia	019	0.75	0.94
Crawford	020	0.75	0.94
Cumberland	021	0.77	0.94
Dauphin	022	0.77	0.94
Delaware	023	1.06	1.19
Elk	024	0.75	0.94
Erie	025	0.77	0.94
Fayette	026	0.77	0.94
Forest	027	0.75	0.94
Franklin	028	0.77	0.94
Fulton	029	0.75	0.94
Greene	030	0.75	0.94
Huntingdon	031	0.75	0.94
Indiana	032	0.75	0.94
Jefferson	033	0.75	0.94
Juniata	034	0.75	0.94
Lackawanna	035	0.77	0.94
Lancaster	036	0.77	0.94
Lawrence	037	0.77	0.94
Lebanon	038	0.77	0.94
Lehigh	039	0.77	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Pennsylvania

State Code: 43

County Name	County Code	Area Factors	
		Med/Rx	Dental
Luzerne	040	0.77	0.94
Lycoming	041	0.77	0.94
McKean	042	0.75	0.94
Mercer	043	0.77	0.94
Mifflin	044	0.75	0.94
Monroe	045	0.77	0.94
Montgomery	046	1.00	1.26
Montour	047	0.75	0.94
Northampton	048	0.77	0.94
Northumberland	049	0.75	0.94
Perry	050	0.75	0.94
Philadelphia	051	1.00	1.26
Pike	052	0.75	0.94
Potter	053	0.75	0.94
Schuylkill	054	0.75	0.94
Snyder	055	0.75	0.94
Somerset	056	0.75	0.94
Sullivan	057	0.75	0.94
Susquehanna	058	0.75	0.94
Tioga	059	0.75	0.94
Union	060	0.75	0.94
Venango	061	0.75	0.94
Warren	062	0.75	0.94
Washington	063	0.77	0.94
Wayne	064	0.75	0.94
Westmoreland	065	0.77	0.94
Wyoming	066	0.75	0.94
York	067	0.77	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Rhode Island  
 State Code: .44.

County Name	County Code	Area Factors	
		Med/Rx	Dental
Bristol	001	0.81	1.06
Kent	002	0.81	1.06
New Port	003	0.81	1.06
Providence	004	0.81	1.06
Washington	005	0.81	1.06

NIPPON LIFE INSURANCE COMPANY OF AMERICA

**South Carolina**

State Code: 45

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
ABBEVILLE	001	All	0.75	0.84
AIKEN	002	All	0.80	0.84
ALLENDALE	003	All	0.80	0.84
ANDERSON	004	All	0.75	0.84
BAMBERG	005	All	0.80	0.84
BARNWELL	006	All	0.80	0.84
BEAUFORT	007	All	0.80	0.94
BERKELEY	008	All	0.85	0.84
CALHOUN	009	All	0.80	0.84
CHARLESTON	010	All	0.85	0.94
CHEROKEE	011	All	0.85	0.84
CHESTER	012	29014 through 29055	0.80	0.84
CHESTER	012	29706 through 29729	0.85	0.84
CHESTERFIELD	013	29101 through 29584	0.80	0.84
CHESTERFIELD	013	29709 through 29741	0.85	0.84
CLARENDON	014	All	0.80	0.84
COLLETON	015	29082,29929	0.80	0.84
COLLETON	015	29433 through 29493	0.85	0.84
DARLINGTON	016	All	0.80	0.84
DILLON	017	All	0.80	0.84
DORCHESTER	018	All	0.85	0.84
EDGEFIELD	019	All	0.80	0.84
FAIRFIELD	020	All	0.80	0.84
FLORENCE	021	All	0.80	0.84
GEORGETOWN	022	29510 through 29585	0.80	0.84
GEORGETOWN	022	29440,29442	0.85	0.84
GREENVILLE	023	All	0.75	0.94
GREENWOOD	024	29646 through 29695	0.75	0.84
GREENWOOD	024	29819 through 29848	0.80	0.84
HAMPTON	025	All	0.80	0.84
HORRY	026	All	0.80	0.84
JASPER	027	All	0.80	0.84
KERSHAW	028	All	0.80	0.84
LANCASTER	029	29058 through 29067	0.80	0.84
LANCASTER	029	29720 through 29744	0.85	0.84
LAURENS	030	29645	0.75	0.84
LAURENS	030	29325 through 29384	0.85	0.84
LEE	031	All	0.80	0.84
LEXINGTON	032	All	0.80	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

**South Carolina**

State Code: 45

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
MARION	033	All	0.80	0.84
MARLBORO	034	All	0.80	0.84
MC CORMICK	035	All	0.80	0.84
NEWBERRY	036	29037 through 29178	0.80	0.84
NEWBERRY	036	29355	0.85	0.84
OCONEE	037	All	0.75	0.84
ORANGEBURG	038	29018 through 29163	0.80	0.84
ORANGEBURG	038	29432	0.85	0.84
PICKENS	039	All	0.75	0.84
RICHLAND	040	All	0.80	0.94
SALUDA	041	All	0.80	0.84
SPARTANBURG	042	29698	0.75	0.84
SPARTANBURG	042	29301 through 29391	0.85	0.84
SUMTER	043	All	0.80	0.84
UNION	044	29031	0.80	0.84
UNION	044	29321 through 29379	0.85	0.84
WILLIAMSBURG	045	All	0.80	0.84
YORK	046	All	0.85	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

South Dakota  
State Code: 46

County Name	County Code	Area Factors	
		Med/Rx	Dental
Aurora	001	0.73	0.84
Beadle	002	0.73	0.84
Bennett	003	0.73	0.84
Bon Homme	004	0.73	0.84
Brookings	005	0.73	0.84
Brown	006	0.73	0.84
Brule	007	0.73	0.84
Buffalo	008	0.73	0.84
Butte	009	0.73	0.84
Campbell	010	0.73	0.84
Charles Mix	011	0.73	0.84
Clark	012	0.73	0.84
Clay	013	0.73	0.84
Codington	014	0.73	0.84
Corson	015	0.73	0.84
Custer	016	0.73	0.84
Davison	017	0.73	0.84
Day	018	0.73	0.84
Deuel	019	0.73	0.84
Dewey	020	0.73	0.84
Douglas	021	0.73	0.84
Edmunds	022	0.73	0.84
Fallriver	023	0.73	0.84
Faulk	024	0.73	0.84
Grant	025	0.73	0.84
Gregory	026	0.73	0.84
Haakon	027	0.73	0.84
Hamlin	028	0.73	0.84
Hand	029	0.73	0.84
Hanson	030	0.73	0.84
Harding	031	0.73	0.84
Hughes	032	0.73	0.84
Hutchinson	033	0.73	0.84
Hyde	034	0.73	0.84
Jackson	035	0.73	0.84
Jerauld	036	0.73	0.84
Jones	037	0.73	0.84
Kingsbury	038	0.73	0.84
Lake	039	0.73	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

South Dakota

State Code: 46

County Name	County Code	Area Factors	
		Med/Rx	Dental
Lawrence	040	0.73	0.84
Lincoln	041	0.73	0.84
Lyman	042	0.73	0.84
Marshall	043	0.73	0.84
McCook	044	0.73	0.84
McPherson	045	0.73	0.84
Meade	046	0.73	0.84
Mellette	047	0.73	0.84
Miner	048	0.73	0.84
Minnehaha	049	0.81	0.84
Moody	050	0.73	0.84
Pennington	051	0.81	0.84
Perkins	052	0.73	0.84
Potter	053	0.73	0.84
Roberts	054	0.73	0.84
Sanborn	055	0.73	0.84
Shannon	056	0.73	0.84
Spink	057	0.73	0.84
Stanley	058	0.73	0.84
Sully	059	0.73	0.84
Todd	060	0.73	0.84
Tripp	061	0.73	0.84
Turner	062	0.73	0.84
Union	063	0.73	0.84
Walworth	064	0.73	0.84
Washabaugh	065	0.73	0.84
Yankton	066	0.73	0.84
Ziebach	067	0.73	0.84

# NIPPON LIFE INSURANCE COMPANY OF AMERICA

## TENNESSEE

State Code: 47

County Name	County Code	Area Factors	
		Med/Rx	Dental
ANDERSON	001	0.86	0.94
BEDFORD	002	See Below	See Below
BENTON	003	0.86	0.88
BLEDSON	004	0.86	0.88
BLOUNT	005	0.86	0.94
BRADLEY	006	0.86	0.94
CAMPBELL	007	0.86	0.88
CANNON	008	0.97	0.88
CARROLL	009	0.86	0.88
CARTER	010	0.91	0.94
CHEATHAM	011	0.97	0.88
CHESTER	012	0.86	0.88
CLAIBORNE	013	0.86	0.88
CLAY	014	0.86	0.88
COCKE	015	0.86	0.88
COFFEE	016	0.86	0.88
CROCKETT	017	See Below	See Below
CUMBERLAND	018	0.86	0.88
DAVIDSON	019	0.97	1
DE KALB	020	0.97	0.88
DECATUR	021	0.86	0.88
DICKSON	022	0.97	0.88
DYER	023	See Below	See Below
FAYETTE	024	0.97	0.88
FENTRESS	025	0.86	0.88
FRANKLIN	026	0.86	0.88
GIBSON	027	0.86	0.88
GILES	028	0.86	0.88
GRAINGER	029	0.86	0.88
GREENE	030	See Below	See Below
GRUNDY	031	0.86	0.88
HAMBLEN	032	0.86	0.94
HAMILTON	033	See Below	See Below
HANCOCK	034	0.86	0.88
HARDEMAN	035	0.97	0.88
HARDIN	036	0.86	0.88
HAWKINS	037	See Below	See Below
HAYWOOD	038	0.97	0.88

NIPPON LIFE INSURANCE COMPANY OF AMERICA

TENNESSEE

State Code: 47

County Name	County Code	Area Factors	
		Med/Rx	Dental
HENDERSON	039	0.86	0.88
HENRY	040	0.86	0.88
HICKMAN	041	0.97	0.88
HOUSTON	042	0.97	0.88
HUMPHREYS	043	0.97	0.88
JACKSON	044	0.86	0.88
JEFFERSON	045	0.86	0.88
JOHNSON	046	0.91	0.88
KNOX	047	0.97	1.05
LAKE	048	0.97	0.88
LAUDERDALE	049	0.97	0.88
LAWRENCE	050	0.86	0.88
LEWIS	051	0.86	0.88
LINCOLN	052	0.86	0.88
LOUDON	053	0.86	0.88
MACON	054	0.97	0.88
MADISON	055	0.86	0.94
MARION	056	0.86	0.88
MARSHALL	057	0.97	0.88
MAURY	058	0.86	0.94
MC MINN	059	0.86	0.88
MC NAIRY	060	0.86	0.88
MEIGS	061	0.86	0.88
MONROE	062	0.86	0.88
MONTGOMERY	063	0.97	0.94
MOORE	064	0.86	0.88
MORGAN	065	0.86	0.88
OBION	066	0.86	0.88
OVERTON	067	0.86	0.88
PERRY	068	0.97	0.88
PICKETT	069	0.86	0.88
POLK	070	0.86	0.88
PUTNAM	071	0.86	0.94
RHEA	072	0.86	0.88
ROANE	073	0.86	0.88
ROBERTSON	074	0.97	0.88
RUTHERFORD	075	0.97	0.94
SCOTT	076	0.86	0.88

NIPPON LIFE INSURANCE COMPANY OF AMERICA

TENNESSEE

State Code: 47

County Name	County Code	Area Factors	
		Med/Rx	Dental
SEQUATCHIE	077	0.86	0.88
SEVIER	078	0.86	0.94
SHELBY	079	0.97	1.12
SMITH	080	0.91	0.88
STEWART	081	0.97	0.88
SULLIVAN	082	0.91	0.94
SUMNER	083	0.97	0.94
TIPTON	084	0.97	0.88
TROUSDALE	085	0.97	0.88
UNICOI	086	0.91	0.88
UNION	087	0.86	0.88
VAN BUREN	088	0.86	0.88
WARREN	089	0.91	0.88
WASHINGTON	090	0.91	0.94
WAYNE	091	0.86	0.88
WEAKLEY	092	0.86	0.88
WHITE	093	0.86	0.88
WILLIAMSON	094	0.97	0.94
WILSON	095	0.97	0.94

# NIPPON LIFE INSURANCE COMPANY OF AMERICA

TENNESSEE

SPLIT COUNTIES

State Code: 47

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
BEDFORD	002	37020	0.97	0.88
BEDFORD	002	37160	0.97	0.88
BEDFORD	002	37161	0.97	0.88
BEDFORD	002	37162	0.97	0.88
BEDFORD	002	37180	0.97	0.88
BEDFORD	002	37183	0.97	0.88
BEDFORD	002	37360	0.86	0.88
CROCKETT	017	38001	0.91	0.88
CROCKETT	017	38006	0.91	0.88
CROCKETT	017	38021	0.91	0.88
CROCKETT	017	38034	0.91	0.88
CROCKETT	017	38050	0.91	0.88
CROCKETT	017	38336	0.86	0.88
CROCKETT	017	38337	0.86	0.88
DYER	023	38007	0.97	0.88
DYER	023	38024	0.97	0.88
DYER	023	38025	0.97	0.88
DYER	023	38030	0.97	0.88
DYER	023	38033	0.97	0.88
DYER	023	38047	0.94	0.88
DYER	023	38056	0.94	0.88
DYER	023	38059	0.94	0.88
DYER	023	38070	0.94	0.88
DYER	023	38259	0.94	0.88
GREENE	030	37616	0.91	0.94
GREENE	030	37641	0.91	0.94
GREENE	030	37743	0.86	0.94
GREENE	030	37744	0.86	0.94
GREENE	030	37745	0.86	0.94
GREENE	030	37809	0.86	0.94
GREENE	030	37810	0.86	0.94
GREENE	030	37818	0.86	0.94
HAMILTON	033	37302	0.86	1
HAMILTON	033	37304	0.86	1
HAMILTON	033	37308	0.86	1
HAMILTON	033	37315	0.86	1
HAMILTON	033	37341	0.86	1
HAMILTON	033	37343	0.86	1
HAMILTON	033	37350	0.86	1

# NIPPON LIFE INSURANCE COMPANY OF AMERICA

## TENNESSEE      SPLIT COUNTIES

State Code: 47

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
HAMILTON	033	37351	0.86	1
HAMILTON	033	37363	0.86	1
HAMILTON	033	37373	0.86	1
HAMILTON	033	37377	0.86	1
HAMILTON	033	37379	0.86	1
HAMILTON	033	37384	0.86	1
HAMILTON	033	37400	0.97	1
HAMILTON	033	37401	0.97	1
HAMILTON	033	37402	0.97	1
HAMILTON	033	37403	0.97	1
HAMILTON	033	37404	0.97	1
HAMILTON	033	37405	0.97	1
HAMILTON	033	37406	0.97	1
HAMILTON	033	37407	0.97	1
HAMILTON	033	37408	0.97	1
HAMILTON	033	37409	0.97	1
HAMILTON	033	37410	0.97	1
HAMILTON	033	37411	0.97	1
HAMILTON	033	37412	0.97	1
HAMILTON	033	37414	0.97	1
HAMILTON	033	37415	0.97	1
HAMILTON	033	37416	0.97	1
HAMILTON	033	37419	0.97	1
HAMILTON	033	37421	0.97	1
HAMILTON	033	37422	0.97	1
HAMILTON	033	37424	0.97	1
HAMILTON	033	37450	0.97	1
HAMILTON	033	37499	0.97	1
HAWKINS	037	37642	0.91	0.88
HAWKINS	037	37645	0.91	0.88
HAWKINS	037	37711	0.86	0.88
HAWKINS	037	37731	0.86	0.88
HAWKINS	037	37811	0.86	0.88
HAWKINS	037	37857	0.86	0.88
HAWKINS	037	37873	0.86	0.88

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Texas

State Code: 48

County Name	County Code	Area Factors	
		Med/Rx	Dental
Anderson	001	0.86	0.89
Andrews	002	0.86	0.89
Angelina	003	1.00	0.84
Aransas	004	0.86	0.89
Archer	005	0.86	0.89
Armstrong	006	0.86	0.89
Atascosa	007	0.86	0.89
Austin	008	0.86	0.89
Bailey	009	0.86	0.89
Bandera	010	0.86	0.89
Bastrop	011	0.86	0.89
Baylor	012	0.86	0.89
Bee	013	0.86	0.89
Bell	014	1.00	0.84
Bexar	015	1.06	1.06
Blanco	016	0.86	0.89
Borden	017	0.86	0.89
Bosque	018	0.86	0.89
Bowie	019	1.00	0.84
Brazoria	020	1.34	1.12
Brazos	021	1.00	0.84
Brewster	022	0.86	0.89
Briscoe	023	0.86	0.89
Brooks	024	0.86	0.89
Brown	025	0.86	0.89
Burleson	026	0.86	0.89
Burnet	027	0.86	0.89
Caldwell	028	0.86	0.89
Calhoun	029	0.86	0.89
Callahan	030	0.86	0.89
Cameron	031	1.00	0.84
Camp	032	0.86	0.89
Carson	033	0.86	0.89
Cass	034	0.86	0.89
Castro	035	0.86	0.89
Chambers	036	1.06	0.89
Cherokee	037	0.86	0.89
Childress	038	0.86	0.89
Clay	039	0.86	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Texas

State Code: 48

County Name	County Code	Area Factors	
		Med/Rx	Dental
Cochran	040	0.86	0.89
Coke	041	0.86	0.89
Coleman	042	0.86	0.89
Collin	043	1.19	0.94
Collingsworth	044	0.86	0.89
Colorado	045	0.86	0.89
Comal	046	1.00	0.84
Comanche	047	0.86	0.89
Concho	048	0.86	0.89
Cooke	049	0.86	0.89
Coryell	050	1.00	0.84
Cottle	051	0.86	0.89
Crane	052	0.86	0.89
Crockett	053	0.86	0.89
Crosby	054	0.86	0.89
Culberson	055	0.86	0.89
Dallam	056	0.86	0.89
Dallas	057	1.23	1.19
Dawson	058	0.86	0.89
Deaf Smith	059	0.86	0.89
Delta	060	0.86	0.89
Denton	061	1.19	0.94
De Witt	062	0.86	0.89
Dickens	063	0.86	0.89
Dimmit	064	0.86	0.89
Donley	065	0.86	0.89
Duval	066	0.86	0.89
Eastland	067	0.86	0.89
Ector	068	1.06	0.94
Edwards	069	0.86	0.89
Ellis	070	1.19	0.94
El Paso	071	0.97	0.89
Erath	072	0.86	0.89
Falls	073	0.86	0.89
Fannin	074	0.86	0.89
Fayette	075	0.86	0.89
Fisher	076	0.86	0.89
Floyd	077	0.86	0.89
Foard	078	0.86	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Texas

State Code: 48

County Name	County Code	Area Factors	
		Med/Rx	Dental
Fort Bend	079	1.34	1.12
Franklin	080	0.86	0.89
Freestone	081	0.86	0.89
Frio	082	0.86	0.89
Gaines	083	0.86	0.89
Galveston	084	1.34	1.12
Garza	085	0.86	0.89
Gillespie	086	0.86	0.89
Glasscock	087	0.86	0.89
Goliad	088	0.86	0.89
Gonzales	089	0.86	0.89
Gray	090	0.86	0.89
Grayson	091	1.00	0.84
Gregg	092	1.00	0.84
Grimes	093	0.86	0.89
Guadalupe	094	1.00	0.84
Hale	095	0.86	0.89
Hall	096	0.86	0.89
Hamilton	097	0.86	0.89
Handford	098	0.86	0.89
Hardeman	099	0.86	0.89
Hardin	100	0.86	0.89
Harris	101	1.38	1.42
Harrison	102	1.00	0.84
Hartley	103	0.86	0.89
Haskell	104	0.86	0.89
Hays	105	1.00	0.84
Hemphill	106	0.86	0.89
Henderson	107	1.00	0.84
Hidalgo	108	1.00	0.84
Hill	109	0.86	0.89
Hockley	110	0.86	0.89
Hood	111	1.00	0.84
Hopkins	112	0.86	0.89
Houston	113	0.86	0.89
Howard	114	0.86	0.89
Hudspeth	115	0.86	0.89
Hunt	116	1.00	0.84
Hutchinson	117	0.86	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Texas

State Code: 48

County Name	County Code	Area Factors	
		Med/Rx	Dental
Trion	118	0.86	0.89
Jack	119	0.86	0.89
Jackson	120	0.86	0.89
Jasper	121	0.86	0.89
Jeff Davis	122	0.86	0.89
Jefferson	123	1.06	0.89
Jim Hogg	124	0.86	0.89
Jim Wells	125	0.86	0.89
Johnson	126	1.19	0.94
Jones	127	0.86	0.89
Kames	128	0.86	0.89
Kaufman	129	1.19	0.94
Kendall	130	0.86	0.89
Kenedy	131	0.86	0.89
Kent	132	0.86	0.89
Kerr	133	0.86	0.89
Kimble	134	0.86	0.89
King	135	0.86	0.89
Kinney	136	0.86	0.89
Kleberg	137	0.86	0.89
Knox	138	0.86	0.89
Lamar	139	0.86	0.89
Lamb	140	0.86	0.89
Lampasas	141	0.86	0.89
La Salle	142	0.86	0.89
Lavaca	143	0.86	0.89
Lee	144	0.86	0.89
Leon	145	0.86	0.89
Liberty	146	1.06	0.89
Limestone	147	0.86	0.89
Lipscomb	148	0.86	0.89
Live Oak	149	0.86	0.89
Llano	150	0.86	0.89
Loving	151	0.86	0.89
Lubbock	152	1.06	0.89
Lynn	153	0.86	0.89
McCulloch	154	0.86	0.89
McLennan	155	1.06	0.89
McMullen	156	0.86	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Texas

State Code: 48

County Name	County Code	Area Factors	
		Med/Rx	Dental
Madison	157	0.86	0.89
Marion	158	0.86	0.89
Martin	159	0.86	0.89
Mason	160	0.86	0.89
Matagorda	161	0.86	0.89
Maverick	162	0.86	0.89
Medina	163	0.86	0.89
Menard	164	0.86	0.89
Midland	165	1.06	0.94
Milam	166	0.86	0.89
Mills	167	0.86	0.89
Mitchell	168	0.86	0.89
Montague	169	0.86	0.89
Montgomery	170	1.34	1.12
Moore	171	0.86	0.89
Morris	172	0.86	0.89
Motley	173	0.86	0.89
Nacagdoches	174	1.00	0.84
Navarro	175	0.86	0.89
Newton	176	0.86	0.89
Nolan	177	0.86	0.89
Nueces	178	1.06	0.89
Ochiltree	179	0.86	0.89
Oldham	180	0.86	0.89
Orange	181	1.06	0.89
Palo Pinto	182	0.86	0.89
Panola	183	0.86	0.89
Parker	184	1.00	0.84
Parker	185	0.86	0.89
Pecos	186	0.86	0.89
Polk	187	0.86	0.89
Potter	188	1.06	0.89
Presidio	189	0.86	0.89
Rains	190	0.86	0.89
Randall	191	1.06	0.89
Reagan	192	0.86	0.89
Real	193	0.86	0.89
Red River	194	0.86	0.89
Reeves	195	0.86	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Texas

State Code: 48

County Name	County Code	Area Factors	
		Med/Rx	Dental
Refugio	196	0.86	0.89
Roberts	197	0.86	0.89
Robertson	198	0.86	0.89
Rockwall	199	1.19	0.94
Runnels	200	0.86	0.89
Rusk	201	0.86	0.89
Sabine	202	0.86	0.89
San Augustine	203	0.86	0.89
San Jacinto	204	0.86	0.89
San Patricio	205	1.06	0.89
San Saba	206	0.86	0.89
Scheleicher	207	0.86	0.89
Scurry	208	0.86	0.89
Shackelford	209	0.86	0.89
Shelby	210	0.86	0.89
Sherman	211	0.86	0.89
Smith	212	1.00	0.84
Somervell	213	1.00	0.84
Starr	214	0.86	0.89
Stephens	215	0.86	0.89
Sterling	216	0.86	0.89
Stonewall	217	0.86	0.89
Sutton	218	0.86	0.89
Swisher	219	0.86	0.89
Tarrant	220	1.15	1.06
Taylor	221	1.06	0.89
Terrell	222	0.86	0.89
Terry	223	0.86	0.89
Throckmorton	224	0.86	0.89
Titus	225	0.86	0.89
Tomgreen	226	1.06	0.89
Travis	227	0.97	1.06
Trinity	228	0.86	0.89
Tyler	229	0.86	0.89
Upshur	230	0.86	0.89
Upton	231	0.86	0.89
Uvalde	232	0.86	0.89
Val Verde	233	0.86	0.89
Van Zandt	234	0.86	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Texas

State Code: 48

County Name	County Code	Area Factors	
		Med/Rx	Dental
Victoria	235	1.00	0.84
Walker	236	1.00	0.84
Waller	237	0.86	0.89
Ward	238	0.86	0.89
Washington	239	0.86	0.89
Webb	240	1.00	0.84
Wharton	241	0.86	0.89
Wheeler	242	0.86	0.89
Wichita	243	1.06	0.89
Wilbarger	244	0.86	0.89
Willacy	245	0.86	0.89
Williamson	246	1.00	0.84
Wilson	247	0.86	0.89
Winkler	248	0.86	0.89
Wise	249	1.00	0.84
Wood	250	0.86	0.89
Yoakum	251	0.86	0.89
Young	252	0.86	0.89
Zapata	253	0.86	0.89
Zavala	254	0.86	0.89
Harris-A	101	1.38	1.42
Harris-B	255	1.38	1.42

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Utah  
 State Code: 51

County Name	County Code	Area Factors	
		Med/Rx	Dental
Beaver	001	0.86	1.19
Box Elder	002	0.86	1.19
Cache	003	0.86	1.19
Carbon	004	0.86	1.19
Daggett	005	0.86	1.19
Davis	006	0.84	1.19
Duchesne	007	0.86	1.19
Emery	008	0.86	1.19
Garfield	009	0.86	1.19
Grand	010	0.86	1.19
Iron	011	0.86	1.19
Juab	012	0.86	1.19
Kane	013	0.86	1.19
Millard	014	0.86	1.19
Morgan	015	0.86	1.19
Plate	016	0.86	1.19
Rich	017	0.86	1.19
Salt Lake	018	0.94	1.26
San Juan	019	0.86	1.19
Sanpete	020	0.86	1.19
Sevier	021	0.86	1.19
Summit	022	0.86	1.19
Tooele	023	0.86	1.19
Uintah	024	0.86	1.19
Utah	025	0.84	1.19
Wasatch	026	0.86	1.19
Washington	027	0.86	1.19
Wayne	028	0.86	1.19
Weber	029	0.84	1.19

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Vermont  
 State Code: 52

County Name	County Code	Area Factors	
		Med/Rx	Dental
Addison	001	0.71	1.00
Bennington	002	0.71	1.00
Caledonia	003	0.71	1.00
Chittenden	004	0.71	1.00
Essex	005	0.71	1.00
Franklin	006	0.71	1.00
Grand Isle	007	0.71	1.00
Lamoille	008	0.71	1.00
Orange	009	0.71	1.00
Orelans	010	0.71	1.00
Rutland	011	0.71	1.00
Washington	012	0.71	1.00
Windham	013	0.71	1.00
Windsor	014	0.71	1.00

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Virginia

State Code: 53

County Name	County Code	Area Factors	
		Med/Rx	Dental
Accomack	001	0.79	0.89
Albemarle	002	0.79	0.89
Aleghany	003	0.79	0.89
Amelia	004	0.79	0.89
Amherst	005	0.79	0.89
Appomattox	006	0.79	0.89
Arlington	007	0.97	1.19
Augusta	008	0.79	0.89
Bath	009	0.79	0.89
Bedford	010	0.79	0.89
Bedford (City)	010	0.79	0.89
Bland	011	0.79	0.89
Botetourt	012	0.79	0.89
Brunswick	013	0.79	0.89
Buchanan	014	0.79	0.89
Buckingham	015	0.79	0.89
Campbell	016	0.79	0.89
Caroline	017	0.79	0.89
Carroll	018	0.79	0.89
Charles City	019	0.79	0.89
Charlotte	020	0.79	0.89
Chesterfield	021	1.00	1.00
Clarke	022	0.79	0.89
Craig	023	0.79	0.89
Culpeper	024	0.79	0.89
Cumberland	025	0.79	0.89
Dickenson	026	0.79	0.89
Dinwiddie	027	0.79	0.89
Essex	028	0.79	0.89
Fairfax	029	0.97	1.19
Fauquier	030	0.79	0.89
Floyd	031	0.79	0.89
Fluvanna	032	0.79	0.89
Franklin	033	0.79	0.89
Frederick	034	0.79	0.89
Giles	035	0.79	0.89
Gloucester	036	0.79	0.89
Goochland	037	0.79	0.89
Grayson	038	0.79	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Virginia

State Code: 53

County Name	County Code	Area Factors	
		Med/Rx	Dental
Greene	039	0.79	0.89
Greensville	040	0.79	0.89
Halifax	041	0.79	0.89
Hanover	042	1.00	1.00
Henrico	043	1.00	1.00
Henry	044	0.79	0.89
Highland	045	0.79	0.89
Isle of Wright	046	0.79	0.89
James City	047	0.79	0.89
King and Queen	048	0.79	0.89
King George	049	0.79	0.89
King William	050	0.79	0.89
Lancaster	051	0.79	0.89
Lee	052	0.79	0.89
Loudoun	053	1.00	1.00
Louisa	054	0.79	0.89
Lunenburg	055	0.79	0.89
Madison	056	0.79	0.89
Mathews	057	0.79	0.89
Mecklenburg	058	0.79	0.89
Middlesex	059	0.79	0.89
Montgomery	060	0.79	0.89
*** NOT IN USE ***	061		
Nelson	062	0.79	0.89
New Kent	063	0.79	0.89
Northampton	064	0.79	0.89
Northumberland	065	0.79	0.89
Nottoway	066	0.79	0.89
Orange	067	0.79	0.89
Page	068	0.79	0.89
Patrick	069	0.79	0.89
Pittsylvania	070	0.79	0.89
Powhatan	071	0.79	0.89
Prince Edward	072	0.79	0.89
Prince George	073	0.79	0.89
Prince William	074	1.00	1.19
Pulaski	075	0.79	0.89
Rappahannock	076	0.79	0.89
Richmond	077	0.79	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Virginia

State Code: 53

County Name	County Code	Area Factors	
		Med/Rx	Dental
Roanoke	078	0.79	0.89
Rockbridge	079	0.79	0.89
Rockingham	080	0.79	0.89
Russell	081	0.79	0.89
Scott	082	0.79	0.89
Shenandoah	083	0.79	0.89
Smyth	084	0.79	0.89
Southampton	085	0.79	0.89
Spotsylvania	086	0.79	0.89
Stafford	087	0.79	0.89
Surry	088	0.79	0.89
Sussex	089	0.79	0.89
Tazewell	090	0.79	0.89
Warren	091	0.79	0.89
Washington	092	0.79	0.89
Westmoreland	093	0.79	0.89
Wise	094	0.79	0.89
Wythe	095	0.79	0.89
Poquoson (City)	096	0.79	0.89
York	096	0.79	0.89
Alexandria (City)	097	0.97	1.19
Bristol (City)	098	0.79	0.89
Charlottesville (City)	099	0.79	0.89
Chesapeake (City)	100	1.00	0.94
Colonial Heights (City)	101	0.79	0.89
Covington (City)	102	0.79	0.89
Danville (City)	103	0.79	0.89
Emporia (City)	104	0.79	0.89
Fairfax (City)	105	0.97	1.19
Falls Church (City)	106	0.97	1.19
Fredericksburg (City)	107	0.79	0.89
Hampton (City)	108	1.00	1.00
Harrisonburg (City)	109	0.79	0.89
Hopewell (City)	110	0.79	0.89
Lynchburg (City)	111	0.79	0.89
Martinsville (City)	112	0.79	0.89
Newport News (City)	113	1.00	1.00
Norfolk (City)	114	1.00	0.94
Petersburg (City)	115	0.79	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Virginia

-State Code: 53

County Name	County Code	Area Factors	
		Med/Rx	Dental
Portsmouth (City)	116	1.00	0.94
Richmond (City)	117	1.00	1.00
Roanoke (City)	118	0.79	0.89
Salem (City)	119	0.79	0.89
Staunton (City)	120	0.79	0.89
Suffolk (City)	121	1.00	0.94
Virginia Beach (City)	122	1.00	0.94
Waynesboro (City)	123	0.79	0.89
Winchester (City)	124	0.79	0.89
Buena Vista (City)	125	0.79	0.89
Clifton Forge (City)	126	0.79	0.89
Franklin (City)	127	0.79	0.89
Galax (City)	128	0.79	0.89
Lexington (City)	129	0.79	0.89
Manassas Park (City)	130	1.00	1.00
Manassas (City)	130	1.00	1.19
Norton (City)	131	0.79	0.89
Radford (City)	132	0.79	0.89
South Boston (City)	133	0.79	0.89
Williamsburg (City)	134	0.79	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Washington

State Code: 55

County Name	County Code	Area Factors	
		Med/Rx	Dental
Adams	001	0.73	1.34
Asotin	002	0.73	1.34
Benton	003	0.73	1.26
Chelan	004	0.73	1.34
Clallam	005	0.73	1.26
Clark	006	0.89	1.34
Columbia	007	0.73	1.34
Cowlitz	008	0.73	1.26
Douglas	009	0.73	1.34
Ferry	010	0.73	1.34
Franklin	011	0.73	1.34
Garfield	012	0.73	1.34
Grant	013	0.73	1.26
Grays Harbor	014	0.73	1.26
Island	015	0.73	1.26
Jefferson	016	0.73	1.34
King	017	0.94	1.51
Kitsap	018	0.89	1.34
Kittitas	019	0.73	1.34
Klickitat	020	0.73	1.34
Lewis	021	0.73	1.26
Lincoln	022	0.73	1.34
Mason	023	0.73	1.34
Okanogan	024	0.73	1.34
Pacific	025	0.73	1.34
Pend Oreille	026	0.73	1.34
Pierce	027	1.03	1.51
San Juan	028	0.73	1.34
Skagit	029	0.73	1.26
Skamania	030	0.73	1.34
Snohomish	031	0.89	1.34
Spokane	032	0.73	1.34
Stevens	033	0.73	1.34
Thurston	034	0.89	1.34
Wahkiakum	035	0.73	1.34
Walla Walla	036	0.73	1.34
Whatcom	037	0.73	1.26
Whitman	038	0.73	1.34
Yakima	039	0.73	1.26

NIPPON LIFE INSURANCE COMPANY OF AMERICA

West Virginia

State Code: 56

County Name	County Code	Area Factors	
		Med/Rx	Dental
Barbour	001	0.79	0.84
Berkeley	002	0.77	0.84
Boone	003	0.79	0.84
Braxton	004	0.79	0.84
Brooke	005	0.77	0.84
Cabell	006	0.77	0.84
Calhoun	007	0.79	0.84
Clay	008	0.79	0.84
Doddridge	009	0.79	0.84
Fayette	010	0.77	0.84
Gilmer	011	0.79	0.84
Grant	012	0.79	0.84
Greenbrier	013	0.79	0.84
Hampshire	014	0.79	0.84
Hancock	015	0.77	0.84
Hardy	016	0.79	0.84
Harrison	017	0.77	0.84
Jackson	018	0.79	0.84
Jefferson	019	0.79	0.84
Kanawha	020	0.77	0.84
Lewis	021	0.79	0.84
Lincoln	022	0.79	0.84
Logan	023	0.79	0.84
McDowell	024	0.79	0.84
Marion	025	0.77	0.84
Marshall	026	0.77	0.84
Mason	027	0.79	0.84
Mercer	028	0.77	0.84
Mineral	029	0.79	0.84
Mingo	030	0.79	0.84
Monongalia	031	0.77	0.84
Monroe	032	0.79	0.84
Morgan	033	0.79	0.84
Nichols	034	0.79	0.84
Ohio	035	0.77	0.84
Pendleton	036	0.79	0.84
Pleasants	037	0.79	0.84
Pocahontas	038	0.79	0.84
Preston	039	0.79	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

West Virginia  
 State Code: 56

County Name	County Code	Area Factors	
		Med/Rx	Dental
Putnam	040	0.79	0.84
Raleigh	041	0.77	0.84
Randolph	042	0.79	0.84
Ritchie	043	0.79	0.84
Roane	044	0.79	0.84
Summers	045	0.79	0.84
Taylor	046	0.79	0.84
Tucker	047	0.79	0.84
Tyler	048	0.79	0.84
Upshur	049	0.79	0.84
Wayne	050	0.79	0.84
Webster	051	0.79	0.84
Wetzel	052	0.79	0.84
Wirt	053	0.79	0.84
Wood	054	0.77	0.84
Wyoming	055	0.79	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Wisconsin  
State Code: 57

County Name	County Code	Area Factors	
		Med/Rx	Dental
ADAMS	001	0.83	0.84
ASHLAND	002	0.83	0.84
BARRON	003	0.83	0.84
BAYFIELD	004	0.83	0.84
BROWN	005	0.88	0.84
BUFFALO	006	0.83	0.84
BURNETT	007	0.83	0.84
CALUMET	008	0.88	0.84
CHIPPEWA	009	0.88	0.84
CLARK	010	0.83	0.84
COLUMBIA	011	0.83	0.84
CRAWFORD	012	0.83	0.84
DANE	013	0.88	0.84
DODGE	014	0.88	0.84
DOOR	015	0.83	0.84
DOUGLAS	016	0.83	0.84
DUNN	017	0.83	0.84
EAU CLAIRE	018	0.88	0.84
FLORENCE	019	0.83	0.84
FOND DU LAC	020	0.88	0.84
FOREST	021	0.83	0.84
GRANT	022	0.88	0.84
GREEN	023	0.83	0.84
GREEN LAKE	024	0.83	0.84
IOWA	025	0.83	0.84
IRON	026	0.83	0.84
JACKSON	027	0.83	0.84
JEFFERSON	028	0.88	0.84
JUNEAU	029	0.83	0.84
KENOSHA	030	0.88	0.84
KEWAUNEE	031	0.83	0.84
LA CROSSE	032	0.88	0.84
LAFAYETTE	033	0.83	0.84
LANGLADE	034	0.83	0.84
LINCOLN	035	0.83	0.84
MANITOWOC	036	0.88	0.84
MARATHON	037	0.88	0.84
MARINETTE	038	0.83	0.84
MARQUETTE	039	0.83	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Wisconsin

State Code: 57

County Name	County Code	Area Factors	
		Med/Rx	Dental
MENOMINEE	040	0.83	0.84
MILWAUKEE	041	1.20	1.19
MONROE	042	0.83	0.84
OCONTO	043	0.83	0.84
ONEIDA	044	0.83	0.84
OUTAGAMIE	045	0.88	0.84
OZAUKEE	046	0.88	0.84
PEPIN	047	0.83	0.84
PIERCE	048	0.83	0.84
POLK	049	0.83	0.84
PORTAGE	050	0.88	0.84
PRICE	051	0.83	0.84
RACINE	052	0.88	0.84
RICHLAND	053	0.83	0.84
ROCK	054	0.88	0.84
RUSK	055	0.83	0.84
SAINT CROIX	056	0.88	0.84
SAUK	057	0.83	0.84
SAWYER	058	0.83	0.84
SHAWANO	059	0.83	0.84
SHEBOYGAN	060	0.88	0.84
TAYLOR	061	0.83	0.84
TREMPEALEAU	062	0.83	0.84
VERNON	063	0.83	0.84
VILAS	064	0.83	0.84
WALWORTH	065	0.88	0.84
WASHBURN	066	0.83	0.84
WASHINGTON	067	0.88	0.84
WAUKESHA	068	0.95	0.94
WAUPACA	069	0.83	0.84
WAUSHARA	070	0.83	0.84
WINNEBAGO	071	0.88	0.84
WOOD	072	0.88	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Wyoming --  
 State Code: 58

County Name	County Code	Area Factors	
		Med/Rx	Dental
Albany	001	0.75	0.89
Big Horn	002	0.75	0.89
Campbell	003	0.75	0.89
Carbon	004	0.75	0.89
Converse	005	0.75	0.89
Crook	006	0.75	0.89
Fremont	007	0.75	0.89
Goshen	008	0.75	0.89
Hot Springs	009	0.75	0.89
Johnson	010	0.75	0.89
Laramie	011	0.75	0.89
Lincoln	012	0.75	0.89
Natrona	013	0.75	0.89
Niobrara	014	0.75	0.89
Park	015	0.75	0.89
Platte	016	0.75	0.89
Sheridan	017	0.75	0.89
Sublette	018	0.75	0.89
Sweetwater	019	0.75	0.89
Teton	020	0.75	0.89
Uinta	021	0.75	0.89
Washakie	022	0.75	0.89
Weston	023	0.75	0.89

SERFF Tracking Number: NLAM-127364367 State: New York  
 Filing Company: Nippon Life Insurance Company of America State Tracking Number: 2011080093  
 Company Tracking Number:  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO  
 Product Name: NY Community Rated - Trend update and rate increase (effective 1.1.2012)  
 Project Name/Number: /

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Checklist-Rate Adj Filings per 3231(e)(1) or 4308(c)		
<b>Comments:</b>		
<b>Attachment:</b> viewFilingAttachment.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Actuarial Memorandum/Actuarial Certification		
<b>Comments:</b>		
<b>Attachment:</b> Cover letter and Actuarial Memorandum.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Standard Exhibit 1 - General Information		
<b>Comments:</b>		
<b>Attachments:</b> Exhibit 1 - General Information About the Rate Adjustment Submission.pdf Exhibit 1 - General Information About the Rate Adjustment Submission.xls		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Standard Exhibit 2 - FOIL Exemption Request		
<b>Comments:</b>		
<b>Attachments:</b> Exhibit 2 - FOIL Exemption Request.pdf Exhibit 2 - FOIL Exemption Request.xls		

SERFF Tracking Number: NLAM-127364367 State: New York  
 Filing Company: Nippon Life Insurance Company of America State Tracking Number: 2011080093  
 Company Tracking Number:  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO  
 Product Name: NY Community Rated - Trend update and rate increase (effective 1.1.2012)  
 Project Name/Number: /

**Item Status:** **Status Date:**

**Satisfied - Item:** Standard Exhibit 3 - Narrative Summary

**Comments:**

NLIA's Narrative Summary is under New York Insurance Department review. We will send updated narrative summary when we have the final one.

**Attachments:**

- Exhibit 3 - Narrative Summary.pdf
- Exhibit 3 - Narrative Summary.xls
- Nippon Life Insurance Company of America - Narrative Summary for 2012 Rate Adjustment.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Standard Exhibit 4 - Summary of Proposed Percentage Rate Changes

**Comments:**

**Attachments:**

- Exhibit 4 - Summary of proposed percentage rate change to existing rate.pdf
- Exhibit 4 - Summary of proposed percentage rate change to existing rate.xls

**Item Status:** **Status Date:**

**Satisfied - Item:** Standard Exhibit 5 - Distribution of Contracts Affected by Proposed Rate Adjustments

**Comments:**

**Attachments:**

- Exhibit 5 - Distribution of contracts affected by proposed rate adjustment - revised 10 5 11.pdf
- Exhibit 5 - Distribution of contracts affected by proposed rate adjustment - revised 10 5 11.xls

**Item Status:** **Status Date:**

**Satisfied - Item:** Standard Exhibit 6 - Summary of

SERFF Tracking Number: NLAM-127364367 State: New York  
 Filing Company: Nippon Life Insurance Company of America State Tracking Number: 2011080093  
 Company Tracking Number:  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO  
 Product Name: NY Community Rated - Trend update and rate increase (effective 1.1.2012)  
 Project Name/Number: /  
 Policy Form and Product Changes

**Comments:**

**Attachments:**

Exhibit 6 - Summary of policy form and product changes.pdf  
 Exhibit 6 - Summary of policy form and product changes.xls

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Standard Exhibit 7 - Historical Data

**Comments:**

**Attachments:**

Exhibit 7 - Historical data by each policy form included in rate adjustment filing.pdf  
 Exhibit 7 - Historical data by each policy form included in rate adjustment filing.xls

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Initial Notice of Proposed Rate Adjustment

**Comments:**

NLIA's Initial Notice of Proposed Rate Adjustment is under New York Insurance Department review. We will send updated notice when we have the final one.

**Attachment:**

Policyholder Letter (Initial notice before approval).pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Final Notice of Proposed Rate Adjustment

**Comments:**

**Attachment:**

Policyholder Letter (final notice after approval).pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Compliance certification

SERFF Tracking Number: NLAM-127364367 State: New York  
Filing Company: Nippon Life Insurance Company of America State Tracking Number: 2011080093  
Company Tracking Number:  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO  
Product Name: NY Community Rated - Trend update and rate increase (effective 1.1.2012)  
Project Name/Number: /

**Comments:**

**Attachment:**

Compliance Certification.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Number of contracts and members affected by the increase for each quarter of 2012

**Comments:**

**Attachment:**

Number of Contracts and Members affected by the increase for each quarter of 2012.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Response to objection letter

**Comments:**

**Attachment:**

Response to objection letter.pdf

## NEW YORK INSURANCE DEPARTMENT

### Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

As of 5/24/2011

Use this Checklist for all rate adjustment filings submitted pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law. One of the following two SERFF filing type codes must be used to properly denote such a filing. A rate submission with the wrong filing type code will be rejected and will need to be resubmitted with the correct filing type code.

**Rate Adjustment Pursuant to Section 3231(e)(1):** This filing type is used for Article 42 insurers that are submitting a rate adjustment only filing for a hospital and/or medical coverage (including Medicare Supplemental insurance) for small groups and individuals under the Section 3231(e)(1) prior approval process. This filing type cannot be used for form filings, initial rate filings, or by Article 43 Corporations or Health Maintenance Organizations (HMOs).

**Rate Adjustment Pursuant to Section 4308(c):** This filing type is used for Article 43 Corporations and HMOs that are submitting a rate adjustment only filing for any policy form that uses a community rating structure as described in Section 4317(a) of the Insurance Law. This includes hospital and/or medical policy forms, or separate stand-alone dental policy forms, that are not required to be community rated but for which the corporation voluntarily community rates as described in Section 4317(a) of the Insurance Law. This also includes the HMO portion of large group Point of Service business where an approved experience rating formula is not used. This filing code cannot be used for form filings, initial rate filings, or by commercial insurers.

A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) can include an expansion of an existing rate table to include new benefit options (such as rates for additional copays or deductibles) provided that: (a) the already approved contract language includes the new benefit options being added, (b) the actuarial memorandum clearly identifies the new benefit options being added and provides appropriate actuarial support for the new rates, and (c) approved contract language pages and the Department's approval letter are included with the rate filing documenting that the benefit options being added are included in the already approved contract language. No Section 3231(e)(1) or Section 4308(c) rate adjustment filing can include rates that require contract language approval where such approval has not already been received.

A change to existing rating region differentials is a rate adjustment filing pursuant to Section 3231(e)(1) or Section 4308(c). A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) cannot reflect an expansion to a new service area. A service area expansion, and the rate applicable to that new service area, must be submitted as a separate rate filing using the "Normal Pre-Approval" SERFF filing type code. A Section 3231(e)(1) or Section 4308(c) filing cannot be used to withdraw from a service area.

If a company wishes to eliminate some of its approved benefit options included in the current rate manual, this cannot be done pursuant to a Section 3231(e)(1) or Section 4308(c) rate adjustment application. Such elimination is to be implemented by submitting a form and rate filing using the "Normal Pre-Approval" SERFF filing type code and the filing is to include a revised statement of variables for the benefit options that are available along with revised rate manual pages reflecting the revised benefit options.

A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) cannot include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing (a new form or a revision to an existing form) must be a separate filing from the rate adjustment filing. Once a new rate has been approved (for a new policy form or for a revision to an existing policy form), such new rate can be incorporated into the next Section 3231(e)(1) or Section 4308(c) rate adjustment filing.

The "Normal Pre-Approval" SERFF filing type code triggers the traditional Department review (generally by the Albany Health Bureau unit) and would be used for all form and rate filings, form only filings, experience rating formula filings, or commercial insurer rate only filings other than filings submitted pursuant to Section 3231(e)(1), or Article 43 Corporation and HMO rate only filings other than filings submitted pursuant to Section 4308(c). The "Normal Pre-Approval" SERFF filing type

## NEW YORK INSURANCE DEPARTMENT

### Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

code would also be used for old individual medical policy forms that are not community rated. Rate revisions for products subject to Section 3231(e)(1) or 4308(c) incorporated into a form and rate filing that adjusts an existing policy form for a change in benefit language can only reflect rate changes due to the benefit revision and can not reflect any adjustment for experience or trend. A “Normal Pre-Approval” SERFF type filing for a product subject to Section 3231(e)(1) or 4308(c) can not include rolling rate tables that extend beyond the period included in the most recent approved or pending Section 3231(e)(1) or Section 4308(c) rate adjustment submission (for example, the last rate adjustment submission included quarterly rolling rate tables for each calendar quarter of 2011; a benefit revision is submitted January 2011 to be effective July 1, 2011; this form and rate filing can include rolling rate tables for third and fourth quarter 2011, but not beyond fourth quarter 2011).

New or revised commission schedules or broker fee schedules must first be placed on file using a rate filing with a “Normal Pre-Approval” SERFF filing type code. Once the new or revised schedule has been placed on file, any rate impact can be included with the next Section 3231(e)(1) or Section 4308(c) rate adjustment filing and the change and its impact on the premium rates is to be discussed in the actuarial memorandum.

It is recommended that a Section 3231(e)(1) or Section 4308(c) rate filing application be submitted at least 150 days before the proposed effective date, however, in determining how far in advance to submit such a rate filing, the company should consider: the time needed to load final rates into its computer system; produce the final rate notice, which is to be sent at least 60 days before the scheduled rate change effective date of the renewal cohort; the 60 days the Department has to review the material; and the time the clock may be stopped while the company responds to issues raised by the Department about the rate filing.

It is recommended that a rate adjustment submission not be submitted more than 180 days prior to the proposed rate effective date. It is recommended that a rate adjustment submission not be submitted less than 125 days prior to the proposed effective date since there is a high probability that a decision on such a filing will not occur in time for the company to send the required final notice to the first renewal cohort affected by the rate adjustment filing. If a company can not send the required final notice at least 60 days in advance of the rate change date for a particular renewal cohort, then the rate change implementation date for such renewal cohort will need to be deferred. Contract terms will dictate whether the rate change can be deferred to a later implementation date for that renewal cohort (e.g., for the July 2012 renewal cohort, deferring the rate change to August 2012, while retaining the next rate change date as July 2013), or deferring implementation of the newly approved rates to a later renewal cohort (e.g., assuming quarterly rolling rates are used: renewing the July 2012 renewal cohort using the previously approved second quarter 2012 rate tables, and implementing the newly approved rates with the August 2012 renewal cohort).

Each attachment to the rate adjustment application must be compatible with the following software: Microsoft Word 2003, Microsoft Excel 2003, or Adobe Acrobat 9.

REVIEW REQUIREMENT	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
<b>DEFINITIONS</b>	a.	<p><b>Company</b> refers to the licensed entity providing the insurance coverage reflected in the rate adjustment filing.</p> <p>b. A company’s <b>commercial book of business</b> includes all of the following: large group, small group, direct pay, Healthy New York, and Medicare Supplemental. It excludes all government programs, such as, Medicare, Medicaid, Family Health Plus, and Child Health Plus.</p> <p>c. <b>Loss ratio</b> refers to incurred claims divided by earned premiums for a given period of time. Incurred claims <u>includes</u> the impact of the Standard Direct Pay and Healthy New York stop loss pools, Regulation 146 (11 NYCRR 361), covered</p>	

**NEW YORK INSURANCE DEPARTMENT**

**Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law**

		<p>lives assessments, and the HCRA surcharge. Incurred claims do not include any administrative expenses. Earned premiums <u>do not include</u> any adjustment for assessments or taxes.</p> <p>d. <b>Market segment</b> refers to large group, small group, sole proprietor, direct pay, Healthy New York, Medicare Supplemental, etc.</p> <p>e. <b>Product street name</b> refers to the product name as advertised to consumers, and the product name which consumers are most likely to use when communicating with the Department.</p> <p>f. <b>Rate applicability period</b> refers to the length of time in which the rates in a rate table are assumed to remain in effect.</p> <p>(i) Example 1: A non-rolling rate table is developed to be effective January 1, 2012 and is expected to be revised January 1, 2013. The rate applicability period for this table is January 1, 2012 through December 31, 2012.</p> <p>(ii) Example 2: A quarterly rolling rate table is developed for issues and renewals in January – March 2012 and incorporates a 12 month rate guarantee period. The rate applicability period for this table is February 15, 2012 (mid renewal date) through February 14, 2013. If all policyholders must have a first of the month effective date, then the rate applicability period would be considered as February 1, 2012 through January 31, 2013.</p> <p>g. <b>Standardized earned premium</b> is the earned premium for the period adjusted to assume that all premiums for the period are payable at the most current approved (or deemed approved) rate level, reflecting rate increases exclusive of rate changes due to contract language changes (i.e., excluding rate changes due to benefit revisions or members migrating to different plan designs since the impact of such changes would be automatically reflected in the earned premiums and incurred claims once such a change becomes effective).</p> <p>(i) Example: The rate filing is to implement quarterly rolling rate tables applicable to the 3<sup>rd</sup> and 4<sup>th</sup> quarters 2011 and 1<sup>st</sup> and 2<sup>nd</sup> quarters 2012. The 2<sup>nd</sup> quarter 2011 rates have already been approved. Therefore, the 2<sup>nd</sup> quarter 2011 rate tables are the current rate level. The earned premium for the period would be adjusted to reflect the premiums that would have been paid for that period if all the premiums had been paid at the 2<sup>nd</sup> quarter 2011 rate level. If the 2<sup>nd</sup> quarter 2011 rate table included a 2% increase due to the addition of a new benefit that is being added to all policyholders at renewal, the standardization for periods prior to April 1, 2011 would not reflect this 2% increase since the incurred claims for this earlier period did not reflect this additional benefit.</p> <p>(ii) Example: An insurance company uses a quarterly rolling rate structure and has been raising rates 4% each quarter as of the beginning of a new quarter. The first quarter 2010 rate for plan design A is \$100, the first quarter 2011 rate is \$116.99, and the second quarter 2011 rate is \$121.67. These increases reflect</p>	
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**NEW YORK INSURANCE DEPARTMENT**

**Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law**

		<p>no revision to the underlying covered benefits. The second quarter 2011 rate table is the standard rate level. Contract X was paying \$100 per month for January-December 2010. At renewal January 1, 2011, the premium was scheduled to increase to \$116.99 but a change to plan design B occurred that reduced the premium by 5% to \$111.14 for January 2011 and later. The second quarter 2011 rate for plan design A is \$121.67 and the second quarter 2011 rate for plan design B is \$115.58 (\$121.67 x 0.95). The earned premium for this contract for each month from January through December 2010 is standardized to the second quarter 2011 level by adjusting by 121.67/100.00, and the January 2011 earned premium is standardized to the second quarter 2011 level by adjusting by 115.58/111.14.</p>	
<p><b>ROLLING RATE STRUCTURE</b></p>	<p>a.</p>	<p>Every rate filing for a rolling rate structure must include rolling rates for at least a 6 month, and for no more than a 12 month, issue/renewal period (e.g., between 2 and 4 quarterly rolling rates, between 6 and 12 monthly rolling rates).</p> <p>b. Beginning with rate filings to be effective January 1, 2012 or later, all rate filings for a rolling rate structure must include rolling rates for a 12 month issue/renewal period.</p> <p>c. Notwithstanding the above, a large group HMO rate filing can include rolling rates for up to a 24 month period (e.g., 8 quarterly rolling rates, 24 monthly rolling rates).</p>	
<p><b>CHANGES TO PREVIOUSLY APPROVED RATE TABLES</b></p>	<p>a.</p>	<p>Beginning with rate adjustment filings that include rate tables to be effective January 1, 2012 or later, the rate adjustment filing must include all community rated policy forms within a given market segment (such as all small group products) whether or not a premium rate adjustment is requested for a particular product or rider in that market segment. All entities within the same holding company system are to submit filings for a given market segment at the same time; the filings can be submitted under different SERFF filings, but all the applicable filings must be submitted within a total of seven calendar days.</p> <p>b. A company can revise a previously approved non-rolling rate table provided that:</p> <p>(i) The proposed effective date of the rate table is at least 12 months after the effective date of the current rate table; or</p> <p>(ii) The proposed effective date of the rate table is at least 6 months after the effective date of the current rate table, the contract language permits revising the rate table in accordance with such rate filing, and all policyholders that received a final 60 day notice about the approved rates from the previously approved rate adjustment filing have also received the rate change approved from the previously approved rate adjustment filing.</p> <p>c. A company can revise rate tables included in a previously approved rolling rate filing provided that: (i) the rate tables being revised were never implemented, (ii)</p>	

**NEW YORK INSURANCE DEPARTMENT**

**Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law**

		<p>the first two quarterly rate tables, or the first six monthly rate tables, included in the previously approved rate adjustment filing are not revised, and (iii) policyholders in the renewal cohort(s) affected by the change to the previously approved rate tables did not receive a final 60 day notice informing them of the approved rates from the previously approved rate adjustment filing. The revised rate adjustment filing must include a year’s worth of rates as discussed in the “Rolling Rate Structure” section above. (Example: A rolling rate filing was submitted and approved that included quarterly rolling rate tables for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> quarter of 2011. The company can not revise the 1<sup>st</sup> and 2<sup>nd</sup> quarter 2011 rate tables, but if the indicated criteria is met, can submit a new prior approval rate filing that includes rolling rates for 3<sup>rd</sup> and 4<sup>th</sup> quarter 2011 and 1<sup>st</sup> and 2<sup>nd</sup> quarter 2012.) The Department may waive these requirements if the company can demonstrate to the Superintendent’s satisfaction that the solvency of the corporation is threatened.</p>	
<p><b>STANDARD EXHIBITS 1 - 7</b></p>	<p>Introduction</p>	<p>Exhibits 1 through 7 must be submitted as part of each rate adjustment application. For some of the exhibits the format is defined, while for other exhibits the format is illustrative and the company will need to tailor the material included for the specific rate submission.</p>	<p>Pleas see Exhibits 1 through 7</p>
<p><b>Exhibit 1</b></p>		<p><b>General information about the rate adjustment submission.</b></p> <ol style="list-style-type: none"> <li>a. The format for this exhibit is fixed. Fill in the various information fields; the information being requested is indicated on the exhibit.</li> <li>b. For Type of Insurer, select from the drop down list (HMO, Article 42, Article 43) or make an entry.</li> <li>c. For “For Profit” or “Non Profit” click on the applicable box and a check mark will appear.</li> <li>d. Item D – the “new rate effective date” must be a realistic implementation date given the review time allowed the Department and the requirement of the 60 day final rate notice. This date would usually be the first date the proposed rates would affect renewing policyholders. So a 1/1/2012 effective date would imply that the first renewal cohort affected by the rate submission would be January 2012.</li> <li>e. Item F.1 – a rate adjustment filing that also includes rate adjustments for unapproved contract language changes will be rejected.</li> <li>f. This exhibit may be submitted as an Adobe PDF file or as an Excel file.</li> </ol>	
<p><b>Exhibit 2</b></p>		<p><b>FOIL Exemption Request.</b></p> <ol style="list-style-type: none"> <li>a. A request that the Department exempt from public disclosure any information included in this rate submission, pursuant to New York Public Officers Law Section 87(2)(d) (the “Trade Secret/Competitive Injury Exemption”), must be made by completing this exhibit.</li> <li>b. A request that the Department apply the Trade Secret/Competitive Injury</li> </ol>	

**NEW YORK INSURANCE DEPARTMENT**

**Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law**

		<p>Exemption to any information contained in this submission that is not included in this exhibit may not be honored by the Department.</p> <p>c. In light of the open government purpose underlying FOIL, the Department favors redacting portions of documents, and disclosing the balance of such documents, as opposed to withholding documents in their entirety, where such redactions will suffice to protect the exempt information. Therefore, the Company should submit to the Department both the original document and a redacted version of the original document, which omits or blocks the information it wishes to exempt from disclosure. The Department will accept the redacted version of the original document within one week after the original rate filing was submitted.</p> <p>d. The exhibit format is illustrative but the company must include the information indicated in sections A, B, C, D and E. The exhibit may be submitted as a Word document file, an Adobe PDF file, or an Excel file.</p> <p>e. Enter in section A the insurer information requested.</p> <p>f. Enter in section B the information requested regarding the FOIL contact person at the company.</p> <p>g. Enter in section C the list of documents, exhibits and attachments separately, including the file names of the computer files that are included with the application. Indicate with an asterisk (*) those documents that the company believes contains information subject to the Trade Secret/Competitive Injury Exemption. Any document without an asterisk will be deemed to be a public document.</p> <p>h. Enter in section D the list of all documents, exhibits, and attachments, of which a portion has been redacted, including the file names of computer files that are included with the application. The unredacted portion(s) of the redacted documents may be deemed to be public.</p> <p>i. Enter in section E the statement of necessity. A request that the Department apply the Trade Secret/Competitive Injury Exemption to any information included in this submission must be accompanied by a written statement of necessity that:</p> <ul style="list-style-type: none"> <li>(i) identifies the specific parts of the submission for which the Company believes the Trade Secret/Competitive Injury Exemption should be applied;</li> <li>(ii) specifies the reasons why the submission, or parts thereof, should be exempt from disclosure pursuant to the Trade Secret/Competitive Injury Exemption; and</li> <li>(iii) where applicable, indicates where redactions would suffice to protect the exempt information.</li> </ul>	
<b>Exhibit 3</b>		<p><b>Narrative Summary.</b></p> <p>a. The format of the exhibit is illustrative, but must include the required material. The</p>	Please see "Exhibit 3"

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		<p>exhibit may be submitted as a Word document file, an Adobe PDF file, or an Excel file.</p> <p>b. The narrative summary is to explain the reason(s) for the proposed rate adjustment. The purpose of the narrative summary is to provide a written explanation to the company’s policyholders and subscribers to help them understand why a rate increase is needed.</p> <p>c. The narrative summary will be a public document.</p> <p>d. It is suggested that once reviewed by the Department, the company post the narrative summary on its website. Any changes to the narrative summary subsequent to the posting are to be submitted to the Department.</p> <p>e. The narrative summary should include, but not be limited to, the following information:</p> <p>(i) The name of the company submitting the rate adjustment request, the NAIC code number for the company, and the SERFF number for the rate application.</p> <p>(ii) A summary of the proposed rate adjustments. This can be a range as long as the range is consistent with the range(s) stated in the initial notice to policyholders for the various products and rating regions. A range can be no wider than five percentage points.</p> <p>(iii) A description of which policyholders are affected by this rate adjustment application. The rate adjustment may only affect policyholders in a certain market segment (e.g., small group), or with certain products (indicate the “street name” of the products affected), or only a certain renewal cohort (e.g., policyholders renewing from period mm/dd/yyyy – mm/dd/yyyy).</p> <p>(iv) The effective date of the proposed rate adjustments and an indication of when the rate change would affect policyholders. Examples:</p> <p>(a) Non guaranteed rate structure: all policyholders will receive the rate adjustment on mm/dd/yyyy.</p> <p>(b) A rate structure with a 12 month rate guarantee: a policyholder will receive the rate adjustment on the policyholder’s next anniversary on or after mm/dd/yyyy.</p> <p>(v) The number of policyholders and members affected by the proposed rate adjustments. This can be aggregated across all market segments and products included in the rate adjustment submission.</p> <p>(vi) An explanation, in plan language, as to why it is necessary to request such rate change(s). As appropriate, a separate explanation should be provided for each market segment. Where the rate increases are not the same for each product type within a market segment, the company should provide a separate explanation for each such product type.</p> <p>Each page of the narrative summary should be numbered (i.e., [page] of [pages]).</p>	
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<p><b>Exhibit 4</b></p>		<p><b>Summary of Proposed Percentage Rate Change to Existing Rate.</b></p> <ul style="list-style-type: none"> <li>a. The information to be shown in this exhibit pertains to the market segments and products included in the rate adjustment submission.</li> <li>b. This exhibit must be submitted as an Excel file even if it is also submitted as an Adobe PDF file. The format of the exhibit is essentially fixed, but additional rows can be inserted as needed or additional tabs for several such exhibits can be added to the workbook.</li> <li>c. This exhibit is to summarize the proposed percentage rate changes. The percentage rate change is the percentage change from the rate the subscriber is currently paying (or currently scheduled to be paying at the next rate change date for changes already approved or deemed approved by a prior rate application and which are not being revised by the current rate application) to the proposed rate that this subscriber would be paying at the subscriber’s next rate change date according to the new rate application.          Example 1: the rate structure is quarterly rolling rates, has a 12 month rate guarantee period, and the rate adjustment application is for second quarter 2012 issues and renewals. The rate change would be the percentage change from the second quarter 2011 rates to proposed second quarter 2012 rates.          Example 2: the rate application includes quarterly rolling rates for each quarter of calendar year 2012. The prior rate application included quarterly rolling rates for each quarter of 2011. Rates include a 12 month rate guarantee period. The current rate application is submitted July 2011 before all the third and fourth quarter 2011 renewals have taken place. The proposed percentage change for fourth quarter 2012 would be the change from the fourth quarter 2011 rates to the proposed fourth quarter 2012 rates.</li> <li>d. If the subscriber will need to change to a different plan design at renewal (i.e., a required change from the current plan design whether mandated by a government entity or not, but not due to the discontinuation of the current policy form or discontinuation of a particular plan design), a supplement to Exhibit 4 is to be included. The supplemental exhibit is to indicate (i) a high level summary of the difference in covered benefits and cost sharing between the current and replacement plan, and (ii) the estimated pricing percentage change due solely to the difference in the plan designs between the replacement plan and the existing plan. This supplemental exhibit may be submitted as a Word document file, an Adobe PDF file, or an Excel file.</li> <li>e. The weighted averages may be based on membership instead of premium volume.</li> <li>f. The values entered in Sections A and B should follow the organization of the rate manual. If the drug rate is included with the rates in the medical rate table, the combined result is entered in Section A. If the drug rate is a separate rate table associated with a drug rider, then the medical changes are shown in Section A and</li> </ul>	
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		<p>the drug rider changes are shown in Section B.</p> <p>g. Section A summarizes the proposed changes for the base medical rate tables and excludes the impact of all optional riders. The lowest and highest values indicate for a given market segment, region, policy form, product combination the lowest percentage change that applies to a renewing subscriber/contract holder and the highest percentage change that applies to a renewing subscriber/contract holder. This difference could be due to different percentage changes proposed by rating tier or by plan design within a particular product.          Example: The rate adjustment application is only for small group PPO and within this product there are only two product designs. The proposed rate changes for design A are: employee only = 10%, employee+child(ren) = 8%, employee+spouse = 13% and employee+family = 11%. The proposed rate change for design B are: employee only = 9%, employee+child(ren) = 7%, employee+spouse = 12% and employee+family = 10%. The lowest change proposed is 7% and the highest change proposed is 13%. The weighted average change would reflect the distribution of contracts by plan design and rating tier.</p> <p>h. Section B summarizes the proposed changes just for the traditional drug riders. <u>Exclude</u> minor drug related riders such as a rider to include oral contraceptives. All the drug riders available with a given base medical product can be aggregated into one row.          Example 1: Drug riders D1 to D99 are available with the PPO product. The proposed changes on the drug riders vary from 10% to 16%. There would be one row for the PPO policy form/product. The lowest change proposed is 10% and the highest change proposed is 16%. The weighted average change would reflect the distribution of contracts by plan design and rating tier.          Example 2: As in Example 1, but drug riders HD1-HD19 are available with the HSA high deductible PPO product. There would be another row for the high deductible PPO policy form/product indicating the lowest, highest, and weighted average changes among the HD1-HD19 drug riders.</p> <p>i. A separate exhibit should be completed for each market segment. If the percentage rate change for sole proprietor is different from small group, then a separate market segment of sole proprietor is to be reported.</p> <p>j. Where rate changes differ by rating region within a market segment, separate exhibits are to be submitted by market segment/rating region combination.</p> <p>k. Separate information should be submitted for each rolling rate table of a rolling rate structure. For example: if a calendar quarterly rolling rate structure is used and the rate adjustment filing includes proposed rate tables for first, second, third and fourth quarters 2012, separate information should be submitted for section A and section B for the impact of the first quarter 2012 rate changes, the impact of the second quarter 2012 rate changes, the impact of the third quarter 2012 rate</p>	
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		<p>changes, and the impact of the fourth quarter 2012 rate changes.</p>	
<p><b>Exhibit 5</b></p>		<p><b>Distribution of Contracts Affected by the Proposed Rate Adjustments.</b></p> <ol style="list-style-type: none"> <li>a. This exhibit must be submitted as an Excel file even if it is also submitted as an Adobe PDF file. The format of the exhibit is essentially fixed, but the company can edit the worksheet to add more rows or tabs as needed.</li> <li>b. The information to be shown in this exhibit pertains to the market segments and products included in the rate adjustment submission.</li> <li>c. This exhibit indicates the distribution of the proposed rate changes for each market segment, rating region and product, as well as the weighted average rate change impact for that segment/region/product combination. If the same percentage rate change applies to each rating region, then a separate break out by rating region is not necessary and the results can be shown for all rating regions combined.</li> <li>d. The distribution basis can be by number of contracts or by number of members. The same basis is to be used for all products within a given rate adjustment submission. The company should indicate the distribution basis used (number of contracts or number of members). The weighted averages can be calculated using the distribution basis chosen instead of on premium volume.</li> <li>e. The percentage rate change reflects the expected change in premium rate that would apply to that subscriber/contract holder on that subscriber/contract holder's next rate change date according to the new rate application. This would reflect the percentage rate change from the rate the contract holder is currently paying (or currently scheduled to be paying at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application) to the proposed rate that this contract holder would be paying at the contract holder's next rate change date according to the new rate application. The rate change reflects the impact of the base medical plans and all riders applicable to that contract.</li> <li>f. Enter in section A the information for the various products that do not use a rolling rate structure.</li> <li>g. Enter in section B the information for the various products that use a rolling rate structure. Separate exhibits are to be prepared and submitted for each rolling rate cohort. For example, if the rate submission is for quarterly rolling rate tables for first, second, third and fourth quarter 2012, then separate section B information would be entered for each of these four quarters. The distribution shown for a particular quarter would reflect only those policyholders renewing in that particular quarter.</li> </ol>	
<p><b>Exhibit 6</b></p>		<p><b>Summary of Policy Form and Product Changes.</b></p> <ol style="list-style-type: none"> <li>a. This exhibit summarizes all rate changes filed pursuant to sections of the New</li> </ol>	

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		<p>York Insurance Law other than Section 3231(e)(1) or Section 4308(c) that impact the policyholders affected by this rate adjustment submission and which affect the percentage changes shown on Exhibits 4 or 5.</p> <p>b. The format of the exhibit is essentially fixed. Extend the worksheet to add more rows as needed. This exhibit must be submitted as a Word document file or an Excel file, even if it is submitted as an Adobe PDF file.</p> <p>c. In section A, list all rate filings that have been approved since the prior Section 3231(e)(1) or Section 4308(c) rate filing that impact the percentage rate change of the policyholders affected by this rate adjustment submission. The actuarial memorandum should include a brief description of such changes, when the changes were implemented, and the impact on the rate changes in Exhibits 4 and 5.</p> <p>d. In section B, list all rate filings currently pending with the Department that if approved would impact the percentage rate change of the policyholders affected by this rate adjustment submission. This includes any pending request to discontinue a policy form, product, or plan design option.</p> <p>e. In section C, list any “file and use” rate submissions which impact the rate tables in this filing. If the current rates were implemented by a file and use rate filing, and these current rates are being revised with this Section 3231(e)(1) or Section 4308(c) rate filing, or if the percentage changes reported in Exhibits 4 or 5 are impacted by a file and use filing, then list the applicable file and use rate filing(s).</p>	
<p><b>Exhibit 7</b></p>		<p><b>Historical Data by Each Policy Form Included in the Rate Adjustment Filing (formerly the Summary Template).</b></p> <p>a. This exhibit must be submitted as an Excel file even if it is also submitted as an Adobe PDF file. The format of the exhibit is fixed; add more columns to the right as needed; copy to additional tabs in the Excel workbook as needed to create additional exhibits.</p> <p>b. A separate exhibit is to be submitted for each rating pool (i.e., permitted aggregation of base medical policy forms). Create additional tabs as needed. Data is to be submitted for each base medical policy form included in the rate adjustment filing even if no rate adjustment is proposed for that base medical policy form.</p> <p>c. Indicate the company name, the NAIC code number for that entity, and the SERFF filing number for the applicable rate filing in the spaces indicated.</p> <p>d. Indicate for each base medical policy form the form number, the product name as in the rate manual, and the street product name. Also indicate the other base medical policy forms this form is aggregated with for rate setting. Add additional columns as needed. Add a rightmost column with aggregate values for the entire rating pool (for the appropriate rows). Refer to Section 360.11(a)-(b) of Regulation 145 (11 NYCRR 360) for the requirements to aggregate substantially similar</p>	

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		<p>policy forms for small group policy forms and for individual policy forms.</p> <p>e. Indicate for each base medical policy form if the policy form aggregation has changed from the previous rate filing. If yes, the actuarial memorandum must include an explanation of the change, the rationale for the change, and the percentage rate impact this change has on this policy form and on the policy forms previously aggregated with this policy form.</p> <p>f. The effective date of rate change refers to the proposed effective date of the non-rolling rate table, and/or the proposed effective date of the first rolling rate period of a rolling rate structure.</p> <p>g. The rate guarantee period refers to a non-rolling rate table and/or to the first rate table of a rolling rate structure. (If the rate guarantee period for the rolling rate structure is not the same for each rolling rate period, the actuarial memorandum must discuss this and explain why the length of the rate guarantee periods are not the same.)</p> <p>h. The weighted average rate change percentage proposed (from the rate currently charged the policyholder [or currently scheduled to be charged at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application] to the proposed rate to be charged to that same cohort of policyholders) for the indicated base medical policy form, including all associated riders. The weighting should be based on members. For a rolling rate structure, enter the result for the first rate table in the rolling rate structure. (Example: a quarterly rolling rate filing was submitted that includes rolling rate tables for the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> quarters of 2012. Rates are for a 12 month period. Indicate the average rate change percentage from the 1<sup>st</sup> quarter of 2011 rate tables to the 1<sup>st</sup> quarter 2012 rate tables.)</p> <p>i. For the number of policyholders affected and the number of covered lives affected, indicate the effect of all the rate tables of a rolling rate structure included in the rate filing (but not more than 12 months of issues and renewals if more than 12 months of rolling rate tables are included in the rate filing). For group business, “policyholders” is referring to the number of groups, not the number of subscribers or contracts.</p> <p>j. The expected loss ratio is the loss ratio incorporated into the proposed rate tables for each base medical policy form (and the entire rating pool) and includes the impact of associated riders and reflects the impact of the proposed rate changes. Loss ratio is calculated on a New York statewide basis. For a rolling rate structure, enter the expected loss ratio incorporated into the rate tables of the first rolling rate period of the rolling rate structure.</p> <p>k. The experience entered for the two indicated experience periods is the New York statewide experience for the indicated base medical policy form plus all associated riders.</p>	
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		<ul style="list-style-type: none"> <li>(i) Each experience period is to be for 12 months (or shorter if a new form).</li> <li>(ii) The ending date of the recent experience period cannot be earlier than 12 months before the proposed effective date of the earliest rate table included in the rate filing. (Example: The rate filing is for a non-rolling rate table to be effective July 1, 2012. The recent experience period cannot have an ending date earlier than June 30, 2011, i.e., 12 months prior to July 1, 2012.).</li> <li>(iii) The prior period is the immediately prior 12 month experience period (or shorter period if a new form).</li> <li>(iv) The incurred claims for each of the two experience periods must be based on at least 3 months of claims run-out beyond the end of the experience period. The actuarial memorandum is to provide a clear description of how these incurred claims were developed for each experience period and how many months of claim run-out were reflected in the development of the incurred claims.</li> <li>l. Enter the annual composite medical trend assumption used for each base medical policy form (including impact of associated riders). Enter the annual utilization and unit cost trend components included in the composite trend factor shown.</li> <li>m. The actuarial memorandum is to include a clear description of how the standardized earned premiums for each experience period were developed from the earned premiums for the applicable experience period, and include documentation and supporting exhibits showing how the standardized premiums were developed for each experience period. A numerical example illustrating the development methodology is to be included as part of the actuarial memorandum. The same standard rate level is used for both of the experience periods.</li> <li>n. If the rating differential between the New York rating regions is being revised with this rate filing, separate versions of Exhibit 7 are to be included for each rating region, each permitted aggregation of rating regions, and for all rating regions combined.</li> </ul>	
<b>ACTUARIAL MEMORANDUM</b>	11NYCRR 52.40(a)(1)	<p>Actuarial qualifications:</p> <ul style="list-style-type: none"> <li>a. Member of the Society of Actuaries or member of the American Academy of Actuaries; and</li> <li>b. Meets the “Qualification Standards of Actuarial Opinion” as adopted by the American Academy of Actuaries.</li> </ul>	
Justification of Rates	§3231(e) §4308(c) 11NYCRR 52.40 11NYCRR 52.42 (HMOs) 11NYCRR 52.45 11NYCRR 59.5(b)	<ul style="list-style-type: none"> <li>a. Description of proposed changes in rates, including the following:               <ul style="list-style-type: none"> <li>(i) The member weighted average proposed percentage change over the current rates charged to each renewal cohort of policyholders for each base medical policy form, including the impact of all associated riders available to that policy form (or currently scheduled to be charged at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application). This is to be</li> </ul> </li> </ul>	Please see "Cover Letter and Actuarial Memorandum"

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	11NYCRR 360.11	<p>shown for each non-rolling rate table and/or each rolling rate table included in the rate filing. (The percentage change is comparable to the percentage change developed for Exhibit 5.) Include comparable information for percentage rate changes implemented during the prior 24 months.</p> <p>(ii) For a rolling rate structure, the percentage change to the first rate table of the rolling rate structure included in the rate filing, from the immediately preceding implemented rolling rate table not included in the rate filing. Indicate the rolling rate periods of the rate tables used to develop this percentage change. If the percentage change between two corresponding rate tables is not uniform, indicate the minimum, maximum and average percentage change between those two rate tables. This comparison is to be done for each first table of a rolling rate structure included in the rate filing. (Example: The rate filing includes four quarterly rolling rate tables beginning 3<sup>rd</sup> quarter 2011. The change from each of the 2<sup>nd</sup> quarter 2011 rolling rate tables to the corresponding 3<sup>rd</sup> quarter 2011 rolling rate table is to be indicated.) The proposed percentage change between each succeeding rolling rate table is also to be indicated.</p> <p>(iii) For the 24 month period prior to the effective date of the earliest rate table included in the rate adjustment submission, indicate the aggregate (medical plus riders) percentage change between the successive non-rolling rate tables. For a rolling rate structure, indicate the aggregate (medical plus riders) percentage change between each of the successive rolling rate tables (e.g., for a quarterly rolling rate structure, the percentage change between each of the successive quarterly rate tables).</p> <p>(iv) The percentage change due to any change in the expected loss ratio incorporated into the proposed rate tables from the prior rate filing for such base medical policy form or rider. Indicate the expected loss ratio incorporated into the current rate tables, the expected loss ratio incorporated into the proposed rate tables, the impact on the percentage change in items (i) and (ii) above due to this revision in the expected loss ratio, and the reason(s) and justification for the change in the pricing expected loss ratio.</p> <p>(v) The percentage change due to any change to the tier structure relationships included in this rate filing and the impact of such change on the percentage changes in items (i) and (ii) above. Include justification for such changes.</p> <p>(vi) The percentage change due to any change to the factor used to convert per member per month results to per single employee results included in this rate filing, and the impact of such change on the percentage changes in items (i) and (ii) above. Include justification for such changes.</p> <p>(vii) The percentage change due to variance in the prior incurred claim cost per member per month estimate and the impact of such variance on the percentage</p>	
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		<p>changes in items (i) and (ii) above. Discuss the reasons contributing to this variance and include an exhibit showing how this variance and the percentage impact of this variance were developed.</p> <p>(viii) Changes to any of the rating differentials between the various rating regions included in this rate filing. If the rating differential between the rating regions was changed, include (a) a listing of the composition of each rating region, (b) the percentage change impact on each such rating region, and (c) justification for each such change between the rating region differentials. If the composition of any rating region is being changed with this filing, indicate (a) the current and proposed composition of the affected rating regions, (b) the percentage change impact on each of the affected rating regions, and (c) justification for the proposed change in the rating region composition.</p> <p>b. If new benefit options are being added to an existing rate table (such as additional copays or deductibles): (a) clearly indicate the additions being made, (b) include in the actuarial memorandum, a statement that the already approved contract language includes the new benefit options being added, (c) provide appropriate actuarial justification for the additional rating factors, and (d) submit a copy of the approved contract language pages and a copy of the Department’s approval letter and clearly indicate how the approved contract language covers the new benefit options being added to the existing rate table.</p> <p>c. Include the following:</p> <p>(i) For each non-rolling rate table: the current rate for each rating tier, the proposed rate for each rating tier, and the dollar and percentage change from the current rate to the proposed rate for each rate table, rating tier, and benefit option for each policy form and rider form included in the rate submission.</p> <p>(ii) For each rolling rate table: the current rate for each rating tier, the proposed rate for each rating tier, and the dollar and percentage change for each renewal cohort from the current rate to the proposed rate for each rate table, rating tier, and benefit option for each policy form and rider form included in the rate submission. (Example: the rate submission includes new rate tables for third and fourth quarter 2011 and first and second quarter 2012. Rates are for 12 month periods. Show the rates for the third quarter 2010, the proposed rates for the third quarter 2011, and the dollar and percentage change from third quarter 2010 to the proposed third quarter 2011 rates. Show a similar table for the proposed fourth quarter 2011, and first and second quarter 2012 rates as well.)</p> <p>d. Discuss the standard premium development used in Exhibit 7. See discussion above on Exhibit 7.</p> <p>e. Discuss the source data used to develop the projected incurred claims for the renewal rate applicability period.</p> <p>(i) If the source data is actual claims experience, the experience period is to be at</p>	
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		<p>least 12 months long, and the unpaid claim reserve is to be based on at least 3 months of claims run-out beyond the end of the experience period.</p> <ul style="list-style-type: none"><li>(ii) If the source data is other than the actual claims experience, indicate the source of this data (e.g., from what publication, prepared by what organization), and the applicability of this source data.</li><li>(iii) Discuss the credibility of such source data. Since the NAIC and HHS have adopted for the federal MLR rebate calculation 75,000 life years (900,000 member months) as required for full credibility and less than 1,000 life years (12,000 member months) as non credible, the credibility of the source data should be discussed consistent with these parameters.</li><li>(iv) Include an exhibit showing the source data and indicate all adjustments made to this source data to develop the projected incurred claims for the renewal rate applicability period. Provide this detail for each non-rolling rate table included in the rate filing, and/or for the first rate table of each rolling rate structure included in the rate filing (for base medical rate tables and for rider rate tables) for each permitted aggregation of policy forms (i.e., rating pool). Provide justification for each such adjustment.</li></ul> <p>f. Indicate the assumed annualized claim trend projection factors used to project the source data to the renewal rate applicability period (for the non-rolling rate tables and/or the first rate tables of a rolling rate structure) for each product within each permitted policy form aggregation (i.e., rating pool).</p> <ul style="list-style-type: none"><li>(i) Indicate the assumed annualized composite trend factors used for each base medical policy form (or permitted aggregation) and separately for the utilization and unit cost components of the composite trend. Indicate the assumed composite annual trend factors used for each rider form (or permitted aggregation) and separately for the utilization and unit cost components of the composite trend.</li><li>(ii) Provide justification for the assumed utilization, unit cost and composite annual trend factors. Discuss the impact and provide justification for any case mix change, intensity of service change, population/demographic change, adverse selection, or deductible leveraging component incorporated into the utilization and/or unit cost trend factor components.</li><li>(iii) Clearly discuss how the annualized trend factors were applied to the source data to develop the projected data for the renewal rate applicability period.</li></ul> <p>g. Provide an actuarial justification of the proposed rate changes for each base medical policy form and each rider form, or permitted aggregation, included in the rate submission.</p> <ul style="list-style-type: none"><li>(i) Clearly show how the percentage change from the current rate table was developed, or how the revised premium rate was developed, for the non-rolling rate tables and/or the first rate tables of a rolling rate structure. (Example: for</li></ul>	
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		<p>a rolling rate structure, how the percentage change from the existing 2<sup>nd</sup> quarter 2011 rate table to the proposed 3<sup>rd</sup> quarter 2011 rate table was developed for each rating element in the proposed rate table.) This demonstration must clearly show how the proposed rate change was developed from the projected source data, current rate level, and expected loss ratio. Provide justification for the percentage change proposed.</p> <p>(ii) For each subsequent rate table of a rolling rate structure, show how the change between each of the successive rate tables was developed (e.g., the change from the 3<sup>rd</sup> quarter 2011 rate table to the 4<sup>th</sup> quarter 2011 rate table). Provide justification for these changes between the rolling rate tables.</p> <p>(iii) Clearly show how the proposed rate development, as applicable, reflects recoveries from the standard direct pay and Healthy New York stop loss pools (New York Insurance Law Sections 4321-a, 4322-a, and 4327), and discuss how the recovery amounts used were developed.</p> <p>(iv) Clearly show how the proposed rate development, as applicable, reflects payments to, or receipts from, the Department Regulation 146 (11 NYCRR 361) and New York Insurance Law Section 3233 marketing stabilization pool. Clearly discuss how the corporation has been complying with 11 NYCRR 361 (Regulation 146), Section 361.6(g), and include in the rate application any new plan pursuant to Section 361.6(g)(2)(i). Such discussion should include an exhibit showing how all monies received from the Regulation 146 pool from calendar years 2007 to date have been used to benefit consumers pursuant to the requirements of Section 361.6(g).</p> <p>h. If the percentage rate change by benefit option differs within a particular policy form (or rider form), include an actuarial demonstration that the rate changes were developed assuming the same insured population selects each of the available benefit options, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members selecting a particular benefit option. Any assumed variation in utilization by benefit option within a particular policy form (or rider form) must be based solely on the benefit differential, must assume that the same population of insureds selects each benefit option within the policy form, and cannot be based on differences due to age, sex, health status or industry among the members selecting the different benefit options.</p> <p>i. If the percentage rate change by policy form differs within a permitted aggregation of policy forms, include an actuarial demonstration that the rate changes were developed assuming the same insured population selects each of the available benefit options among the aggregated policy forms, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members selecting a particular benefit option within</p>	
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**NEW YORK INSURANCE DEPARTMENT**

**Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law**

		<p>the aggregated policy forms. Any assumed variation in utilization between policy forms within a permitted aggregation of policy forms must be based solely on the benefit differential, must assume that the same population of insureds selects each benefit option within the permitted aggregation of policy forms, and cannot be based on differences due to age, sex, health status or industry among the members selecting a particular benefit option within the aggregated policy forms.</p> <p>j. If the percentage rate change by rating region differs, the default assumption is that the rating regions are not aggregated for rate setting purposes. In order for a company to claim that certain rating regions are aggregated for rate setting purposes, it is necessary to include an actuarial demonstration that the rate changes were developed assuming the same insured population in each of the aggregated rating regions, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members in each of the aggregated rating regions.</p> <p>k. Indicate for each permitted policy form aggregation, within each rating region aggregation, the non-claim expense components incorporated into the current premium rates and into the proposed premium rates as a percentage of gross premiums and as \$pmpm. This is to be shown for the non-rolling rate tables and/or the first rate table of each rolling rate structure. Include the following components:</p> <ul style="list-style-type: none"> <li>(i) Regulatory authority licenses and fees, including New York State 332 assessment expenses;</li> <li>(ii) Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplemental Health Care Exhibit;</li> <li>(iii) Commissions and broker fees;</li> <li>(iv) Premium taxes;</li> <li>(v) Other administrative expenses;</li> <li>(vi) After-tax underwriting margin (profit/contribution to surplus);</li> <li>(vii) State income taxes (and applicable state income tax rate);</li> <li>(viii) Federal income taxes (and applicable federal income tax rate);</li> <li>(ix) Reduction for net investment income, if any; and</li> <li>(x) Net of the above.</li> </ul> <p>Discuss how administrative expenses are allocated to the various market segments and product lines.</p>	
<p>Minimum Loss Ratio Requirements</p>	<p>§3231(e)(1)(B) §4308(c)(3) 11NYCRR52.45(i) 11NYCRR59.5(b)</p>	<p>a. The minimum loss ratio for community rated products, other than the official Medicare Supplemental products, is as specified in Section 3231(e)(1)(B) or 4308(c)(3)(A) of the New York Insurance Law, as amended by Chapter 107 of the Laws of 2010.</p> <p>b. The minimum loss ratio for the official Medicare Supplemental products is:</p> <ul style="list-style-type: none"> <li>(i) Article 43 companies: as specified in Section 4308(c)(3)(B) of the Insurance</li> </ul>	

**NEW YORK INSURANCE DEPARTMENT**

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		<p>Law, as amended by Chapter 107 of the Laws of 2010; and</p> <p>(ii) Article 42 companies: as specified in Section 52.45(i) of Regulation 62 (11 NYCRR 52).</p>	
Actuarial Certification	11NYCRR 52.40(a)(1)	<p>a. The filing is in compliance with all applicable laws and regulations of the State of New York.</p> <p>b. The filing is in compliance with Actuarial Standard of Practice No. 8 “Regulatory Filings for Rates and Financial Projections for Health Plans”.</p> <p>c. The expected loss ratio incorporated into the proposed rate tables meets the minimum requirement of the State of New York by permitted aggregation of policy forms within each permitted aggregation of rating regions. Specify the expected loss ratio incorporated into the proposed rate tables for each permitted aggregation of policy forms within each permitted aggregation of rating regions.</p> <p>d. The benefits are reasonable in relation to the premiums charged.</p> <p>e. The rates are not unfairly discriminatory.</p>	Please see "Cover Letter and Actuarial Memorandum"
<b>REVISED RATE MANUAL PAGES</b>	11NYCRR 52.40(e)(2) 11NYCRR 52.45(f) 11NYCRR 59.5(b)	<p><b>Rate Manual.</b></p> <p>a. Table of contents.</p> <p>b. Rate pages, including a page indicating the composition of each rating region.</p> <p>c. Insurer/corporation name on each consecutively numbered rate page.</p> <p>d. Identification by form number of each policy, rider, or endorsement to which the rates apply.</p> <p>e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits.</p> <p>f. Description of revised rating classes, factors and discounts, as applicable.</p> <p>g. Examples of rate calculations, i.e., how the rate tables and formulas included in the rate manual are used to calculate the final rate for a given benefit design.</p> <p>h. Commission schedule(s) and fees.</p> <p>i. Underwriting guidelines and/or underwriting manual, to the extent applicable.</p> <p>j. Expected loss ratio(s).</p>	Please see "Rate manual - other than section Z", "Rate manual section z - Area factor (part 1)" and "Rate manual section z - Area factor (part 2)"
<b>NOTICES TO POLICYHOLDERS Initial &amp; Final</b> Circular Letter No. XX (2011) Pending	§3231(e)(1)(A) §4308(c)(2)	<p>a. A sample copy of the initial written notice sent to policyholders and subscribers/contract holders of the proposed rate adjustment submitted to the Insurance Department.</p> <p>(i) Section 3231(e)(1) and Section 4308(c) of the New York Insurance Law require that the initial notice be sent on or before the date the rate application is submitted to the Insurance Department.</p> <p>(ii) A range can be used to indicate the rate change provided that the range is no wider than 5 percentage points.</p> <p>(iii) If different notices are used for different products or different rating regions, submit a sample for each such product and/or each such rating region.</p>	Please see "Policyholder letter (Initial notice before approval)" and "Policyholder letter (Final notice after approval)".

**NEW YORK INSURANCE DEPARTMENT**

**Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law**

		b. A sample copy of the final written notice to be sent to policyholders after the proposed rates are finalized.	
<b>RATE FILINGS THAT ARE SUBJECT TO REVIEW</b>	PPACA §1003	HHS has defined a “rate filing that is subject to review” as any rate filing where the rate increase over the prior 12 months equals or exceeds a stated threshold. For rate filings that HHS has defined to be a “rate filing that is subject to review”, submit a copy of all documentation required to be submitted to HHS for such rate filing.	

August 12, 2011

  
Assistant Chief Actuary  
New York State Insurance Department  
25 Beaver St.  
New York, NY 10004-2319

**Re: Nippon Life Insurance Company of America (NLIA)  
New York Community Rate Filing**

Dear Mr. Teitel,

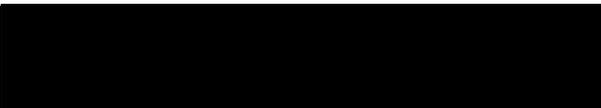
NLIA reduced rates 18.38% effective January 1, 2011. The rate cut was calculated based on the assumption that the mix of business in our block would not change significantly in 2011. However, the mix of business has changed in such a way that our current rate level is inadequate, even with a 9% rate increase effective July 1, 2011. As a result, we are filing a 3% rate increase to be effective January 1, 2012. Also we are filing our new annual medical and prescription drug trend of 9.6% to be effective January 1, 2012.

NLIA requests that the attached actuarial memorandum and all supporting documents included with this filing be treated as confidential pursuant to article 6 of the New York Public Officers Law (FOIL).

An Actuarial Memorandum, the prescribed summary Excel template and a copy of the new rate manual reflecting this change are attached. The Comparative Rate Information for Small Group Health Insurance required by Addendum 3 of Circular Letter 1993-1 is attached in the rate manual Appendix 1.

Please contact me at (212) 909-0741 or via email at [j-brone@nipponlifebenefits.com](mailto:j-brone@nipponlifebenefits.com) with any questions. I thank you for your assistance.

Sincerely,

  
Vice-President and Chief Actuary

**Nippon Life Insurance Company of America  
Actuarial Memorandum**

**PURPOSE**

The purpose of this filing is to disclose change to the rate level charged to NLIA's New York community rated groups. This memorandum is not intended to be used for other purposes.

**BACKGROUND**

NLIA reduced premium 18.38% effective January 1, 2011. The rate cut was calculated based on the assumption that the mix of business in our block would not change significantly in 2011. However, the mix of business has changed in such a way that our current rate level is inadequate, even with a 9% rate increased effective July 1, 2011. As a result, we are filing a 3% rate increase to be effective January 1, 2012. Also we reviewed our medical and prescription drug trend. As a result, we are filing a 9.6% annual trend.

The proposed rate increase is based on a 1/1/2012 rate adequacy test. The experience period used in the analysis is 4/1/2009 through 3/31/2011 based on claims paid through 6/30/2011. NLIA will implement this rate change by increasing the Experience Adjustment Factor.

The remainder of this memorandum follows the sections for the actuarial memorandum laid out in the "New York Insurance Departments Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308 (c) of the New York Insurance Law" dated May 24, 2011.

**Justification of Rates**

- a) Pending approval from the New York Insurance Department, NLIA will increase rate levels 3% for New York community rated medical policies. There is only one policy form, NP 5500 et al, available to NLIA's New York community rated business.

NLIA has experienced favorable claims experience on its block of New York community rated business for the past few years. Japanese business is the major contributor to the favorable New York community rated business. NLIA's parent company is Nippon Life Insurance Company of Japan. As a result of our relationship with our parent, we insure a large number of Japanese rotational employees who are in the United States for just a few years for their jobs. These employees and their families tend to be very healthy, and they return to Japan if they become seriously ill. Our experience and needed rate levels are extremely sensitive to the proportion of rotational employees in our membership base.

Please see the table below, which summarizes the projected loss ratios in attached Exhibits A and B:

**New York Community Rated Business Experience by Japanese Business and Local Business (Experience period from 4/1/09 to 3/31/11)**

<b>Business</b>	<b>Member count*</b>	<b>Standardized Earned Premium**</b>	<b>Incurred Claim</b>	<b>Loss Ratio</b>
Japanese owned Employers	1468	\$13,492,450	\$6,749,812	50%
U.S based Employers	2136	\$9,345,067	\$8,875,036	95%

\* Member as of 3/31/2011.

\*\* Adjusted for 1.5% premium reduction effective on 4/1/2009, 2.23% premium reduction effective on 3/1/2010, 18.38% premium reduction effective on 1/1/2011, and 9% premium increase effective on 7/1/2011.

As you can see, the projected loss ratio for the U.S. based employers is almost double the loss ratio for the Japanese owned employers. The experience for our block of business is extremely sensitive to the proportion of Japanese business in our block.

We reduced rates over 18% effective January 1, 2011. This rate cut was implemented assuming that the mix of business would stay relatively constant in 2011. However, after this rate cut, our business mix changed significantly. We increased rates 9% and reduced commission to 1% effective July 1, 2011. As a result of these actions, we are writing less new business. However, our mix of business continues to shift toward U.S. based business. Please see the table below for our monthly new sales in 2011 by Japanese business and U.S. based business.

**2011 New Sales by U.S. Based Business and Japanese Business  
From 1/2011 through 8/2011**

<b>Month</b>	<b>Number of Case</b>			<b>Written Premium</b>		
	<b>U.S. Based</b>	<b>Japanese</b>	<b>Total</b>	<b>U.S. Based</b>	<b>Japanese</b>	<b>Total</b>
1/2011	22	8	30	\$3,545,577	\$506,087	\$4,051,665
2/2011	15	5	20	\$1,248,067	\$281,561	\$1,529,628
3/2011	40	4	44	\$4,006,629	\$570,677	\$4,577,306
4/2011	25	2	27	\$2,806,942	\$626,317	\$3,433,259
5/2011	36	1	37	\$3,703,988	\$171,060	\$3,875,048
6/2011	25	2	27	\$3,722,217	\$67,742	\$3,789,959
7/2011	15	0	15	\$1,507,688	\$0	\$1,507,688
8/2011	17	0	17	\$1,725,819	\$0	\$1,725,819
<b>Total</b>	<b>195</b>	<b>22</b>	<b>217</b>	<b>\$22,266,927</b>	<b>\$2,223,445</b>	<b>\$24,490,372</b>

Based on our first eight month's actual sales and projections from our regional sales office, we have projected \$.7M new Japanese business and \$20M new U.S. based business for September 1, 2011 to June 30, 2012. Based on the projected sales and

average mix of business in 2012, we project an expected loss ratio of 84.4% for 2012 in-force. Please see the attached Exhibit D.

As a result of the analysis shown in Exhibits A to D, we are requesting a 3% rate increase effective January 1, 2012.

There will be no change to NLIA's rates due to either tier structure, factors used to convert per member month results to per single employee results, variance in the prior incurred claim cost per member per month estimate or differentials between rating regions.

- b) No new benefit options are being added to an existing rate table.
- c) Sample rate calculations using the proposed new rates, including current and proposed rate and dollar and percentage change, are attached in the document entitled "Exhibit E – Current and Proposed Rate" The rate increase will be equal across area, rating tier and benefit option.
- d) This section discusses the standard premium development in exhibit 7. Earned premium and incurred claims for all New York Community Rated business for the period 4/1/2009 through 3/31/2011 are detailed in the attached Exhibit C. Exhibit A and B show Japanese business and Local business separately. Member counts were estimated based on the historical relationship between dependent unit and number of dependents. Premium numbers include no adjustment for assessments or taxes. Incurred claims are based on claims paid through June 30, 2011 plus an estimate for claim incurred but not paid using a traditional completion lag methodology. Market Stabilization Pool receipts and payments are included in incurred claims. Payments received from the Pool in 2008 and 2009 have been passed on to policyholders through reduced new and renewal premium as approved by the Insurance Department. NLIA paid \$331,096 into the pool for 2010 experience. Including an estimate for 2011 experience of \$368,813, NLIA is a net payer into the Market Stabilization Pool through March 2011. The column labeled "Standardized Earned Premium" in Exhibit A, B, and C is calculated by adjusting earned premium for the April 2009, March 2010, January 2011 and July 2011 rate actions. Premium earned on groups prior to their renewal on April 1, 2009 was reduced to reflect the three subsequent rate reductions and the rate increase. Premium earned on groups after their renewal on April 1, 2009 and prior to their renewal on March 1, 2010 was reduced to reflect the last two subsequent rate reductions and the rate increase. Premium earned on groups after their renewal on March 1, 2010 and prior to their renewal on July 1, 2011 was reduced to reflect the last rate reduction and the rate increase. Premium growth was projected using 1.1% monthly trend using simple interest through 4/1/2009 and 0.95% monthly trend thereafter. These represent the premium trend on file for NLIA's New York community rated block of business. The mid-point of the experience period is 4/1/2010, so the average effective date for groups included in the experience is 6 months prior to the mid-point or 10/1/2009. Therefore, we trend the premium forward twenty-seven months from 10/1/2009 to 1/1/2012. The premium trend formula is shown on Exhibit C. It is the same for Exhibit A and B. The start date for the 1.1% per

month trend factor in our rate manual is 1/1/07, and we use simple interest to calculate monthly trend. The 0.95% per month trend factor was in effect starting 3/1/2010.

- e) Incurred claims through March 2011 are based on NLIA's actual paid claims through June 2011 plus a provision for claims incurred but not paid. Receipts and payments to the Market Stabilization Pool are included in claim costs. There was no adjustment made to our claims data. \$15.6 million in claims were paid over the 24 month experience period.

The life years in the most recent 24 month experience period is about 3,700, which is considered partially credible under the federal MLR rebate calculation adopted under NAIC and HHS. However, we are treating our experience as fully credible for the purpose of setting overall rate level for a few reasons. NLIA's block of business is more homogeneous than an average block of NY small group business for several reasons.

- 1) All of the business is from the New York City tri-state area. We only market in the counties in and around New York. As a result, our block does not vary much by area.
- 2) NLIA's small group products are homogeneous. We only sell PPO products. We do not sell POS or HMO products. In addition, the vast majority of the business is written on one PPO network (Aetna Signature Administrators).
- 3) The Small Group Market Stabilization Pool, which is unique to New York small group business, also reduces volatility and makes experience more credible.
- 4) Many of our members are Japanese rotational employees who are in the United States just for a few years for their jobs. These employees and their families tend to be very healthy, and they return to Japan if they become seriously ill. This population of rotational employees has a stabilizing effect on our experience because they have so few serious illnesses. As a result, the experience is less volatile than it would be for a typical block of small group business without rotational employees.

- f) Claims are projected using an annual effective trend of 9.6%. Consistent with the projection of standardized premium, the claims for the experience period were trended 27 months from 4/1/2010 through 7/1/2012.

Claims are projected using an annual effective trend of 9.6%. This claim trend assumption is based both on Standard and Poor's Healthcare Economic Commercial Index, our own experience, and competitor trend assumptions.

According to the S&P Healthcare Economic Commercial Index, the year-over-year percentage change in the 12 month moving average healthcare costs covered by commercial insurance increased by 7.35%. The S&P healthcare cost index, however,

captures only the increase in total health care expenditures (commercial insurer claims plus member cost sharing) nationwide for all plans. It does not capture the full impact of anti-selection or the effect of co-pay/deductible leveraging. Therefore, we have to adjust the S&P healthcare cost index trend for anti-selection and co-pay/deductible leveraging.

Milliman USA published a healthcare trend report called the Milliman Health Cost Index Report through 2010. Along with this report, Milliman published an analysis of necessary adjustments to any nation wide trend report called the Health Cost Index Companion. Milliman's Health Cost Index companion estimates that anti-selection can be expected to add 0% to 5% to the trends of certain carriers. Anti-selection increases as group size decreases, and Nippon Life Benefits average group size is small. Over 60% of our premium comes from groups under 100 employees. Two-thirds of the groups in our small group block of business (<50 employees) are under 10 employees. Therefore, we will add 2.5% (the mid-point of the Milliman Health Cost Index Companion anti-selection range) to the S&P healthcare cost index to account for anti-selection.

We examined the impact of benefit difference on the trend based on our own experience. We have found that deductible/copay leveraging given our current mix of in-force plans adds about 1.65% to our plan costs. Therefore, the S&P commercial index adjusted for adverse selection and benefit difference is 11.50% ( $=7.35\% + 2.5\% + 1.65\%$ ).

We also examined trend for a stable block of our in-force business over a two year period. The average rolling twelve month increase in billed charges was 6.00% based on the experience for this block from April 2009 to March 2011. Since we examined changes in billed charges, we must add in the effect of deductible/copy leveraging. After adding the deductible/copay leveraging effect, the trend based on our experience is 7.65% ( $=6.00\% + 1.65\%$ ).

Finally, we looked at competitor trend assumptions. Large group quotes from some of our competitors indicate that other companies are using trend assumptions in the range of 9.5% to 12.5%.

The block of business that we used for our experience trend study is relatively small (about 19,000 members). Therefore, we averaged the adjusted S&P commercial index (11.50%) and NLIA experience (7.65%) and calculated a new annual trend of 9.6%. The 9.6% trend is consistent with the recent experience studies we have from S&P and our own block of business and within the range of our competitor's trend assumptions.

The new trend will start on January 1, 2012. Since we are changing the start date for the trend factor calculation from March 2010 to January 2012, we have to update the medical and drug Experience Adjustment Factors to include trend from March 2010 through December 2011. The monthly trend factor for the Twenty-two months from March 2010 to December 2011 was .0080. Effective January 1, 2012, the Experience

Adjustment Factor will be  $3.053 \times (1 + (22 \times 0.0080)) \times (1.03) = 3.802$  including the 3% increase we needed.

- g) The projected loss ratio using premium and claims trend mentioned above is 84.4%. The requested rate increase equals  $84.4\% / 82\% - 1 = 3\%$ . Market Stabilization Pool payments and receipts are included in incurred claims.
- h) The proposed percentage rate change does not vary within policy form.
- i) The proposed percentage rate change does not vary within permitted aggregation of policy forms.
- j) The proposed percentage rate change does not vary by rating region.
- k) Expense assumptions included in revised rate are as follows:

Regulatory Authority Licenses and Fee	0.25%
Administrative Expenses (Improve Health Care Quality)	0.70%
Other Administrative Expenses	8.3%
Commission	2.80%
Premium Taxes	1.50%
After-tax Underwriting Margin (profit / Contribution to Surplus)	3.40%
Federal Income Taxes (34% federal tax rate)	1.75%
State Income Taxes (0.5% state tax rate)	0.50%
Reduction for Net Investment Income	-1.20%
Total	18.00%

Administration expenses that are not directly allocable to New York small group (actuarial, accounting, IT, legal, human resources, general services, claim adjudication, premium billing) were allocated as a percent of premium across all blocks of business. Expenses directly allocable to New York community rated business (sales, underwriting and P/O network expenses) were allocated directly to the NY community rated block.

- l) The expected loss ratio after the proposed rate action is 82%. This is calculated by setting the required rate change equal to the projected loss ratio divided by 82% minus one.

**CERTIFICATION**

To the best of my knowledge and judgment, these rates are in compliance with the applicable laws and regulations of the State of New York, including Regulation 62.

The rates for the products described in the Actuarial Memorandum have been developed under my supervision using reasonable and actuarially sound assumptions and methods in compliance with Actuarial Standards of Practice number 8.

The expected loss ratio meets the minimum requirement of New York State. NLIA uses an 82% expected loss ratio for all New York State rating regions.

I believe the rates to be reasonable in relation to the benefits.

The rates are not unfairly discriminatory.



Vice President and Chief Actuary  
Nippon Life Insurance Company of America  
521 5th Avenue  
New York, New York 10175



August 12, 2011

Exhibit A

NYCR Experience - Japanese and Korean Business  
Includes NY MSP Refund  
Based on Claims run-out through 6/30/11

4/1/09 reduced premium 1.5%  
3/1/2010 Reduced premium 2.23%  
1/1/2011 reduced premium 18.38%  
7/1/2011 increase premium 9%

Incurral Date	(1)	(2)	(2) / (1)	(3)	(3) / (1)	(4)	(4) / (1)	(4) / (2)	Standardized Earned Premium	(6)	(6) / (5)
	Member Count	Earned Premium	PMPM Premium	Paid Claims	PMPM Pd. Claims	Incurred Claims	PMPM Inc. Claims	Loss Ratio		Adjusted Claim	Loss Ratio
4/09	836	474,402	567.47	240,602	287.80	243,101	290.79	51.2%	407,295	243,101	59.7%
5/09	962	523,760	544.45	189,917	197.42	198,943	206.80	38.0%	449,746	198,943	44.2%
6/09	920	504,608	548.49	179,706	195.33	196,633	213.73	39.0%	434,389	196,633	45.3%
7/09	934	519,494	556.20	182,504	195.40	196,124	209.98	37.8%	448,721	196,124	43.7%
8/09	941	527,016	560.06	220,849	234.70	228,936	243.29	43.4%	455,491	228,936	50.3%
9/09	1,020	552,856	542.02	186,256	182.60	198,039	194.16	35.8%	478,406	198,039	41.4%
10/09	1,045	582,410	557.33	196,423	187.96	206,059	197.19	35.4%	504,015	206,059	40.9%
11/09	1,048	586,337	559.48	270,549	258.16	299,644	285.92	51.1%	507,998	299,644	59.0%
12/09	1,082	617,814	570.99	273,713	252.97	296,590	274.11	48.0%	535,578	296,590	55.4%
1/10	1,035	590,306	570.34	173,659	167.79	174,839	168.93	29.6%	513,035	174,839	34.1%
2/10	1,035	590,440	570.47	188,138	181.78	189,436	183.03	32.1%	513,571	189,436	36.9%
3/10	1,052	604,093	574.23	159,846	151.94	161,019	153.06	26.7%	525,690	161,019	30.6%
4/10	1,159	647,517	558.69	268,439	231.61	270,425	233.33	41.8%	566,150	270,425	47.8%
5/10	1,170	657,841	562.26	215,708	184.37	217,367	185.78	33.0%	575,431	217,367	37.8%
6/10	1,148	643,432	560.48	245,025	213.44	246,987	215.15	38.4%	564,745	246,987	43.7%
7/10	1,136	653,376	575.15	261,850	230.50	264,180	232.55	40.4%	575,348	264,180	45.9%
8/10	1,154	668,830	579.58	811,051	702.82	818,852	709.58	122.4%	589,453	818,852	138.9%
9/10	1,250	719,212	575.37	311,161	248.93	314,420	251.54	43.7%	634,905	314,420	49.5%
10/10	1,273	732,343	575.29	383,516	301.27	388,402	305.11	53.0%	646,576	388,402	60.1%
11/10	1,307	746,464	571.13	248,035	189.77	251,455	192.39	33.7%	660,130	251,455	38.1%
12/10	1,288	732,793	568.94	300,440	233.26	305,675	237.33	41.7%	649,163	305,675	47.1%
1/11	1,378	785,312	569.89	396,961	288.07	437,680	317.62	55.7%	726,937	437,680	60.2%
2/11	1,428	804,193	563.16	286,275	200.47	319,250	223.56	39.7%	756,096	319,250	42.2%
3/11	1,468	817,352	556.78	266,226	181.35	325,756	221.90	39.9%	773,582	325,756	42.1%
4/2009 - 3/2010	11,910	6,673,537	560.33	2,462,163	206.73	2,589,364	217.41	38.8%	5,773,935	2,589,364	44.8%
4/2010 - 3/2011	15,159	8,608,665	567.89	3,994,687	263.52	4,160,448	274.45	48.3%	7,718,515	4,160,448	53.9%
Total	27,069	15,282,202	564.56	6,456,850	238.53	6,749,812	249.36	44.2%	13,492,450	6,749,812	50.0%
Projected Premium & Claims									16,970,612	8,295,937	48.9%

Notes

1. Premium trend from 10/1/2009 to 1/1/2012 =  $(1+0.011*38)*(1+0.0095*22)/(1+0.011*33)$
2. Claim trend 9.6% per annum
3. Member count estimated based on 2.21 times employee count.

Exhibit B

NYCR Experience - Local Business  
Includes NY MSP Refund  
Based on Claims run-out through 6/30/11

4/1/09 reduced premium 1.5%  
3/1/2010 Reduced premium 2.23%  
1/1/2011 reduced premium 18.38%  
7/1/2011 increase premium 9%  
(5)

Incurral Date	(1) Member Count	(2) Earned Premium	(2) / (1) PMPM Premium	(3) Paid Claims	(3) / (1) PMPM Pd. Claims	(4) Incurred Claims	(4) / (1) PMPM Inc. Claims	(4) / (2) Loss Ratio	Standardized Earned Premium	(6) Adjusted Claim	(6) / (5) Loss Ratio
4/09	487	314,676	646.15	288,851	593.12	291,038	597.61	92.5%	270,942	291,038	107.4%
5/09	476	309,380	649.96	248,441	521.93	248,254	521.54	80.2%	266,542	248,254	93.1%
6/09	469	309,501	659.92	317,574	677.13	316,328	674.47	102.2%	266,846	316,328	118.5%
7/09	470	306,973	653.13	360,590	767.21	358,342	762.43	116.7%	265,347	358,342	135.0%
8/09	474	309,425	652.80	252,017	531.68	254,518	536.96	82.3%	267,776	254,518	95.0%
9/09	471	307,721	653.34	258,404	548.63	259,125	550.16	84.2%	266,279	259,125	97.3%
10/09	469	303,117	646.31	295,092	629.19	294,629	628.21	97.2%	262,499	294,629	112.2%
11/09	465	301,629	648.67	294,542	633.42	298,821	642.63	99.1%	261,748	298,821	114.2%
12/09	507	326,180	643.35	266,704	526.04	271,937	536.37	83.4%	283,104	271,937	96.1%
1/10	503	328,375	652.83	378,332	752.15	380,597	756.66	115.9%	285,338	380,597	133.4%
2/10	533	343,064	643.65	277,047	519.79	278,743	522.97	81.3%	298,308	278,743	93.4%
3/10	572	367,557	642.58	429,427	750.75	432,226	755.64	117.6%	320,200	432,226	135.0%
4/10	625	388,022	620.84	432,108	691.37	435,085	696.14	112.1%	340,469	435,085	127.8%
5/10	671	417,785	622.63	328,021	488.85	330,314	492.27	79.1%	367,077	330,314	90.0%
6/10	676	426,966	631.61	324,360	479.82	326,711	483.30	76.5%	375,517	326,711	87.0%
7/10	678	437,500	645.28	266,605	393.22	268,720	396.34	61.4%	385,912	268,720	69.6%
8/10	683	441,047	645.75	321,619	470.89	324,466	475.06	73.6%	389,553	324,466	83.3%
9/10	659	426,298	646.89	381,067	578.25	384,814	583.94	90.3%	376,409	384,814	102.2%
10/10	654	423,125	646.98	283,461	433.43	286,746	438.45	67.8%	373,958	286,746	76.7%
11/10	662	432,184	652.85	380,177	574.29	385,344	582.09	89.2%	382,745	385,344	100.7%
12/10	677	442,769	654.02	347,432	513.19	353,184	521.69	79.8%	392,824	353,184	89.9%
1/11	1,212	717,593	592.07	435,810	359.58	555,599	458.42	77.4%	696,580	555,599	79.8%
2/11	1,393	804,108	577.25	412,129	295.86	534,691	383.84	66.5%	798,192	534,691	67.0%
3/11	2,136	1,124,313	526.36	897,522	420.19	1,004,802	470.41	89.4%	1,150,904	1,004,802	87.3%
4/2009 - 3/2010	5,896	3,827,599	649.19	3,667,020	621.95	3,684,559	624.93	96.3%	3,314,928	3,684,559	111.2%
4/2010 - 3/2011	10,726	6,481,710	604.30	4,810,310	448.47	5,190,477	483.92	80.1%	6,030,138	5,190,477	86.1%
Total	16,622	10,309,308	620.22	8,477,330	510.01	8,875,036	533.93	86.1%	9,345,067	8,875,036	95.0%
Projected Premium & Claims									11,754,092	10,907,969	92.8%

Notes

1. Premium trend from 10/1/2009 to 1/1/2012 =  $(1+0.011*38)^*(1+0.0095*22)/(1+0.011*33)$
2. Claim trend 9.6% per annum
3. Member count estimated based on 2.21 times employee count.

Exhibit C

NYCR Experience - Japanese and Local Business  
Includes NY MSP Refund  
Based on Claims run-out through 6/30/11

4/1/09 reduced premium 1.5%  
3/1/2010 Reduced premium 2.23%  
1/1/2011 reduced premium 18.38%  
7/1/2011 increase premium 9%  
(5)

Incurral Date	(1) Member Count	(2) Earned Premium	(2) / (1) PMPM Premium	(3) Paid Claims	(3) / (1) PMPM Pd. Claims	(4) Incurred Claims	(4) / (1) PMPM Inc. Claims	(4) / (2) Loss Ratio	Standardized Earned Premium	(6) Adjusted Claim	(6) / (5) Loss Ratio
4/09	1,323	789,078	596.43	529,452	400.19	534,139	403.73	67.7%	678,237	534,139	78.8%
5/09	1,438	833,140	579.37	438,358	304.84	447,197	310.99	53.7%	716,288	447,197	62.4%
6/09	1,389	814,110	586.11	497,280	358.01	512,961	369.30	63.0%	701,234	512,961	73.2%
7/09	1,404	826,467	588.65	543,094	386.82	554,466	394.92	67.1%	714,069	554,466	77.6%
8/09	1,415	836,441	591.12	472,866	334.18	483,454	341.66	57.8%	723,267	483,454	66.8%
9/09	1,491	860,577	577.18	444,660	298.23	457,164	306.62	53.1%	744,685	457,164	61.4%
10/09	1,514	885,527	584.89	491,515	324.65	500,688	330.71	56.5%	766,514	500,688	65.3%
11/09	1,513	887,967	586.89	565,091	373.49	598,465	395.55	67.4%	769,746	598,465	77.7%
12/09	1,589	943,994	594.08	540,417	340.10	568,528	357.79	60.2%	818,682	568,528	69.4%
1/10	1,538	918,681	597.32	551,990	358.90	555,437	361.14	60.5%	798,373	555,437	69.6%
2/10	1,568	933,505	595.35	465,185	296.67	468,178	298.58	50.2%	811,879	468,178	57.7%
3/10	1,624	971,649	598.31	589,274	362.85	593,246	365.30	61.1%	845,891	593,246	70.1%
4/10	1,784	1,035,539	580.46	700,547	392.68	705,510	395.47	68.1%	906,619	705,510	77.8%
5/10	1,841	1,075,626	584.26	543,729	295.34	547,681	297.49	50.9%	942,508	547,681	58.1%
6/10	1,824	1,070,398	586.84	569,385	312.16	573,698	314.53	53.6%	940,262	573,698	61.0%
7/10	1,814	1,090,876	601.36	528,455	291.32	532,899	293.77	48.9%	961,259	532,899	55.4%
8/10	1,837	1,109,877	604.18	1,132,670	616.59	1,143,318	622.38	103.0%	979,006	1,143,318	116.8%
9/10	1,909	1,145,510	600.06	692,228	362.61	699,234	366.28	61.0%	1,011,314	699,234	69.1%
10/10	1,927	1,155,468	599.62	666,977	346.12	675,148	350.36	58.4%	1,020,534	675,148	66.2%
11/10	1,969	1,178,649	598.60	628,212	319.05	636,798	323.41	54.0%	1,042,874	636,798	61.1%
12/10	1,965	1,175,562	598.25	647,872	329.71	658,859	335.30	56.0%	1,041,986	658,859	63.2%
1/11	2,590	1,502,905	580.27	832,771	321.53	993,279	383.51	66.1%	1,423,517	993,279	69.8%
2/11	2,821	1,608,301	570.12	698,404	247.57	853,941	302.71	53.1%	1,554,288	853,941	54.9%
3/11	3,604	1,941,665	538.75	1,163,748	322.90	1,330,558	369.19	68.5%	1,924,486	1,330,558	69.1%
4/2009 - 3/2010	17,806	10,501,135	589.75	6,129,183	344.22	6,273,923	352.35	59.7%	9,088,864	6,273,923	69.0%
4/2010 - 3/2011	25,885	15,090,375	582.98	8,804,997	340.16	9,350,925	361.25	62.0%	13,748,653	9,350,925	68.0%
Total	43,691	25,591,510	585.74	14,934,180	341.81	15,624,848	357.62	61.1%	22,837,517	15,624,848	68.4%
Projected Premium & Claims									28,724,704	19,203,905	66.9%

Notes

1. Premium trend from 10/1/2009 to 1/1/2012 =  $(1+0.011*38)*(1+0.0095*22)/(1+0.011*33)$
2. Claim trend 9.6% per annum
3. Member count estimated based on 2.21 times employee count.

## Exhibit D

### Projected NYCR Experience for 7/1/12 Renewals

(Based on historical loss ratios and projected mix of business)

	<u>6/30/2011</u> <u>In-force</u>	<u>7/1/11 to</u> <u>6/30/2012</u> <u>**Sales</u>	<u>Total</u> <u>In-force</u>	<u>*Projected</u> <u>Loss Ratio</u>
Local	\$23,041,725	\$23,233,507	\$46,275,232	92.8%
Japanese	\$10,202,174	\$700,000	\$10,902,174	48.9%
<b>Total</b>	<b>\$33,243,899</b>	<b>\$23,933,507</b>	<b>\$57,177,406</b>	<b>84.4%</b>
<b>Pricing Loss Ratio</b>				<b>82.0%</b>
<b>Rate Increase</b>				<b>3.0%</b>

\*Based on 4/1/09 to 3/31/2011 experience adjusted for rate cut and rate increase.

\*\*Due to rate increase and commission cut effective 7/1/11. There is no new sales in 7/1 and 8/1 in Japanese business.

The projected 9/11 through 6/12 new sales on Japanese business is \$700,000 based on Japanese sales desk.

The projected 9/11 through 6/12 new sales on Local business is \$2.0M/month based on Local sales desk.

Exhibit E - Current and Proposed Rate

		Rates in 2011				Rates in 2012			
		Renewal 1/1/2011	Renewal 4/1/2011	Renewal 7/1/2011	Renewal 10/1/2011	Renewal 1/1/2012	Renewal 4/1/2012	Renewal 7/1/2012	Renewal 10/1/2012
Plan Design	Deductible	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200
	In Network Coinsurance	90/10%	90/10%	90/10%	90/10%	90/10%	90/10%	90/10%	90/10%
	Out of Network Coinsurance	80/20%	80/20%	80/20%	80/20%	80/20%	80/20%	80/20%	80/20%
	Out-of-Pocket	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
In Network	Copay	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
	Rx	No PCS	No PCS	No PCS	No PCS	No PCS	No PCS	No PCS	No PCS
1. Base Rate	Member	209.99	209.99	209.99	209.99	209.99	209.99	209.99	209.99
	Spouse	247.81	247.81	247.81	247.81	247.81	247.81	247.81	247.81
	Child	198.44	198.44	198.44	198.44	198.44	198.44	198.44	198.44
2. PCS Exclusion	Member	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Spouse	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3. 90 <sup>th</sup> Percentile Reimbursement	Member	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Spouse	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4. Biologically Based Mental Illness	Member	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Spouse	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5. Emotional Disturbance in Children	Member	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Spouse	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6. Make Available Option		1.01	1.01	1.01	1.01	1.01	1.01	1.01	
7. Extension of Dependent Coverage to Age 26		N/A	N/A	N/A	N/A	N/A	N/A	N/A	
8. Remove Preventive Care Cost Sharing	(Non-grandfathered Plan)	1.005	1.005	1.005	1.005	1.005	1.005	1.005	
9. Extension of Mini-COBRA Factor	(Effective 11/1/2010)	1.0025	1.0025	1.0025	1.0025	1.0025	1.0025	1.0025	
10. Base Rate - PCS Exclusion	Member	213.68	213.68	213.68	213.68	213.68	213.68	213.68	213.68
	Spouse	252.17	252.17	252.17	252.17	252.17	252.17	252.17	252.17
	Child	201.93	201.93	201.93	201.93	201.93	201.93	201.93	201.93
11. Network Discount Factor	(ASA Network)	0.67	0.67	0.67	0.67	0.67	0.67	0.67	
12. Area Factors	New York (10000-10292)	1.449	1.449	1.449	1.449	1.449	1.449	1.449	
13. Monthly Trend		0.0095	0.0095	0.0095	0.0095	0.0080	0.0080	0.0080	
14. Renewal Rate effective date		1/1/2011	4/1/2011	7/1/2011	10/1/2011	1/1/2012	4/1/2012	7/1/2012	
15. Number of Months to trend		10	13	16	19	0	3	6	
16. Trend Factor *		1.095	1.1235	1.152	1.1805	1.000	1.024	1.048	
17. Experience Adjustment Factor		2.801	2.801	3.053	3.053	3.802	3.802	3.802	
18. Final Rates	Member	636.27	652.83	729.61	747.66	788.69	807.61	826.54	
	Spouse	750.86	770.41	861.02	882.32	930.73	953.07	975.41	
	Child	601.27	616.92	689.48	706.54	745.31	763.19	781.08	
19. Year Over Year Proposed Rate Change	Member	-11%	-8%	-0.5%	-1.3%	24.0%	23.7%	13.3%	
	Spouse	-11%	-8%	-0.5%	-1.3%	24.0%	23.7%	13.3%	
	Child	-11%	-8%	-0.5%	-1.3%	24.0%	23.7%	13.3%	

\* We filed a change to our monthly trend factor effective 3/1/10. For the 4/1/2010 renewal, we use the filed monthly trend of 0.95% and the new trend starting date 3/1/2010. We apply 1 month of trend (from 3/1/2010 to 4/1/2010) on the base rate. So the trend factor is 1.0095 (=1+0.0095\*1).

\* We are changing our monthly trend factor effective 1/1/12. For the 2/1/12 renewal, we will use monthly trend of 0.8% and the new trend starting date 1/1/12. We apply 1 month of trend (from 1/1/12 to 2/1/12) on the base rate. So the trend factor is 1.0080 (=1+0.0080\*1).

## EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A.	Insurer Information: <u>Nippon Life Insurance Company of America</u> <small>Company submitting the rate adjustment request</small>  <u>521 Fifth Avenue, Fifth Floor, New York, NY 10175</u> <small>Company mailing address</small>	<input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non Profit	<u>Article 42</u> <small>Type of insurer</small>  <u>81264</u> <small>Company NAIC Code</small>
B.	Contact Person: <u>[REDACTED]</u> <small>Rate filing contact person name, title</small>	<u>[REDACTED]</u> <small>Contact phone number</small>	<u>[REDACTED]</u> <small>Contact Email address</small>
C.	Actuarial Contact (If different from above): <u>[REDACTED]</u> <small>Actuary name, title</small>	<u>[REDACTED]</u> <small>Actuary phone number</small>	<u>[REDACTED]</u> <small>Actuary Email address</small>
D.	New Rate Information (See Note #1): <u>1/1/2012 - 12/31/2012</u> <small>New rate applicability period</small>	<u>1/1/2012</u> <small>New rate effective date</small>	<u>NLAM - 127364367</u> <small>SERFF Tracking Number</small>
E.	Market segments included in filing (e.g., Large Group, Small Group, Sole Proprietors, Individual, Healthy NY, Medicare Supplement):	<u>Small Group</u>	
F.	Provide responses for the following questions:	<b>Response</b>	
	1. Does this filing include any revision to contract language that is not yet approved? See note (2).	<u>No.</u>	
	2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing?	<u>No.</u>	
	3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (3).	<u>Yes. We send initial notice to 319 policyholders on 8/10/2011.</u>	
	4. Have all the required exhibits been submitted with this rate application? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	<u>Yes.</u>	

**Notes:**

(1) It is recommended that a rate filing application subject to §3231(e)(1) or §4308(c) of the New York Insurance Law be submitted at least 150 days before the proposed effective date. It is recommended that a rate adjustment application not be submitted more than 180 days prior to the proposed effective date. It is recommended that a rate adjustment application not be submitted less than 125 days prior to the proposed effective date since there is a high probability that a decision on such a filing will not occur in time for the company to send the required final notice to the first renewal cohort affected by the rate adjustment filing.

(2) A rate adjustment filing submitted pursuant to §3231(e)(1) or §4308(c) of the New York Insurance Law should **not** include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing, a new form or a revision to an existing form, must be a separate filing from the rate adjustment filing.

Use the following SERFF filing types for rate adjustment filings:

- \* For a rate adjustment filing pursuant to §3231(e)(1): Rate Adjustment pursuant to §3231(e)(1)
- \* For a rate adjustment filing pursuant to §4308(c): Rate Adjustment pursuant to §4308(c)
- \* For all other prior approval filings: Normal Pre-Approval

(3) §3231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscribers/contract holders be sent on or before the date the rate adjustment application is submitted to the Insurance Department.

## EXHIBIT 2: FOIL EXEMPTION REQUEST

### Instructions:

1. A request that the New York State Insurance Department ("Department") exempt from public disclosure any information included in this submission, pursuant to New York Public Officers Law § 87(2)(d) (the "Trade Secret/Competitive Injury Exemption"), must be made by completing this exhibit.
2. A request that the Department apply the Trade Secret/Competitive Injury Exemption to any information contained in this submission that is not included in this exhibit may not be honored by the Department.
3. A request that the Department apply the Trade Secret/Competitive Injury Exemption to any information included in this submission must be accompanied by a written statement of necessity that:
  - (a) identifies the specific parts of the submission for which the Company believes the Trade Secret/Competitive Injury Exemption should be applied;
  - (b) specifies the reasons why the submission, or parts thereof, should be exempt from disclosure pursuant to the Trade Secret/Competitive Injury Exemption; and
  - (c) where applicable, indicates where redactions would suffice to protect the exempt information.
4. In light of the open government purpose underlying FOIL, the Department favors redacting portions of documents, and disclosing the balance of such documents, as opposed to withholding documents in their entirety, where such redactions will suffice to protect the exempt information. Therefore, the Company should submit to the Department both the original document and a redacted version of the original document, which omits or blocks the information it wishes to exempt from disclosure. (The Department will accept the redacted version of the original document within one week after original filing was submitted.)

**A. Insurer Information:** Nippon Life Insurance Company of America 81264 NLAM - 127364367  
Company submitting the rate adjustment request Company NAIC Code SERFF tracking number

**B. FOIL Contact Person:** [REDACTED] [REDACTED] [REDACTED]  
Name, title Phone number Email address  
521 Fifth Avenue, Fifth Floor, New York, NY 10175 [REDACTED]  
Mailing address Fax number

**C.** List all documents, exhibits, and attachments separately, including the file names of computer files that are included with the application. Please indicate with an asterisk (\*) those documents that you believe contain information subject to the Trade Secret/Competitive Injury Exemption. Any document without an asterisk will be deemed to be a public document.

- 1 Cover Letter and Actuarial Memorandum (including Exhibit A, B, C, D and E) \*
- 2 Rate Manual
- 3 Standard Exhibits 1: General information about the rate adjustment submission
- 4 Standard Exhibits 2: FOIL Exemption Request
- 5 Standard Exhibits 3: Narrative summary
- 6 Standard Exhibits 4: Summary of proposed percentage rate change to existing rate
- 7 Standard Exhibits 5: Distribution of contracts affected by proposed rate adjustments
- 8 Standard Exhibits 6: Summary of policy form and product changes
- 9 Standard Exhibits 7: Historical data by each policy form included in rate adjustment filing
- 10 Notices to policyholder - Initial
- 11 Notices to policyholder - Final
- 12 Accident and health initial premium rates compliance certification

**D.** Provide a separate list of all documents, exhibits, and attachments, of which a portion has been redacted, including the file names of computer files that are included with the application. The unredacted portion(s) of the redacted documents may be deemed to be public.

**E.** Statement of necessity as discussed in Instructions # 3, above.

\* The information in the Actuarial Memorandum contains our past experience and the method to develop our trend.

## EXHIBIT 3: NARRATIVE SUMMARY

Company Nippon Life Insurance Company of America  
NAIC Code: 81264  
SERFF Tracking #: NLAM - 127364367

Submit a Narrative Summary explaining the reason(s) for the proposed rate adjustment. The purpose of this Narrative Summary is to provide a written explanation to the company's policyholders to help them to understand the reason(s) why a rate increase is needed.

- The Narrative Summary will be a public document and will be posted on the Department's website and furnished by the Department to the public upon request.
- It is strongly encouraged that the company submit the Narrative Summary to the Department ten (10) days before submitting a rate adjustment application.
- It is suggested that once reviewed by the Department, the company post the Narrative Summary on its website. Any changes made to the Narrative Summary subsequent to the posting are required to be submitted to the Department.
- The Narrative Summary should include, but not be limited to, the following information:
  - 1) The name of the company submitting the rate adjustment request.
  - 2) A summary of the proposed rate adjustments, which can be a range as long as the range is consistent with the range stated in the initial notice to policyholders for the various products, and rating region.
  - 3) A description of which policyholders are affected by this rate adjustment application. The rate adjustment may only affect certain policyholders in a market segment (e.g., Small Group), or with certain products (indicate the "street name" of the products affected), or only a certain renewal cohort (e.g., policyholders renewing mm/dd/yyyy – mm/dd/yyyy).
  - 4) The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
  - 5) The effective date of the proposed rate adjustments and an indication of when the rate change would affect policyholders.  
For example:
    - (a) For a non-guaranteed rate structure: All policyholders will receive the rate adjustment on mm/dd/yyyy.
    - (b) For a rate structure with a 12 month rate guarantee: A policyholder will receive the rate adjustment on the policyholder's next anniversary on or after mm/dd/yyyy.
  - 6) The number of policyholders/members affected by the proposed rate adjustment(s); aggregated across all market segments and products affected by the rate adjustments submission.
  - 7) An explanation, in plain-language, as to why it is necessary to request such rate changes. As appropriate, a separate explanation should be provided for each market segment. Where the rate increases are not the same for each product type within a market segment, the company should provide a separate explanation for each such product type.
- Each page of the Narrative Summary should be numbered (i.e., [page] of [pages]).

**Nippon Life Benefits**  
**Explanation of 2012 Small Group Rate Adjustment**

Nippon Life Benefits will soon file their New York Small Group PPO and New York Small Group High Deductible Health Plan (HDHP) proposed rates for 2012. The 2012 proposed rates will result in the following average renewal rate increases for all PPO and HDHP plans, assuming no changes in network, area or plan design.

- 1) 24% for cases renewing January 1, 2012 through June 30, 2012
- 2) 13% for cases renewing July 1, 2012 through December 31, 2012

All policyholders will be affected by the proposed rate adjustments. As of August 1, 2011, Nippon Life Benefits provides 319 employer groups and an estimated 6000 members with small group medical coverage in New York.

There are two main reasons why we will request the above rate changes.

- 1) The cost of medical care has increased. The total increase in cost includes both the increase in the cost for each medical service, such as a visit to the doctor's office or a stay in the hospital, and the increase in the number of services provided. Both the cost per service provided and the number of services provided are projected to increase between 2011 and 2012. The increase in the cost of medical care is projected to be about 10% from 2011 to 2012.
- 2) NLB's small group business is shifting to higher cost groups. There are certain small employer groups that cost more than the average for all of our groups. We have sold a large number of these higher cost groups in 2011. As a result, the average expected claims for each group are increasing and we must charge higher premiums. The shift to higher costing groups accounts for the remainder of the rate adjustment beyond the 10% increase in medical cost.

We thank you for choosing Nippon Life Benefits for your employee medical insurance. We are dedicated to providing you with the highest quality benefits and service at a cost you can afford. We have many lower cost benefit options that will help mitigate the impact of our proposed rate adjustment. We are committed to helping you find a benefit option that meets all of your needs.

**EXHIBIT 4: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE**

- => Use this Exhibit for the policy forms/products included in the rate adjustment submission.
- => Submit separate exhibits by market segment such as Large Group, Small Group, Sole Proprietor, Individual, etc. If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor is to be reported.  
Submit separate exhibits by rating region if the rate changes differ by rating region.  
Submit separate exhibits for each rolling rate table of a rolling rate structure.
- => This form must be submitted as an Excel file, even if a version is submitted as a PDF file.
- => The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan.
- => The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- => If one policy form is used for more than one products, then a separate row should be entered for each policy form/product name/product street name combination.
- => The format of this exhibit is discussed below and should be tailored to the specific rate filing submission. Extend the worksheet to add more rows or tabs as needed.

Nippon Life Insurance Company of America  
Company submitting the rate adjustment request

81264

Company NAIC Code

NLAM - 127364367  
SERFF tracking number

**A. BASE MEDICAL PLAN**

- Market Segment:** Small Group => Provide a list of proposed rate changes for each base medical plan type, by product name/street name.
- Rating Region:** New York City => The "proposed rate change" is just for the base medical product, excluding the impact of any riders.
- Lowest should be the smallest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
  - Highest should be the largest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
  - The weighted average should reflect the average using the distribution of contracts within each base medical product; the impact of riders is not included.

**Non Rolling Rate Product**

Policy Form #	Product Name	Product Street Name	Effective Date of New Rate	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg

**Rolling Rate Product**

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
NP 5500 et al	PPO plans; High Deductible Health plans	PPO plans; High Deductible Health plans	01/01/2012 - 03/31/2012	24.00%	24.00%	24.00%
NP 5500 et al	PPO plans; High Deductible Health plans	PPO plans; High Deductible Health plans	04/01/2012 - 06/30/2012	23.70%	23.70%	23.70%
NP 5500 et al	PPO plans; High Deductible Health plans	PPO plans; High Deductible Health plans	07/01/2012 - 09/30/2012	13.30%	13.30%	13.30%
NP 5500 et al	PPO plans; High Deductible Health plans	PPO plans; High Deductible Health plans	10/10/2012 - 12/31/2012	13.10%	13.10%	13.10%

\* The effective period of a new rolling rate may vary depending on the rolling structure (e.g., "January - March 2012" for a quarterly rolling rate structure.)

**B. DRUG RIDERS**

- Market Segment:** \_\_\_\_\_ => Provide a list of proposed rate changes for drug riders available with base medical products.
- Rating Region:** \_\_\_\_\_ => The "proposed percentage rate change" is just for the drug riders available with the indicated base medical product and excludes the impact of the base medical plan rates and non-drug riders.  
The lowest, highest, and weighted average are just among the drug riders available to the indicated base medical product.
- => This is for the traditional drug riders, but not for minor drug related riders such as, the inclusion of oral contraceptives.

**Non Rolling Rate Product**

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Date of New Rate	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg

**Rolling Rate Product**

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg



## EXHIBIT 6: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

Company Name: Nippon Life Insurance Company of America

NAIC Code: 81264

SERFF Number: NLAM - 127364367

**Instructions:**

- This Exhibit summarizes all benefit/rate changes filed with the Health Bureau's Albany office that impact the rate tables in this filing.
- The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- Extend the worksheet to add more rows as needed.

**A. List of rate filings that have been approved since the prior §3231(e)(1) or §4308(c) rate filing, which impact the rate tables in this filing.**

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Approval Date

**B. List of the rate filings that are currently pending with the Department, which impact the rate tables in this filing.**

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change

**C. List of remnants of the "file and use" submissions, which impact the rate tables in this filing.**

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Benefit/Rate Change Effective Date

## EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Nippon Life Insurance Company of America  
 NAIC Code: 81264  
 SERFF Number: NLAM - 127364367

- A. Complete a separate response for each base medical policy form included in the rate adjustment filing.
  - Information requested applies to New York State business only.
  - Include riders that may be available with that policy form in each policy form response.
  - Submit a separate exhibit for each rating pool. Create additional tabs for each rating pool as needed.
  - Append additional columns to right of the existing columns (as needed) to include all base medical policy forms included in that rating pool. Add a rightmost column with the aggregate values for that entire rating pool.
- B. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Driven Health Plans, Hospital Only, Medical Only, Base+Supplemental, Supplementary Major Medical, Other Limited Benefit, Medicare Supplement (A, B, C, D, E, F Basic, F High, G, H, I, J Basic, J High, K, L, M, N, or Other - indicate appropriate designation for policy form), etc.
- C. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- D. Note that many cells include a drop down list. Use the drop down list or enter applicable items.
- E. If members, covered lives or member months are not known, use reasonable estimates (note methodology used).
- F. This form must be submitted as an Excel file, even if a version is submitted as a PDF file.

Data Item for Specified Base Medical Policy Form	Response
1a. Base medical policy form number	NP 5500 et al
1b. Product Name as in Rate Manual	PPO plans and HSA plans
1c. Product Street Name as indicated to consumers	PPO plans and High Deductible Health plans
2. Aggregated for rate development with these base medical policy form numbers	NP 5500 et al
3. Effective date of rate change (MM/DD/YYYY)	01/01/2012
4. Market Segment (large group, small group, individual, or sole proprietor) [drop down menu]	Small Group
5. Product type (see above for examples) [drop down menu]	PPO
6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	Yes
7. Has base medical policy form aggregation changed from previous filing? (Yes or No) [drop down menu]	No
8. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	Open
9. Rate guarantee period incorporated into rate tables (months) (e.g., 12, for a 12 month rate guarantee period; or 0, if no rate guarantee period.)	12
10. Weighted average rate change % proposed across base medical policy form from current rate charged policyholder (including all associated riders)	21.3%

<b>Data Item for Specified Base Medical Policy Form</b>	<b>Response</b>
11. Number of policyholders affected by rate change. For group business this is number of groups.	319
12. Number of covered lives affected by rate change	5,928
13. Expected NY statewide loss ratio for base medical policy form including associated riders	82.0%
<b>Most Recent Experience Period</b> <b>(NY statewide experience, base medical policy form + associated riders)</b>	
14.1 Beginning Date of the experience period (MM/DD/YYYY)	04/01/2010
14.2 Ending Date of the experience period (MM/DD/YYYY)	03/31/2011
14.3 Member months for experience period	25,885
14.4 Earned premiums for experience period (\$)	15,090,375
14.5 Standardized earned premiums for experience period (\$)	13,748,653
14.6 Paid claims for experience period (\$)	8,804,997
14.7 Incurred claims for experience period (\$)	9,350,925
14.8 Administrative expenses for experience period (\$) (including commissions and premium taxes, but excluding federal and state income taxes)	2,550,000
14.9 Earned premiums for experience period (\$pmpm)	582.98
14.10 Standardized premiums for experience period (\$pmpm)	531.14
14.11 Paid claims for experience period (\$pmpm)	340.16
14.12 Incurred claims for experience period (\$pmpm)	361.25
14.13 Administrative expenses for experience period (\$pmpm) (including commissions and premium taxes, but excluding federal and state income taxes)	98.51
14.14 Ratio: Incurred Claims / Earned Premiums	0.620
14.15 Ratio: Incurred Claims / Standardized Earned Premiums	0.680
14.16 Ratio: Administration Expenses / Earned Premiums	0.169
14.17 Ratio: (Incurred Claims + Admin. Exp.) / Earned Prem.	0.789
<b>Prior Experience Period</b> <b>(NY statewide experience, base medical policy form + associated riders)</b>	
15.1 Beginning date of the experience period (MM/DD/YYYY)	04/01/2009
15.2 Ending Date of the experience period (MM/DD/YYYY)	03/31/2010
15.3 Member months for experience period	17,806
15.4 Earned premiums for experience period (\$)	10,501,135
15.5 Standardized earned premiums for experience period (\$)	9,088,864
15.6 Paid claims for experience period (\$)	6,129,183
15.7 Incurred claims for experience period (\$)	6,273,923

<b>Data Item for Specified Base Medical Policy Form</b>	<b>Response</b>
15.8 Administrative expenses for experience period (\$) (including commissions and premium taxes, but excluding federal and state income taxes)	1,800,000
15.9 Earned premiums for experience period (\$pmpm)	589.75
15.10 Standardized premiums for experience period (\$pmpm)	510.44
15.11 Paid claims for experience period (\$pmpm)	344.22
15.12 Incurred claims for experience period (\$pmpm)	352.35
15.13 Administrative expenses for experience period (\$pmpm) (including commissions and premium taxes, but excluding federal and state income taxes)	101.09
15.14 Ratio: Incurred Claims / Earned Premiums	0.597
15.15 Ratio: Incurred Claims / Standardized Earned Premiums	0.690
15.16 Ratio: Administrative Expenses / Earned Premiums	0.171
15.17 Ratio: (Incurred Claims + Admin. Exp.) / Earned Prem.	0.769
<b>Annualized Medical Trend Factors (%)</b>	
16.1 All benefits combined, composite	9.60%
16.2 Due to utilization	1.70%
16.3 Due to unit cost	7.90%
<b>Ratios: Most Recent Experience Period to Prior Period</b>	
17.1 Member months	1.454
17.2 Earned premiums (\$pmpm)	0.989
17.3 Standardized premiums (\$pmpm)	1.041
17.4 Paid claims (\$pmpm)	0.988
17.5 Incurred claims (\$pmpm)	1.025
17.6 Administrative expenses (\$pmpm) (including commissions and premium taxes, but excluding federal and state income taxes)	0.975
<b>Ratio: Standard Premium to Earned Premium</b>	
18.1 Most Recent Experience Period	0.911
18.2 Prior Experience Period	0.866

August 10, 2011

ATTN: Name  
Company Name  
Address

Dear Policyholder:

Nippon Life Benefits will be filing a rate increase to your small group medical plan with the New York State Insurance Department. Pending approval from the Department, the rate increase will be effective on your 2012 renewal date. As a result of the increase, your renewal rate adjustment in 2012 will be about 24% if your renewal date is between January 1, 2012 and June 30, 2012, it will be about 13% if your renewal date is between July 1, 2012 and December 31, 2012 assuming there are no changes in plan design, Preferred Provider Organization (PPO), or location of employees.

Any questions or comments about this rate increase can be directed to Michele Jackson, Nippon Life Benefits Customer Service Manager, at 212-909-9889.

We will notify you once our request for a rate increase is approved by the New York State Insurance Department.

If you wish to contact the Department of Insurance with questions about the proposed rate increase, the Insurance Department's contact information is as follows:

Charles Lovejoy  
Health Bureau  
New York State Insurance Department  
25 Beaver Street  
New York, NY 10004

Website: [www.ins.state.ny.us](http://www.ins.state.ny.us)  
Email: [PremiumRateIncreases@ins.state.ny.us](mailto:PremiumRateIncreases@ins.state.ny.us)  
Tele.: (800) 342-3736

Sincerely,

  
Vice President, Regional Group Sales Director

**Nippon Life Benefits**

Tel.: (212) 909-9894

Fax: (212) 681-3548

[K-Curitore@NipponLifeBenefits.com](mailto:K-Curitore@NipponLifeBenefits.com)

Date

Attn: Name

Company Name

Address

Dear Policyholder:

On August 10, 2011, we sent you a letter notifying you that we had filed a rate increase to your small group medical plan with the New York State Insurance Department. Nippon Life Benefits is to inform you that our rate increase was approved by the New York State Insurance Department.

The rate increase will be effective on your 2012 renewal date. As a result of the increase, your renewal rate adjustment in 2012 will be about 24% if your renewal date is between January 1, 2012 and June 30, 2012, it will be about 13% if your renewal date is between July 1, 2012 and December 31, 2012 assuming there are no changes in plan design, Preferred Provider Organization (PPO), or location of employees.

We thank you for choosing Nippon Life Benefits for your employee medical insurance.

Sincerely,



VP, Regional Sales Director

**Accident and Health Insurance Initial Premium Rates  
Compliance Certification**

I, James G. Brone, a duly authorized officer of  
Nippon Life Insurance Company of America

(insert name of company), do hereby certify that I am knowledgeable as to the laws, regulations and circular letters applicable to the type of insurance coverage and premium rates submitted, and that such rates, actuarial memorandum, supporting rate materials and rate manual pages are in compliance with the applicable laws, regulations and circular letters to the best of my knowledge and belief. I further hereby certify that the information relating to rates set forth in the Accident and Health Insurance Standard Transmittal Form as submitted with, and made part of this filing, is true to the best of my knowledge and belief. I understand that the Insurance Department will rely on this certification, and should it be determined that this certification is materially false or incorrect, appropriate corrective and disciplinary action, as authorized by law, will be taken by the Insurance Department against the company and the officer completing this certification.

[Redacted Signature]

8/12/11

Signature of Authorized Officer

Date

James G. Brone

521 Fifth Avenue, 5th Floor

Print Name of Authorized Officer

Address of Insurer, Article 43  
Corporation or HMO

Vice President, Chief Actuary

New York, NY 10175

Title

City, State, Zip Code

(212) 909-0741

J.brone@nlia.com

Direct Telephone Number

E-Mail Address

(212) 681-3539

Fax Number

Reset Form

**Number of Contracts and Members affected by the increase for each quarter of 2012**

Period	Average rate increase	Number of Contract*	Contract distribution	Weighted Avg %	Number of Member**	Member distribution	Weighted Avg %
1/1/2012 - 3/31/2012	24.0%	117	37%	8.80%	2058	35%	8.41%
4/1/2012 - 6/30/2012	23.7%	125	39%	9.29%	2536	43%	10.24%
7/1/2012 - 9/30/2012	13.3%	58	18%	2.42%	869	15%	1.97%
10/1/2012 - 12/31/2012	13.1%	19	6%	0.78%	409	7%	0.91%
Total		319	100%	21.29%	5872	100%	21.53%

\* Number of employers

\*\* Estimated based on employee counts



