

<i>SERFF Tracking Number:</i>	<i>CLTR-125320900</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Arch Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026403</i>
<i>Company Tracking Number:</i>	<i>TIM2007 R</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0009 Travel Coverage</i>
<i>Product Name:</i>	<i>arch inbound-outbound travel</i>		
<i>Project Name/Number:</i>	<i>arch inbound-outbound travel/TIM2007 R</i>		

Filing at a Glance

Company: Arch Insurance Company

Product Name: arch inbound-outbound travel	SERFF Tr Num: CLTR-125320900	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: AR-PC-07-026403
Sub-TOI: 09.0009 Travel Coverage	Co Tr Num: TIM2007 R	State Status:
Filing Type: Rate	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Authors: Stephanie Young, Linda Ryan-James	Disposition Date: 10/18/2007
	Date Submitted: 10/11/2007	Disposition Status: Accepted For Informational Purposes
Effective Date Requested (New): On Approval		Effective Date (New):
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):

General Information

Project Name: arch inbound-outbound travel	Status of Filing in Domicile: Pending
Project Number: TIM2007 R	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/18/2007	
State Status Changed: 10/12/2007	Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

-Travel Program rates were filed for Arch Insurance Company on June 28, 2007. The file number of the original filing is AR-PC-07-025203.

Subsequent to filing this program in Arkansas, Arch revised the form number on the Description of Coverage for countrywide consistency. The old form number was 00 TIM0003 05 07 00. The new form number is TIM2007. The form number was included on the rate manual pages. In order to eliminate the need to continually revise the manual due to form number changes, the form number has been eliminated from the rate manual pages. No other changes to the rate manual have been made.

SERFF Tracking Number: CLTR-125320900 State: Arkansas
 Filing Company: Arch Insurance Company State Tracking Number: AR-PC-07-026403
 Company Tracking Number: TIM2007 R
 TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage
 Product Name: arch inbound-outbound travel
 Project Name/Number: arch inbound-outbound travel/TIM2007 R

To assure the most up to date rate manual section is on file, we have attached the rates to this filing.

Company and Contact

Filing Contact Information

(This filing was made by a third party - coulterandassociatesinc)

Linda Ryan-James, Consultant linda@coulter-and-associates.com
 Coulter & Associates, Inc. (609) 443-7540 [Phone]
 Cranbury, NJ 08512 (609) 443-4103[FAX]

Filing Company Information

Arch Insurance Company CoCode: 11150 State of Domicile: Missouri
 379 Princeton-Hightstown Road Group Code: 1127 Company Type:
 Suite 15
 Cranbury, NJ 08512 Group Name: State ID Number:
 (609) 443-7540 ext. [Phone] FEIN Number: 43-0990710

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: RATE FILING FEE
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arch Insurance Company	\$50.00	10/11/2007	16070896

SERFF Tracking Number: CLTR-125320900 *State:* Arkansas
Filing Company: Arch Insurance Company *State Tracking Number:* AR-PC-07-026403
Company Tracking Number: TIM2007 R
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0009 Travel Coverage
Product Name: arch inbound-outbound travel
Project Name/Number: arch inbound-outbound travel/TIM2007 R

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Edith Roberts Informational Purposes		10/18/2007	10/18/2007
Exempt from Llyweyia Rawlins Review		10/15/2007	10/15/2007

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Amendment of Filing	Note To Filer	Edith Roberts	10/18/2007	10/18/2007
Rate Filing	Note To Filer	Llyweyia Rawlins	10/17/2007	10/17/2007
Review of filing AR PC 07 026403	Note To Reviewer	Linda Ryan-James	10/17/2007	10/17/2007
Rate Filing	Note To Filer	Llyweyia Rawlins	10/17/2007	10/17/2007
Exempt from review	Note To Reviewer	Linda Ryan-James	10/16/2007	10/16/2007

SERFF Tracking Number: CLTR-125320900 *State:* Arkansas
Filing Company: Arch Insurance Company *State Tracking Number:* AR-PC-07-026403
Company Tracking Number: TIM2007 R
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0009 Travel Coverage
Product Name: arch inbound-outbound travel
Project Name/Number: arch inbound-outbound travel/TIM2007 R

Disposition

Disposition Date: 10/18/2007

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CLTR-125320900 *State:* Arkansas
Filing Company: Arch Insurance Company *State Tracking Number:* AR-PC-07-026403
Company Tracking Number: TIM2007 R
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0009 Travel Coverage
Product Name: arch inbound-outbound travel
Project Name/Number: arch inbound-outbound travel/TIM2007 R

Item Type	Item Name	Item Status	Public Access
Supporting Document	AUTHORITY TO FILE	Accepted for Informational Purposes	Yes
Rate	RATES	Accepted for Informational Purposes	Yes

SERFF Tracking Number: CLTR-125320900 *State:* Arkansas
Filing Company: Arch Insurance Company *State Tracking Number:* AR-PC-07-026403
Company Tracking Number: TIM2007 R
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0009 Travel Coverage
Product Name: arch inbound-outbound travel
Project Name/Number: arch inbound-outbound travel/TIM2007 R

Disposition

Disposition Date: 10/15/2007

Effective Date (New): 10/15/2007

Effective Date (Renewal): 10/15/2007

Status: Exempt from Review

Comment:

This line is exempt from filing rates in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rate filing and review requirements.

Rate data does NOT apply to filing.

SERFF Tracking Number: CLTR-125320900 *State:* Arkansas
Filing Company: Arch Insurance Company *State Tracking Number:* AR-PC-07-026403
Company Tracking Number: TIM2007 R
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0009 Travel Coverage
Product Name: arch inbound-outbound travel
Project Name/Number: arch inbound-outbound travel/TIM2007 R

Item Type	Item Name	Item Status	Public Access
Supporting Document	AUTHORITY TO FILE	Accepted for Informational Purposes	Yes
Rate	RATES	Accepted for Informational Purposes	Yes

SERFF Tracking Number: CLTR-125320900 *State:* Arkansas
Filing Company: Arch Insurance Company *State Tracking Number:* AR-PC-07-026403
Company Tracking Number: TIM2007 R
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0009 Travel Coverage
Product Name: arch inbound-outbound travel
Project Name/Number: arch inbound-outbound travel/TIM2007 R

Note To Filer

Created By:

Edith Roberts on 10/18/2007 11:41 AM

Subject:

Amendment of Filing

Comments:

Your request to amend the previously approved filing is accepted and acknowledged. We note your request concerning the form number change.

Thank you for notification.

Have a great day!

SERFF Tracking Number: CLTR-125320900 *State:* Arkansas
Filing Company: Arch Insurance Company *State Tracking Number:* AR-PC-07-026403
Company Tracking Number: TIM2007 R
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0009 Travel Coverage
Product Name: arch inbound-outbound travel
Project Name/Number: arch inbound-outbound travel/TIM2007 R

Note To Filer

Created By:

Llyweyia Rawlins on 10/17/2007 01:50 PM

Subject:

Rate Filing

Comments:

Hello Linda

Thank you for the information. I will go ahead and get this filing to the correct analyst. Again sorry for the inconvenience.

Llyweyia Rawlins

SERFF Tracking Number: CLTR-125320900 *State:* Arkansas
Filing Company: Arch Insurance Company *State Tracking Number:* AR-PC-07-026403
Company Tracking Number: TIM2007 R
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0009 Travel Coverage
Product Name: arch inbound-outbound travel
Project Name/Number: arch inbound-outbound travel/TIM2007 R

Note To Reviewer

Created By:

Linda Ryan-James on 10/17/2007 01:35 PM

Subject:

Review of filing AR PC 07 026403

Comments:

I received your note to filer but it is not possible to chagne the TOI in SERFF. According to the approval PDF I have, the original filing was made under the inland marine line of business. I have attached filing AR PC 07 025203.

The Filing at a Glance section indicates this filing was made under inland marine.

Please let me know how you wish me to proceed.

Thank you,

Linda Ryan-James

Filing at a Glance

Company: Arch Insurance Company

Product Name: Inbound/Outbound Travel

TOI: 09.0 Inland Marine

Sub-TOI: 09.0009 Travel Coverage

Filing Type: Rate

SERFF Tr Num: CLTR-125189453 State: Arkansas

SERFF Status: Closed

Co Tr Num: 00 TIM003 00 R

Co Status:

Author: Susan Coulter

Date Submitted: 06-22-2007

State Tr Num: AR-PC-07-025203

State Status:

Reviewer(s): Betty Montesi, Edith Roberts

Disposition Date: 06-28-2007

Disposition Status: Filed

Effective Date (New):

Effective Date (Renewal):

Effective Date Requested (New): 07-23-2007

Effective Date Requested (Renewal):

General Information

Project Name: Inbound/Outbound Travel Filing

Project Number: ARCH 07 114

Reference Organization:

Reference Title:

Filing Status Changed: 06-28-2007

State Status Changed: 06-22-2007

Corresponding Filing Tracking Number:

Filing Description:

On behalf of Arch Insurance Company, Coulter and Associates, Inc. is filing rates for the captioned inbound/outbound travel program for your review and approval. The program will be issued to American Group Travel Trust located at Newport Bank in Rhode Island. The forms and rates are pending in Rhode Island.

The program will be available on a wholesale and retail basis through a variety of travel suppliers, tour operators, and travel intermediaries. The program provides benefits related to travel for people traveling out-bound from this country who need to cover losses related to travel. The main market is people traveling for extended periods of time such as students and extended employment situations. The program covers trip interruption, delay, and cancellation, baggage, medical expense, ADD, repatriation, and emergency evacuation. The inbound program covers persons traveling to this country from other countries for extended periods of time. The same benefits are available. For both options, the insureds coverage is in effect for 12 months or less and is non-renewable.

The companion forms were approved on June 11, 2007 (AR-PC-07-024994)

Company and Contact

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	06-28-2007	06-28-2007

Disposition

Disposition Date: 06-28-2007

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

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

Created by SERFF on 06-28-2007 01:43 PM

Item Type	Item Name	Item Status	Public Access
Supporting Document	EXPLANATORY MEMO	Filed	Yes
Supporting Document	AUTHORIZATION TO FILE	Filed	Yes
Rate	RATE MANUAL	Filed	Yes

Rate Information

Rate data applies to filing.

Filing Method:

FILE AND USE

Rate Change Type:

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

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

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	RATE MANUAL	101	New	Rate Manual - InOut Version 101.pdf

RULES AND RATE MANUAL
FOR
International Traveler Protection Program
FORM 05 TIM0001 00 05 07

Arch Insurance Company

Section 1 - Applicability

The rates shall apply to policy form 05 TIM0001 00 05 07

Arch Insurance Company

Section 2 – This section provides the rates for existing programs

Existing Rates	Program A
Plan I	\$4.00/day and a \$25.00 deductible per illness or injury *\$5.75/day (ages 71-80) or \$8.00/day (ages 81-85)
Plan II	\$200/year and a \$25.00 deductible per illness or injury *\$250/year (ages 71-80) *Not available for travelers ages 81-85

Existing Rates	Program B			
<i>\$250 Deductible</i>	<i>US Citizens-Daily Rates</i>			
Age	\$50,000	\$100,000	\$250,000	\$500,000
Child Alone (0-17)	1.22	1.35	1.42	1.55
18 to 29	1.22	1.42	1.57	1.62
30 to 39	1.42	1.62	1.93	2.15
40 to 49	2.22	2.50	2.65	2.75
50 to 59	3.57	4.12	4.35	4.58
60 to 64	4.12	4.85	5.25	5.73
65 to 69	4.85	5.18	5.50	5.93
70 to 79	7.07	N/A	N/A	N/A
80 plus	14.13	N/A	N/A	N/A
Accompanied Child (0-17)	0.68	0.88	0.95	1.02
<i>\$250 Deductible</i>	<i>Non-US Citizens-Daily Rates</i>			
Age	\$50,000	\$100,000	\$250,000	\$500,000
Child Alone (0-17)	1.55	1.82	2.07	2.30
18 to 29	1.72	2.02	2.27	2.55
30 to 39	2.22	2.63	3.03	3.33
40 to 49	3.27	3.70	4.27	4.88
50 to 59	4.52	5.48	6.05	6.57
60 to 64	5.38	6.70	7.52	8.38
65 to 69	7.17	8.53	10.13	10.63
70 to 79	9.10	N/A	N/A	N/A
80 plus	15.17	N/A	N/A	N/A
Accompanied Child (0-17)	0.93	1.08	1.23	1.42

Existing Rates	Program C
I. Per Trip Enrollment	\$3.50 per day per person *\$5.25 for ages 71-80 *7 days minimum, 90 days maximum per trip
II A. Annual Frequent Traveler	\$225.00 per person *\$280 for ages 71-80 *No one trip can be more than 90 consecutive days
II B. Annual Expatriate	\$350 per person *\$425 for ages 71-80 *For travel greater than 90 consecutive days or greater than 180 days in a 12 month period

Arch Insurance Company

Existing Rates	Program D
	U.S. Citizens Traveling Abroad
One months:	\$65.00
Four months:	\$120.00
Six months:	\$160.00
Nine months:	\$195.00
Annual:	\$225.00
	Visitors to the U.S.
Six months:	\$48.00
Annual:	\$60.00

Arch Insurance Company

Existing Rates		Program E			
Medical Protector U.S. - Daily Per Person Rates					
Age Band	\$50,000 Max	\$100,000 Max	\$500,000 Max	\$1,000,000 Max	
Child Alone	\$1.20	\$1.33	\$1.53	\$1.67	
18 to 29	\$1.20	\$1.40	\$1.60	\$1.80	
30 to 39	\$1.40	\$1.60	\$2.13	\$2.33	
40 to 49	\$2.20	\$2.47	\$2.73	\$3.00	
50 to 59	\$3.53	\$4.07	\$4.53	\$5.07	
60 to 64	\$4.07	\$4.80	\$5.67	\$6.67	
65 to 69	\$4.80	\$5.13	\$5.87	\$7.00	
70 to 79	\$7.00	n/a	n/a	n/a	
80 Plus	\$14.00	n/a	n/a	n/a	
Dep. Child	\$0.67	\$0.87	\$1.00	\$1.07	
Medical Protector Non U.S. - Daily Per Person Rates					
Age Band	\$50,000 Max	\$100,000 Max	\$500,000 Max	\$1,000,000 Max	
Child Alone	\$1.47	\$1.73	\$2.20	\$2.47	
18 to 29	\$1.60	\$1.87	\$2.40	\$2.80	
30 to 39	\$2.07	\$2.47	\$3.13	\$3.60	
40 to 49	\$3.13	\$3.53	\$4.67	\$5.27	
50 to 59	\$4.47	\$5.47	\$6.60	\$7.60	
60 to 64	\$5.27	\$6.47	\$7.67	\$9.20	
65 to 69	\$6.00	\$7.73	\$8.40	\$10.00	
70 to 79	\$8.13	n/a	n/a	n/a	
80 Plus	\$14.13	n/a	n/a	n/a	
Dep. Child	\$0.93	\$1.07	\$1.33	\$1.47	
Medical Protector U.S. - Monthly Per Person Rates					
Age Band	\$50,000 Max	\$100,000 Max	\$500,000 Max	\$1,000,000 Max	
Child Alone	\$36	\$40	\$46	\$50	
18 to 29	\$36	\$42	\$48	\$54	
30 to 39	\$42	\$48	\$64	\$70	
40 to 49	\$66	\$74	\$82	\$90	
50 to 59	\$106	\$122	\$136	\$152	
60 to 64	\$122	\$144	\$170	\$200	
65 to 69	\$144	\$154	\$176	\$210	
70 to 79	\$210	n/a	n/a	n/a	
80 Plus	\$420*	n/a	n/a	n/a	
Dep. Child	\$20	\$26	\$30	\$32	
Medical Protector Non U.S. - Monthly Per Person Rates					
Age Band	\$50,000 Max	\$100,000 Max	\$500,000 Max	\$1,000,000 Max	
Child Alone	\$44	\$52	\$66	\$74	
18 to 29	\$48	\$56	\$72	\$84	
30 to 39	\$62	\$74	\$94	\$108	
40 to 49	\$94	\$106	\$140	\$158	
50 to 59	\$134	\$164	\$198	\$228	
60 to 64	\$158	\$194	\$230	\$276	
65 to 69	\$180	\$232	\$252	\$300	
70 to 79	\$244	n/a	n/a	n/a	
80 Plus	\$424*	n/a	n/a	n/a	
Dep. Child	\$28	\$32	\$40	\$44	

Arch Insurance Company

Section 3 – Description of Programs

Program B

Accident and Sickness Medical Policy Maximums	\$50,000/\$100,000 \$250,000/\$500,000 Age 70-79 - \$50,000 Age 80+ - \$10,000
Deductible – Per Policy	\$100/\$250
Coinsurance: Class I Class II	0% 20% to \$5,000, then 0% to Policy Maximum
Benefit Period	Covered Expenses incurred during the Period of Coverage
Hospital Pre-Certification Penalty	60% - Only 60% will be paid if not certified
Dental (emergency)	\$200 per tooth to a maximum of \$1,000
Emergency Medical Evacuation	\$100,000
Repatriation of Mortal Remains	\$20,000
Emergency Reunion	\$10,000
Return of Minor Children	\$5,000
In-Hospital Indemnity: Class I	\$100 a day, up to a maximum of 30 days
Unexpected Recurrence: Class I	\$1,000, benefit period 30 days
Trip Interruption	up to \$5,000
Loss of Baggage	\$250
Accidental Death & Dismemberment	\$25,000
Home Country Coverage	
Incidental Trips to Your Home Country	60 days per 12 months of coverage up to \$25,000
Extension of Benefits	30 days per 12 months of coverage up to \$5,000
Optional Hazardous Sports Rider Assistance	Available up to Plan Maximum (add 20% to rate) 24 hours – Worldwide

Arch Insurance Company

Program A

Up to total Max of \$100,00 for all included Coverages

Accident and Sickness Medical Policy Maximums	Included
Deductible – Per Policy	\$25
Coinsurance: Class I Class II	None
Benefit Period	Covered Expenses incurred during the Period of Coverage
Hospital Pre-Certification Penalty	None
Dental (emergency)	Included
Emergency Medical Evacuation	Included
Repatriation of Mortal Remains	Included
Emergency Reunion	Included
Return of Minor Children	Included
In-Hospital Indemnity: Class I	Not Included
Unexpected Recurrence: Class I	Not Included
Trip Interruption	Not Included
Loss of Baggage	Not Included
Accidental Death & Dismemberment	Not Included
Home Country Coverage	
Incidental Trips to Your Home Country	Not Included
Extension of Benefits	Not Included
Optional Hazardous Sports Rider	Optional (add 20% to rate)
Assistance	Included

Arch Insurance Company

Program C

Accident and Sickness Medical Policy Maximums	None
Deductible – Per Policy	None
Coinsurance: Class I Class II	None
Benefit Period	Policy Maximum Covered Expenses incurred during the Period of Coverage
Hospital Pre-Certification Penalty	Not Included
Dental (emergency)	Not Included
Emergency Medical Evacuation	Included
Repatriation of Mortal Remains	Included
Emergency Reunion	Included
Return of Minor Children	Not Included
In-Hospital Indemnity: Class I	Not Included
Unexpected Recurrence: Class I	Not Included
Trip Interruption	Not Included
Loss of Baggage	Not Included
Accidental Death & Dismemberment	Not Included
Home Country Coverage	
Incidental Trips to Your Home Country	Not Included
Extension of Benefits	Not Included
Optional Hazardous Sports Rider	Not Included
Assistance	24 hours – Worldwide

Arch Insurance Company

Program D

Accident and Sickness Medical Policy Maximums	None
Deductible – Per Policy	None
Coinsurance: Class I Class II	None
Benefit Period	Policy Maximum Covered Expenses incurred during the Period of Coverage
Hospital Pre-Certification Penalty	Not Included
Dental (emergency)	Not Included
Emergency Medical Evacuation	Included
Medical Transportation	Included
Repatriation of Mortal Remains	Included
Emergency Reunion	Included
Return of Minor Children	Included
In-Hospital Indemnity: Class I	Not Included
Unexpected Recurrence: Class I	Not Included
Trip Interruption	Not Included
Loss of Baggage	Not Included
Accidental Death & Dismemberment	Not Included
Home Country Coverage	
Incidental Trips to Your Home Country	Not Included
Extension of Benefits	Not Included
Optional Hazardous Sports Rider	Not Included
Assistance	24 hours – Worldwide

Arch Insurance Company
Program E

Medical Expenses	Up to the selected Medical Maximum
Emergency Dental Treatment	Deductible and Coinsurance are \$100 per tooth, up to a maximum of \$500.
Emergency Dental Treatment (Palliative)	Deductible and Coinsurance are \$100 per tooth, up to a maximum of \$500.
Repatriation of Mortal Remains	For covered expenses incurred up \$20,000
Emergency Medical Evacuation and Repatriation	Up to \$100,000
Emergency Medical Reunion	included
Return of Minor Child(ren)	Included
In Hospital Indemnity	Up to \$100 per day of confinement up to a maximum of 30 days
Sudden Recurrence of a Pre-existing Condition	Up to \$15,000 subject to the deductible and coinsurance
Interruption of Trip	Up to \$5000
Loss of Baggage	Included
Accidental Death & Dismemberment	Included
Common Carrier Accidental Death	Included
Optional Sports Rider Coverage	Optional (add 20% to rate)
Home Country Coverage	
Incidental Trips to Your Home Country	
Extension of Benefits	Up to \$5,000

Assistance

Arch Insurance Company

Section 4 – Rate Development for New Programs

Rates for programs typically sold to individuals

Table 1 - Coverages

I. Trip-Cancellation and Trip Interruption

Trip cancellation
Trip Interruption

--

II. AD&D coverages

24-hour AD&D
Maximum Limit of Liability for 24-hour AD&D per accident
Common carrier AD&D
Maximum Limit of Liability for Common carrier AD&D per accident

--

III. Accident Medical

Benefit Limit/Deductible/Coinsurance
Maximum Family Out-of-pocket
Motor Vehicle Accident Limit
Sports Injury Limit
Home Country Benefit (Limit/Deductible/Coverage Period)
Extension of Benefits (Limit/Deductible/Benefit Period)

--

IV. Sickness Medical

Benefit Limit/Deductible/Coinsurance
Maximum Family Out-of-pocket
Home Country Benefit (Limit/Deductible/Coverage Period)
Extension of Benefits (Limit/Deductible/Benefit Period)

--

V. Other Coverages

In-Hospital Indemnity
Unexpected Recurrence
Dental
Emergency Evacuation/Repatriation
Security Coverage
Return of Mortal Remains
Return of Minor Child
Emergency Medical Reunion
Baggage & Personal Effects
Baggage Delay
Trip Delay

--

VI. Policy Information

Policy holder's Sex/Age
Pre-Existing Condition
Length of Coverage
Employee only/Employee and Spouse/Employee and Child(ren)/Employee and Family
Group or Individual policy
Single Maximum
Effective date

--

Arch Insurance Company

Table 1a - Coverages Example

<i>I. Trip-Cancellation and Trip Interruption</i>	
Trip Cancellation	\$4,000
Trip Interruption	\$5,000 per trip
<i>II. AD&D coverages</i>	
24-hour AD&D	\$50,000
Maximum Limit of Liability for 24-hour AD&D per accident	20x of the maximum benefit
Common carrier AD&D	\$100,000
Maximum Limit of Liability for Common carrier AD&D per accident	20x of the maximum benefit
<i>III. Accident Medical</i>	
Benefit Limit/Deductible/Coinsurance	\$100,000/\$500/100%/per occurrence/Excess
Maximum Family Out-of-pocket	2X of individual
Motor Vehicle Accident Limit	\$50,000
Sports Injury Limit	\$10,000
Home Country Benefit (Limit/Deductible/Coverage Period)	\$50,000/\$1,000/1 month
Extension of Benefits (Limit/Deductible/Benefit Period)	not included
<i>IV. Sickness Medical</i>	
Benefit Limit/Deductible/Coinsurance	\$100,000/\$50/80% on the first \$5,000/per occurrence/Not Excess
Maximum Family Out-of-pocket	2X of individual
Home Country Benefit (Limit/Deductible/Coverage Period)	\$50,000/\$250/1 month
Extension of Benefits (Limit/Deductible/Benefit Period)	not included
<i>V. Other Coverages</i>	
In-Hospital Indemnity	\$3,000 max/no waiting period
Unexpected Recurrence	no waiting period up to \$5,000 \$100 per tooth/\$500 max/\$100 deductible/90% coinsurance/per occurrence/Not Excess
Dental	\$100,000
Emergency Evacuation/Repatriation	\$100,000
Security Coverage	not included
Return of Mortal Remains	\$100,000
Return of Minor Child	up to \$2,500
Emergency Medical Reunion	\$5,000 for airfare/\$150 per day up to 25 days
Baggage & Personal Effects	\$1000/Excess
Baggage Delay	up to \$150 per day/12-hour delay/excess
Trip Delay	not included
<i>VI. Policy Information</i>	
Policy holder's Sex/Age	Male age 32
Pre-Existing Condition	Not Covered 60 days look back
Length of Coverage	6 months
Employee only/Employee and Spouse/Employee and Child(ren)/Employee and Family	Employee and Family
Group or Individual policy	Group
Single Maximum	No
Effective date	3/1/2007

Arch Insurance Company

Table 2 - Development of Manual Loss Cost

Principal Sum in Thousands (Table 1)
 Reference Loss Costs (Table 9)
 # months covered (Table 1)

PS
 RLC
 M

	<i>A</i> <i>Rate</i>	<i>B</i> <i>Adjustments</i>	<i>C</i> <i>Loss Cost</i>
<i>Trip Cancellation / Interruption</i>			
Trip Cancellation	See Table 8	See Table 1, 26	=A*B*M
Trip Interruption	See Table 8	See Tables 1, 15	

	<i>A</i> <i>Rate</i>	<i>B</i> <i>Adjustments</i>	<i>C</i> <i>Loss Cost</i>
<i>A&D Coverages</i>			
24 Hour A&D	See Table 8	See Table 1, 11	=A*B*PS*M
Common Carrier A&D			

	<i>Relativity</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Accident Medical</i>			
Main Benefit	See Table 8	See Tables 1, 12, 14, 18, 20, 21	=A*B*RLC*M
Motor Vehicle Benefit			
Sports Injury Benefit			
Home Country Benefit			
Extension of Benefits			

	<i>Relativity</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Sickness Medical</i>			
Main Benefit	See Table 8	See Tables 1, 12, 14, 18, 20, 21, 25	=A*B*RLC*M
Home Country Benefit			
Extension of Benefits			

	<i>Relativity</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Other Coverages 1</i>			
In-Hospital Indemnity	See Table 8	See Tables 1, 13	=A*B*RLC*M
Unexpected recurrence		See Tables 1, 23	
Dental		See Tables 1, 12, 18, 24	

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Other Coverages 2</i>			
Emergency Evacuation/Repatriation	See Table 8	See Tables 1, 16, 25	=A*B*M
Security Coverage		See Tables 1, 16, 25	
Return of Mortal Remains		See Tables 1, 22	
Return of Minor Child		See Table 1	
Trip Delay			
Emergency Medical Reunion Subsidence Allowance		See Tables 1, 12, 20	
Emergency Medical Reunion Airfare		See Tables 1, 17, 18	
Baggage & Personal Effects		See Tables 1, 18, 19	
Baggage Delay			

LC = sum of column C

Arch Insurance Company

Table 2a - Example of Development of Manual Loss Cost

Principal Sum in Thousands (Table 1)
 Reference Loss Costs (Table 9)
 # months covered

50 AD&D/ 100 Common
 carrier
 \$9.5869
 6

	<i>A</i> <i>Rate</i>	<i>B</i> <i>Adjustments</i>	<i>C</i> <i>Loss Cost</i>
<i>Trip Cancellation / Interruption</i>			
Trip Cancellation	\$2.9105	55.1321	\$160.4601
Trip Interruption	\$0.9865	8.5006	\$8.3859

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>A&D Coverages</i>			
24 Hour A&D	\$0.0290	5.8620	\$8.4999
Common Carrier A&D	\$0.0166	5.9160	\$9.8206

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Accident Medical</i>			
Main Benefit	0.7115%	3.7315	\$0.2545
Motor Vehicle Benefit	17.3872%	3.6007	\$6.0021
Sports Injury Benefit	0.2917%	3.1106	\$0.0870
Home Country Benefit	31.5265%	0.4958	\$1.4984
Extension of Benefits	0.0000%	0.0000	\$0.0000

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Sickness Medical</i>			
Main Benefit	104.3972%	7.0395	\$70.4541
Home Country Benefit	178.9667%	0.9336	\$16.0182
Extension of Benefits	0.0000%	0.0000	\$0.0000

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Other Coverages</i>			
In-Hospital Indemnity	6.1827%	3.9743	\$2.3557
Unexpected recurrence	1.1932%	7.5000	\$0.8579
Dental	6.1667%	5.9811	\$3.5360

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Other Coverages 2</i>			
Emergency Evacuation/Repatriation	\$3.6789	6.5501	\$24.0975
Security Coverage	\$3.6789	0.0000	\$0.0000
Return of Mortal Remains	\$0.2739	6.0000	\$1.6434
Return of Minor Child	\$0.0390	30.0000	\$1.1694
Trip Delay	\$0.0000	0.0000	\$0.0000
Emergency Medical Reunion Subsidence Allowance	\$0.0084	22.5000	\$0.1880
Emergency Medical Reunion Airfare	\$0.1839	3.6570	\$0.6727
Baggage & Personal Effects	\$0.7400	11.3124	\$8.3712
Baggage Delay	\$0.0800	12.2400	\$0.9792

LC= \$325.3518

Arch Insurance Company

Table 5 – Development of Gross Premium

I. Employee Monthly Gross Premium

Claims Cost	CC	See Table 2
Loss Cost Mutiplier	LCM	
Single Maximum Factor	SMF	See Table 11
Gross Premium		$GP = CC * LCM * SMF$

Notes

Gross Premium may be rounded to nearest dollar

Table 5a – Example of Development of Gross Premium

I. Employee Monthly Gross Premium

Claims Cost	325.3518	See Table 2
Loss Cost Mutiplier	2.8571	
Single Maximum Factor	1.0000	See Table 11
Gross Premium	\$930.00	$GP = CC * LCM * SMF$

Notes

Gross Premium may be rounded to nearest dollar

Arch Insurance Company

Table 6 - Non-Age Banded Rates

- 1- Take expected Age Band Distribution
- 2- Calculate Manual Loss Cost for each Age Band
- 3- Multiply 2- by number of insureds in each Age Band
- 4- Add 3-
- 5- Divide 4- by total number of insureds
- 6- Result equals the Non-Age Banded Rate. May be rounded to nearest dollar.

Table 6a - Example of Non-Age Banded Gross Premiums

Age Band	Distribution	Gross Premium Per Person	Product
0 - 17	0.01	\$216.00	\$2.16
18 - 29	0.04	\$216.00	\$8.64
30-39	0.1	\$252.00	\$25.20
40-49	0.12	\$396.00	\$47.52
50-59	0.2	\$636.00	\$127.20
60 - 44	0.07	\$732.00	\$51.24
65 - 69	0.05	\$864.00	\$43.20
70-79	0.03	\$1,260.00	\$37.80
80 +	0.02	\$2,520.00	\$50.40
Dep. Child	0.36	\$120.00	\$43.20
Total	100%		\$436.56
Non-Age Banded Gross Premium			\$437.00

Table 8 - Unadjusted Loss Costs and Relativities

		0 - 17	18 - 29	30-39	40-49	50-59	60 - 64	65 - 69	70-79	80 +
Trip Cancellation per trip		\$2.7307	\$2.6421	\$2.9105	\$5.7953	\$9.2351	\$8.2973	\$8.8995	\$13.3174	\$13.6778
AD&D	(2)	\$0.0290	\$0.0290	\$0.0290	\$0.0290	\$0.0290	\$0.0290	\$0.0290	\$0.0290	\$0.0290
AD&D - Common Carrier (Air Only)	(2)	\$0.0166	\$0.0166	\$0.0166	\$0.0166	\$0.0166	\$0.0166	\$0.0166	\$0.0166	\$0.0166
Delayed Baggage	(5)	\$0.0800	\$0.0800	\$0.0800	\$0.0800	\$0.0800	\$0.0800	\$0.0800	\$0.0800	\$0.0800
Lost, damaged or stolen baggage		\$0.7400	\$0.7400	\$0.7400	\$0.7400	\$0.7400	\$0.7400	\$0.7400	\$0.8603	\$0.8603
Trip Delay - Subsistence Allowance	(3)	\$0.2747	\$0.2747	\$0.3396	\$0.4241	\$0.5086	\$0.7178	\$0.7898	\$1.2696	\$1.2696
Trip Interruption per trip		\$0.3199	\$0.3199	\$0.9865	\$1.6531	\$3.3102	\$6.2038	\$8.0500	\$11.8955	\$13.3244
Trip Interruption per policy period		\$0.3243	\$0.3243	\$1.0001	\$1.6760	\$3.3560	\$6.2897	\$8.1614	\$12.0601	\$13.5088
Emergency Medical Transportation per occurrence		\$3.8142	\$3.8142	\$3.6789	\$3.5437	\$4.8965	\$5.4156	\$6.2332	\$6.9394	\$7.5921
Emergency Medical Transportation per policy period/lifetime		\$2.5311	\$2.5311	\$2.4413	\$2.3516	\$3.2493	\$3.5937	\$4.1363	\$4.6049	\$5.0381
Security Coverage per occurrence		\$3.8142	\$3.8142	\$3.6789	\$3.5437	\$4.8965	\$5.4156	\$6.2332	\$6.9394	\$7.5921
Security Coverage per policy period/lifetime		\$2.5311	\$2.5311	\$2.4413	\$2.3516	\$3.2493	\$3.5937	\$4.1363	\$4.6049	\$5.0381
Repatriation of Remains		\$0.0528	\$0.0528	\$0.2739	\$0.4076	\$0.5412	\$1.0197	\$1.3167	\$1.9459	\$2.1791
Emergency Medical Reunion Subsistence Allowance	(4)	\$0.0161	\$0.0161	\$0.0084	\$0.0116	\$0.0148	\$0.0211	\$0.0310	\$0.0388	\$0.0411
Emergency Medical Reunion Airfare per occurrence		\$0.1907	\$0.1907	\$0.1839	\$0.1772	\$0.2448	\$0.2708	\$0.3117	\$0.3470	\$0.3796
Emergency Medical Reunion Airfare per policy period/lifetime		\$0.1266	\$0.1266	\$0.1221	\$0.1176	\$0.1625	\$0.1797	\$0.2068	\$0.2302	\$0.2519
Return of Minor Child	(1)	\$0.0420	\$0.0420	\$0.0390	\$0.0464	\$0.0539	\$0.0596	\$0.0686	\$0.0763	\$0.0835
Dental per occurrence	(6)	11.1193%	11.1193%	6.1667%	7.2362%	8.0804%	10.5280%	13.6970%	15.5504%	15.2206%
Dental per policy period/Lifetime	(6)	3.5616%	3.5616%	1.9752%	2.3178%	2.5882%	3.3722%	4.3872%	4.9808%	4.8752%
Accident Medical Expense per occurrence	(6)	2.7769%	2.7769%	0.7115%	2.7795%	5.9417%	9.1982%	12.5841%	14.3469%	16.1444%
Accident Medical Expense per policy period/lifetime	(6)	0.783%	0.783%	0.215%	0.707%	1.292%	1.794%	2.116%	2.158%	2.210%
Sickness Medical Expense per occurrence	(6)	188.1912%	188.1912%	104.3972%	122.5112%	136.8085%	178.2303%	231.8729%	263.2497%	257.6777%
Sickness Medical Expense per policy period/lifetime	(6)	88.6586%	88.6586%	88.1679%	88.7703%	89.8909%	91.1626%	92.7384%	93.7147%	94.6995%
In-Hospital Indemnity per occurrence	(6)	3.4494%	3.4494%	6.1827%	7.5087%	8.5442%	11.7689%	16.1688%	17.1557%	20.2396%
In-Hospital Indemnity per policy period/lifetime	(6)	1.6250%	1.6250%	5.2215%	5.4407%	5.6140%	6.0196%	6.4668%	6.1073%	7.4383%
Sports Injury per occurrence	(6)	1.1385%	1.1385%	0.2917%	1.1396%	2.4361%	3.7713%	5.1595%	5.8822%	6.6192%
Sports Injury per policy period/lifetime	(6)	0.3210%	0.3210%	0.0880%	0.2899%	0.5297%	0.7357%	0.8676%	0.8849%	0.9063%
Motor Vehicle per occurrence	(6)	15.4274%	15.4274%	17.3872%	15.4418%	12.5089%	9.5154%	6.4534%	4.8910%	3.2948%
Motor Vehicle per policy period/lifetime	(6)	10.2376%	10.2376%	11.5295%	10.2326%	8.2876%	6.3072%	4.2780%	3.2422%	2.1837%
Home Country Accident Benefit per occurrence	(6)	33.1593%	33.1593%	31.5265%	33.1902%	35.8057%	38.5455%	41.4806%	43.0631%	44.6716%
Home Country Accident Benefit per policy period/lifetime	(6)	19.4424%	19.4424%	20.2835%	19.2509%	17.3299%	15.1497%	12.4484%	10.7748%	9.0865%

Arch Insurance Company

Table 8 - Unadjusted Loss Costs and Relativities (continued)

		0 - 17	18 - 29	30-39	40-49	50-59	60 - 64	65 - 69	70-79	80 +
Unexpected recurrence per occurrence	(6)	0.6406%	0.6406%	1.5373%	2.0575%	2.4975%	4.0374%	6.5015%	7.1058%	9.1055%
Unexpected recurrence per policy period/lifetime	(6)	0.2072%	0.2072%	1.1932%	1.2691%	1.3302%	1.4769%	1.6445%	1.5093%	2.0287%
Home Country Sickness Benefit per occurrence	(6)	322.6136%	322.6136%	178.9667%	210.0193%	234.5289%	305.5377%	397.4963%	451.2852%	441.7333%
Home Country Sickness Benefit per policy period/lifetime	(6)	151.9861%	151.9861%	151.1450%	152.1777%	154.0986%	156.2788%	158.9802%	160.6538%	162.3421%
Extension of Benefits Accident per occurrence	(6)	3.8686%	3.8686%	3.6781%	3.8722%	4.1773%	4.4970%	4.8394%	5.0240%	5.2117%
Extension of Benefits Accident per policy period/lifetime	(6)	2.2683%	2.2683%	2.3664%	2.2459%	2.0218%	1.7675%	1.4523%	1.2571%	1.0601%
Extension of Benefits Sickness per occurrence	(6)	37.6382%	37.6382%	20.8794%	24.5022%	27.3617%	35.6461%	46.3746%	52.6499%	51.5355%
Extension of Benefits Sickness per policy period/lifetime	(6)	17.7317%	17.7317%	17.6336%	17.7541%	17.9782%	18.2325%	18.5477%	18.7429%	18.9399%
	(1)		per \$500 maximum benefit							
	(2)		per \$1,000 Principal Sum							
	(3)		per \$100 maximum benefit							
	(4)		per \$100 daily benefit/10 day maximum							
	(5)		per \$100 daily benefit							
	(6)		applies to Reference Loss costs in Table 2a							

Arch Insurance Company

Table 9.01 - Reference Loss Costs (RLC) U.S. Citizens				
Age	Policy Limit			
	\$0 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$500,000	\$500,001 - \$1,000,000
0-17	\$6.9979	\$8.4934	\$11.2441	\$11.7122
18-29	\$6.7709	\$9.0269	\$10.8821	\$12.8297
30-39	\$7.4586	\$9.5869	\$14.9804	\$16.7245
40-49	\$14.8516	\$17.4368	\$19.3971	\$21.6158
50-59	\$23.6667	\$28.5586	\$31.7355	\$35.9681
60-64	\$21.2634	\$27.5673	\$33.9228	\$41.6609
65-69	\$22.8067	\$25.1611	\$30.0364	\$38.3867
70-79	\$34.1283			
80+	\$96.8781			
Dep. Child	\$1.9252	\$4.3813	\$5.7500	\$6.3665

Table 9.02 - Reference Loss Costs (RLC) Non-U.S. Citizens				
Age	Policy Limit			
	\$0 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$500,000	\$500,001 - \$1,000,000
0-17	\$12.2647	\$15.8294	\$21.3749	\$24.2804
18-29	\$13.8195	\$17.2152	\$23.3681	\$27.8274
30-39	\$18.9048	\$24.0162	\$31.4926	\$36.5111
40-49	\$31.3557	\$35.8696	\$48.2413	\$54.1276
50-59	\$41.3546	\$52.7514	\$63.1232	\$72.6120
60-64	\$40.5132	\$53.0985	\$62.9888	\$77.0452
65-69	\$41.5964	\$58.9928	\$62.3658	\$76.0971
70-79	\$42.5738			
80+	\$124.9899			
Dep. Child	\$6.2948	\$8.0725	\$11.2974	\$12.7310

<i>Table 10 - Single Maximum Factor</i>	
Single Maximum	0.95
Non-Single Maximum	1.00

Section 4.1 – Modification of Existing Rates

Table 3 may be used to adjust rates for the programs described in Sections 2 and 3. An example of this is shown in Table 3a.

Experience				
<i>Table 3 - Experience Modification Formula</i>				
	Year 1	Year 2	Year 3	Total
Lives Covered	L1	L2	L3	$L=L1+L2+L3$
Manual Loss Cost	MLC1	MLC2	MLC3	$MLC=MLC1+MLC2+MLC3$
Incurred Losses	IL1	IL2	IL3	$IL=IL1+IL2+IL3$
Experience Factor				$EF=IL/MLC$
Credibility Factor				CF = See Table 4
Experience Modifier				$EM = (1-CF) + (CF*EF)$

<i>Table 3a - Experience Modification Formula Example</i>				
The following experience applies to Program C				
	Year 1	Year 2	Year 3	Total
Lives Covered	500	515	550	1565
Manual Loss Cost	\$138,274.52	\$142,422.75	\$152,101.97	\$432,799.23
Incurred Losses	\$135,000.00	\$123,124.79	\$118,114.56	\$376,239.35
Experience Factor				0.8693
Credibility Factor				50%
Experience Modifier				93.47%

In this example, the premium for Annual Frequent Traveller of \$225.00 would be modified to become: $\$225.00 * .9347 = \210.30 , rounded to \$210.00

<i>Table 4 – Credibility Factors</i>		
Policies with Claims	Total Policies	Factor
	Under	0%
5	250	
12	315	10%
20	500	20%
32	815	30%
44	1125	40%
61	1565	50%
78	2000	60%
112	2875	70%
147	3750	80%
220	5625	90%
293	7500	100%

Notes
 Use number of claims to determine credibility
 If not available, use number of Policies
 For numbers not shown, use linear interpolation

Arch Insurance Company

Section 5 – Rate Development for Organizations covering groups of persons

Table 1 - Coverages

I. Trip-Cancellation and Trip Interruption

Trip cancellation

Trip Interruption

--

II. AD&D coverages

24-hour AD&D

Maximum Limit of Liability for 24-hour AD&D per accident

Common carrier AD&D

Maximum Limit of Liability for Common carrier AD&D per accident

--

III. Accident Medical

Benefit Limit/Deductible/Coinsurance

Maximum Family Out-of-pocket

Motor Vehicle Accident Limit

Sports Injury Limit

Home Country Benefit (Limit/Deductible/Coverage Period)

Extension of Benefits (Limit/Deductible/Benefit Period)

--

IV. Sickness Medical

Benefit Limit/Deductible/Coinsurance

Maximum Family Out-of-pocket

Home Country Benefit (Limit/Deductible/Coverage Period)

Extension of Benefits (Limit/Deductible/Benefit Period)

--

V. Other Coverages

In-Hospital Indemnity

Unexpected Recurrence

Dental

Emergency Evacuation/Repatriation

Security Coverage

Return of Mortal Remains

Return of Minor Child

Emergency Medical Reunion

Baggage & Personal Effects

Baggage Delay

Trip Delay

--

VI. Policy Information

Pre-Existing Condition

Length of Coverage

Employee only/Employee and Spouse/Employee and Child(ren)/Employee and Family

Group or Individual policy

Single Maximum

Effective date

--

VI. Underwriting Information for Group Policy

Travelers only or whole population

Remote or dangerous locations

Locations without appropriate medical facilities

Outside US travel each year

For security coverage - Hostile locations

Average Age of traveler

--

Arch Insurance Company

Table 1a - Coverages Example

<i>I. Trip-Cancellation and Trip Interruption</i>	
Trip Cancellation	\$4,000
Trip Interruption	\$5,000 per trip
<i>II. AD&D coverages</i>	
24-hour AD&D	\$50,000
Maximum Limit of Liability for 24-hour AD&D per accident	20x of the maximum benefit
Common carrier AD&D	\$100,000
Maximum Limit of Liability for Common carrier AD&D per accident	20x of the maximum benefit
<i>III. Accident Medical</i>	
Benefit Limit/Deductible/Coinsurance	\$100,000/\$500/100%/per occurrence/Excess
Maximum Family Out-of-pocket	2X of individual
Motor Vehicle Accident Limit	\$50,000
Sports Injury Limit	\$10,000
Home Country Benefit (Limit/Deductible/Coverage Period)	\$50,000/\$1,000/1 month
Extension of Benefits (Limit/Deductible/Benefit Period)	not included
<i>IV. Sickness Medical</i>	
Benefit Limit/Deductible/Coinsurance	\$100,000/\$50/80% on the first \$5,000/per occurrence/Not Excess
Maximum Family Out-of-pocket	2X of individual
Home Country Benefit (Limit/Deductible/Coverage Period)	\$50,000/\$250/1 month
Extension of Benefits (Limit/Deductible/Benefit Period)	not included
<i>V. Other Coverages</i>	
In-Hospital Indemnity	\$3,000 max/no waiting period
Unexpected Recurrence	no waiting period up to \$5,000
Dental	\$100 per tooth/\$500 max/\$100 deductible/90% coinsurance/per occurrence/Not Excess
Emergency Evacuation/Repatriation	\$100,000
Security Coverage	not included
Return of Mortal Remains	\$100,000
Return of Minor Child	up to \$2,500
Emergency Medical Reunion	\$5,000 for airfare/\$150 per day up to 25 days
Baggage & Personal Effects	\$1000/Excess
Baggage Delay	up to \$150 per day/12-hour delay/excess
Trip Delay	not included
<i>VI. Policy Information</i>	
Pre-Existing Condition	Not Covered 60 days look back
Length of Coverage	6 months
Employee only/Employee and Spouse/Employee and Child(ren)/Employee and Family	Employee and Family
Group or Individual policy	Group
Single Maximum	No
Effective date	3/1/2007
<i>VI. Underwriting Information for Group Policy</i>	
Travelers only or whole population	Travelers only
Remote or dangerous locations	Some amount of travel
Locations without appropriate medical facilities	Minimal amount of travel
Outside US travel each year	Some amount of travel
For security coverage - Hostile locations	No travel to locations hostile to US
Average Age of traveler	35

Arch Insurance Company

Table 2 - Development of Manual Loss Cost

Principal Sum in Thousands (Table 1)
 Reference Loss Costs (Table 9)
 # months covered (Table 1)

PS
 RLC
 M

	<i>A</i> <i>Rate</i>	<i>B</i> <i>Adjustments</i>	<i>C</i> <i>Loss Cost</i>
<i>Trip Cancellation / Interruption</i>			
Trip Cancellation	See Table 8	See Table 1, 26	=A*B
Trip Interruption	See Table 8	See Tables 1, 15	

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>A&D Coverages</i>			
24 Hour A&D	See Table 8	See Table 1, 11	=A*B*PS
Common Carrier A&D			

	<i>Relativity</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Accident Medical</i>			
Main Benefit	See Table 8	See Tables 1, 12, 14, 18, 20, 21	=A*B*RLC
Motor Vehicle Benefit			
Sports Injury Benefit			
Home Country Benefit			
Extension of Benefits			

	<i>Relativity</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Sickness Medical</i>			
Main Benefit	See Table 8	See Tables 1, 12, 14, 18, 20, 21, 25	=A*B*RLC
Home Country Benefit			
Extension of Benefits			

	<i>Relativity</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Other Coverages 1</i>			
In-Hospital Indemnity	See Table 8	See Tables 1, 13	=A*B*RLC
Unexpected recurrence		See Tables 1, 23	
Dental		See Tables 1, 12, 18, 24	

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Other Coverages 2</i>			
Emergency Evacuation/Repatriation	See Table 8	See Tables 1, 16, 25	=A*B
Security Coverage		See Tables 1, 16, 25	
Return of Mortal Remains		See Tables 1, 22	
Return of Minor Child		See Table 1	
Trip Delay			
Emergency Medical Reunion Subsidence Allowance		See Tables 1, 12, 20	
Emergency Medical Reunion Airfare		See Tables 1, 17, 18	
Baggage & Personal Effects	See Tables 1, 18, 19		
Baggage Delay			

LC = sum of column C

Arch Insurance Company

Table 2a - Development of Manual Loss Cost

Principal Sum in Thousands (Table 1)
 Reference Loss Costs (Table 9)
 # months covered

50 AD&D/ 100 Common
 carrier
 \$9.5869
 6

	<i>A</i> <i>Rate</i>	<i>B</i> <i>Adjustments</i>	<i>C</i> <i>Loss Cost</i>
<i>Trip Cancellation / Interruption</i>			
Trip Cancellation	\$2.9105	55.1321	\$160.4601
Trip Interruption	\$0.9865	8.5006	\$8.3859

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>A&D Coverages</i>			
24 Hour A&D	\$0.0290	5.8620	\$8.4999
Common Carrier A&D	\$0.0166	5.9160	\$9.8206

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Accident Medical</i>			
Main Benefit	0.7115%	4.0819	\$0.2784
Motor Vehicle Benefit	17.3872%	3.9389	\$6.5657
Sports Injury Benefit	0.2917%	3.4027	\$0.0952
Home Country Benefit	31.5265%	0.5423	\$1.6391
Extension of Benefits	0.0000%	0.0000	\$0.0000

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Sickness Medical</i>			
Main Benefit	104.3972%	7.7005	\$77.0703
Home Country Benefit	178.9667%	1.0213	\$17.5224
Extension of Benefits	0.0000%	0.0000	\$0.0000

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Other Coverages</i>			
In-Hospital Indemnity	6.1827%	3.9743	\$2.3557
Unexpected recurrence	1.1932%	7.5000	\$0.8579
Dental	6.1667%	6.5428	\$3.8680

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Other Coverages 2</i>			
Emergency Evacuation/Repatriation	\$3.6789	6.5501	\$24.0975
Security Coverage	\$3.6789	0.0000	\$0.0000
Return of Mortal Remains	\$0.2739	6.0000	\$1.6434
Return of Minor Child	\$0.0390	30.0000	\$1.1694
Trip Delay	\$0.0000	0.0000	\$0.0000
Emergency Medical Reunion Subsidence Allowance	\$0.0084	22.5000	\$0.1880
Emergency Medical Reunion Airfare	\$0.1839	4.0005	\$0.7359
Baggage & Personal Effects	\$0.7400	11.3124	\$8.3712
Baggage Delay	\$0.0800	12.2400	\$0.9792

LC= \$334.6038

Arch Insurance Company

Table 3 - Experience Modification Formula

	Year 1	Year 2	Year 3	Total
Lives Covered	L1	L2	L3	$L=L1+L2+L3$
Manual Loss Cost	MLC1	MLC2	MLC3	$MLC=MLC1+MLC2+MLC3$
Incurred Losses	IL1	IL2	IL3	$IL=IL1+IL2+IL3$
Experience Factor	$EF=IL/MLC$			
Credibility Factor	CF = See Table 4			
Experience Modifier	$EM = (1-CF) + (CF*EF)$			

Table 3a - Experience Modification Formula Example

	Year 1	Year 2	Year 3	Total
Lives Covered	500	515	550	1565
Manual Loss Cost	\$142,206.62	\$146,472.81	\$156,427.28	\$445,106.70
Incurred Losses	\$140,000.00	\$143,000.00	\$150,000.00	\$433,000.00
Experience Factor	0.9728			
Credibility Factor	50%			
Experience Modifier	98.64%			

Table 4 - Credibility Factors

Policies with Claims	Total Policies	Factor
	Under	0%
5	250	
12	315	10%
20	500	20%
32	815	30%
44	1125	40%
61	1565	50%
78	2000	60%
112	2875	70%
147	3750	80%
220	5625	90%
293	7500	100%

Notes
 Use number of claims to determine credibility
 If not available, use number of Policies
 For numbers not shown, use linear interpolation

Arch Insurance Company

Table 5 – Development of Gross Premium

I. Employee Monthly Gross Premium

Claims Cost	CC	See Table 2
Experience Modification Factor	EMF	See Table 3
Loss Cost Multiplier	LCM	
Single Maximum Factor	SMF	See Table 11
Underwriting Factor	UF	See Table 7
Gross Premium	$GP = CC * EMF * LCM * SMF * UF$	

Notes

Gross Premium may be rounded to nearest dollar

Table 5a – Example of Development of Gross Premium

I. Employee Monthly Gross Premium

Claims Cost	334.6038
Experience Modification Factor	0.9864
Loss Cost Multiplier	2.8571
Single Maximum Factor	1.0000
Underwriting Factor	1.6931
Gross Premium	\$1,597.00

Notes

Gross Premium may be rounded to nearest dollar

Arch Insurance Company

Table 7 - Underwriting Factors

Table 7 - Underwriting Factors		
Note:		
Fill out this table only if the policy is sold on group basis, otherwise use 1.00		
	Maximum Debit	Maximum Credit
<i>I. Travelers only or whole population</i>		
Travelers only	150%	
Every Employee		15%
<i>II. Remote or dangerous locations</i>		
Most travel to remote or dangerous locations	75%	
A lot of travel to remote or dangerous locations	25%	
Some travel to remote or dangerous locations		0%
Low amount of travel to remote or dangerous locations		10%
Minimal travel to remote or dangerous locations		25%
<i>III. Locations without appropriate medical facilities</i>		
Most travel to locations without appropriate medical facilities	90%	
A lot of travel to locations without appropriate medical facilities	60%	
Some travel to locations without appropriate medical facilities	30%	
Low amount of travel to locations without appropriate medical facilities		0%
Minimal travel to locations without appropriate medical facilities		5%
<i>IV. Outside US travel each year</i>		
Most travel to locations outside US	80%	
Some travel to locations outside US	40%	
Minimal travel to locations outside US		10%
No travel to locations outside US		15%
<i>V. Average Age of traveler</i>		
30 or less		15%
49	0%	
80 or more	300%	
Extrapolate for all other values		
<i>VI. Days of travel as percentage of covered period</i>		
10% or less		10%
50% or more	200%	
Extrapolate for all other values		
<i>Use VII. And VIII. Factors only if Security Coverage is included</i>		
<i>VII. War Risk and Government Stability most travel is to countries with:</i>		
War is currently going on	800%	
(1) Had war in the past three years; (2) (and/or) terrorists attack is a long-lasting problem. (3). (And/or) have frequent nationwide domestic/international violence confliction now and then	600%	
(1). Had war six to three years ago; (2) (and/or) have localized violence now and then	400%	
(1) Had war within 10 years, (2) (and/or) have localized unrest sometimes, the central government has growing power and can control the situation most of the time.	200%	
Had war before 10 years, the economy is growing and the government is in control of the country.		0%
<i>VIII. Hostile locations</i>		
Most travel to countries hostile to US	90%	
Some travel to countries hostile to US	60%	
Minimal travel to countries hostile to US	30%	
<i>IX. Factors</i>	=product of (1 + the debit)	=product of (1 - the credit)
<i>X. Final factor</i>	=Factor for Credits *Factor for Debits	

Arch Insurance Company

Table 7 - Underwriting Factors Example

Table 7 - Underwriting Factors Example		
Note:		
Fill out this table only if the policy is sold on group basis, otherwise use 1.00		
	Maximum Debit	Maximum Credit
<i>I. Travelers only or whole population</i>		15.00%
<i>II. Remote or dangerous locations</i>		0.00%
<i>III. Locations without appropriate medical facilities</i>		5.00%
<i>IV. Outside US travel each year</i>	40.00%	
<i>V. Average Age of traveler</i>		11.25%
<i>VI. Days of travel as percentage of covered period</i>	68.75%	
<i>IX. Factors</i>	236.25%	71.67%
<i>X. Final factor</i>		169.31%

Table 8 - Unadjusted Loss Costs and Relativities

		0 - 17	18 - 29	30-39	40-49	50-59	60 - 64	65 - 69	70-79	80 +
Trip Cancellation per trip		\$2.7307	\$2.6421	\$2.9105	\$5.7953	\$9.2351	\$8.2973	\$8.8995	\$13.3174	\$13.6778
AD&D	(2)	\$0.0290	\$0.0290	\$0.0290	\$0.0290	\$0.0290	\$0.0290	\$0.0290	\$0.0290	\$0.0290
AD&D - Common Carrier (Air Only)	(2)	\$0.0166	\$0.0166	\$0.0166	\$0.0166	\$0.0166	\$0.0166	\$0.0166	\$0.0166	\$0.0166
Delayed Baggage	(5)	\$0.0800	\$0.0800	\$0.0800	\$0.0800	\$0.0800	\$0.0800	\$0.0800	\$0.0800	\$0.0800
Lost, damaged or stolen baggage		\$0.7400	\$0.7400	\$0.7400	\$0.7400	\$0.7400	\$0.7400	\$0.7400	\$0.8603	\$0.8603
Trip Delay - Subsistence Allowance	(3)	\$0.2747	\$0.2747	\$0.3396	\$0.4241	\$0.5086	\$0.7178	\$0.7898	\$1.2696	\$1.2696
Trip Interruption per trip		\$0.3199	\$0.3199	\$0.9865	\$1.6531	\$3.3102	\$6.2038	\$8.0500	\$11.8955	\$13.3244
Trip Interruption per policy period		\$0.3243	\$0.3243	\$1.0001	\$1.6760	\$3.3560	\$6.2897	\$8.1614	\$12.0601	\$13.5088
Emergency Medical Transportation per occurrence		\$3.8142	\$3.8142	\$3.6789	\$3.5437	\$4.8965	\$5.4156	\$6.2332	\$6.9394	\$7.5921
Emergency Medical Transportation per policy period/lifetime		\$2.5311	\$2.5311	\$2.4413	\$2.3516	\$3.2493	\$3.5937	\$4.1363	\$4.6049	\$5.0381
Security Coverage per occurrence		\$3.8142	\$3.8142	\$3.6789	\$3.5437	\$4.8965	\$5.4156	\$6.2332	\$6.9394	\$7.5921
Security Coverage per policy period/lifetime		\$2.5311	\$2.5311	\$2.4413	\$2.3516	\$3.2493	\$3.5937	\$4.1363	\$4.6049	\$5.0381
Repatriation of Remains		\$0.0528	\$0.0528	\$0.2739	\$0.4076	\$0.5412	\$1.0197	\$1.3167	\$1.9459	\$2.1791
Emergency Medical Reunion Subsistence Allowance	(4)	\$0.0161	\$0.0161	\$0.0084	\$0.0116	\$0.0148	\$0.0211	\$0.0310	\$0.0388	\$0.0411
Emergency Medical Reunion Airfare per occurrence		\$0.1907	\$0.1907	\$0.1839	\$0.1772	\$0.2448	\$0.2708	\$0.3117	\$0.3470	\$0.3796
Emergency Medical Reunion Airfare per policy period/lifetime		\$0.1266	\$0.1266	\$0.1221	\$0.1176	\$0.1625	\$0.1797	\$0.2068	\$0.2302	\$0.2519
Return of Minor Child	(1)	\$0.0420	\$0.0420	\$0.0390	\$0.0464	\$0.0539	\$0.0596	\$0.0686	\$0.0763	\$0.0835
Dental per occurrence	(6)	11.1193%	11.1193%	6.1667%	7.2362%	8.0804%	10.5280%	13.6970%	15.5504%	15.2206%
Dental per policy period/Lifetime	(6)	3.5616%	3.5616%	1.9752%	2.3178%	2.5882%	3.3722%	4.3872%	4.9808%	4.8752%
Accident Medical Expense per occurrence	(6)	2.7769%	2.7769%	0.7115%	2.7795%	5.9417%	9.1982%	12.5841%	14.3469%	16.1444%
Accident Medical Expense per policy period/lifetime	(6)	0.783%	0.783%	0.215%	0.707%	1.292%	1.794%	2.116%	2.158%	2.210%
Sickness Medical Expense per occurrence	(6)	188.1912%	188.1912%	104.3972%	122.5112%	136.8085%	178.2303%	231.8729%	263.2497%	257.6777%
Sickness Medical Expense per policy period/lifetime	(6)	88.6586%	88.6586%	88.1679%	88.7703%	89.8909%	91.1626%	92.7384%	93.7147%	94.6995%
In-Hospital Indemnity per occurrence	(6)	3.4494%	3.4494%	6.1827%	7.5087%	8.5442%	11.7689%	16.1688%	17.1557%	20.2396%
In-Hospital Indemnity per policy period/lifetime	(6)	1.6250%	1.6250%	5.2215%	5.4407%	5.6140%	6.0196%	6.4668%	6.1073%	7.4383%
Sports Injury per occurrence	(6)	1.1385%	1.1385%	0.2917%	1.1396%	2.4361%	3.7713%	5.1595%	5.8822%	6.6192%
Sports Injury per policy period/lifetime	(6)	0.3210%	0.3210%	0.0880%	0.2899%	0.5297%	0.7357%	0.8676%	0.8849%	0.9063%
Motor Vehicle per occurrence	(6)	15.4274%	15.4274%	17.3872%	15.4418%	12.5089%	9.5154%	6.4534%	4.8910%	3.2948%
Motor Vehicle per policy period/lifetime	(6)	10.2376%	10.2376%	11.5295%	10.2326%	8.2876%	6.3072%	4.2780%	3.2422%	2.1837%
Home Country Accident Benefit per occurrence	(6)	33.1593%	33.1593%	31.5265%	33.1902%	35.8057%	38.5455%	41.4806%	43.0631%	44.6716%
Home Country Accident Benefit per policy period/lifetime	(6)	19.4424%	19.4424%	20.2835%	19.2509%	17.3299%	15.1497%	12.4484%	10.7748%	9.0865%

Arch Insurance Company

Table 8 - Unadjusted Loss Costs and Relativities (continued)

Home Country Sickness Benefit per occurrence	(6)	322.6136%	322.6136%	178.9667%	210.0193%	234.5289%	305.5377%	397.4963%	451.2852%	441.7333%
Home Country Sickness Benefit per policy period/lifetime	(6)	151.9861%	151.9861%	151.1450%	152.1777%	154.0986%	156.2788%	158.9802%	160.6538%	162.3421%
Unexpected recurrence per occurrence	(6)	0.6406%	0.6406%	1.5373%	2.0575%	2.4975%	4.0374%	6.5015%	7.1058%	9.1055%
Unexpected recurrence per policy period/lifetime	(6)	0.2072%	0.2072%	1.1932%	1.2691%	1.3302%	1.4769%	1.6445%	1.5093%	2.0287%
Extension of Benefits Accident per occurrence	(6)	3.8686%	3.8686%	3.6781%	3.8722%	4.1773%	4.4970%	4.8394%	5.0240%	5.2117%
Extension of Benefits Accident per policy period/lifetime	(6)	2.2683%	2.2683%	2.3664%	2.2459%	2.0218%	1.7675%	1.4523%	1.2571%	1.0601%
Extension of Benefits Sickness per occurrence	(6)	37.6382%	37.6382%	20.8794%	24.5022%	27.3617%	35.6461%	46.3746%	52.6499%	51.5355%
Extension of Benefits Sickness per policy period/lifetime	(6)	17.7317%	17.7317%	17.6336%	17.7541%	17.9782%	18.2325%	18.5477%	18.7429%	18.9399%

- (1) per \$500 maximum benefit
- (2) per \$1,000 Principal Sum
- (3) per \$100 maximum benefit
- (4) per \$100 daily benefit/10 day maximum
- (5) per \$100 daily benefit
- (6) applies to Reference Loss costs in Table 2a

Arch Insurance Company

Table 9.01 - Reference Loss Costs (RLC) U.S. Citizens				
Age	Policy Limit			
	\$0 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$500,000	\$500,001 - \$1,000,000
0-17	\$6.9979	\$8.4934	\$11.2441	\$11.7122
18-29	\$6.7709	\$9.0269	\$10.8821	\$12.8297
30-39	\$7.4586	\$9.5869	\$14.9804	\$16.7245
40-49	\$14.8516	\$17.4368	\$19.3971	\$21.6158
50-59	\$23.6667	\$28.5586	\$31.7355	\$35.9681
60-64	\$21.2634	\$27.5673	\$33.9228	\$41.6609
65-69	\$22.8067	\$25.1611	\$30.0364	\$38.3867
70-79	\$34.1283			
80+	\$96.8781			
Dep. Child	\$1.9252	\$4.3813	\$5.7500	\$6.3665

Table 9.02 - Reference Loss Costs (RLC) Non-U.S. Citizens				
Age	Policy Limit			
	\$0 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$500,000	\$500,001 - \$1,000,000
0-17	\$12.2647	\$15.8294	\$21.3749	\$24.2804
18-29	\$13.8195	\$17.2152	\$23.3681	\$27.8274
30-39	\$18.9048	\$24.0162	\$31.4926	\$36.5111
40-49	\$31.3557	\$35.8696	\$48.2413	\$54.1276
50-59	\$41.3546	\$52.7514	\$63.1232	\$72.6120
60-64	\$40.5132	\$53.0985	\$62.9888	\$77.0452
65-69	\$41.5964	\$58.9928	\$62.3658	\$76.0971
70-79	\$42.5738			
80+	\$124.9899			
Dep. Child	\$6.2948	\$8.0725	\$11.2974	\$12.7310

<i>Table 10 - Single Maximum Factor</i>	
Single Maximum	0.95
Non-Single Maximum	1.00

Arch Insurance Company

Section 6 – This section provides adjustment factors for various Plan parameters

Table 11 - Maximum Limit of Liability Per Occurrence as multiple of Maximum Limit per Person

Maximum Liability per Person	2x	5x	10x	20x	30x	40x	50x	60x	70x	80x	100x
\$10,000	80.5%	82.2%	84.0%	85.8%	87.2%	88.7%	90.2%	91.2%	91.9%	95.7%	97.3%
\$20,000	81.2%	83.7%	86.3%	88.9%	90.0%	91.1%	92.2%	93.0%	93.7%	96.9%	98.2%
\$25,000	82.4%	85.0%	87.7%	90.4%	91.8%	93.3%	94.7%	95.5%	95.9%	97.7%	98.5%
\$30,000	83.5%	86.2%	89.0%	91.8%	93.6%	95.4%	97.2%	97.9%	98.0%	98.5%	98.8%
\$40,000	87.4%	89.1%	90.7%	92.4%	94.2%	95.9%	97.7%	98.3%	98.4%	98.9%	99.1%
\$50,000	92.1%	93.9%	95.8%	97.7%	98.1%	98.6%	99.0%	99.2%	99.3%	99.4%	99.5%
\$75,000	93.1%	94.8%	96.5%	98.2%	98.6%	99.0%	99.2%	99.4%	99.6%	99.7%	99.8%
\$100,000	93.5%	94.9%	96.7%	98.6%	98.9%	99.3%	99.4%	99.5%	99.7%	99.8%	99.9%

Table 12 - Age and Sex Factors

Insureds' Age	Insureds without Dependents				Insureds with Dependents			
	Male		Female		Male		Female	
	A	B	C	D	E	F	G	H
	Factor		Factor		Factor		Factor	
to 18	77.97%		96.02%		77.35%		84.02%	
18-29	75.76%		103.96%		82.40%		87.48%	
30-39	76.92%		106.72%		84.89%		90.95%	
40-49	80.24%		110.96%		90.99%		96.54%	
50-59	90.63%		114.96%		104.63%		106.51%	
60-64	98.79%		125.66%		124.16%		124.16%	
65-69	104.81%		132.99%		140.02%		139.38%	
70-79	107.75%		140.76%		152.85%		151.75%	
80+	106.69%		143.65%		154.22%		154.22%	

Step 1: Calculate: $(A*B)+(C*D)+(E*F)+(G*H)$
 Step 2 : Calculate $B+D+F+H$
 Step 3: Calculate Step 1/Step 2

Arch Insurance Company

Table 12a - Age and Sex Factors Example

Insureds' Age	Insureds without Dependents				Insureds with Dependents			
	Male		Female		Male		Female	
	A	B	C	D	E	F	G	H
	Factor		Factor		Factor		Factor	
to 18	77.97%	10	96.02%	3	77.35%	10	84.02%	5
18-29	75.76%	15	103.96%	6	82.40%	15	87.48%	3
30-39	76.92%	20	106.72%	10	84.89%	10	90.95%	8
40-49	80.24%	10	110.96%	8	90.99%	10	96.54%	10
50-59	90.63%	8	114.96%	5	104.63%	8	106.51%	9
60-64	98.79%	4	125.66%	2	124.16%	5	124.16%	5
65-69	104.81%	-	132.99%	1	140.02%	3	139.38%	1
70-79	107.75%	-	140.76%	-	152.85%	-	151.75%	-
80+	106.69%	-	143.65%	-	154.22%	-	154.22%	-
Step 1:	189.4339							
Step 2								
:	204							
Step 3:	0.93							

Table 13 - In-Hospital Indemnity Factors

Waiting period	Limits									
	100	250	500	1,000	2,500	3,000	5,000	10,000	25,000	50,000
0 months	13.48%	25.22%	37.03%	47.73%	63.80%	66.24%	76.96%	90.16%	97.07%	100.00%
9 months	10.79%	20.18%	29.62%	38.18%	51.04%	52.99%	61.57%	72.13%	77.65%	80.00%
10 months	9.44%	17.66%	25.92%	33.41%	44.66%	46.37%	53.87%	63.11%	67.95%	70.00%
12 months	7.42%	13.87%	20.36%	26.25%	35.09%	36.43%	42.33%	49.59%	53.39%	55.00%

Table 14 - Maximum Family Out-of-Pocket

Family out-of-pocket maximum as a multiple of individual maximum	Factor
2x	125.00%
3x	120.00%
4x	100.00%

Table 15.1 - Trip Interruption Factors per trip

maximum	Factor
250	23.44%
500	41.02%
1,000	67.10%
1,500	85.76%
2,000	100.00%
2,500	110.99%
5,000	141.68%
10,000	161.32%
Unlimited	166.15%

Table 15.2 - Trip Interruption Factors per policy period

maximum	Factor
250	28.00%
500	46.98%
1,000	73.19%
1,500	89.28%
2,000	100.00%
2,500	107.47%
5,000	125.59%
10,000	134.70%
Unlimited	138.74%

Table 16.1 - Emergency Medical Transportation Adjustment Factors per occurrence

maximum	Factor
5,000	46.46%
10,000	64.38%
25,000	87.12%
50,000	100.00%
100,000	101.72%
250,000	101.72%
500,000	101.72%
1,000,000	101.72%
Unlimited	104.77%

Table 16.2 - Emergency Medical Transportation Adjustment Factors per policy period/lifetime

maximum	Factor
5,000	55.23%
10,000	75.08%
25,000	92.94%
50,000	100.00%
100,000	102.28%
250,000	102.64%
500,000	102.64%
1,000,000	102.64%
Unlimited	105.72%

Arch Insurance Company

Table 17 - Baggage and Personal Effects Adjustment Factors

Deductible	Limits					
	250	500	750	1,000	2,500	Unlimited
0	100.00%	151.36%	175.68%	188.54%	211.75%	218.10%
25	92.33%	140.24%	163.08%	175.42%	197.81%	203.75%
50	85.24%	129.88%	151.34%	163.16%	184.77%	190.31%
100	73.14%	111.87%	130.83%	141.70%	161.79%	166.64%
250	51.36%	75.68%	88.54%	96.87%	112.96%	116.35%
500	24.32%	37.18%	45.51%	51.95%	62.69%	64.57%

Table 18 - Adjustments for Coverage Other Than Excess

Accident Medical / Sickness Medical / Dental	1.500
Delayed Baggage	1.246
Lost, damaged or stolen baggage	1.241

Table 19 - Baggage Delay

12-hours	1.36
24-hours	1.00

Table 20.1 - Accident and Sickness Medical Expense Adjustment Factors per Occurrence

100% Coinsurance

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	44.98%	59.78%	71.80%	83.60%	89.09%	91.63%	93.71%	95.87%	97.25%	100.00%	103.00%
25	41.65%	56.25%	68.19%	79.92%	85.39%	87.93%	90.00%	92.17%	93.55%	96.30%	99.19%
50	38.47%	52.88%	64.73%	76.39%	81.86%	84.39%	86.46%	88.63%	90.01%	92.76%	95.54%
100	33.19%	47.22%	58.91%	70.45%	75.88%	78.41%	80.48%	82.64%	84.02%	86.77%	89.38%
250	24.16%	37.19%	48.42%	59.57%	64.91%	67.43%	69.49%	71.65%	73.03%	75.78%	78.06%
500	16.18%	27.80%	38.33%	48.86%	54.06%	56.56%	58.61%	60.77%	62.14%	64.90%	66.84%
1,000	11.06%	20.60%	29.95%	39.32%	44.26%	46.72%	48.75%	50.90%	52.28%	55.03%	56.68%
2,500	5.79%	12.02%	18.89%	25.36%	29.65%	32.02%	33.98%	36.10%	37.48%	40.23%	41.44%
5,000	3.12%	6.87%	11.80%	14.55%	17.94%	20.18%	22.01%	24.10%	25.47%	28.23%	29.07%

Table 20.2 - Accident and Sickness Medical Expense Adjustment Factors per Occurrence

50% Coinsurance on the first \$2,000

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	28.02%	37.56%	46.91%	56.29%	61.22%	63.68%	65.71%	67.86%	69.24%	71.99%	74.15%
25	26.27%	35.81%	45.16%	54.54%	59.47%	61.94%	63.96%	66.11%	67.49%	70.24%	72.35%
50	24.60%	34.15%	43.49%	52.87%	57.81%	60.27%	62.30%	64.45%	65.82%	68.58%	70.63%
100	21.82%	31.36%	40.71%	50.09%	55.02%	57.48%	59.51%	61.66%	63.04%	65.79%	67.76%
250	16.94%	26.49%	35.84%	45.21%	50.15%	52.61%	54.64%	56.79%	58.16%	60.92%	62.74%
500	12.54%	22.08%	31.43%	40.81%	45.74%	48.20%	50.23%	52.38%	53.76%	56.51%	58.20%
1,000	9.67%	19.22%	28.57%	37.94%	42.88%	45.34%	47.37%	49.52%	50.89%	53.65%	55.26%
2,500	6.76%	15.93%	25.28%	34.66%	39.59%	42.06%	44.08%	46.23%	47.61%	50.36%	51.87%
5,000	3.46%	8.66%	16.98%	26.35%	31.29%	33.75%	35.78%	37.93%	39.30%	42.06%	43.32%

Arch Insurance Company

Table 20.3 - Accident and Sickness Medical Expense Adjustment Factors per Occurrence

80% Coinsurance/ on the first \$5,000

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	38.71%	50.89%	60.56%	69.94%	74.88%	77.34%	79.37%	81.52%	82.89%	85.65%	88.21%
25	35.99%	48.03%	57.67%	67.05%	71.98%	74.45%	76.48%	78.62%	80.00%	82.75%	85.24%
50	33.40%	45.31%	54.91%	64.29%	69.22%	71.68%	73.71%	75.86%	77.24%	79.99%	82.39%
100	29.09%	40.74%	50.26%	59.64%	64.57%	67.03%	69.06%	71.21%	72.59%	75.34%	77.60%
250	21.65%	32.58%	41.88%	51.26%	56.19%	58.66%	60.68%	62.83%	64.21%	66.96%	68.97%
500	14.96%	24.86%	33.86%	43.24%	48.18%	50.64%	52.67%	54.82%	56.19%	58.95%	60.71%
1,000	10.42%	18.76%	27.35%	36.73%	41.66%	44.13%	46.16%	48.30%	49.68%	52.43%	54.01%
2,500	5.59%	11.35%	19.66%	29.04%	33.97%	36.44%	38.47%	40.62%	41.99%	44.74%	46.09%
5,000	3.46%	8.66%	16.98%	26.35%	31.29%	33.75%	35.78%	37.93%	39.30%	42.06%	43.32%

Table 20.4 - Accident and Sickness Medical Expense Adjustment Factors per Occurrence

80% Coinsurance/ on the first \$10,000

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	38.71%	50.89%	60.49%	68.16%	72.65%	75.05%	77.03%	79.16%	80.54%	83.29%	85.79%
25	35.99%	48.03%	57.59%	65.22%	69.71%	72.11%	74.08%	76.22%	77.59%	80.35%	82.76%
50	33.40%	45.31%	54.81%	62.40%	66.89%	69.29%	71.27%	73.40%	74.78%	77.53%	79.86%
100	29.09%	40.74%	50.12%	57.64%	62.13%	64.53%	66.51%	68.64%	70.02%	72.77%	74.95%
250	21.65%	32.58%	41.65%	48.94%	53.43%	55.83%	57.81%	59.94%	61.32%	64.07%	66.00%
500	14.96%	24.86%	33.44%	40.39%	44.88%	47.28%	49.26%	51.39%	52.77%	55.52%	57.19%
1,000	10.42%	18.76%	26.50%	32.81%	37.30%	39.69%	41.67%	43.81%	45.18%	47.94%	49.37%
2,500	5.59%	11.23%	17.22%	21.90%	26.39%	28.79%	30.77%	32.90%	34.27%	37.03%	38.14%
5,000	3.05%	6.59%	10.22%	13.85%	18.34%	20.74%	22.72%	24.85%	26.23%	28.98%	29.85%

Arch Insurance Company

Table 20.5 - Accident and Sickness Medical Expense Adjustment Factors per Occurrence

80% Coinsurance

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	38.71%	50.89%	60.49%	68.12%	71.91%	73.97%	75.40%	76.97%	78.35%	81.10%	83.53%
25	35.99%	48.03%	57.59%	65.17%	68.95%	71.01%	72.44%	74.01%	75.39%	78.14%	80.48%
50	33.40%	45.31%	54.81%	62.35%	66.12%	68.18%	69.61%	71.18%	72.56%	75.31%	77.57%
100	29.09%	40.74%	50.12%	57.58%	61.33%	63.39%	64.82%	66.39%	67.77%	70.52%	72.63%
250	21.65%	32.58%	41.65%	48.85%	52.56%	54.61%	56.03%	57.60%	58.97%	61.73%	63.58%
500	14.96%	24.86%	33.44%	40.24%	43.87%	45.91%	47.33%	48.89%	50.27%	53.02%	54.61%
1,000	10.42%	18.76%	26.50%	32.54%	36.01%	38.03%	39.44%	40.99%	42.37%	45.12%	46.48%
2,500	5.59%	11.23%	17.22%	21.25%	24.30%	26.25%	27.62%	29.16%	30.53%	33.28%	34.28%
5,000	3.05%	6.59%	10.13%	12.42%	14.90%	16.75%	18.05%	19.55%	20.93%	23.68%	24.39%

Table 20.6 - Accident and Sickness Medical Expense Adjustment Factors per Occurrence

90% Coinsurance/ on the first \$5,000

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	41.91%	55.42%	66.25%	76.78%	81.98%	84.48%	86.54%	88.69%	90.07%	92.82%	95.61%
25	38.88%	52.23%	63.00%	73.53%	78.73%	81.23%	83.28%	85.44%	86.82%	89.57%	92.26%
50	36.00%	49.18%	59.89%	70.42%	75.62%	78.12%	80.17%	82.33%	83.71%	86.46%	89.05%
100	31.20%	44.06%	54.66%	65.19%	70.39%	72.89%	74.94%	77.10%	78.48%	81.23%	83.67%
250	22.95%	34.96%	45.23%	55.77%	60.97%	63.47%	65.52%	67.68%	69.05%	71.81%	73.96%
500	15.61%	26.39%	36.22%	46.75%	51.95%	54.45%	56.50%	58.66%	60.03%	62.79%	64.67%
1,000	10.76%	19.72%	28.89%	39.42%	44.62%	47.12%	49.17%	51.33%	52.71%	55.46%	57.12%
2,500	5.70%	11.68%	20.24%	30.77%	35.97%	38.47%	40.52%	42.68%	44.06%	46.81%	48.21%
5,000	3.46%	8.66%	17.22%	27.75%	32.95%	35.45%	37.50%	39.66%	41.03%	43.79%	45.10%

Arch Insurance Company

Table 20.7 - Accident and Sickness Medical Expense Adjustment Factors per Occurrence

90% Coinsurance/ on the first \$10,000

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	41.91%	55.42%	66.24%	75.94%	80.88%	83.34%	85.37%	87.52%	88.89%	91.65%	94.40%
25	38.88%	52.23%	62.98%	72.63%	77.56%	80.03%	82.05%	84.20%	85.58%	88.33%	90.98%
50	36.00%	49.18%	59.86%	69.46%	74.39%	76.86%	78.89%	81.03%	82.41%	85.16%	87.72%
100	31.20%	44.06%	54.61%	64.11%	69.04%	71.50%	73.53%	75.68%	77.06%	79.81%	82.20%
250	22.95%	34.96%	45.13%	54.32%	59.25%	61.72%	63.75%	65.90%	67.27%	70.02%	72.13%
500	15.61%	26.39%	35.98%	44.70%	49.63%	52.10%	54.12%	56.27%	57.65%	60.40%	62.21%
1,000	10.76%	19.72%	28.30%	36.17%	41.10%	43.56%	45.59%	47.74%	49.12%	51.87%	53.43%
2,500	5.70%	11.65%	18.09%	23.90%	28.83%	31.29%	33.32%	35.47%	36.85%	39.60%	40.79%
5,000	3.09%	6.74%	11.01%	14.84%	19.77%	22.24%	24.26%	26.41%	27.79%	30.54%	31.46%

Table 20.8 - Accident and Sickness Medical Expense Adjustment Factors per Occurrence

90% Coinsurance

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	41.91%	55.42%	66.24%	75.94%	80.53%	82.82%	84.55%	86.42%	87.80%	90.55%	93.27%
25	38.88%	52.23%	62.98%	72.62%	77.20%	79.49%	81.22%	83.09%	84.47%	87.22%	89.84%
50	36.00%	49.18%	59.86%	69.45%	74.01%	76.31%	78.04%	79.90%	81.28%	84.03%	86.55%
100	31.20%	44.06%	54.61%	64.09%	68.63%	70.92%	72.65%	74.52%	75.89%	78.65%	81.00%
250	22.95%	34.96%	45.13%	54.28%	58.76%	61.04%	62.76%	64.63%	66.00%	68.76%	70.82%
500	15.61%	26.39%	35.98%	44.61%	48.99%	51.26%	52.97%	54.83%	56.20%	58.96%	60.73%
1,000	10.76%	19.72%	28.30%	35.97%	40.16%	42.40%	44.10%	45.95%	47.32%	50.08%	51.58%
2,500	5.70%	11.65%	18.09%	23.33%	26.99%	29.16%	30.80%	32.63%	34.00%	36.76%	37.86%
5,000	3.09%	6.74%	10.98%	13.50%	16.43%	18.50%	20.03%	21.83%	23.20%	25.95%	26.73%

Arch Insurance Company

Table 20.9 - Accident and Sickness Medical Expense Adjustment Factors per policy period/lifetime

100% Coinsurance

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	37.85%	53.40%	66.92%	80.54%	86.37%	89.28%	91.79%	94.98%	97.06%	100.00%	103.00%
25	35.47%	50.83%	64.27%	77.81%	83.63%	86.53%	89.04%	92.24%	94.31%	97.25%	100.17%
50	33.16%	48.35%	61.70%	75.17%	80.97%	83.87%	86.38%	89.57%	91.65%	94.59%	97.42%
100	29.30%	44.15%	57.33%	70.64%	76.41%	79.30%	81.81%	85.01%	87.08%	90.02%	92.72%
250	22.37%	36.30%	49.00%	61.85%	67.53%	70.41%	72.91%	76.10%	78.17%	81.11%	83.55%
500	15.81%	28.39%	40.35%	52.48%	58.00%	60.86%	63.35%	66.53%	68.61%	71.55%	73.69%
1,000	11.45%	22.01%	32.68%	43.46%	48.69%	51.51%	53.97%	57.15%	59.22%	62.16%	64.02%
2,500	6.46%	13.53%	21.52%	28.84%	33.39%	36.09%	38.47%	41.62%	43.68%	46.62%	48.02%
5,000	3.61%	7.99%	13.61%	16.62%	20.22%	22.77%	25.01%	28.12%	30.17%	33.11%	34.10%

Table 20.10 - Accident and Sickness Medical Expense Adjustment Factors per policy period/lifetime

50% Coinsurance on the first \$2,000

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	24.65%	35.20%	45.88%	56.66%	61.89%	64.71%	67.17%	70.35%	72.42%	75.36%	77.62%
25	23.39%	33.86%	44.48%	55.19%	60.41%	63.23%	65.69%	68.86%	70.93%	73.87%	76.09%
50	22.16%	32.56%	43.12%	53.76%	58.97%	61.78%	64.24%	67.42%	69.49%	72.43%	74.60%
100	20.10%	30.33%	40.78%	51.30%	56.48%	59.29%	61.74%	64.92%	66.99%	69.93%	72.03%
250	16.27%	26.05%	36.17%	46.31%	51.42%	54.21%	56.66%	59.83%	61.90%	64.84%	66.79%
500	12.47%	21.57%	31.18%	40.71%	45.70%	48.47%	50.91%	54.08%	56.14%	59.08%	60.86%
1,000	9.50%	17.47%	26.21%	34.60%	39.36%	42.09%	44.50%	47.66%	49.73%	52.67%	54.25%
2,500	5.71%	11.43%	18.29%	23.69%	27.82%	30.46%	32.79%	35.92%	37.97%	40.91%	42.14%
5,000	3.32%	7.16%	11.07%	13.75%	17.03%	19.53%	21.73%	24.82%	26.86%	29.80%	30.69%

Arch Insurance Company

Table 20.11 - Accident and Sickness Medical Expense Adjustment Factors per policy period/lifetime
80% Coinsurance/ on the first \$5,000

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	33.01%	46.10%	57.15%	67.92%	73.16%	75.97%	78.43%	81.61%	83.68%	86.62%	89.22%
25	31.07%	44.03%	55.01%	65.72%	70.94%	73.76%	76.22%	79.40%	81.46%	84.40%	86.94%
50	29.19%	42.02%	52.94%	63.59%	68.79%	71.61%	74.07%	77.24%	79.31%	82.25%	84.72%
100	26.02%	38.61%	49.41%	59.93%	65.11%	67.92%	70.38%	73.55%	75.62%	78.56%	80.92%
250	20.30%	32.19%	42.65%	52.79%	57.89%	60.69%	63.14%	66.31%	68.38%	71.32%	73.46%
500	14.77%	25.67%	35.58%	45.11%	50.09%	52.87%	55.31%	58.47%	60.54%	63.48%	65.39%
1,000	10.87%	20.20%	29.17%	37.56%	42.32%	45.06%	47.46%	50.62%	52.69%	55.63%	57.30%
2,500	6.26%	12.69%	19.70%	25.10%	29.23%	31.86%	34.19%	37.33%	39.38%	42.32%	43.59%
5,000	3.53%	7.66%	11.66%	14.34%	17.63%	20.12%	22.32%	25.41%	27.45%	30.39%	31.30%

Table 20.12 - Accident and Sickness Medical Expense Adjustment Factors per policy period/lifetime
80% Coinsurance/ on the first \$10,000

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	33.01%	46.10%	57.07%	65.84%	70.59%	73.33%	75.74%	78.90%	80.96%	83.90%	86.42%
25	31.07%	44.03%	54.94%	63.65%	68.40%	71.13%	73.54%	76.70%	78.76%	81.70%	84.15%
50	29.19%	42.02%	52.87%	61.53%	66.26%	69.00%	71.40%	74.56%	76.63%	79.57%	81.95%
100	26.02%	38.61%	49.34%	57.90%	62.61%	65.34%	67.74%	70.90%	72.96%	75.91%	78.18%
250	20.30%	32.19%	42.58%	50.83%	55.48%	58.20%	60.59%	63.75%	65.81%	68.75%	70.82%
500	14.77%	25.67%	35.51%	43.28%	47.83%	50.53%	52.91%	56.06%	58.12%	61.06%	62.89%
1,000	10.87%	20.20%	29.12%	35.98%	40.32%	42.98%	45.34%	48.48%	50.54%	53.48%	55.08%
2,500	6.26%	12.69%	19.66%	24.15%	27.91%	30.48%	32.76%	35.87%	37.92%	40.86%	42.09%
5,000	3.53%	7.66%	11.64%	14.15%	17.15%	19.60%	21.75%	24.82%	26.85%	29.79%	30.69%

Arch Insurance Company

Table 20.13 - Accident and Sickness Medical Expense Adjustment Factors per policy period/lifetime

80% Coinsurance

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	33.01%	46.10%	57.07%	65.79%	69.84%	72.19%	74.02%	76.58%	78.24%	81.18%	83.61%
25	31.07%	44.03%	54.94%	63.60%	67.65%	70.00%	71.82%	74.38%	76.04%	78.98%	81.35%
50	29.19%	42.02%	52.87%	61.48%	65.52%	67.86%	69.69%	72.25%	73.91%	76.85%	79.15%
100	26.02%	38.61%	49.34%	57.85%	61.87%	64.21%	66.04%	68.59%	70.25%	73.19%	75.39%
250	20.30%	32.19%	42.58%	50.79%	54.75%	57.09%	58.91%	61.47%	63.12%	66.07%	68.05%
500	14.77%	25.67%	35.51%	43.25%	47.13%	49.45%	51.27%	53.81%	55.47%	58.41%	60.17%
1,000	10.87%	20.20%	29.12%	35.96%	39.66%	41.97%	43.76%	46.31%	47.96%	50.90%	52.43%
2,500	6.26%	12.69%	19.66%	24.12%	27.37%	29.61%	31.36%	33.88%	35.53%	38.47%	39.63%
5,000	3.53%	7.66%	11.64%	14.13%	16.79%	18.91%	20.60%	23.09%	24.72%	27.66%	28.49%

Table 20.14 - Accident and Sickness Medical Expense Adjustment Factors per policy period/lifetime

90% Coinsurance/ on the first \$5,000

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	35.49%	49.84%	62.12%	74.25%	79.77%	82.62%	85.11%	88.30%	90.37%	93.31%	96.11%
25	33.32%	47.52%	59.73%	71.78%	77.29%	80.14%	82.63%	85.82%	87.89%	90.83%	93.55%
50	31.22%	45.27%	57.41%	69.39%	74.88%	77.74%	80.22%	83.41%	85.48%	88.42%	91.07%
100	27.71%	41.46%	53.46%	65.30%	70.76%	73.61%	76.09%	79.28%	81.35%	84.29%	86.82%
250	21.38%	34.32%	45.90%	57.34%	62.71%	65.55%	68.02%	71.20%	73.27%	76.21%	78.50%
500	15.32%	27.09%	38.04%	48.81%	54.05%	56.87%	59.33%	62.50%	64.57%	67.51%	69.54%
1,000	11.18%	21.16%	30.99%	40.52%	45.51%	48.28%	50.72%	53.89%	55.95%	58.89%	60.66%
2,500	6.37%	13.14%	20.65%	26.97%	31.31%	33.98%	36.33%	39.47%	41.53%	44.47%	45.80%
5,000	3.58%	7.84%	12.66%	15.48%	18.92%	21.45%	23.67%	26.77%	28.81%	31.75%	32.70%

Arch Insurance Company

Table 20.15 - Accident and Sickness Medical Expense Adjustment Factors per policy period/lifetime
90% Coinsurance/ on the first \$10,000

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	35.49%	49.84%	62.11%	73.25%	78.49%	81.30%	83.76%	86.94%	89.01%	91.95%	94.71%
25	33.32%	47.52%	59.72%	70.79%	76.02%	78.83%	81.29%	84.47%	86.54%	89.48%	92.16%
50	31.22%	45.27%	57.40%	68.41%	73.62%	76.43%	78.89%	82.07%	84.14%	87.08%	89.69%
100	27.71%	41.46%	53.45%	64.33%	69.51%	72.32%	74.78%	77.95%	80.02%	82.96%	85.45%
250	21.38%	34.32%	45.89%	56.40%	61.51%	64.30%	66.75%	69.92%	71.99%	74.93%	77.18%
500	15.32%	27.09%	38.03%	47.93%	52.92%	55.69%	58.13%	61.30%	63.36%	66.30%	68.29%
1,000	11.18%	21.16%	30.98%	39.75%	44.51%	47.25%	49.65%	52.81%	54.88%	57.82%	59.55%
2,500	6.37%	13.14%	20.64%	26.52%	30.65%	33.28%	35.61%	38.75%	40.80%	43.74%	45.05%
5,000	3.58%	7.84%	12.65%	15.40%	18.69%	21.18%	23.38%	26.47%	28.51%	31.45%	32.40%

Table 20.16 - Accident and Sickness Medical Expense Adjustment Factors per policy period/lifetime
90% Coinsurance

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	35.49%	49.84%	62.11%	73.24%	78.14%	80.76%	82.90%	85.78%	87.65%	90.59%	93.31%
25	33.32%	47.52%	59.72%	70.79%	75.67%	78.29%	80.43%	83.31%	85.18%	88.12%	90.76%
50	31.22%	45.27%	57.40%	68.40%	73.28%	75.89%	78.03%	80.91%	82.78%	85.72%	88.29%
100	27.71%	41.46%	53.45%	64.32%	69.17%	71.79%	73.93%	76.80%	78.67%	81.61%	84.06%
250	21.38%	34.32%	45.89%	56.39%	61.17%	63.78%	65.91%	68.78%	70.65%	73.59%	75.80%
500	15.32%	27.09%	38.03%	47.92%	52.60%	55.18%	57.31%	60.17%	62.04%	64.98%	66.93%
1000	11.18%	21.16%	30.98%	39.75%	44.21%	46.77%	48.87%	51.73%	53.59%	56.53%	58.23%
2500	6.37%	13.14%	20.64%	26.51%	30.40%	32.88%	34.91%	37.75%	39.61%	42.55%	43.82%
5000	3.58%	7.84%	12.65%	15.40%	18.51%	20.87%	22.81%	25.60%	27.44%	30.39%	31.30%

Table 21 - Benefit Period

3 months	0.75
6 months	0.95
1 year	0.99
unlimited	1

Table 22 - Repatriation of Remains

Max. Benefit	Factor
\$2,500	38%
\$5,000	64%
\$10,000	87%
\$15,000	90%
\$25,000	93%
\$50,000	97%
\$100,000	100%
\$250,000	103%
\$500,000	105%
\$1,000,000	107%
Unlimited	110%

Arch Insurance Company

Table 23 - Unexpected Recurrence Factors

Waiting period	Limits							
	100	250	500	1,000	2,500	5,000	10,000	15,000
0 months	1.025	1.050	1.100	1.150	1.200	1.250	1.300	1.350
9 months	1.020	1.040	1.080	1.120	1.160	1.200	1.248	1.296
10 months	1.018	1.035	1.070	1.105	1.140	1.175	1.222	1.269
12 months	1.014	1.028	1.055	1.083	1.110	1.138	1.183	1.229

Table 24.1 - Dental Adjustment Factors

...Per Tooth Maximum...

Overall Dental Max*	\$50	\$75	\$100
2x	38.71%	51.61%	64.52%
2.5x	41.94%	55.24%	68.55%
3x	45.16%	58.87%	72.58%
4x	48.39%	63.71%	79.03%
5x	50.00%	65.32%	80.65%
6x	52.26%	68.39%	84.52%
7x	54.52%	71.45%	88.39%
10x+more	61.29%	80.65%	100.00%

*Expressed as multiple of Per Tooth Maximum

Table 24.2 - Dental Adjustment Factors deductible and coinsurance

deductible	Coinsurance			
	50%	75%	90%	100%
\$0	94.74%	98.25%	99.42%	100.00%
\$10	94.32%	97.96%	99.18%	99.79%
\$25	93.68%	97.54%	98.83%	99.47%
\$50	92.63%	96.84%	98.25%	98.95%
\$100	90.53%	95.44%	97.08%	97.89%

Table 25 - Unexpected Recurrence Factors Look back

period	Covered		Not-covered	
60-days	1.0732		1.0000	
90-days	1.0244		0.9444	
120-days	1.0000		0.9167	
180-days	0.9756		0.8889	
More than 1 year	0.9291		0.8466	

Arch Insurance Company

Table 26 - Factors for Trip Cancellation			
Amount Insured			Factor
\$1	to	\$500	1.0000
\$501	to	\$1,000	2.0403
\$1,001	to	\$1,500	2.9901
\$1,501	to	\$2,000	4.1890
\$2,001	to	\$2,500	5.4106
\$2,501	to	\$3,000	6.5642
\$3,001	to	\$3,500	7.7632
\$3,501	to	\$4,000	9.1887
\$4,001	to	\$4,500	10.5689
\$4,501	to	\$5,000	11.8811
\$5,001	to	\$5,500	13.4652
\$5,501	to	\$6,000	15.0267
\$6,001	to	\$6,500	16.5202
\$6,501	to	\$7,000	18.0137
\$7,001	to	\$8,000	20.3898
\$8,001	to	\$9,000	22.7197
\$9,001	to	\$10,000	25.0723

Arch Insurance Company

Section 7 – Description of Coverages

[ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment Insurance is afforded to an Insured Person which shall apply only to Injury, as defined in Section III, Definitions, sustained by such Insured Person during the course of coverage. Such Insurance includes such Injury which occurs during the course of time the Insured Person is covered under the Policy;

The Company shall pay an indemnity determined from Section II Schedule of Benefits, Accidental Death and Dismemberment, Table of Losses, if an Insured Person sustains a Loss stated therein resulting from Injury, provided that:

- 1) such Loss occurs within [60, 90, 180, 365] days after the date of Accident causing such Loss; and
- 2) the indemnity payable for any such Loss shall be the Principal Sum stated in Section II, Schedule of Benefits, Accidental Death and Dismemberment, Principal Sum, as applicable to such Insured Person and this Insurance; and
- 3) if more than one Loss stated in said Table is sustained as the result of one Accident, only one of the amounts so stated in said Table, the largest, shall be payable.

Exposure

If by reason of an Accident covered by the Policy an Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a Loss for which the Principal Sum is otherwise payable hereunder such Loss will be covered under the terms of this Policy.

Disappearance

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking, or wrecking of a conveyance in which such Insured Person was an occupant, then it shall be deemed, subject to all other terms and provisions of the Policy, that such Insured Person shall have suffered Loss of life within the meaning of the Policy.

Beneficiary Designation and Change

The beneficiary or beneficiaries of an Insured Person shall be that person or those persons designated by the Insured Person and filed with the Company. Any Insured Person who has not made an irrevocable designation of beneficiary may designate a new beneficiary at any time, without the consent of the beneficiary, by filing with the Company a written request for such change but such change shall become effective only upon receipt of such request at the office of the Company. When such request is received by the Company, whether the Insured Person be then living or not, the change of beneficiary shall relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment theretofore made by it.]

Arch Insurance Company
[ACCIDENTAL DEATH AND DISMEMBERMENT – COMMON CARRIER

Accidental Death and Dismemberment Insurance is afforded to an Insured Person which shall apply only to Injury, as defined in Section III, Definitions, sustained by such Insured Person during the course of coverage. Such Insurance includes such Injury which is sustained during such trip while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from:

- 1) any civilian aircraft having a current and valid Airworthiness Certificate, and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft, or
- 2) any transport type aircraft operated by the Military Airlift Command (MAC) of the United States, or by the similar air transport service of any duly constituted governmental authority of any other recognized country; provided that this Insurance shall not apply while such Insured Person is riding in any civilian or military aircraft other than as expressly described above, unless previously consented to in writing by the Company.

The Company shall pay an indemnity determined from Section II Schedule of Benefits, Accidental Death and Dismemberment, Table of Losses, if an Insured Person sustains a Loss stated therein resulting from Injury, provided that:

- 1) such Loss occurs within [60, 90, 180, 365] days after the date of Accident causing such Loss; and
- 2) the indemnity payable for any such Loss shall be the Principal Sum stated in Section II, Schedule of Benefits, Accidental Death and Dismemberment, Principal Sum, as applicable to such Insured Person and this Insurance; and
- 3) if more than one Loss stated in said Table is sustained as the result of one Accident, only one of the amounts so stated in said Table, the largest, shall be payable.

Exposure

If by reason of an Accident covered by the Policy an Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a Loss for which the Principal Sum is otherwise payable hereunder such Loss will be covered under the terms of this Policy.

Disappearance

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking, or wrecking of a conveyance in which such Insured Person was an occupant, then it shall be deemed, subject to all other terms and provisions of the Policy, that such Insured Person shall have suffered Loss of life within the meaning of the Policy.

Beneficiary Designation and Change

The beneficiary or beneficiaries of an Insured Person shall be that person or those persons designated by the Insured Person and filed with the Company. Any Insured Person who has not made an irrevocable designation of beneficiary may designate a new beneficiary at any time, without the consent of the beneficiary, by filing with the Company a written request for such change but such change shall become effective only upon receipt of such request at the office of the Company. When such request is received by the Company, whether the Insured Person be then living or not, the change of beneficiary shall relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment theretofore made by it.]

Arch Insurance Company
[ACCIDENT MEDICAL EXPENSES]

The Company will pay Covered Expenses due to Accident only, as per the limits stated in Section II, Schedule of Benefits, Accident Medical. Coverage is limited to Covered Expenses incurred subject to Section V, Exclusions. All bodily Injuries sustained in any one Accident shall be considered one Disablement; all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

[Treatment of an Injury must occur within [30, 60, 90, 180, or 365] days of the Accident.]

[Medical expenses incurred for Treatment of injuries sustained as a result of a covered motor vehicle accident are payable up to [\$10,000]].

[Medical expenses incurred for Treatment of sports related accidents are payable up to [\$5,000]].

When a covered Injury is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses of the Deductible and Coinsurance as stated in section II, Schedule of Benefits, Accident Medical. In no event shall the Company's maximum liability exceed the maximum stated in Section II, Schedule of Benefits, Accident Medical, as to Covered Expenses during any one period of individual coverage.

The Deductible and Coinsurance amount consists of Covered Expenses which would otherwise be payable under this Policy. These expenses must be borne by the Insured Person.

Covered Accident Medical Expenses

For the purpose of this section, only such expenses, incurred as the result of a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in Section V, Exclusions, shall be considered as Covered Expenses:

- [1] Charges made by a Hospital for [semi-private] room and board, [to a maximum of [\$800] per day], floor nursing [while confined in a ward or semi-private room of a Hospital] and other [Hospital] services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.]
- [2] Charges made for Intensive Care or Coronary Care charges and nursing services [to a maximum of [\$800] per day]].
- [3] Charges made for diagnosis, Treatment and Surgery by a Physician.]
- [4] Charges made for an operating room.]
- [5] Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.]
- [6] Charges made for the cost and administration of anesthetics.]
- [7] Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, and medical Treatment.]
- [8] Charges for physiotherapy, [to a maximum of [\$500] [per day] for inpatient] [to a maximum of [\$500] [per day] for outpatient] if recommended by a Physician for the Treatment of a specific Disablement [or following hospitalization] and administered by a licensed physiotherapist.]
- [9] Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician.]
- [10] Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only [to a limit of [\$2,500]], within the metropolitan area in which the Insured Person is located at that time the service is used. If the Insured Person is in a rural area, then [qualified] [licensed] ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.]

Accident Medical Benefit Period

Arch Insurance Company

Only those expenses specifically described above which are incurred within the Benefit Period stated in Section II, Schedule of Benefits, Accident Medical, from the onset of an Injury and which are not excluded in Section V, Exclusions, are considered Covered Expenses. Initial Treatment of an Injury must occur within [30, 60, 90, 180, or 365] days of the Accident.

[Accident Medical Incidental Home Country Benefit Period

As an accommodation and supplemental benefit, the Insured Person will be covered under this insurance during incidental return trips to his/her Home Country ("Incidental Trips") up to a cumulative total of fourteen (14) days during the Period of Coverage, provided that:

1. The Insured Person has departed his/her Home Country prior to any Incidental Trip; and
2. The Insured Person has timely paid applicable Premium for at least thirty (30) days of continuous coverage; and
3. The intention or purpose of the Insured Person's return trip to the Home Country is not to receive Treatment for an Illness or Injury incurred or sustained while traveling outside of his/her Home Country; and
4. The Insured Person's return trip to the Home Country does not result in receiving Treatment for an Injury incurred or sustained while traveling outside of his/her Home Country.

Only those expenses specifically described above which are incurred within the Insured Person's Home Country for an Illness which occurred [inside] [or outside] the Insured Person's Home Country as stated in section II, Schedule of Benefits, Sickness Medical, Home Country Benefit, per 12 months of coverage, or pro rata thereof. Covered Expenses described in (1 through 10) above which are incurred in the Insured Person's Home Country are limited to the maximum stated in Section II, Schedule of Benefits, Sickness Medical, Home Country Benefit.]

[Extension of Benefits

Those Covered Expenses that are incurred inside the Insured Person's Home Country related to an Illness or Injury which occurred outside the Insured Person's Home Country and during the period of coverage shall be paid. Covered Expenses described in (1 through 10) above which are incurred in the Insured Person's Home Country are limited to the maximum stated in Section II, Schedule of Benefits, Accident Medical, Extension of Benefits.]

Arch Insurance Company
[SICKNESS MEDICAL EXPENSES]

The Company will pay Covered Expenses, as per the limits stated in Section II, Schedule of Benefits, Sickness Medical. Coverage is limited to Covered Expenses incurred subject to Section V, Exclusions. All bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

[Treatment of an Illness must occur within [30, 60, 90, 180, or 365] days of the onset of the Illness.] [Illness must manifest itself during the Period of Coverage.]

When a covered Illness is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses excess of the Deductible and Coinsurance as stated in Section II, Schedule of Benefits, Sickness Medical. In no event shall the Company's maximum liability exceed the maximum stated in Section II, Schedule of Benefits, Sickness Medical, as to Covered Expenses during any one period of individual coverage.

The Deductible and Coinsurance amount consists of Covered Expenses which would otherwise be payable under this Policy. These expenses must be borne by the Insured Person.

Covered Sickness Medical Expenses

For the purpose of this section, only such expenses, incurred as the result of a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in Section V, Exclusions, shall be considered as Covered Expenses:

- [1]. Charges made by a Hospital for [semi-private] room and board, [to a maximum of [\$800] per day], floor nursing [while confined in a ward or semi-private room of a Hospital] and other [Hospital] services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.]
- [2]. Charges made for Intensive Care or Coronary Care charges and nursing services [to a maximum of [\$800] per day.]
- [3]. Charges made for diagnosis, Treatment and Surgery by a Physician.]
- [4]. Charges made for an operating room.]
- [5]. Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.]
- [6]. Charges made for the cost and administration of anesthetics.]
- [7]. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, and medical Treatment.]
- [8]. Charges for physiotherapy, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist.]
- [9]. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician.]
- [10]. Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only, [to a limit of [\$2,500]] within the metropolitan area in which the Insured Person is located at that time the service is used. If the Insured Person is in a rural area, then [qualified] [licensed] ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.]

Sickness Medical Benefit Period

Only those expenses specifically described above which are incurred within the Benefit Period stated in Section II, Schedule of Benefits, Sickness Medical, from the onset of the Illness and which are not excluded in Section V, Exclusions, are considered Covered Expenses. Initial Treatment of an Illness must occur within [30, 60, 90, 180, or 365] days of the onset of the Illness. [Illness must first manifest itself during the Period of Coverage.]

Arch Insurance Company

[Sickness Medical Incidental Home Country Benefit Period

As an accommodation and supplemental benefit, the Insured Person will be covered under this insurance during incidental return trips to his/her Home Country ("Incidental Trips") up to a cumulative total of fourteen (14) days during the Period of Coverage, provided that:

- 1) The Insured Person has departed his/her Home Country prior to any Incidental Trip; and
- 2) The Insured Person has timely paid applicable Premium for at least thirty (30) days of continuous coverage; and
- 3) The intention or purpose of the Insured Person's return trip to the Home Country is not to receive Treatment for an Illness or Injury incurred or sustained while traveling outside of his/her Home Country; and
- 4) The Insured Person's return trip to the Home Country does not result in receiving Treatment for an Illness or Injury incurred or sustained while traveling outside of his/her Home Country.

Only those expenses specifically described above which are incurred within the Insured Person's Home Country for an Illness which occurred [inside] [or outside] the Insured Person's Home Country as stated in section II, Schedule of Benefits, Sickness Medical, Home Country Benefit, per 12 months of coverage, or pro rata thereof. Covered Expenses described in (1 through 10) above which are incurred in the Insured Person's Home Country are limited to the maximum stated in Section II, Schedule of Benefits, Sickness Medical, Home Country Benefit.]

[Extension of Benefits

Those Covered Expenses that are incurred inside the Insured Person's Home Country related to an Illness or Injury which occurred outside the Insured Person's Home Country and during the period of coverage shall be paid. Covered Expenses described in (1 through 10) above which are incurred in the Insured Person's Home Country are limited to the maximum stated in Section II, Schedule of Benefits, Sickness Medical, Extension of Benefits.]

Arch Insurance Company
[IN-HOSPITAL INDEMNITY

The Company will pay the daily benefit shown in Section II, Schedule of Benefits, In-Hospital Indemnity if the Insured Person is confined to a Hospital as a registered inpatient as the result of an Illness or Injury which first occurs during the Insured Person's Policy Period [and the Illness or Injury is not covered under the Policy per the Exclusions listed in Section V, Exclusions].

Arch Insurance Company

[UNEXPECTED RECURRENCE

When an Injury or Illness of the Insured Person is not covered under the Policy due to any of the following:

[1) the condition caused the Insured Person to seek medical advice, diagnosis, care or Treatment [during the] [0, 30, 60, 90, 180 days] [12, 24, 36, 60 months] [anytime] prior to the Effective Date of coverage under this Policy; 2) medical advice, diagnosis, care or treatment was recommended or received for the condition during the [0, 30, 60, 90, 180 days] [12, 24, 36, 60 months] [anytime] prior to the Effective Date of coverage under this Policy; [Pre-Existing Conditions that were disclosed on the application and accepted by the Company shall be considered covered. Exclusionary Riders may be issued by the Company for certain Pre-Existing Conditions.]

[Pre-Existing conditions, defined as any condition for which a licensed Physician was consulted, or for which treatment or medication was prescribed, or for which manifestations of symptoms would have caused a person to seek medical advice prior to the Effective Date of coverage under the Policy, except as specified below:

- a) If the Insured Person does not receive medical care or services, including prescription drugs or other medical supplies, and is not under the care of a Physician with respect to the Pre-Existing Condition or related condition(s), for a period of [3, 6, 9, 12, 18] consecutive months beginning on or after the first day of coverage, the Pre-Existing condition exclusion will no longer apply and any eligible charges incurred after the treatment free period will be considered for reimbursement; or
- b) If the Injured Person is covered under the Policy for [6, 9, 12, 18] consecutive months, the Pre-Existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement.]

the Company will pay Reasonable and Customary medical expenses excess of the Deductible and Coinsurance as stated in Section II, Schedule of Benefits, Unexpected Recurrence. In no event shall the Company's maximum liability exceed the maximum stated in Section II, Schedule of Benefits Unexpected Recurrence, as to Covered Expenses during any one period of individual coverage.]

Arch Insurance Company
[DENTAL

When covered Dental expenses are incurred by the Insured Person the Company will pay Reasonable and Customary expenses in excess of the Deductible and Coinsurance as stated in Section II, Schedule of Benefits, Dental. In no event shall the Company's maximum liability exceed the maximum stated in Section II, Schedule of Benefits, Dental, as to Covered Expenses during any one period of individual coverage.

For the purpose of this section, only such expenses, incurred as the result of an eligible Dental condition, in which services or Medications are prescribed, performed, or ordered by a Dentist and enumerated below, and which are not excluded in Section V, Exclusions, shall be considered as Covered Expenses. With respect to Accidental Dental, an eligible Dental condition shall mean emergency dental repair or replacement to sound, natural teeth damaged as a result of a covered Accident.]

Arch Insurance Company
[EMERGENCY MEDICAL EVACUATION/REPATRIATION]

The Company will pay, subject to the limitations set out herein, for Covered Emergency Evacuation Expenses reasonably incurred if the Insured suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation while covered under this Policy. Benefits payable are subject to the Maximum Amount per Insured shown on the Schedule for all Emergency Evacuations due to all Injuries from the same Accident or all Emergency Sicknesses from the same or related causes.

A legally licensed Physician, in coordination with the Assistance Company, must order the Emergency Evacuation and must certify that the severity of the Insured's Injury or Emergency Sickness warrants his or her Emergency Evacuation to the closest adequate medical facility. It must be determined that such Emergency Evacuation is required due to the inadequacy of local facilities.

The certification and approval for Emergency Evacuation must be coordinated through the most direct and economical conveyance and route possible, such as air or land ambulance, or commercial airline carrier.

Covered Emergency Evacuation Expenses are those for Medically Necessary Transportation, including Reasonable and Customary medical services and supplies incurred in connection with the Emergency Evacuation of the Insured. Expenses for Transportation must be: (a) recommended by the attending Physician; and (b) required by the standard regulations of the conveyance transporting the Insured. and (c) reviewed and pre-approved by the Assistance Company;

The Company will also pay reasonable and customary charges, up to the maximum escort limit shown on the Policy, for escort expenses required by the Insured, if the Insured is disabled and an escort is recommended in writing, by the Company's attending Physician and must be pre-approved by the Assistance Company.

[ADDITIONAL BENEFITS:]

[If the Insured Person is hospitalized for more than [7 days] following a Covered Emergency Evacuation Expense, the Company will pay subject to the limitations set out herein, for expenses [:]

[[1.]to return to [the United States] [or] [Canada] [where they reside],with an attendant if necessary, any of the Insured Person's Dependent Children who were accompanying the Insured when the Injury or Emergency Sickness occurred; but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person.]

[[2.]to bring one person chosen by the Insured to and from the Hospital or other medical facility where the Insured is confined if the Insured is traveling alone; but not to exceed the cost of one round-trip economy airfare ticket.][:]

[3. to return the Insured from the medical facility to which he or she was evacuated to the Insured's Return Destination via Common Carrier, within [one year] from the Insured's [[date of hospitalization.] Commercial airfare costs will be in the same class of service, as the Insured's original airline tickets, or in business or first class as in compliance to Insured's medical necessities and requirements upon the discharge, less refunds from the Insured's unused transportation tickets.

[In addition to the above covered expenses, if the Company has previously evacuated an Insured Person to a medical facility, the Company will pay his/her airfare costs from that facility to the Insured Person's primary residence, within one year from the Insured Person's original Scheduled Return Date, less refunds from the Insured Person's unused transportation tickets. Airfare costs will be economy, or first class if the Insured's original tickets are first class. This benefit is available only if it is not provided under another coverage in the Policy.]

[Transportation of Spouse [or Domestic Partner]: If the Insured Person is in the Hospital [for more than [seven (7)] days] [or if the attending Physician certifies that due to the Insured Person's Injury or Sickness, the Insured Person will be required to stay in the Hospital for more than [seven (7)] consecutive days,] [or if the Insured Person dies and requires the return of mortal remains,] the Company will return the Insured Person's spouse [or Domestic Partner] to their primary residence.]

[Emergency Evacuation – means the Insured Person's medical condition warrants immediate transportation from the place where the Insured is injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;]

[Emergency Sickness - means an illness or disease, diagnosed by a legally licensed Physician, which meets all of the following criteria: (1) there is a present severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while coverage is in force while the Insured suffers the symptom.]

Arch Insurance Company

[Transportation - means any land, sea or air conveyance required to transport the Insured Person during an Emergency Evacuation. Transportation includes, but is not limited to, Common Carrier, air ambulances, land ambulances and private motor vehicles.]

Arch Insurance Company
[RETURN OF MORTAL REMAINS]

The Company will pay the reasonable Covered Expenses incurred to return the Insured Person's body to [their primary residence] if he/she dies while covered under this Policy. This will not exceed the maximum stated in Section II, Schedule of Benefits, Return of Mortal Remains.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, casket for transport and transportation.]]

All Covered Expenses in connection with a return of mortal remains must be pre-approved and arranged by an Assistance Company representative appointed by the Company.]

Arch Insurance Company
[EMERGENCY MEDICAL REUNION]

When an Insured Person [up to age 24] [is traveling alone][and is hospitalized for more than [7] [days], the Company will arrange and pay for [round-trip economy-class transportation] for [one individual selected by the Insured Person] [a parent, spouse, sibling (over age 21) or legal guardian] [a Family Member], from the [Insured Person's Home Country] to [the location where the Insured Person is hospitalized] [and return to the current Home Country]. [For participants over age 24, benefits are payable if hospitalization lasts more than one week. The benefits payable will include:

[If the Insured Person is eligible for a covered Emergency Medical Evacuation or Repatriation under this Policy and the Assistance Company representative, appointed by the Company, and the attending Physician determines that Medical Emergency Evacuation or Repatriation is necessary and prudent for the Insured Person, the Company will arrange and pay for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized and return to the current Home Country. The benefits payable will include]:

- [1. The cost of a round trip economy air fare up to the maximum stated in Section II Schedule of Benefits, Emergency Medical Reunion];
- [2. Reasonable travel and accommodation expenses incurred in relation to the Emergency Medical Reunion up to the maximum stated in Section II Schedule of Benefits, Emergency Medical Reunion];
- [3. Hotel and meals [to a maximum of \$75 per day] up to the maximum stated in Section II Schedule of Benefits, Emergency Medical Reunion].

[The period of Emergency Medical Reunion is not to exceed [1 to 50] days, including travel.]

All transportation in connection with an Emergency Medical Reunion must be pre-approved and arranged by [the program][an Assistance Company representative appointed by the Company][the Assistance Company].

Arch Insurance Company
[BAGGAGE AND PERSONAL EFFECTS]

The Company will reimburse the Insured Person, up to the amount stated in Section II, Schedule of Benefits, Baggage and Personal Effects, for theft or damage to baggage and personal effects, [checked with a Common Carrier] provided the Insured Person has taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany the Insured Person at all times.

[This coverage is secondary to any coverage provided by a Common Carrier [and all other valid and collectible insurance indemnity and shall apply only when such other benefits are exhausted.]]

[There will be a per article limit of [\$200] [\$250 for cameras]. [There will also be a combined maximum limit of [\$400] for the following: jewelry; watches and cameras including related equipment; personal computers; articles consisting in whole or in part of silver, gold, or platinum; furs and articles trimmed with or made mostly of fur.]]

The Company will pay the lesser of the following:

1. The actual cash value (cost less proper deduction for depreciation at the time of loss, theft or damage;
2. The cost to repair or replace the article with material of a like kind and quality; or
3. [\$200] per article.

[A maximum of [\$50] will be paid for the cost of replacing a passport or visa.]

[A maximum of [\$50] will be paid for the cost associated with the unauthorized use of lost or stolen credit cards, subject to verification that the Insured Person has complied with all conditions of the credit card company.]

Arch Insurance Company
[BAGGAGE DELAY (Outward Journey Only)]

[If an Insured Person's checked baggage is delayed or misdirected by a Common Carrier for more than [24 hours] from the Insured Person's time of arrival at a destination other than their Home Country, benefits will be paid, up to the amount stated in Section II, Schedule of Benefits, Baggage Delay, for the actual expenditure for necessary personal effects. An Insured Person must be a ticketed passenger on a Common Carrier. The Common Carrier must certify the delay or misdirection. Receipts for the purchases must accompany any claim.]

Benefits will not be paid for any expenses which have been reimbursed or for any services which have been provided by the Common Carrier, hotel or travel supplier; nor will benefits be paid for loss or damage to property specifically scheduled under any other insurance.]

Arch Insurance Company
[TRIP DELAY

The Company will reimburse the Insured Person for Covered Expenses on a one-time basis, up to the maximum shown in the Schedule, if the Insured Person is delayed en route to or from the trip for [twenty-four (24)] or more hours due to the following reasons:

- [a] Any delay of a Common Carrier (including inclement weather).]
- [b] Any delay by a traffic accident en route to a departure, in which the Insured Person is directly or not directly involved.]
- [c] Any delay due to lost or stolen passports, travel documents or money, quarantine, hijacking, unannounced strike, natural disaster, [civil commotion or riot.]

Covered Expenses Include: [Meals and lodging [limited to [\$200] per day]] [Any reasonable additional travel expenses incurred;]

Arch Insurance Company
TRIP CANCELLATION

Trip Cancellation coverage provides benefits up to the maximum stated in Section II, Schedule of Benefits, Trip Cancellation, Trip Cancellation Limit, for Loss(es) the Insured Person incurs for [trips] [programs] if cancelled prior to departure. Coverage is provided for losses (after the Effective Date) the Insured Person incurs due to the cancellation of the Insured Person's trip if caused by:

- [(a) Sickness, Accidental Injury or death of the Insured Person, [Traveling Companion], [or] [Family Member] [or Business Partner;] which results in medically imposed restrictions as certified by a Physician at the time of loss preventing your continued participation in the Trip. [A Physician must advise cancellation of the Trip on or before the Scheduled Departure Date]. [(1) The Insured Person's or the Traveling Companion's Sickness or Injury. The severity or acuteness of the condition must be so disabling as to reasonably cause the Trip to be cancelled and a Physician has recommended that due to the severity of the condition it is Medically Necessary that the Insured Person or the Traveling Companion cancels the trip. The Insured Person or the Traveling Companion must be under the direct care and attendance of a Physician.] [(2) The Insured Person or the Traveling Companion's death.] [(3) The Insured Person or the Traveling Companion's spouse or child's Sickness or Injury. The severity or acuteness of his or her condition or the circumstances surrounding that condition is/are such that an ordinarily prudent person must cancel the Trip.] [(4) Death of the Insured Person or the Traveling Companion's legal spouse; child; son-in-law; daughter-in-law; sibling; parent; parent-in-law; or grandparents.] For all of the above situations, the incident that causes cancellation must occur within [30] days of the scheduled travel dates.]]
 - [(b) The Insured Person [and/or] [Traveling Companion] being hijacked, quarantined [in the location where the Insured Person is intending to travel][at the Insured Person's or Traveling Companion's home], [required to serve on a jury], [subpoenaed],[required to appear as a witness in a legal action, provided the Insured Person [a Traveling Companion] is not a [party to the legal action][or][appearing as a law enforcement officer] [the victim of felonious assault within [10] days of departure]; [or having his/her principal place of residence made uninhabitable by fire, flood or other natural disaster;]; [or burglary of his/her principal place of residence within [10] days of departure.]
 - [(c) The Insured Person or Traveling Companion being [directly involved in] [indirectly involved in] [or] [delayed due to] a traffic accident substantiated by a police report, while en route to departure].
 - [(d) A transfer of the Insured Person by the employer with whom the Insured Person is employed on their Effective Date which requires his/her principal residence to be relocated;]
 - [(e) The death or hospitalization of the Insured Person's Host at Destination;]
 - [(f) If within [45] days] of the departure of an Insured Person, a politically motivated Terrorist Attack occurs within [a [50] mile] radius of] the territorial limits of the City listed on the Insured Person's itinerary. The Terrorist Attack must occur after the Effective Date of the Insured Person's Trip Cancellation coverage.][This coverage only applies if the protection plan was purchased within [15] calendar days of initial Trip payment.]
 - [(f) If within [45] days] of the departure of an Insured Person, a politically motivated Terrorist Attack occurs within a [50] mile] radius of the territorial city limits of the [foreign] city to be visited by the program for which the Insured Person has registered [and if the United States government issues a travel advisory indicating that Americans should not travel to a city named on the itinerary;]
 - [(g) The Insured Person's Traveling Companion or Family Member, who are military personnel, and are called to emergency duty for a natural disaster other than war] [Military duty (if within [30] days of departure, the Insured Person has his/her leave revoked or the Insured Person is reassigned.)) [(g) the Insured Person or Traveling Companion being called into active military service by having his/her leave revoked. Coverage does not apply if leave is revoked within [7] days of departure] [The Insured Person or a Traveling Companion, who are on active military duty in the United States Armed Forces: has their personal leave revoked within 10 days prior to the departure date (as long as such revocation is in writing by a superior officer and is not due to war-related situations, invocation of the War Powers Act, base or unit mobilization, unit reassignment for any reason, or disciplinary action); or are personally reassigned within 10 days prior to the departure date, whether temporary or permanent.]]
 - [[[(h) Strike, resulting in the complete cessation of travel services [at the point of departure and/or destination.] A Strike is foreseeable on the date labor union members vote to approve a Strike.]
 - [(h) Strike that causes complete cessation of services for at least [48] consecutive hours.]
- i) Weather [at the departure site] which causes complete cessation of services [of the Common Carrier] [for at least [48] consecutive hours] [and prevents the Insured Person from reaching their destination].]
- [(j) Bankruptcy and/or Default of the Insured Person's Travel Supplier which occurs more than [14] days] following the Insured Person's Effective Date. [Coverage is not provided for the Bankruptcy or Default of the travel agent or Travel Supplier that solicited this protection plan and from whom the Insured Person purchased their Land/Sea Arrangements] [The Insured Person's Scheduled Departure Date must be no more than [15] months beyond the Insured Person's Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow the Insured Person to transfer to another airline in order to get to the Insured Person's intended destination.] [This coverage only applies if the protection plan was purchased within [15] calendar days of initial Trip payment.]
- [(k) An Insured Person is terminated, or laid off from employment subject to [five] years of continuous employment at the place of employment where terminated.]

Arch Insurance Company

- [l] Natural Disaster or documented man-made disaster at the site of the Insured Person's destination which renders their destination accommodations uninhabitable [limited to the cost of the airfare of the Insured Person's Covered Trip.]
- [m. A cancellation of the Insured Person's Covered Trip if the Insured Person's arrival on the Trip is delayed and causes the Insured Person to lose [50%] or more of the scheduled Covered Trip duration due to the reasons covered under the Trip Delay Benefit;]
- [n. [Adverse weather] [or] [natural disasters] [or] [Terrorist Attacks] resulting in the complete cessation of travel services.]
- [o. Adverse weather or natural disaster resulting in the obstruction of public roadways, or curtailment of public transportation, which prevents the Insured Person's ability to arrive at their Land/Sea Arrangements.]
- [p. Mandatory evacuation ordered by local authorities at the Insured Person's final destination due to hurricane or other natural disaster. The Insured Person must have [four (4) days or [50%] of their total Covered Trip length or less remaining on the Covered Trip, at the time the mandatory evacuation ends, in order to cancel the Covered Trip.] [The Company will not pay any benefits for property that is accessible or habitable for [more than [48 hours] [50% of the Insured Person's trip length]] [any time during the evacuation period.] [The Company will not pay any benefits if the Insured Person has more than [48 hours] remaining of their Trip at the time the evacuation is lifted. [This benefit only applies if purchased within [7 days] [24 hours] of the initial trip payment.] [This benefit is subject to a [\$100] deductible.] [The maximum limit of coverage payable will be the lesser of [\$1,000 per person or 50% of the Insured Person's trip cost.]
- [(q) Hurricane warning causing cancellation of travel. Claims are not payable if a hurricane is foreseeable prior to an Insured Person's effective date. A hurricane is foreseeable on the date it becomes a named storm. The Company will not pay any benefits [14] calendar days after the incident occurs. [In order to cancel or interrupt the Insured Person's trip, he/she must have [4] days or [50%] of his/her total Trip length remaining or less.] [This benefits only applies if purchased within [7] [days] [24 hours] of the initial trip payment]. [This benefit is subject to a [\$100] deductible.] [The Maximum Limit of coverage payable will be the lesser of [\$1000 per person or 50% of the Insured Person's trip cost.]
- [(r) Named hurricane causing cancellation of travel to the Insured Person's destination that is uninhabitable for the greater of: (1) 4 days or (2) 50% of the Insured Person's trip length. The Company will only pay benefits for losses occurring within 14 calendar days after the named hurricane makes the Insured Person's destination accommodations uninhabitable. An Insured Person's destination is uninhabitable if: (i) the building structure itself is unstable and there is a risk of collapse in whole or in part; (ii) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail or flood; (iii) immediate safety hazards have yet to be cleared, such as debris on roofs or downed electrical lines; or (iv) the rental property is without electricity or water. Benefits are not payable if a hurricane is named on or before the effective date of the Insured Person's Trip Cancellation coverage or less than 14 days after the effective date of the Insured Person's Trip Cancellation coverage. [This coverage applies only if insurance was purchased within [15] calendar days of initial Trip payment.]
- [(s) a documented theft of passports or visas]

The Company will reimburse the Insured Person for the following:

- [a] non-refundable cancellation charges imposed by the Participating Organization [and/or][Travel Suppliers]
- [b] airfare cancellation charges for flights [arranged by the Participating Organization in connection with the Insured Person's Trip] commencing within [one day] of the Land/Sea Arrangements.]
- [c] additional cost incurred if the skipper cancels his/her Trip for a covered reason and the Insured Person elects to replace him/her with a skipper.]
- [d] tuition expenses not refunded by the Participating Organization.]
- [e] If the Insured Person's Travel Supplier cancels the Insured Person's Covered Trip, the Insured Person is covered up to [\$75.00] for the reissue fee charged by the airline for the tickets. The Insured Person must have covered the entire cost of the Covered Trip including the airfare.]
- [f. The amount of [forfeited,] [and] [prepaid,] [and] [non-refundable,] and [non-refunded,] [and] [unused] [published] payments or deposits that you paid for the Covered Trip [including the cost of this travel protection plan] [or change fees incurred in place of full penalties] [not including travel agency penalties.]
- [g Travel agency fees [limited to \$100]]

[In no event shall the amount reimbursed exceed the lesser of [the amount the Insured Person prepaid for the Covered Trip] [or] [the maximum benefit shown on the Schedule of Coverages]].

[Coverage does not include default of a Participating Organization or other organization that results in loss of services.]

SPECIAL CONDITIONS: The Insured Person must advise the Participating Organization and the Company as soon as possible in the event of a claim. The Company will not pay benefits for any additional charges incurred that would not have been charged had the Insured Person notified the Participating Organization as soon as reasonable possible.

Arch Insurance Company

[SINGLE OCCUPANCY COVERAGE

The Company will reimburse the Insured Person, up to the maximum shown on the Schedule, for the additional cost incurred during the Covered Trip as a result of a change in the per person occupancy rate for prepaid travel arrangements if a person booked to share accommodations with the Insured Person has his/her Trip delayed, canceled, or interrupted for a covered reason and the Insured Person does not cancel.]]

[EXCESS INSURANCE LIMITATION

The insurance provided by this Policy shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any Loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of Loss, over the amount of such other insurance or indemnity, and applicable deductible.]]

Arch Insurance Company
[TRIP INTERRUPTION

Trip Interruption coverage provides benefits up to the maximum stated in Section II, Schedule of Benefits, Trip Interruption, Trip Interruption Limit, for Loss(es) the Insured Person incurs for [trips] [programs] if interrupted after departure. Coverage is provided for losses (after the Effective Date) the Insured Person incurs due to the interruption of the Insured Person's trip if caused by:

- [1. Death of a [Family Member] [parent], [spouse], [sibling], [child] [only;]
- [2. Serious damage to the Insured Person's principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.)]

Coverage is provided for the cost of a one-way air or ground transportation ticket of the same class as the unused travel ticket to return an Insured Person from the International airport nearest to where the Insured Person was located at the time of learning of such death or destruction to the International airport nearest to: (i) the location of the funeral or place of burial in the case of the Unexpected death of a Relative, or (ii) the Insured Person's principal residence in the case of substantial destruction thereof; subject to the following conditions and limitations:

1. The Insured Person must be outside of his/her Home Country at the time of the Unexpected death of the Relative or the substantial destruction of the principal residence; and
2. The Unexpected death of the Relative or the substantial destruction of the residence must have occurred during the Period of Coverage; and
3. The Company will deduct from the Trip Interruption benefits payable hereunder the value, if any, of the unused return ticket held by the Insured Person at the time of the death or destruction, which value the Insured Person must attempt to receive credit for or apply towards the costs of the return trip.

The Company will not provide any benefits, reimbursements or coverages for any of the costs or expenses incurred by the Insured Person for a re-return trip, if any, to the original location of the Insured Person at the time of learning of such death or destruction.

Supporting Document Schedules

Satisfied -Name: EXPLANATORY MEMO **Review Status:**
Filed 06-28-2007
Comments:
Attachment:
Explanatory Memorandum 062007.pdf

Satisfied -Name: AUTHORIZATION TO FILE **Review Status:**
Filed 06-28-2007
Comments:
Attachment:
authorization to file.pdf

Actuarial Explanatory Memorandum
Arch Insurance Company
International Traveler Protection Program
Form 05 TIM0001 00 05 07

Rates for this program were derived in the following manner:

1. Loss Costs were developed (see item 1 below).
2. A target Underwriting Profit was developed (see item 2 below).
3. An Expense provision was developed (see item 3 below).
4. A Loss Cost multiplier was developed. This is equal to $1/(1-\text{target Underwriting Profit}-\text{Expense Allowance})$.
5. The Premiums are equal to the Loss Costs multiplied by the Loss Cost multiplier.
6. Premiums for different coverages may be combined into packages as described in the Rate Manual.

1. Loss Costs

Loss Costs for this program were developed in one of three ways:

- Loss Costs were developed from available data on the same program previously written with another insurance company. We feel this program written in this Company will develop very similar experience.
- Loss Costs for each coverage, or new programs consisting of combinations of coverages are derived from the Loss Costs shown in Rule 4. The Loss Costs in Rule 4 are derived from loss experience under existing programs.
- Loss Costs for programs in Rule 3 or new programs constructed under Rule 4 may be modified using the Experience Modification Formula (EMF) discussed below.

The final method of deriving Loss Costs involves the Experience Modification Formula (EMF). The (EMF) may be used to modify premium rates for existing programs. The EMF does not impact the rate of existing insureds.

The EMF may be used to modify rates for customers of travel companies. In this way, the premium appropriately reflects the risk of each travel company. Risks may vary from one Travel Company to another because of differences in mode of travel, destinations, activities, etc.

The credibility formula used with the EMF was derived from a hierarchical or linear model. This model is common and is more fully described in Transactions, Society of Actuaries, Volume XV, 1988, page 391. In particular, formula (3.1) was used.

2. Target Operating Ratio

The calculations used in deriving the target operating ratio and underwriting profit are shown in the attached Exhibits 1 – 3c.

Actuarial Explanatory Memorandum
Arch Insurance Company
International Traveler Protection Program
Form 05 TIM0001 00 05 07

3. Expense Provision

Table A summarizes the Company's actual Expense experience expressed as a percentage of Earned Premium. The data is taken from the Annual Statement for years 2004-2006 and is for Inland Marine, Direct business.

The Table also shows the average for the three years. The final column shows the expense provision selected for this program. The selected provision is equal to the recent historical experience for all categories except Commissions. The selected Commission assumption is based on a review of commission agreements in place for agents with this program.

Table A - Expense Assumptions					
Category	...Actual Company Experience...				Selected
	2004	2005	2006	Average	
LAE	5.7%	2.6%	4.1%	4.13%	4.13%
Taxes, Licenses, Fees, Assessments	3.1%	3.6%	2.6%	3.10%	3.10%
OUE	4.3%	4.4%	3.7%	4.13%	4.13%
Commissions	26.4%	22.0%	25.8%	24.73%	37.96%
Other Acquisition Expenses	6.6%	7.4%	7.4%	7.13%	7.13%
Total Expenses					56.45%

4. Loss Cost Multiplier

Loss Costs are 35.91% of Earned Premium. Exhibit 2, line 6 provides the adjustment of .9747 to account for Investment Income on Loss Reserves. Therefore, adjusted Loss Costs are 35.91%*.9747=35.00%, and the LCM is: 1/.3500 = 2.8571.

5. + 6. Premiums

Rules for calculating Rates are shown in the Rules and Rate Manual.

Actuarial Explanatory Memorandum
Arch Insurance Company
International Traveler Protection Program
Form 05 TIM0001 00 05 07

Return on Equity Worksheet

Company	ARCH Insurance Company		
Program	International Traveler Protection Program		

Target after-tax rate of return on equity 11.16%

Statutory Surplus GAAP Surplus other

Support for target rate of return

returns of property-casualty industry as a whole

returns of insurers writing coverages of similar risk

returns of other industries of similar risks

return needed to attract investors (stock companies only)

return needed to maintain adequate surplus (mutual, reciprocal companies only)

Equity is allocated to

Premiums Reserves Leverage Ratios

Other Not Allocated

all-lines target operating ratio is 9.67%

Budgeted underwriting profit 8.66% of direct premium. If profit margin varies by subline, please list sublines and margins below:

Subline	%	Subline	%

Liability filings only. Do the company's increased limits factors for this coverage include risk loads?
 Yes No

If "Yes"; the average additional revenue over all policy limits due to risk load is _____ of direct premium

Where in the filing are the following elements shown? (If there are approved reference documents, some of these may not need to appear in the filing.)

	Exhibit	Ref. Doc.
Support for Target Rate of Return	<u>3c</u>	_____
Allocation of Equity	<u>N/A</u>	_____
Calculation of target operating ratio (if using WAC 284-24-065(7))	<u>3 & 2</u>	_____
Consideration of Investment Income on Reserves	<u>2</u>	_____
Consideration of Investment Income on Surplus	<u>3b</u>	_____
Consideration of Federal Income Taxes	<u>3a</u>	_____
Consideration of Risk Loads (if Required)	_____	_____
Calculation of provision for Underwriting Profit	<u>3 & 2</u>	_____
Explanation of any material differences between indicated and selected rate change	_____	_____

Actuarial Explanatory Memorandum
Arch Insurance Company
International Traveler Protection Program
Form 05 TIM0001 00 05 07

Arch Insurance Company
Exhibit 2
Consideration of Investment Income on Reserves

(1) Discount factor used: 5.17%

(2) Quarter	(3) % Total Losses Paid in Quarter	(4) Discount Factor	(5) Discounted Value
1	34.47%	1.0127	34.04%
2	46.23%	1.0255	45.08%
3	11.67%	1.0385	11.24%
4	3.22%	1.0517	3.06%
5	1.98%	1.0650	1.86%
6	0.96%	1.0785	0.89%
7	0.41%	1.0922	0.38%
8	0.29%	1.1061	0.26%
9	0.17%	1.1201	0.15%
10	0.25%	1.1343	0.22%
11	0.08%	1.1487	0.07%
12	0.11%	1.1633	0.09%
13	0.17%	1.1780	0.15%
14	0.00%	1.1929	0.00%
15	0.01%	1.2081	0.01%
16	0.00%	1.2234	0.00%
	100.00%		
(6)	Total discounted losses (sum column (5))		97.47%
(7)	Expected Loss and Loss Adjustment Ratio		40.04%
(8)	PV of Payments [(6)*(7)]		39.03%
(9)	Expenses and Profit [1-(7)]		59.96%
(10)	PV of Outgo [(8)+(9)]		98.99%
(11)	Pre-Tax Investment Income Provision [1-(10)]		1.01%

Actuarial Explanatory Memorandum
Arch Insurance Company
International Traveler Protection Program
Form 05 TIM0001 00 05 07

Arch Insurance Company
Exhibit 3 - Return on Equity Worksheet Summary

Assumptions

A	Target rate of return on equity	11.16%
B	Premium to Statutory Surplus Ratio	119.00%
C	Federal Income Tax Rate on Underwriting Income	34.00%
D	Federal Income Tax Rate on Investment Income	31.65%
E	Investment Income rate on Statutory Surplus (pre-tax)	5.17%
F	Investment Income on Unearned Premium and Loss Reserves	1.01%
Support of Underwriting Profit Provision		
(1)	Target rate of return on premium = A/B	9.38%
(2)	Investment income on equity as % premium = [E/B]*(1-D)	2.97%
(3)	Operating return as % premium = (1)-(2)	6.41%
(4)	Investment Income on Unearned Premium and Loss Reserves (after-tax) = (F)*(1-D)	0.69%
(5)	Underwriting profit (after-tax) = (3)-(4)	5.72%
(6)	Underwriting profit (pre-tax) = (5)/[1-C]	8.66%
(7)	Operating profit (pre-tax) = (F)+(6)	9.67%

Actuarial Explanatory Memorandum
Arch Insurance Company
International Traveler Protection Program
Form 05 TIM0001 00 05 07

Exhibit 3a
Arch Insurance Company
Premium to Statutory Surplus Ratio

Year	Earned Premium	Statutory Surplus	Prem. / Surplus
2002	380,683	291,950	130%
2003	417,136	354,140	118%
2004	436,567	402,264	109%
Average (Selected Provision)			119%

Notes:

Numbers in \$millions

Source: Best's Aggregated and Averages, 2005

Edition

Actuarial Explanatory Memorandum
Arch Insurance Company
International Traveler Protection Program
Form 05 TIM0001 00 05 07

Exhibit 3b
Arch Insurance Company
Calculation of Average Return on Invested Assets

Year	Net Investment Income (*)
2002	5.3%
2003	5.2%
2004	5.0%
Average Rate of Return	5.17%

Notes:

*Includes realized capital gains and losses

Source: Best's Aggregates and Averages, 2005 Edition

Actuarial Explanatory Memorandum
Arch Insurance Company
International Traveler Protection Program
Form 05 TIM0001 00 05 07

Exhibit 3c
Arch Insurance Company
Property / Casualty Industry
Total Return on Statutory Surplus

Year	(1) After-Tax Net Income	(2) Statutory Surplus	(3) ROE
1994	8,653	184,497	
1995	40,421	206,902	20.65%
1996	37,768	240,288	16.89%
1997	65,803	281,997	25.20%
1998	41,098	321,467	13.62%
1999	23,958	337,988	7.27%
2000	21,384	324,631	6.45%
2001	(5,994)	297,116	-1.93%
2002	9,185	291,150	3.12%
2003	30,907	354,140	9.58%
2004	40,530	402,264	10.72%
Average			11.16%

ROE method:

Determine After-tax Net Income

Determine average of year-end surplus and previous year-end surplus

Divide

Source of

Data:

Best's Aggregates & Averages, 2005 Edition

ARCH INSURANCE COMPANY

Date: May 1, 2007
To: State Insurance Departments
From: Arch Insurance Company
Subject: Filing Authority for Coulter & Associates, Inc.

I, Joseph Labell, an officer of Arch Insurance Company certify that Arch has authorized Coulter and Associates, Inc., acting as our Contracts Consultant and Consulting Actuary, to file products with your Department on our behalf.

Signature: _____

A handwritten signature in black ink, appearing to be 'J. Labell', is written over a horizontal line. The signature is cursive and somewhat stylized.

SERFF Tracking Number: CLTR-125320900 *State:* Arkansas
Filing Company: Arch Insurance Company *State Tracking Number:* AR-PC-07-026403
Company Tracking Number: TIM2007 R
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0009 Travel Coverage
Product Name: arch inbound-outbound travel
Project Name/Number: arch inbound-outbound travel/TIM2007 R

Note To Filer

Created By:

Llyweyia Rawlins on 10/17/2007 11:35 AM

Subject:

Rate Filing

Comments:

Hello Linda

First I want to apologize for any inconvenience this has caused. When the filing was sent over as Inland Marine (09.0) it was assigned to me. After looking at your previous filing for AR-PC-07-025203 which was filed as Liability (17.0) for Travel Inbound/outbound I did notice the mistake that was made. I will reopen this filing. Can you correct the TOI to 17.0 for Liability and I will give this filing to the analyst that handles Liability rates for review.

Thanks for all your help.

Llyweyia Rawlins

SERFF Tracking Number: CLTR-125320900 *State:* Arkansas
Filing Company: Arch Insurance Company *State Tracking Number:* AR-PC-07-026403
Company Tracking Number: TIM2007 R
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0009 Travel Coverage
Product Name: arch inbound-outbound travel
Project Name/Number: arch inbound-outbound travel/TIM2007 R

Note To Reviewer

Created By:

Linda Ryan-James on 10/16/2007 01:08 PM

Subject:

Exempt from review

Comments:

This is a personal lines inland marine program. The rates for this personal lines program were originally placed on file in Arkansas under file number AR-PC-07-025203. Please advise.

Thank you,

Linda Ryan-James

SERFF Tracking Number: CLTR-125320900

State: Arkansas

Filing Company: Arch Insurance Company

State Tracking Number: AR-PC-07-026403

Company Tracking Number: TIM2007 R

TOI: 09.0 Inland Marine

Sub-TOI: 09.0009 Travel Coverage

Product Name: arch inbound-outbound travel

Project Name/Number: arch inbound-outbound travel/TIM2007 R

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CLTR-125320900</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Arch Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026403</i>
<i>Company Tracking Number:</i>	<i>TIM2007 R</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0009 Travel Coverage</i>
<i>Product Name:</i>	<i>arch inbound-outbound travel</i>		
<i>Project Name/Number:</i>	<i>arch inbound-outbound travel/TIM2007 R</i>		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	RATES	PAGE 1 TO PAGE 65	New	Rate Manual - InOut Version 101 (TIM 2007)(2).pdf

RULES AND RATE MANUAL
FOR
International Traveler Protection Program

Arch Insurance Company

Version 101
060507

Section 1 - Applicability

The rates shall apply to the International Travel Protection Program

Arch Insurance Company

Section 2 – This section provides the rates for existing programs

Existing Rates	Program A
Plan I	\$4.00/day and a \$25.00 deductible per illness or injury *\$5.75/day (ages 71-80) or \$8.00/day (ages 81-85)
Plan II	\$200/year and a \$25.00 deductible per illness or injury *\$250/year (ages 71-80) *Not available for travelers ages 81-85

Existing Rates	Program B			
<i>\$250 Deductible</i>	<i>US Citizens-Daily Rates</i>			
Age	\$50,000	\$100,000	\$250,000	\$500,000
Child Alone (0-17)	1.22	1.35	1.42	1.55
18 to 29	1.22	1.42	1.57	1.62
30 to 39	1.42	1.62	1.93	2.15
40 to 49	2.22	2.50	2.65	2.75
50 to 59	3.57	4.12	4.35	4.58
60 to 64	4.12	4.85	5.25	5.73
65 to 69	4.85	5.18	5.50	5.93
70 to 79	7.07	N/A	N/A	N/A
80 plus	14.13	N/A	N/A	N/A
Accompanied Child (0-17)	0.68	0.88	0.95	1.02
<i>\$250 Deductible</i>	<i>Non-US Citizens-Daily Rates</i>			
Age	\$50,000	\$100,000	\$250,000	\$500,000
Child Alone (0-17)	1.55	1.82	2.07	2.30
18 to 29	1.72	2.02	2.27	2.55
30 to 39	2.22	2.63	3.03	3.33
40 to 49	3.27	3.70	4.27	4.88
50 to 59	4.52	5.48	6.05	6.57
60 to 64	5.38	6.70	7.52	8.38
65 to 69	7.17	8.53	10.13	10.63
70 to 79	9.10	N/A	N/A	N/A
80 plus	15.17	N/A	N/A	N/A
Accompanied Child (0-17)	0.93	1.08	1.23	1.42

Existing Rates	Program C
I. Per Trip Enrollment	\$3.50 per day per person *\$5.25 for ages 71-80 *7 days minimum, 90 days maximum per trip
II A. Annual Frequent Traveler	\$225.00 per person *\$280 for ages 71-80 *No one trip can be more than 90 consecutive days
II B. Annual Expatriate	\$350 per person *\$425 for ages 71-80 *For travel greater than 90 consecutive days or greater than 180 days in a 12 month period

Arch Insurance Company

Existing Rates	Program D
	U.S. Citizens Traveling Abroad
One months:	\$65.00
Four months:	\$120.00
Six months:	\$160.00
Nine months:	\$195.00
Annual:	\$225.00
	Visitors to the U.S.
Six months:	\$48.00
Annual:	\$60.00

Arch Insurance Company

Existing Rates		Program E			
Medical Protector U.S. - Daily Per Person Rates					
Age Band	\$50,000 Max	\$100,000 Max	\$500,000 Max	\$1,000,000 Max	
Child Alone	\$1.20	\$1.33	\$1.53	\$1.67	
18 to 29	\$1.20	\$1.40	\$1.60	\$1.80	
30 to 39	\$1.40	\$1.60	\$2.13	\$2.33	
40 to 49	\$2.20	\$2.47	\$2.73	\$3.00	
50 to 59	\$3.53	\$4.07	\$4.53	\$5.07	
60 to 64	\$4.07	\$4.80	\$5.67	\$6.67	
65 to 69	\$4.80	\$5.13	\$5.87	\$7.00	
70 to 79	\$7.00	n/a	n/a	n/a	
80 Plus	\$14.00	n/a	n/a	n/a	
Dep. Child	\$0.67	\$0.87	\$1.00	\$1.07	
Medical Protector Non U.S. - Daily Per Person Rates					
Age Band	\$50,000 Max	\$100,000 Max	\$500,000 Max	\$1,000,000 Max	
Child Alone	\$1.47	\$1.73	\$2.20	\$2.47	
18 to 29	\$1.60	\$1.87	\$2.40	\$2.80	
30 to 39	\$2.07	\$2.47	\$3.13	\$3.60	
40 to 49	\$3.13	\$3.53	\$4.67	\$5.27	
50 to 59	\$4.47	\$5.47	\$6.60	\$7.60	
60 to 64	\$5.27	\$6.47	\$7.67	\$9.20	
65 to 69	\$6.00	\$7.73	\$8.40	\$10.00	
70 to 79	\$8.13	n/a	n/a	n/a	
80 Plus	\$14.13	n/a	n/a	n/a	
Dep. Child	\$0.93	\$1.07	\$1.33	\$1.47	
Medical Protector U.S. - Monthly Per Person Rates					
Age Band	\$50,000 Max	\$100,000 Max	\$500,000 Max	\$1,000,000 Max	
Child Alone	\$36	\$40	\$46	\$50	
18 to 29	\$36	\$42	\$48	\$54	
30 to 39	\$42	\$48	\$64	\$70	
40 to 49	\$66	\$74	\$82	\$90	
50 to 59	\$106	\$122	\$136	\$152	
60 to 64	\$122	\$144	\$170	\$200	
65 to 69	\$144	\$154	\$176	\$210	
70 to 79	\$210	n/a	n/a	n/a	
80 Plus	\$420*	n/a	n/a	n/a	
Dep. Child	\$20	\$26	\$30	\$32	
Medical Protector Non U.S. - Monthly Per Person Rates					
Age Band	\$50,000 Max	\$100,000 Max	\$500,000 Max	\$1,000,000 Max	
Child Alone	\$44	\$52	\$66	\$74	
18 to 29	\$48	\$56	\$72	\$84	
30 to 39	\$62	\$74	\$94	\$108	
40 to 49	\$94	\$106	\$140	\$158	
50 to 59	\$134	\$164	\$198	\$228	
60 to 64	\$158	\$194	\$230	\$276	
65 to 69	\$180	\$232	\$252	\$300	
70 to 79	\$244	n/a	n/a	n/a	
80 Plus	\$424*	n/a	n/a	n/a	
Dep. Child	\$28	\$32	\$40	\$44	

Arch Insurance Company

Section 3 – Description of Programs

Program B

Accident and Sickness Medical Policy Maximums	\$50,000/\$100,000 \$250,000/\$500,000 Age 70-79 - \$50,000 Age 80+ - \$10,000
Deductible – Per Policy	\$100/\$250
Coinsurance: Class I Class II	0% 20% to \$5,000, then 0% to Policy Maximum
Benefit Period	Covered Expenses incurred during the Period of Coverage
Hospital Pre-Certification Penalty	60% - Only 60% will be paid if not certified
Dental (emergency)	\$200 per tooth to a maximum of \$1,000
Emergency Medical Evacuation	\$100,000
Repatriation of Mortal Remains	\$20,000
Emergency Reunion	\$10,000
Return of Minor Children	\$5,000
In-Hospital Indemnity: Class I	\$100 a day, up to a maximum of 30 days
Unexpected Recurrence: Class I	\$1,000, benefit period 30 days
Trip Interruption	up to \$5,000
Loss of Baggage	\$250
Accidental Death & Dismemberment	\$25,000
Home Country Coverage	
Incidental Trips to Your Home Country	60 days per 12 months of coverage up to \$25,000
Extension of Benefits	30 days per 12 months of coverage up to \$5,000
Optional Hazardous Sports Rider Assistance	Available up to Plan Maximum (add 20% to rate) 24 hours – Worldwide

Arch Insurance Company

Program A

Up to total Max of \$100,00 for all included Coverages

Accident and Sickness Medical Policy Maximums	Included
Deductible – Per Policy	\$25
Coinsurance: Class I Class II	None
Benefit Period	Covered Expenses incurred during the Period of Coverage
Hospital Pre-Certification Penalty	None
Dental (emergency)	Included
Emergency Medical Evacuation	Included
Repatriation of Mortal Remains	Included
Emergency Reunion	Included
Return of Minor Children	Included
In-Hospital Indemnity: Class I	Not Included
Unexpected Recurrence: Class I	Not Included
Trip Interruption	Not Included
Loss of Baggage	Not Included
Accidental Death & Dismemberment	Not Included
Home Country Coverage	
Incidental Trips to Your Home Country	Not Included
Extension of Benefits	Not Included
Optional Hazardous Sports Rider	Optional (add 20% to rate)
Assistance	Included

Arch Insurance Company

Program C

Accident and Sickness Medical Policy Maximums	None
Deductible – Per Policy	None
Coinsurance: Class I Class II	None
Benefit Period	Policy Maximum Covered Expenses incurred during the Period of Coverage
Hospital Pre-Certification Penalty	Not Included
Dental (emergency)	Not Included
Emergency Medical Evacuation	Included
Repatriation of Mortal Remains	Included
Emergency Reunion	Included
Return of Minor Children	Not Included
In-Hospital Indemnity: Class I	Not Included
Unexpected Recurrence: Class I	Not Included
Trip Interruption	Not Included
Loss of Baggage	Not Included
Accidental Death & Dismemberment	Not Included
Home Country Coverage	
Incidental Trips to Your Home Country	Not Included
Extension of Benefits	Not Included
Optional Hazardous Sports Rider	Not Included
Assistance	24 hours – Worldwide

Arch Insurance Company

Program D

Accident and Sickness Medical Policy Maximums	None
Deductible – Per Policy	None
Coinsurance: Class I Class II	None
Benefit Period	Policy Maximum Covered Expenses incurred during the Period of Coverage
Hospital Pre-Certification Penalty	Not Included
Dental (emergency)	Not Included
Emergency Medical Evacuation	Included
Medical Transportation	Included
Repatriation of Mortal Remains	Included
Emergency Reunion	Included
Return of Minor Children	Included
In-Hospital Indemnity: Class I	Not Included
Unexpected Recurrence: Class I	Not Included
Trip Interruption	Not Included
Loss of Baggage	Not Included
Accidental Death & Dismemberment	Not Included
Home Country Coverage	
Incidental Trips to Your Home Country	Not Included
Extension of Benefits	Not Included
Optional Hazardous Sports Rider	Not Included
Assistance	24 hours – Worldwide

Arch Insurance Company
Program E

Medical Expenses	Up to the selected Medical Maximum
Emergency Dental Treatment	Deductible and Coinsurance are \$100 per tooth, up to a maximum of \$500.
Emergency Dental Treatment (Palliative)	Deductible and Coinsurance are \$100 per tooth, up to a maximum of \$500.
Repatriation of Mortal Remains	For covered expenses incurred up \$20,000
Emergency Medical Evacuation and Repatriation	Up to \$100,000
Emergency Medical Reunion	included
Return of Minor Child(ren)	Included
In Hospital Indemnity	Up to \$100 per day of confinement up to a maximum of 30 days
Sudden Recurrence of a Pre-existing Condition	Up to \$15,000 subject to the deductible and coinsurance
Interruption of Trip	Up to \$5000
Loss of Baggage	Included
Accidental Death & Dismemberment	Included
Common Carrier Accidental Death	Included
Optional Sports Rider Coverage	Optional (add 20% to rate)
Home Country Coverage	
Incidental Trips to Your Home Country	
Extension of Benefits	Up to \$5,000

Assistance

Arch Insurance Company

Section 4 – Rate Development for New Programs

Rates for programs typically sold to individuals

Table 1 - Coverages

I. Trip-Cancellation and Trip Interruption

Trip cancellation
Trip Interruption

--

II. AD&D coverages

24-hour AD&D
Maximum Limit of Liability for 24-hour AD&D per accident
Common carrier AD&D
Maximum Limit of Liability for Common carrier AD&D per accident

--

III. Accident Medical

Benefit Limit/Deductible/Coinsurance
Maximum Family Out-of-pocket
Motor Vehicle Accident Limit
Sports Injury Limit
Home Country Benefit (Limit/Deductible/Coverage Period)
Extension of Benefits (Limit/Deductible/Benefit Period)

--

IV. Sickness Medical

Benefit Limit/Deductible/Coinsurance
Maximum Family Out-of-pocket
Home Country Benefit (Limit/Deductible/Coverage Period)
Extension of Benefits (Limit/Deductible/Benefit Period)

--

V. Other Coverages

In-Hospital Indemnity
Unexpected Recurrence
Dental
Emergency Evacuation/Repatriation
Security Coverage
Return of Mortal Remains
Return of Minor Child
Emergency Medical Reunion
Baggage & Personal Effects
Baggage Delay
Trip Delay

--

VI. Policy Information

Policy holder's Sex/Age
Pre-Existing Condition
Length of Coverage
Employee only/Employee and Spouse/Employee and Child(ren)/Employee and Family
Group or Individual policy
Single Maximum
Effective date

--

Arch Insurance Company

Table 1a - Coverages Example

<i>I. Trip-Cancellation and Trip Interruption</i>	
Trip Cancellation	\$4,000
Trip Interruption	\$5,000 per trip
<i>II. AD&D coverages</i>	
24-hour AD&D	\$50,000
Maximum Limit of Liability for 24-hour AD&D per accident	20x of the maximum benefit
Common carrier AD&D	\$100,000
Maximum Limit of Liability for Common carrier AD&D per accident	20x of the maximum benefit
<i>III. Accident Medical</i>	
Benefit Limit/Deductible/Coinsurance	\$100,000/\$500/100%/per occurrence/Excess
Maximum Family Out-of-pocket	2X of individual
Motor Vehicle Accident Limit	\$50,000
Sports Injury Limit	\$10,000
Home Country Benefit (Limit/Deductible/Coverage Period)	\$50,000/\$1,000/1 month
Extension of Benefits (Limit/Deductible/Benefit Period)	not included
<i>IV. Sickness Medical</i>	
Benefit Limit/Deductible/Coinsurance	\$100,000/\$50/80% on the first \$5,000/per occurrence/Not Excess
Maximum Family Out-of-pocket	2X of individual
Home Country Benefit (Limit/Deductible/Coverage Period)	\$50,000/\$250/1 month
Extension of Benefits (Limit/Deductible/Benefit Period)	not included
<i>V. Other Coverages</i>	
In-Hospital Indemnity	\$3,000 max/no waiting period
Unexpected Recurrence	no waiting period up to \$5,000
	\$100 per tooth/\$500 max/\$100 deductible/90% coinsurance/per occurrence/Not Excess
Dental	\$100,000
Emergency Evacuation/Repatriation	\$100,000
Security Coverage	not included
Return of Mortal Remains	\$100,000
Return of Minor Child	up to \$2,500
Emergency Medical Reunion	\$5,000 for airfare/\$150 per day up to 25 days
Baggage & Personal Effects	\$1000/Excess
Baggage Delay	up to \$150 per day/12-hour delay/excess
Trip Delay	not included
<i>VI. Policy Information</i>	
Policy holder's Sex/Age	Male age 32
Pre-Existing Condition	Not Covered 60 days look back
Length of Coverage	6 months
Employee only/Employee and Spouse/Employee and Child(ren)/Employee and Family	Employee and Family
Group or Individual policy	Group
Single Maximum	No
Effective date	3/1/2007

Arch Insurance Company

Table 2 - Development of Manual Loss Cost

Principal Sum in Thousands (Table 1)
 Reference Loss Costs (Table 9)
 # months covered (Table 1)

PS
 RLC
 M

	<i>A</i> <i>Rate</i>	<i>B</i> <i>Adjustments</i>	<i>C</i> <i>Loss Cost</i>
<i>Trip Cancellation / Interruption</i>			
Trip Cancellation	See Table 8	See Table 1, 26	=A*B*M
Trip Interruption	See Table 8	See Tables 1, 15	

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>A&D Coverages</i>			
24 Hour A&D	See Table 8	See Table 1, 11	=A*B*PS*M
Common Carrier A&D			

	<i>Relativity</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Accident Medical</i>			
Main Benefit	See Table 8	See Tables 1, 12, 14, 18, 20, 21	=A*B*RLC*M
Motor Vehicle Benefit			
Sports Injury Benefit			
Home Country Benefit			
Extension of Benefits			

	<i>Relativity</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Sickness Medical</i>			
Main Benefit	See Table 8	See Tables 1, 12, 14, 18, 20, 21, 25	=A*B*RLC*M
Home Country Benefit			
Extension of Benefits			

	<i>Relativity</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Other Coverages 1</i>			
In-Hospital Indemnity	See Table 8	See Tables 1, 13	=A*B*RLC*M
Unexpected recurrence		See Tables 1, 23	
Dental		See Tables 1, 12, 18, 24	

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Other Coverages 2</i>			
Emergency Evacuation/Repatriation	See Table 8	See Tables 1, 16, 25	=A*B*M
Security Coverage		See Tables 1, 16, 25	
Return of Mortal Remains		See Tables 1, 22	
Return of Minor Child		See Table 1	
Trip Delay			
Emergency Medical Reunion Subsidence Allowance		See Tables 1, 12, 20	
Emergency Medical Reunion Airfare		See Tables 1, 17, 18	
Baggage & Personal Effects		See Tables 1, 18, 19	
Baggage Delay			

LC = sum of column C

Arch Insurance Company

Table 2a - Example of Development of Manual Loss Cost

Principal Sum in Thousands (Table 1)
 Reference Loss Costs (Table 9)
 # months covered

50 AD&D/ 100 Common
 carrier
 \$9.5869
 6

	<i>A</i>	<i>B</i>	<i>C</i>
	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Trip Cancellation / Interruption</i>			
Trip Cancellation	\$2.9105	55.1321	\$160.4601
Trip Interruption	\$0.9865	8.5006	\$8.3859

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>A&D Coverages</i>			
24 Hour A&D	\$0.0290	5.8620	\$8.4999
Common Carrier A&D	\$0.0166	5.9160	\$9.8206

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Accident Medical</i>			
Main Benefit	0.7115%	3.7315	\$0.2545
Motor Vehicle Benefit	17.3872%	3.6007	\$6.0021
Sports Injury Benefit	0.2917%	3.1106	\$0.0870
Home Country Benefit	31.5265%	0.4958	\$1.4984
Extension of Benefits	0.0000%	0.0000	\$0.0000

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Sickness Medical</i>			
Main Benefit	104.3972%	7.0395	\$70.4541
Home Country Benefit	178.9667%	0.9336	\$16.0182
Extension of Benefits	0.0000%	0.0000	\$0.0000

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Other Coverages</i>			
In-Hospital Indemnity	6.1827%	3.9743	\$2.3557
Unexpected recurrence	1.1932%	7.5000	\$0.8579
Dental	6.1667%	5.9811	\$3.5360

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Other Coverages 2</i>			
Emergency Evacuation/Repatriation	\$3.6789	6.5501	\$24.0975
Security Coverage	\$3.6789	0.0000	\$0.0000
Return of Mortal Remains	\$0.2739	6.0000	\$1.6434
Return of Minor Child	\$0.0390	30.0000	\$1.1694
Trip Delay	\$0.0000	0.0000	\$0.0000
Emergency Medical Reunion Subsidence Allowance	\$0.0084	22.5000	\$0.1880
Emergency Medical Reunion Airfare	\$0.1839	3.6570	\$0.6727
Baggage & Personal Effects	\$0.7400	11.3124	\$8.3712
Baggage Delay	\$0.0800	12.2400	\$0.9792

LC= \$325.3518

Arch Insurance Company

Table 5 – Development of Gross Premium

I. Employee Monthly Gross Premium

Claims Cost	CC	See Table 2
Loss Cost Mutiplier	LCM	
Single Maximum Factor	SMF	See Table 11
Gross Premium		$GP = CC * LCM * SMF$

Notes

Gross Premium may be rounded to nearest dollar

Table 5a – Example of Development of Gross Premium

I. Employee Monthly Gross Premium

Claims Cost	325.3518	See Table 2
Loss Cost Mutiplier	2.8571	
Single Maximum Factor	1.0000	See Table 11
Gross Premium	\$930.00	$GP = CC * LCM * SMF$

Notes

Gross Premium may be rounded to nearest dollar

Arch Insurance Company

Table 6 - Non-Age Banded Rates

- 1- Take expected Age Band Distribution
- 2- Calculate Manual Loss Cost for each Age Band
- 3- Multiply 2- by number of insureds in each Age Band
- 4- Add 3-
- 5- Divide 4- by total number of insureds
- 6- Result equals the Non-Age Banded Rate. May be rounded to nearest dollar.

Table 6a - Example of Non-Age Banded Gross Premiums

Age Band	Distribution	Gross Premium Per Person	Product
0 - 17	0.01	\$216.00	\$2.16
18 - 29	0.04	\$216.00	\$8.64
30-39	0.1	\$252.00	\$25.20
40-49	0.12	\$396.00	\$47.52
50-59	0.2	\$636.00	\$127.20
60 - 44	0.07	\$732.00	\$51.24
65 - 69	0.05	\$864.00	\$43.20
70-79	0.03	\$1,260.00	\$37.80
80 +	0.02	\$2,520.00	\$50.40
Dep. Child	0.36	\$120.00	\$43.20
Total	100%		\$436.56
Non-Age Banded Gross Premium			\$437.00

Table 8 - Unadjusted Loss Costs and Relativities

		0 - 17	18 - 29	30-39	40-49	50-59	60 - 64	65 - 69	70-79	80 +
Trip Cancellation per trip		\$2.7307	\$2.6421	\$2.9105	\$5.7953	\$9.2351	\$8.2973	\$8.8995	\$13.3174	\$13.6778
AD&D	(2)	\$0.0290	\$0.0290	\$0.0290	\$0.0290	\$0.0290	\$0.0290	\$0.0290	\$0.0290	\$0.0290
AD&D - Common Carrier (Air Only)	(2)	\$0.0166	\$0.0166	\$0.0166	\$0.0166	\$0.0166	\$0.0166	\$0.0166	\$0.0166	\$0.0166
Delayed Baggage	(5)	\$0.0800	\$0.0800	\$0.0800	\$0.0800	\$0.0800	\$0.0800	\$0.0800	\$0.0800	\$0.0800
Lost, damaged or stolen baggage		\$0.7400	\$0.7400	\$0.7400	\$0.7400	\$0.7400	\$0.7400	\$0.7400	\$0.8603	\$0.8603
Trip Delay - Subsistence Allowance	(3)	\$0.2747	\$0.2747	\$0.3396	\$0.4241	\$0.5086	\$0.7178	\$0.7898	\$1.2696	\$1.2696
Trip Interruption per trip		\$0.3199	\$0.3199	\$0.9865	\$1.6531	\$3.3102	\$6.2038	\$8.0500	\$11.8955	\$13.3244
Trip Interruption per policy period		\$0.3243	\$0.3243	\$1.0001	\$1.6760	\$3.3560	\$6.2897	\$8.1614	\$12.0601	\$13.5088
Emergency Medical Transportation per occurrence		\$3.8142	\$3.8142	\$3.6789	\$3.5437	\$4.8965	\$5.4156	\$6.2332	\$6.9394	\$7.5921
Emergency Medical Transportation per policy period/lifetime		\$2.5311	\$2.5311	\$2.4413	\$2.3516	\$3.2493	\$3.5937	\$4.1363	\$4.6049	\$5.0381
Security Coverage per occurrence		\$3.8142	\$3.8142	\$3.6789	\$3.5437	\$4.8965	\$5.4156	\$6.2332	\$6.9394	\$7.5921
Security Coverage per policy period/lifetime		\$2.5311	\$2.5311	\$2.4413	\$2.3516	\$3.2493	\$3.5937	\$4.1363	\$4.6049	\$5.0381
Repatriation of Remains		\$0.0528	\$0.0528	\$0.2739	\$0.4076	\$0.5412	\$1.0197	\$1.3167	\$1.9459	\$2.1791
Emergency Medical Reunion Subsistence Allowance	(4)	\$0.0161	\$0.0161	\$0.0084	\$0.0116	\$0.0148	\$0.0211	\$0.0310	\$0.0388	\$0.0411
Emergency Medical Reunion Airfare per occurrence		\$0.1907	\$0.1907	\$0.1839	\$0.1772	\$0.2448	\$0.2708	\$0.3117	\$0.3470	\$0.3796
Emergency Medical Reunion Airfare per policy period/lifetime		\$0.1266	\$0.1266	\$0.1221	\$0.1176	\$0.1625	\$0.1797	\$0.2068	\$0.2302	\$0.2519
Return of Minor Child	(1)	\$0.0420	\$0.0420	\$0.0390	\$0.0464	\$0.0539	\$0.0596	\$0.0686	\$0.0763	\$0.0835
Dental per occurrence	(6)	11.1193%	11.1193%	6.1667%	7.2362%	8.0804%	10.5280%	13.6970%	15.5504%	15.2206%
Dental per policy period/Lifetime	(6)	3.5616%	3.5616%	1.9752%	2.3178%	2.5882%	3.3722%	4.3872%	4.9808%	4.8752%
Accident Medical Expense per occurrence	(6)	2.7769%	2.7769%	0.7115%	2.7795%	5.9417%	9.1982%	12.5841%	14.3469%	16.1444%
Accident Medical Expense per policy period/lifetime	(6)	0.783%	0.783%	0.215%	0.707%	1.292%	1.794%	2.116%	2.158%	2.210%
Sickness Medical Expense per occurrence	(6)	188.1912%	188.1912%	104.3972%	122.5112%	136.8085%	178.2303%	231.8729%	263.2497%	257.6777%
Sickness Medical Expense per policy period/lifetime	(6)	88.6586%	88.6586%	88.1679%	88.7703%	89.8909%	91.1626%	92.7384%	93.7147%	94.6995%
In-Hospital Indemnity per occurrence	(6)	3.4494%	3.4494%	6.1827%	7.5087%	8.5442%	11.7689%	16.1688%	17.1557%	20.2396%
In-Hospital Indemnity per policy period/lifetime	(6)	1.6250%	1.6250%	5.2215%	5.4407%	5.6140%	6.0196%	6.4668%	6.1073%	7.4383%
Sports Injury per occurrence	(6)	1.1385%	1.1385%	0.2917%	1.1396%	2.4361%	3.7713%	5.1595%	5.8822%	6.6192%
Sports Injury per policy period/lifetime	(6)	0.3210%	0.3210%	0.0880%	0.2899%	0.5297%	0.7357%	0.8676%	0.8849%	0.9063%
Motor Vehicle per occurrence	(6)	15.4274%	15.4274%	17.3872%	15.4418%	12.5089%	9.5154%	6.4534%	4.8910%	3.2948%
Motor Vehicle per policy period/lifetime	(6)	10.2376%	10.2376%	11.5295%	10.2326%	8.2876%	6.3072%	4.2780%	3.2422%	2.1837%
Home Country Accident Benefit per occurrence	(6)	33.1593%	33.1593%	31.5265%	33.1902%	35.8057%	38.5455%	41.4806%	43.0631%	44.6716%
Home Country Accident Benefit per policy period/lifetime	(6)	19.4424%	19.4424%	20.2835%	19.2509%	17.3299%	15.1497%	12.4484%	10.7748%	9.0865%

Arch Insurance Company

Table 8 - Unadjusted Loss Costs and Relativities (continued)

		0 - 17	18 - 29	30-39	40-49	50-59	60 - 64	65 - 69	70-79	80 +
Unexpected recurrence per occurrence	(6)	0.6406%	0.6406%	1.5373%	2.0575%	2.4975%	4.0374%	6.5015%	7.1058%	9.1055%
Unexpected recurrence per policy period/lifetime	(6)	0.2072%	0.2072%	1.1932%	1.2691%	1.3302%	1.4769%	1.6445%	1.5093%	2.0287%
Home Country Sickness Benefit per occurrence	(6)	322.6136%	322.6136%	178.9667%	210.0193%	234.5289%	305.5377%	397.4963%	451.2852%	441.7333%
Home Country Sickness Benefit per policy period/lifetime	(6)	151.9861%	151.9861%	151.1450%	152.1777%	154.0986%	156.2788%	158.9802%	160.6538%	162.3421%
Extension of Benefits Accident per occurrence	(6)	3.8686%	3.8686%	3.6781%	3.8722%	4.1773%	4.4970%	4.8394%	5.0240%	5.2117%
Extension of Benefits Accident per policy period/lifetime	(6)	2.2683%	2.2683%	2.3664%	2.2459%	2.0218%	1.7675%	1.4523%	1.2571%	1.0601%
Extension of Benefits Sickness per occurrence	(6)	37.6382%	37.6382%	20.8794%	24.5022%	27.3617%	35.6461%	46.3746%	52.6499%	51.5355%
Extension of Benefits Sickness per policy period/lifetime	(6)	17.7317%	17.7317%	17.6336%	17.7541%	17.9782%	18.2325%	18.5477%	18.7429%	18.9399%
	(1)		per \$500 maximum benefit							
	(2)		per \$1,000 Principal Sum							
	(3)		per \$100 maximum benefit							
	(4)		per \$100 daily benefit/10 day maximum							
	(5)		per \$100 daily benefit							
	(6)		applies to Reference Loss costs in Table 2a							

Arch Insurance Company

Table 9.01 - Reference Loss Costs (RLC) U.S. Citizens				
Age	Policy Limit			
	\$0 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$500,000	\$500,001 - \$1,000,000
0-17	\$6.9979	\$8.4934	\$11.2441	\$11.7122
18-29	\$6.7709	\$9.0269	\$10.8821	\$12.8297
30-39	\$7.4586	\$9.5869	\$14.9804	\$16.7245
40-49	\$14.8516	\$17.4368	\$19.3971	\$21.6158
50-59	\$23.6667	\$28.5586	\$31.7355	\$35.9681
60-64	\$21.2634	\$27.5673	\$33.9228	\$41.6609
65-69	\$22.8067	\$25.1611	\$30.0364	\$38.3867
70-79	\$34.1283			
80+	\$96.8781			
Dep. Child	\$1.9252	\$4.3813	\$5.7500	\$6.3665

Table 9.02 - Reference Loss Costs (RLC) Non-U.S. Citizens				
Age	Policy Limit			
	\$0 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$500,000	\$500,001 - \$1,000,000
0-17	\$12.2647	\$15.8294	\$21.3749	\$24.2804
18-29	\$13.8195	\$17.2152	\$23.3681	\$27.8274
30-39	\$18.9048	\$24.0162	\$31.4926	\$36.5111
40-49	\$31.3557	\$35.8696	\$48.2413	\$54.1276
50-59	\$41.3546	\$52.7514	\$63.1232	\$72.6120
60-64	\$40.5132	\$53.0985	\$62.9888	\$77.0452
65-69	\$41.5964	\$58.9928	\$62.3658	\$76.0971
70-79	\$42.5738			
80+	\$124.9899			
Dep. Child	\$6.2948	\$8.0725	\$11.2974	\$12.7310

<i>Table 10 - Single Maximum Factor</i>	
Single Maximum	0.95
Non-Single Maximum	1.00

Section 4.1 – Modification of Existing Rates

Table 3 may be used to adjust rates for the programs described in Sections 2 and 3. An example of this is shown in Table 3a.

Experience				
<i>Table 3 - Experience Modification Formula</i>				
	Year 1	Year 2	Year 3	Total
Lives Covered	L1	L2	L3	$L=L1+L2+L3$
Manual Loss Cost	MLC1	MLC2	MLC3	$MLC=MLC1+MLC2+MLC3$
Incurred Losses	IL1	IL2	IL3	$IL=IL1+IL2+IL3$
Experience Factor				$EF=IL/MLC$
Credibility Factor				CF = See Table 4
Experience Modifier				$EM = (1-CF) + (CF*EF)$

<i>Table 3a - Experience Modification Formula Example</i>				
The following experience applies to Program C				
	Year 1	Year 2	Year 3	Total
Lives Covered	500	515	550	1565
Manual Loss Cost	\$138,274.52	\$142,422.75	\$152,101.97	\$432,799.23
Incurred Losses	\$135,000.00	\$123,124.79	\$118,114.56	\$376,239.35
Experience Factor				0.8693
Credibility Factor				50%
Experience Modifier				93.47%

In this example, the premium for Annual Frequent Traveller of \$225.00 would be modified to become: $\$225.00 * .9347 = \210.30 , rounded to \$210.00

<i>Table 4 – Credibility Factors</i>		
Policies with Claims	Total Policies	Factor
	Under	0%
5	250	
12	315	10%
20	500	20%
32	815	30%
44	1125	40%
61	1565	50%
78	2000	60%
112	2875	70%
147	3750	80%
220	5625	90%
293	7500	100%

Notes
 Use number of claims to determine credibility
 If not available, use number of Policies
 For numbers not shown, use linear interpolation

Arch Insurance Company

Section 5 – Rate Development for Organizations covering groups of persons

Table 1 - Coverages

I. Trip-Cancellation and Trip Interruption

Trip cancellation

Trip Interruption

--

II. AD&D coverages

24-hour AD&D

Maximum Limit of Liability for 24-hour AD&D per accident

Common carrier AD&D

Maximum Limit of Liability for Common carrier AD&D per accident

--

III. Accident Medical

Benefit Limit/Deductible/Coinsurance

Maximum Family Out-of-pocket

Motor Vehicle Accident Limit

Sports Injury Limit

Home Country Benefit (Limit/Deductible/Coverage Period)

Extension of Benefits (Limit/Deductible/Benefit Period)

--

IV. Sickness Medical

Benefit Limit/Deductible/Coinsurance

Maximum Family Out-of-pocket

Home Country Benefit (Limit/Deductible/Coverage Period)

Extension of Benefits (Limit/Deductible/Benefit Period)

--

V. Other Coverages

In-Hospital Indemnity

Unexpected Recurrence

Dental

Emergency Evacuation/Repatriation

Security Coverage

Return of Mortal Remains

Return of Minor Child

Emergency Medical Reunion

Baggage & Personal Effects

Baggage Delay

Trip Delay

--

VI. Policy Information

Pre-Existing Condition

Length of Coverage

Employee only/Employee and Spouse/Employee and Child(ren)/Employee and Family

Group or Individual policy

Single Maximum

Effective date

--

VI. Underwriting Information for Group Policy

Travelers only or whole population

Remote or dangerous locations

Locations without appropriate medical facilities

Outside US travel each year

For security coverage - Hostile locations

Average Age of traveler

--

Arch Insurance Company

Table 1a - Coverages Example

<i>I. Trip-Cancellation and Trip Interruption</i>	
Trip Cancellation	\$4,000
Trip Interruption	\$5,000 per trip
<i>II. AD&D coverages</i>	
24-hour AD&D	\$50,000
Maximum Limit of Liability for 24-hour AD&D per accident	20x of the maximum benefit
Common carrier AD&D	\$100,000
Maximum Limit of Liability for Common carrier AD&D per accident	20x of the maximum benefit
<i>III. Accident Medical</i>	
Benefit Limit/Deductible/Coinsurance	\$100,000/\$500/100%/per occurrence/Excess
Maximum Family Out-of-pocket	2X of individual
Motor Vehicle Accident Limit	\$50,000
Sports Injury Limit	\$10,000
Home Country Benefit (Limit/Deductible/Coverage Period)	\$50,000/\$1,000/1 month
Extension of Benefits (Limit/Deductible/Benefit Period)	not included
<i>IV. Sickness Medical</i>	
Benefit Limit/Deductible/Coinsurance	\$100,000/\$50/80% on the first \$5,000/per occurrence/Not Excess
Maximum Family Out-of-pocket	2X of individual
Home Country Benefit (Limit/Deductible/Coverage Period)	\$50,000/\$250/1 month
Extension of Benefits (Limit/Deductible/Benefit Period)	not included
<i>V. Other Coverages</i>	
In-Hospital Indemnity	\$3,000 max/no waiting period
Unexpected Recurrence	no waiting period up to \$5,000
Dental	\$100 per tooth/\$500 max/\$100 deductible/90% coinsurance/per occurrence/Not Excess
Emergency Evacuation/Repatriation	\$100,000
Security Coverage	not included
Return of Mortal Remains	\$100,000
Return of Minor Child	up to \$2,500
Emergency Medical Reunion	\$5,000 for airfare/\$150 per day up to 25 days
Baggage & Personal Effects	\$1000/Excess
Baggage Delay	up to \$150 per day/12-hour delay/excess
Trip Delay	not included
<i>VI. Policy Information</i>	
Pre-Existing Condition	Not Covered 60 days look back
Length of Coverage	6 months
Employee only/Employee and Spouse/Employee and Child(ren)/Employee and Family	Employee and Family
Group or Individual policy	Group
Single Maximum	No
Effective date	3/1/2007
<i>VI. Underwriting Information for Group Policy</i>	
Travelers only or whole population	Travelers only
Remote or dangerous locations	Some amount of travel
Locations without appropriate medical facilities	Minimal amount of travel
Outside US travel each year	Some amount of travel
For security coverage - Hostile locations	No travel to locations hostile to US
Average Age of traveler	35

Arch Insurance Company

Table 2 - Development of Manual Loss Cost

Principal Sum in Thousands (Table 1)
 Reference Loss Costs (Table 9)
 # months covered (Table 1)

PS
 RLC
 M

	<i>A</i> <i>Rate</i>	<i>B</i> <i>Adjustments</i>	<i>C</i> <i>Loss Cost</i>
<i>Trip Cancellation / Interruption</i>			
Trip Cancellation	See Table 8	See Table 1, 26	=A*B
Trip Interruption	See Table 8	See Tables 1, 15	

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>A&D Coverages</i>			
24 Hour A&D	See Table 8	See Table 1, 11	=A*B*PS
Common Carrier A&D			

	<i>Relativity</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Accident Medical</i>			
Main Benefit	See Table 8	See Tables 1, 12, 14, 18, 20, 21	=A*B*RLC
Motor Vehicle Benefit			
Sports Injury Benefit			
Home Country Benefit			
Extension of Benefits			

	<i>Relativity</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Sickness Medical</i>			
Main Benefit	See Table 8	See Tables 1, 12, 14, 18, 20, 21, 25	=A*B*RLC
Home Country Benefit			
Extension of Benefits			

	<i>Relativity</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Other Coverages 1</i>			
In-Hospital Indemnity	See Table 8	See Tables 1, 13	=A*B*RLC
Unexpected recurrence		See Tables 1, 23	
Dental		See Tables 1, 12, 18, 24	

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Other Coverages 2</i>			
Emergency Evacuation/Repatriation	See Table 8	See Tables 1, 16, 25	=A*B
Security Coverage		See Tables 1, 16, 25	
Return of Mortal Remains		See Tables 1, 22	
Return of Minor Child		See Table 1	
Trip Delay			
Emergency Medical Reunion Subsidence Allowance		See Tables 1, 12, 20	
Emergency Medical Reunion Airfare		See Tables 1, 17, 18	
Baggage & Personal Effects		See Tables 1, 18, 19	
Baggage Delay			

LC = sum of column C

Arch Insurance Company

Table 2a - Development of Manual Loss Cost

Principal Sum in Thousands (Table 1)
 Reference Loss Costs (Table 9)
 # months covered

50 AD&D/ 100 Common
 carrier
 \$9.5869
 6

	<i>A</i>	<i>B</i>	<i>C</i>
	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Trip Cancellation / Interruption</i>			
Trip Cancellation	\$2.9105	55.1321	\$160.4601
Trip Interruption	\$0.9865	8.5006	\$8.3859

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>A&D Coverages</i>			
24 Hour A&D	\$0.0290	5.8620	\$8.4999
Common Carrier A&D	\$0.0166	5.9160	\$9.8206

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Accident Medical</i>			
Main Benefit	0.7115%	4.0819	\$0.2784
Motor Vehicle Benefit	17.3872%	3.9389	\$6.5657
Sports Injury Benefit	0.2917%	3.4027	\$0.0952
Home Country Benefit	31.5265%	0.5423	\$1.6391
Extension of Benefits	0.0000%	0.0000	\$0.0000

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Sickness Medical</i>			
Main Benefit	104.3972%	7.7005	\$77.0703
Home Country Benefit	178.9667%	1.0213	\$17.5224
Extension of Benefits	0.0000%	0.0000	\$0.0000

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Other Coverages</i>			
In-Hospital Indemnity	6.1827%	3.9743	\$2.3557
Unexpected recurrence	1.1932%	7.5000	\$0.8579
Dental	6.1667%	6.5428	\$3.8680

	<i>Rate</i>	<i>Adjustments</i>	<i>Loss Cost</i>
<i>Other Coverages 2</i>			
Emergency Evacuation/Repatriation	\$3.6789	6.5501	\$24.0975
Security Coverage	\$3.6789	0.0000	\$0.0000
Return of Mortal Remains	\$0.2739	6.0000	\$1.6434
Return of Minor Child	\$0.0390	30.0000	\$1.1694
Trip Delay	\$0.0000	0.0000	\$0.0000
Emergency Medical Reunion Subsidence Allowance	\$0.0084	22.5000	\$0.1880
Emergency Medical Reunion Airfare	\$0.1839	4.0005	\$0.7359
Baggage & Personal Effects	\$0.7400	11.3124	\$8.3712
Baggage Delay	\$0.0800	12.2400	\$0.9792

LC= \$334.6038

Arch Insurance Company

Table 3 - Experience Modification Formula

	Year 1	Year 2	Year 3	Total
Lives Covered	L1	L2	L3	$L=L1+L2+L3$
Manual Loss Cost	MLC1	MLC2	MLC3	$MLC=MLC1+MLC2+MLC3$
Incurred Losses	IL1	IL2	IL3	$IL=IL1+IL2+IL3$
Experience Factor				$EF=IL/MLC$
Credibility Factor				CF = See Table 4
Experience Modifier				$EM = (1-CF) + (CF*EF)$

Table 3a - Experience Modification Formula Example

	Year 1	Year 2	Year 3	Total
Lives Covered	500	515	550	1565
Manual Loss Cost	\$142,206.62	\$146,472.81	\$156,427.28	\$445,106.70
Incurred Losses	\$140,000.00	\$143,000.00	\$150,000.00	\$433,000.00
Experience Factor				0.9728
Credibility Factor				50%
Experience Modifier				98.64%

Table 4 - Credibility Factors

Policies with Claims	Total Policies	Factor
	Under	0%
5	250	
12	315	10%
20	500	20%
32	815	30%
44	1125	40%
61	1565	50%
78	2000	60%
112	2875	70%
147	3750	80%
220	5625	90%
293	7500	100%

Notes
 Use number of claims to determine credibility
 If not available, use number of Policies
 For numbers not shown, use linear interpolation

Arch Insurance Company

Table 5 – Development of Gross Premium

I. Employee Monthly Gross Premium

Claims Cost	CC	See Table 2
Experience Modification Factor	EMF	See Table 3
Loss Cost Multiplier	LCM	
Single Maximum Factor	SMF	See Table 11
Underwriting Factor	UF	See Table 7
Gross Premium	$GP = CC * EMF * LCM * SMF * UF$	

Notes

Gross Premium may be rounded to nearest dollar

Table 5a – Example of Development of Gross Premium

I. Employee Monthly Gross Premium

Claims Cost	334.6038
Experience Modification Factor	0.9864
Loss Cost Multiplier	2.8571
Single Maximum Factor	1.0000
Underwriting Factor	1.6931
Gross Premium	\$1,597.00

Notes

Gross Premium may be rounded to nearest dollar

Arch Insurance Company

Table 7 - Underwriting Factors

Table 7 - Underwriting Factors		
Note:		
Fill out this table only if the policy is sold on group basis, otherwise use 1.00		
	Maximum Debit	Maximum Credit
<i>I. Travelers only or whole population</i>		
Travelers only	150%	
Every Employee		15%
<i>II. Remote or dangerous locations</i>		
Most travel to remote or dangerous locations	75%	
A lot of travel to remote or dangerous locations	25%	
Some travel to remote or dangerous locations		0%
Low amount of travel to remote or dangerous locations		10%
Minimal travel to remote or dangerous locations		25%
<i>III. Locations without appropriate medical facilities</i>		
Most travel to locations without appropriate medical facilities	90%	
A lot of travel to locations without appropriate medical facilities	60%	
Some travel to locations without appropriate medical facilities	30%	
Low amount of travel to locations without appropriate medical facilities		0%
Minimal travel to locations without appropriate medical facilities		5%
<i>IV. Outside US travel each year</i>		
Most travel to locations outside US	80%	
Some travel to locations outside US	40%	
Minimal travel to locations outside US		10%
No travel to locations outside US		15%
<i>V. Average Age of traveler</i>		
30 or less		15%
49	0%	
80 or more	300%	
Extrapolate for all other values		
<i>VI. Days of travel as percentage of covered period</i>		
10% or less		10%
50% or more	200%	
Extrapolate for all other values		
<i>Use VII. And VIII. Factors only if Security Coverage is included</i>		
<i>VII. War Risk and Government Stability most travel is to countries with:</i>		
War is currently going on	800%	
(1) Had war in the past three years; (2) (and/or) terrorists attack is a long-lasting problem. (3). (And/or) have frequent nationwide domestic/international violence confliction now and then	600%	
(1). Had war six to three years ago; (2) (and/or) have localized violence now and then	400%	
(1) Had war within 10 years, (2) (and/or) have localized unrest sometimes, the central government has growing power and can control the situation most of the time.	200%	
Had war before 10 years, the economy is growing and the government is in control of the country.		0%
<i>VIII. Hostile locations</i>		
Most travel to countries hostile to US	90%	
Some travel to countries hostile to US	60%	
Minimal travel to countries hostile to US	30%	
<i>IX. Factors</i>	=product of (1 + the debit)	=product of (1 - the credit)
<i>X. Final factor</i>	=Factor for Credits *Factor for Debits	

Arch Insurance Company

Table 7 - Underwriting Factors Example

Table 7 - Underwriting Factors Example		
Note:		
Fill out this table only if the policy is sold on group basis, otherwise use 1.00		
	Maximum Debit	Maximum Credit
<i>I. Travelers only or whole population</i>		15.00%
<i>II. Remote or dangerous locations</i>		0.00%
<i>III. Locations without appropriate medical facilities</i>		5.00%
<i>IV. Outside US travel each year</i>	40.00%	
<i>V. Average Age of traveler</i>		11.25%
<i>VI. Days of travel as percentage of covered period</i>	68.75%	
<i>IX. Factors</i>	236.25%	71.67%
<i>X. Final factor</i>		169.31%

Table 8 - Unadjusted Loss Costs and Relativities

		0 - 17	18 - 29	30-39	40-49	50-59	60 - 64	65 - 69	70-79	80 +
Trip Cancellation per trip		\$2.7307	\$2.6421	\$2.9105	\$5.7953	\$9.2351	\$8.2973	\$8.8995	\$13.3174	\$13.6778
AD&D	(2)	\$0.0290	\$0.0290	\$0.0290	\$0.0290	\$0.0290	\$0.0290	\$0.0290	\$0.0290	\$0.0290
AD&D - Common Carrier (Air Only)	(2)	\$0.0166	\$0.0166	\$0.0166	\$0.0166	\$0.0166	\$0.0166	\$0.0166	\$0.0166	\$0.0166
Delayed Baggage	(5)	\$0.0800	\$0.0800	\$0.0800	\$0.0800	\$0.0800	\$0.0800	\$0.0800	\$0.0800	\$0.0800
Lost, damaged or stolen baggage		\$0.7400	\$0.7400	\$0.7400	\$0.7400	\$0.7400	\$0.7400	\$0.7400	\$0.8603	\$0.8603
Trip Delay - Subsistence Allowance	(3)	\$0.2747	\$0.2747	\$0.3396	\$0.4241	\$0.5086	\$0.7178	\$0.7898	\$1.2696	\$1.2696
Trip Interruption per trip		\$0.3199	\$0.3199	\$0.9865	\$1.6531	\$3.3102	\$6.2038	\$8.0500	\$11.8955	\$13.3244
Trip Interruption per policy period		\$0.3243	\$0.3243	\$1.0001	\$1.6760	\$3.3560	\$6.2897	\$8.1614	\$12.0601	\$13.5088
Emergency Medical Transportation per occurrence		\$3.8142	\$3.8142	\$3.6789	\$3.5437	\$4.8965	\$5.4156	\$6.2332	\$6.9394	\$7.5921
Emergency Medical Transportation per policy period/lifetime		\$2.5311	\$2.5311	\$2.4413	\$2.3516	\$3.2493	\$3.5937	\$4.1363	\$4.6049	\$5.0381
Security Coverage per occurrence		\$3.8142	\$3.8142	\$3.6789	\$3.5437	\$4.8965	\$5.4156	\$6.2332	\$6.9394	\$7.5921
Security Coverage per policy period/lifetime		\$2.5311	\$2.5311	\$2.4413	\$2.3516	\$3.2493	\$3.5937	\$4.1363	\$4.6049	\$5.0381
Repatriation of Remains		\$0.0528	\$0.0528	\$0.2739	\$0.4076	\$0.5412	\$1.0197	\$1.3167	\$1.9459	\$2.1791
Emergency Medical Reunion Subsistence Allowance	(4)	\$0.0161	\$0.0161	\$0.0084	\$0.0116	\$0.0148	\$0.0211	\$0.0310	\$0.0388	\$0.0411
Emergency Medical Reunion Airfare per occurrence		\$0.1907	\$0.1907	\$0.1839	\$0.1772	\$0.2448	\$0.2708	\$0.3117	\$0.3470	\$0.3796
Emergency Medical Reunion Airfare per policy period/lifetime		\$0.1266	\$0.1266	\$0.1221	\$0.1176	\$0.1625	\$0.1797	\$0.2068	\$0.2302	\$0.2519
Return of Minor Child	(1)	\$0.0420	\$0.0420	\$0.0390	\$0.0464	\$0.0539	\$0.0596	\$0.0686	\$0.0763	\$0.0835
Dental per occurrence	(6)	11.1193%	11.1193%	6.1667%	7.2362%	8.0804%	10.5280%	13.6970%	15.5504%	15.2206%
Dental per policy period/Lifetime	(6)	3.5616%	3.5616%	1.9752%	2.3178%	2.5882%	3.3722%	4.3872%	4.9808%	4.8752%
Accident Medical Expense per occurrence	(6)	2.7769%	2.7769%	0.7115%	2.7795%	5.9417%	9.1982%	12.5841%	14.3469%	16.1444%
Accident Medical Expense per policy period/lifetime	(6)	0.783%	0.783%	0.215%	0.707%	1.292%	1.794%	2.116%	2.158%	2.210%
Sickness Medical Expense per occurrence	(6)	188.1912%	188.1912%	104.3972%	122.5112%	136.8085%	178.2303%	231.8729%	263.2497%	257.6777%
Sickness Medical Expense per policy period/lifetime	(6)	88.6586%	88.6586%	88.1679%	88.7703%	89.8909%	91.1626%	92.7384%	93.7147%	94.6995%
In-Hospital Indemnity per occurrence	(6)	3.4494%	3.4494%	6.1827%	7.5087%	8.5442%	11.7689%	16.1688%	17.1557%	20.2396%
In-Hospital Indemnity per policy period/lifetime	(6)	1.6250%	1.6250%	5.2215%	5.4407%	5.6140%	6.0196%	6.4668%	6.1073%	7.4383%
Sports Injury per occurrence	(6)	1.1385%	1.1385%	0.2917%	1.1396%	2.4361%	3.7713%	5.1595%	5.8822%	6.6192%
Sports Injury per policy period/lifetime	(6)	0.3210%	0.3210%	0.0880%	0.2899%	0.5297%	0.7357%	0.8676%	0.8849%	0.9063%
Motor Vehicle per occurrence	(6)	15.4274%	15.4274%	17.3872%	15.4418%	12.5089%	9.5154%	6.4534%	4.8910%	3.2948%
Motor Vehicle per policy period/lifetime	(6)	10.2376%	10.2376%	11.5295%	10.2326%	8.2876%	6.3072%	4.2780%	3.2422%	2.1837%
Home Country Accident Benefit per occurrence	(6)	33.1593%	33.1593%	31.5265%	33.1902%	35.8057%	38.5455%	41.4806%	43.0631%	44.6716%
Home Country Accident Benefit per policy period/lifetime	(6)	19.4424%	19.4424%	20.2835%	19.2509%	17.3299%	15.1497%	12.4484%	10.7748%	9.0865%

Arch Insurance Company

Table 8 - Unadjusted Loss Costs and Relativities (continued)

Home Country Sickness Benefit per occurrence	(6)	322.6136%	322.6136%	178.9667%	210.0193%	234.5289%	305.5377%	397.4963%	451.2852%	441.7333%
Home Country Sickness Benefit per policy period/lifetime	(6)	151.9861%	151.9861%	151.1450%	152.1777%	154.0986%	156.2788%	158.9802%	160.6538%	162.3421%
Unexpected recurrence per occurrence	(6)	0.6406%	0.6406%	1.5373%	2.0575%	2.4975%	4.0374%	6.5015%	7.1058%	9.1055%
Unexpected recurrence per policy period/lifetime	(6)	0.2072%	0.2072%	1.1932%	1.2691%	1.3302%	1.4769%	1.6445%	1.5093%	2.0287%
Extension of Benefits Accident per occurrence	(6)	3.8686%	3.8686%	3.6781%	3.8722%	4.1773%	4.4970%	4.8394%	5.0240%	5.2117%
Extension of Benefits Accident per policy period/lifetime	(6)	2.2683%	2.2683%	2.3664%	2.2459%	2.0218%	1.7675%	1.4523%	1.2571%	1.0601%
Extension of Benefits Sickness per occurrence	(6)	37.6382%	37.6382%	20.8794%	24.5022%	27.3617%	35.6461%	46.3746%	52.6499%	51.5355%
Extension of Benefits Sickness per policy period/lifetime	(6)	17.7317%	17.7317%	17.6336%	17.7541%	17.9782%	18.2325%	18.5477%	18.7429%	18.9399%

- (1) per \$500 maximum benefit
- (2) per \$1,000 Principal Sum
- (3) per \$100 maximum benefit
- (4) per \$100 daily benefit/10 day maximum
- (5) per \$100 daily benefit
- (6) applies to Reference Loss costs in Table 2a

Arch Insurance Company

Table 9.01 - Reference Loss Costs (RLC) U.S. Citizens				
Age	Policy Limit			
	\$0 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$500,000	\$500,001 - \$1,000,000
0-17	\$6.9979	\$8.4934	\$11.2441	\$11.7122
18-29	\$6.7709	\$9.0269	\$10.8821	\$12.8297
30-39	\$7.4586	\$9.5869	\$14.9804	\$16.7245
40-49	\$14.8516	\$17.4368	\$19.3971	\$21.6158
50-59	\$23.6667	\$28.5586	\$31.7355	\$35.9681
60-64	\$21.2634	\$27.5673	\$33.9228	\$41.6609
65-69	\$22.8067	\$25.1611	\$30.0364	\$38.3867
70-79	\$34.1283			
80+	\$96.8781			
Dep. Child	\$1.9252	\$4.3813	\$5.7500	\$6.3665

Table 9.02 - Reference Loss Costs (RLC) Non-U.S. Citizens				
Age	Policy Limit			
	\$0 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$500,000	\$500,001 - \$1,000,000
0-17	\$12.2647	\$15.8294	\$21.3749	\$24.2804
18-29	\$13.8195	\$17.2152	\$23.3681	\$27.8274
30-39	\$18.9048	\$24.0162	\$31.4926	\$36.5111
40-49	\$31.3557	\$35.8696	\$48.2413	\$54.1276
50-59	\$41.3546	\$52.7514	\$63.1232	\$72.6120
60-64	\$40.5132	\$53.0985	\$62.9888	\$77.0452
65-69	\$41.5964	\$58.9928	\$62.3658	\$76.0971
70-79	\$42.5738			
80+	\$124.9899			
Dep. Child	\$6.2948	\$8.0725	\$11.2974	\$12.7310

<i>Table 10 - Single Maximum Factor</i>	
Single Maximum	0.95
Non-Single Maximum	1.00

Arch Insurance Company

Section 6 – This section provides adjustment factors for various Plan parameters

Table 11 - Maximum Limit of Liability Per Occurrence as multiple of Maximum Limit per Person

Maximum Liability per Person	2x	5x	10x	20x	30x	40x	50x	60x	70x	80x	100x
\$10,000	80.5%	82.2%	84.0%	85.8%	87.2%	88.7%	90.2%	91.2%	91.9%	95.7%	97.3%
\$20,000	81.2%	83.7%	86.3%	88.9%	90.0%	91.1%	92.2%	93.0%	93.7%	96.9%	98.2%
\$25,000	82.4%	85.0%	87.7%	90.4%	91.8%	93.3%	94.7%	95.5%	95.9%	97.7%	98.5%
\$30,000	83.5%	86.2%	89.0%	91.8%	93.6%	95.4%	97.2%	97.9%	98.0%	98.5%	98.8%
\$40,000	87.4%	89.1%	90.7%	92.4%	94.2%	95.9%	97.7%	98.3%	98.4%	98.9%	99.1%
\$50,000	92.1%	93.9%	95.8%	97.7%	98.1%	98.6%	99.0%	99.2%	99.3%	99.4%	99.5%
\$75,000	93.1%	94.8%	96.5%	98.2%	98.6%	99.0%	99.2%	99.4%	99.6%	99.7%	99.8%
\$100,000	93.5%	94.9%	96.7%	98.6%	98.9%	99.3%	99.4%	99.5%	99.7%	99.8%	99.9%

Table 12 - Age and Sex Factors

Insureds' Age	Insureds without Dependents				Insureds with Dependents			
	Male		Female		Male		Female	
	A	B	C	D	E	F	G	H
	Factor		Factor		Factor		Factor	
to 18	77.97%		96.02%		77.35%		84.02%	
18-29	75.76%		103.96%		82.40%		87.48%	
30-39	76.92%		106.72%		84.89%		90.95%	
40-49	80.24%		110.96%		90.99%		96.54%	
50-59	90.63%		114.96%		104.63%		106.51%	
60-64	98.79%		125.66%		124.16%		124.16%	
65-69	104.81%		132.99%		140.02%		139.38%	
70-79	107.75%		140.76%		152.85%		151.75%	
80+	106.69%		143.65%		154.22%		154.22%	

Step 1: Calculate: $(A*B)+(C*D)+(E*F)+(G*H)$
 Step 2 : Calculate $B+D+F+H$
 Step 3: Calculate Step 1/Step 2

Arch Insurance Company

Table 12a - Age and Sex Factors Example

Insureds' Age	Insureds without Dependents				Insureds with Dependents			
	Male		Female		Male		Female	
	A	B	C	D	E	F	G	H
	Factor		Factor		Factor		Factor	
to 18	77.97%	10	96.02%	3	77.35%	10	84.02%	5
18-29	75.76%	15	103.96%	6	82.40%	15	87.48%	3
30-39	76.92%	20	106.72%	10	84.89%	10	90.95%	8
40-49	80.24%	10	110.96%	8	90.99%	10	96.54%	10
50-59	90.63%	8	114.96%	5	104.63%	8	106.51%	9
60-64	98.79%	4	125.66%	2	124.16%	5	124.16%	5
65-69	104.81%	-	132.99%	1	140.02%	3	139.38%	1
70-79	107.75%	-	140.76%	-	152.85%	-	151.75%	-
80+	106.69%	-	143.65%	-	154.22%	-	154.22%	-
Step 1:	189.4339							
Step 2								
:	204							
Step 3:	0.93							

Table 13 - In-Hospital Indemnity Factors

Waiting period	Limits									
	100	250	500	1,000	2,500	3,000	5,000	10,000	25,000	50,000
0 months	13.48%	25.22%	37.03%	47.73%	63.80%	66.24%	76.96%	90.16%	97.07%	100.00%
9 months	10.79%	20.18%	29.62%	38.18%	51.04%	52.99%	61.57%	72.13%	77.65%	80.00%
10 months	9.44%	17.66%	25.92%	33.41%	44.66%	46.37%	53.87%	63.11%	67.95%	70.00%
12 months	7.42%	13.87%	20.36%	26.25%	35.09%	36.43%	42.33%	49.59%	53.39%	55.00%

Table 14 - Maximum Family Out-of-Pocket

Family out-of-pocket maximum as a multiple of individual maximum	Factor
2x	125.00%
3x	120.00%
4x	100.00%

Table 15.1 - Trip Interruption Factors per trip

maximum	Factor
250	23.44%
500	41.02%
1,000	67.10%
1,500	85.76%
2,000	100.00%
2,500	110.99%
5,000	141.68%
10,000	161.32%
Unlimited	166.15%

Table 15.2 - Trip Interruption Factors per policy period

maximum	Factor
250	28.00%
500	46.98%
1,000	73.19%
1,500	89.28%
2,000	100.00%
2,500	107.47%
5,000	125.59%
10,000	134.70%
Unlimited	138.74%

Table 16.1 - Emergency Medical Transportation Adjustment Factors per occurrence

maximum	Factor
5,000	46.46%
10,000	64.38%
25,000	87.12%
50,000	100.00%
100,000	101.72%
250,000	101.72%
500,000	101.72%
1,000,000	101.72%
Unlimited	104.77%

Table 16.2 - Emergency Medical Transportation Adjustment Factors per policy period/lifetime

maximum	Factor
5,000	55.23%
10,000	75.08%
25,000	92.94%
50,000	100.00%
100,000	102.28%
250,000	102.64%
500,000	102.64%
1,000,000	102.64%
Unlimited	105.72%

Arch Insurance Company

Table 17 - Baggage and Personal Effects Adjustment Factors

Deductible	Limits					
	250	500	750	1,000	2,500	Unlimited
0	100.00%	151.36%	175.68%	188.54%	211.75%	218.10%
25	92.33%	140.24%	163.08%	175.42%	197.81%	203.75%
50	85.24%	129.88%	151.34%	163.16%	184.77%	190.31%
100	73.14%	111.87%	130.83%	141.70%	161.79%	166.64%
250	51.36%	75.68%	88.54%	96.87%	112.96%	116.35%
500	24.32%	37.18%	45.51%	51.95%	62.69%	64.57%

Table 18 - Adjustments for Coverage Other Than Excess

Accident Medical / Sickness Medical / Dental	1.500
Delayed Baggage	1.246
Lost, damaged or stolen baggage	1.241

Table 19 - Baggage Delay

12-hours	1.36
24-hours	1.00

Table 20.1 - Accident and Sickness Medical Expense Adjustment Factors per Occurrence

100% Coinsurance

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	44.98%	59.78%	71.80%	83.60%	89.09%	91.63%	93.71%	95.87%	97.25%	100.00%	103.00%
25	41.65%	56.25%	68.19%	79.92%	85.39%	87.93%	90.00%	92.17%	93.55%	96.30%	99.19%
50	38.47%	52.88%	64.73%	76.39%	81.86%	84.39%	86.46%	88.63%	90.01%	92.76%	95.54%
100	33.19%	47.22%	58.91%	70.45%	75.88%	78.41%	80.48%	82.64%	84.02%	86.77%	89.38%
250	24.16%	37.19%	48.42%	59.57%	64.91%	67.43%	69.49%	71.65%	73.03%	75.78%	78.06%
500	16.18%	27.80%	38.33%	48.86%	54.06%	56.56%	58.61%	60.77%	62.14%	64.90%	66.84%
1,000	11.06%	20.60%	29.95%	39.32%	44.26%	46.72%	48.75%	50.90%	52.28%	55.03%	56.68%
2,500	5.79%	12.02%	18.89%	25.36%	29.65%	32.02%	33.98%	36.10%	37.48%	40.23%	41.44%
5,000	3.12%	6.87%	11.80%	14.55%	17.94%	20.18%	22.01%	24.10%	25.47%	28.23%	29.07%

Table 20.2 - Accident and Sickness Medical Expense Adjustment Factors per Occurrence

50% Coinsurance on the first \$2,000

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	28.02%	37.56%	46.91%	56.29%	61.22%	63.68%	65.71%	67.86%	69.24%	71.99%	74.15%
25	26.27%	35.81%	45.16%	54.54%	59.47%	61.94%	63.96%	66.11%	67.49%	70.24%	72.35%
50	24.60%	34.15%	43.49%	52.87%	57.81%	60.27%	62.30%	64.45%	65.82%	68.58%	70.63%
100	21.82%	31.36%	40.71%	50.09%	55.02%	57.48%	59.51%	61.66%	63.04%	65.79%	67.76%
250	16.94%	26.49%	35.84%	45.21%	50.15%	52.61%	54.64%	56.79%	58.16%	60.92%	62.74%
500	12.54%	22.08%	31.43%	40.81%	45.74%	48.20%	50.23%	52.38%	53.76%	56.51%	58.20%
1,000	9.67%	19.22%	28.57%	37.94%	42.88%	45.34%	47.37%	49.52%	50.89%	53.65%	55.26%
2,500	6.76%	15.93%	25.28%	34.66%	39.59%	42.06%	44.08%	46.23%	47.61%	50.36%	51.87%
5,000	3.46%	8.66%	16.98%	26.35%	31.29%	33.75%	35.78%	37.93%	39.30%	42.06%	43.32%

Arch Insurance Company

Table 20.3 - Accident and Sickness Medical Expense Adjustment Factors per Occurrence

80% Coinsurance/ on the first \$5,000

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	38.71%	50.89%	60.56%	69.94%	74.88%	77.34%	79.37%	81.52%	82.89%	85.65%	88.21%
25	35.99%	48.03%	57.67%	67.05%	71.98%	74.45%	76.48%	78.62%	80.00%	82.75%	85.24%
50	33.40%	45.31%	54.91%	64.29%	69.22%	71.68%	73.71%	75.86%	77.24%	79.99%	82.39%
100	29.09%	40.74%	50.26%	59.64%	64.57%	67.03%	69.06%	71.21%	72.59%	75.34%	77.60%
250	21.65%	32.58%	41.88%	51.26%	56.19%	58.66%	60.68%	62.83%	64.21%	66.96%	68.97%
500	14.96%	24.86%	33.86%	43.24%	48.18%	50.64%	52.67%	54.82%	56.19%	58.95%	60.71%
1,000	10.42%	18.76%	27.35%	36.73%	41.66%	44.13%	46.16%	48.30%	49.68%	52.43%	54.01%
2,500	5.59%	11.35%	19.66%	29.04%	33.97%	36.44%	38.47%	40.62%	41.99%	44.74%	46.09%
5,000	3.46%	8.66%	16.98%	26.35%	31.29%	33.75%	35.78%	37.93%	39.30%	42.06%	43.32%

Table 20.4 - Accident and Sickness Medical Expense Adjustment Factors per Occurrence

80% Coinsurance/ on the first \$10,000

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	38.71%	50.89%	60.49%	68.16%	72.65%	75.05%	77.03%	79.16%	80.54%	83.29%	85.79%
25	35.99%	48.03%	57.59%	65.22%	69.71%	72.11%	74.08%	76.22%	77.59%	80.35%	82.76%
50	33.40%	45.31%	54.81%	62.40%	66.89%	69.29%	71.27%	73.40%	74.78%	77.53%	79.86%
100	29.09%	40.74%	50.12%	57.64%	62.13%	64.53%	66.51%	68.64%	70.02%	72.77%	74.95%
250	21.65%	32.58%	41.65%	48.94%	53.43%	55.83%	57.81%	59.94%	61.32%	64.07%	66.00%
500	14.96%	24.86%	33.44%	40.39%	44.88%	47.28%	49.26%	51.39%	52.77%	55.52%	57.19%
1,000	10.42%	18.76%	26.50%	32.81%	37.30%	39.69%	41.67%	43.81%	45.18%	47.94%	49.37%
2,500	5.59%	11.23%	17.22%	21.90%	26.39%	28.79%	30.77%	32.90%	34.27%	37.03%	38.14%
5,000	3.05%	6.59%	10.22%	13.85%	18.34%	20.74%	22.72%	24.85%	26.23%	28.98%	29.85%

Arch Insurance Company

Table 20.5 - Accident and Sickness Medical Expense Adjustment Factors per Occurrence

80% Coinsurance

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	38.71%	50.89%	60.49%	68.12%	71.91%	73.97%	75.40%	76.97%	78.35%	81.10%	83.53%
25	35.99%	48.03%	57.59%	65.17%	68.95%	71.01%	72.44%	74.01%	75.39%	78.14%	80.48%
50	33.40%	45.31%	54.81%	62.35%	66.12%	68.18%	69.61%	71.18%	72.56%	75.31%	77.57%
100	29.09%	40.74%	50.12%	57.58%	61.33%	63.39%	64.82%	66.39%	67.77%	70.52%	72.63%
250	21.65%	32.58%	41.65%	48.85%	52.56%	54.61%	56.03%	57.60%	58.97%	61.73%	63.58%
500	14.96%	24.86%	33.44%	40.24%	43.87%	45.91%	47.33%	48.89%	50.27%	53.02%	54.61%
1,000	10.42%	18.76%	26.50%	32.54%	36.01%	38.03%	39.44%	40.99%	42.37%	45.12%	46.48%
2,500	5.59%	11.23%	17.22%	21.25%	24.30%	26.25%	27.62%	29.16%	30.53%	33.28%	34.28%
5,000	3.05%	6.59%	10.13%	12.42%	14.90%	16.75%	18.05%	19.55%	20.93%	23.68%	24.39%

Table 20.6 - Accident and Sickness Medical Expense Adjustment Factors per Occurrence

90% Coinsurance/ on the first \$5,000

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	41.91%	55.42%	66.25%	76.78%	81.98%	84.48%	86.54%	88.69%	90.07%	92.82%	95.61%
25	38.88%	52.23%	63.00%	73.53%	78.73%	81.23%	83.28%	85.44%	86.82%	89.57%	92.26%
50	36.00%	49.18%	59.89%	70.42%	75.62%	78.12%	80.17%	82.33%	83.71%	86.46%	89.05%
100	31.20%	44.06%	54.66%	65.19%	70.39%	72.89%	74.94%	77.10%	78.48%	81.23%	83.67%
250	22.95%	34.96%	45.23%	55.77%	60.97%	63.47%	65.52%	67.68%	69.05%	71.81%	73.96%
500	15.61%	26.39%	36.22%	46.75%	51.95%	54.45%	56.50%	58.66%	60.03%	62.79%	64.67%
1,000	10.76%	19.72%	28.89%	39.42%	44.62%	47.12%	49.17%	51.33%	52.71%	55.46%	57.12%
2,500	5.70%	11.68%	20.24%	30.77%	35.97%	38.47%	40.52%	42.68%	44.06%	46.81%	48.21%
5,000	3.46%	8.66%	17.22%	27.75%	32.95%	35.45%	37.50%	39.66%	41.03%	43.79%	45.10%

Arch Insurance Company

Table 20.7 - Accident and Sickness Medical Expense Adjustment Factors per Occurrence
90% Coinsurance/ on the first \$10,000

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	41.91%	55.42%	66.24%	75.94%	80.88%	83.34%	85.37%	87.52%	88.89%	91.65%	94.40%
25	38.88%	52.23%	62.98%	72.63%	77.56%	80.03%	82.05%	84.20%	85.58%	88.33%	90.98%
50	36.00%	49.18%	59.86%	69.46%	74.39%	76.86%	78.89%	81.03%	82.41%	85.16%	87.72%
100	31.20%	44.06%	54.61%	64.11%	69.04%	71.50%	73.53%	75.68%	77.06%	79.81%	82.20%
250	22.95%	34.96%	45.13%	54.32%	59.25%	61.72%	63.75%	65.90%	67.27%	70.02%	72.13%
500	15.61%	26.39%	35.98%	44.70%	49.63%	52.10%	54.12%	56.27%	57.65%	60.40%	62.21%
1,000	10.76%	19.72%	28.30%	36.17%	41.10%	43.56%	45.59%	47.74%	49.12%	51.87%	53.43%
2,500	5.70%	11.65%	18.09%	23.90%	28.83%	31.29%	33.32%	35.47%	36.85%	39.60%	40.79%
5,000	3.09%	6.74%	11.01%	14.84%	19.77%	22.24%	24.26%	26.41%	27.79%	30.54%	31.46%

Table 20.8 - Accident and Sickness Medical Expense Adjustment Factors per Occurrence
90% Coinsurance

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	41.91%	55.42%	66.24%	75.94%	80.53%	82.82%	84.55%	86.42%	87.80%	90.55%	93.27%
25	38.88%	52.23%	62.98%	72.62%	77.20%	79.49%	81.22%	83.09%	84.47%	87.22%	89.84%
50	36.00%	49.18%	59.86%	69.45%	74.01%	76.31%	78.04%	79.90%	81.28%	84.03%	86.55%
100	31.20%	44.06%	54.61%	64.09%	68.63%	70.92%	72.65%	74.52%	75.89%	78.65%	81.00%
250	22.95%	34.96%	45.13%	54.28%	58.76%	61.04%	62.76%	64.63%	66.00%	68.76%	70.82%
500	15.61%	26.39%	35.98%	44.61%	48.99%	51.26%	52.97%	54.83%	56.20%	58.96%	60.73%
1,000	10.76%	19.72%	28.30%	35.97%	40.16%	42.40%	44.10%	45.95%	47.32%	50.08%	51.58%
2,500	5.70%	11.65%	18.09%	23.33%	26.99%	29.16%	30.80%	32.63%	34.00%	36.76%	37.86%
5,000	3.09%	6.74%	10.98%	13.50%	16.43%	18.50%	20.03%	21.83%	23.20%	25.95%	26.73%

Arch Insurance Company

Table 20.9 - Accident and Sickness Medical Expense Adjustment Factors per policy period/lifetime

100% Coinsurance

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	37.85%	53.40%	66.92%	80.54%	86.37%	89.28%	91.79%	94.98%	97.06%	100.00%	103.00%
25	35.47%	50.83%	64.27%	77.81%	83.63%	86.53%	89.04%	92.24%	94.31%	97.25%	100.17%
50	33.16%	48.35%	61.70%	75.17%	80.97%	83.87%	86.38%	89.57%	91.65%	94.59%	97.42%
100	29.30%	44.15%	57.33%	70.64%	76.41%	79.30%	81.81%	85.01%	87.08%	90.02%	92.72%
250	22.37%	36.30%	49.00%	61.85%	67.53%	70.41%	72.91%	76.10%	78.17%	81.11%	83.55%
500	15.81%	28.39%	40.35%	52.48%	58.00%	60.86%	63.35%	66.53%	68.61%	71.55%	73.69%
1,000	11.45%	22.01%	32.68%	43.46%	48.69%	51.51%	53.97%	57.15%	59.22%	62.16%	64.02%
2,500	6.46%	13.53%	21.52%	28.84%	33.39%	36.09%	38.47%	41.62%	43.68%	46.62%	48.02%
5,000	3.61%	7.99%	13.61%	16.62%	20.22%	22.77%	25.01%	28.12%	30.17%	33.11%	34.10%

Table 20.10 - Accident and Sickness Medical Expense Adjustment Factors per policy period/lifetime

50% Coinsurance on the first \$2,000

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	24.65%	35.20%	45.88%	56.66%	61.89%	64.71%	67.17%	70.35%	72.42%	75.36%	77.62%
25	23.39%	33.86%	44.48%	55.19%	60.41%	63.23%	65.69%	68.86%	70.93%	73.87%	76.09%
50	22.16%	32.56%	43.12%	53.76%	58.97%	61.78%	64.24%	67.42%	69.49%	72.43%	74.60%
100	20.10%	30.33%	40.78%	51.30%	56.48%	59.29%	61.74%	64.92%	66.99%	69.93%	72.03%
250	16.27%	26.05%	36.17%	46.31%	51.42%	54.21%	56.66%	59.83%	61.90%	64.84%	66.79%
500	12.47%	21.57%	31.18%	40.71%	45.70%	48.47%	50.91%	54.08%	56.14%	59.08%	60.86%
1,000	9.50%	17.47%	26.21%	34.60%	39.36%	42.09%	44.50%	47.66%	49.73%	52.67%	54.25%
2,500	5.71%	11.43%	18.29%	23.69%	27.82%	30.46%	32.79%	35.92%	37.97%	40.91%	42.14%
5,000	3.32%	7.16%	11.07%	13.75%	17.03%	19.53%	21.73%	24.82%	26.86%	29.80%	30.69%

Arch Insurance Company

Table 20.11 - Accident and Sickness Medical Expense Adjustment Factors per policy period/lifetime
80% Coinsurance/ on the first \$5,000

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	33.01%	46.10%	57.15%	67.92%	73.16%	75.97%	78.43%	81.61%	83.68%	86.62%	89.22%
25	31.07%	44.03%	55.01%	65.72%	70.94%	73.76%	76.22%	79.40%	81.46%	84.40%	86.94%
50	29.19%	42.02%	52.94%	63.59%	68.79%	71.61%	74.07%	77.24%	79.31%	82.25%	84.72%
100	26.02%	38.61%	49.41%	59.93%	65.11%	67.92%	70.38%	73.55%	75.62%	78.56%	80.92%
250	20.30%	32.19%	42.65%	52.79%	57.89%	60.69%	63.14%	66.31%	68.38%	71.32%	73.46%
500	14.77%	25.67%	35.58%	45.11%	50.09%	52.87%	55.31%	58.47%	60.54%	63.48%	65.39%
1,000	10.87%	20.20%	29.17%	37.56%	42.32%	45.06%	47.46%	50.62%	52.69%	55.63%	57.30%
2,500	6.26%	12.69%	19.70%	25.10%	29.23%	31.86%	34.19%	37.33%	39.38%	42.32%	43.59%
5,000	3.53%	7.66%	11.66%	14.34%	17.63%	20.12%	22.32%	25.41%	27.45%	30.39%	31.30%

Table 20.12 - Accident and Sickness Medical Expense Adjustment Factors per policy period/lifetime
80% Coinsurance/ on the first \$10,000

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	33.01%	46.10%	57.07%	65.84%	70.59%	73.33%	75.74%	78.90%	80.96%	83.90%	86.42%
25	31.07%	44.03%	54.94%	63.65%	68.40%	71.13%	73.54%	76.70%	78.76%	81.70%	84.15%
50	29.19%	42.02%	52.87%	61.53%	66.26%	69.00%	71.40%	74.56%	76.63%	79.57%	81.95%
100	26.02%	38.61%	49.34%	57.90%	62.61%	65.34%	67.74%	70.90%	72.96%	75.91%	78.18%
250	20.30%	32.19%	42.58%	50.83%	55.48%	58.20%	60.59%	63.75%	65.81%	68.75%	70.82%
500	14.77%	25.67%	35.51%	43.28%	47.83%	50.53%	52.91%	56.06%	58.12%	61.06%	62.89%
1,000	10.87%	20.20%	29.12%	35.98%	40.32%	42.98%	45.34%	48.48%	50.54%	53.48%	55.08%
2,500	6.26%	12.69%	19.66%	24.15%	27.91%	30.48%	32.76%	35.87%	37.92%	40.86%	42.09%
5,000	3.53%	7.66%	11.64%	14.15%	17.15%	19.60%	21.75%	24.82%	26.85%	29.79%	30.69%

Arch Insurance Company

Table 20.13 - Accident and Sickness Medical Expense Adjustment Factors per policy period/lifetime

80% Coinsurance

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	33.01%	46.10%	57.07%	65.79%	69.84%	72.19%	74.02%	76.58%	78.24%	81.18%	83.61%
25	31.07%	44.03%	54.94%	63.60%	67.65%	70.00%	71.82%	74.38%	76.04%	78.98%	81.35%
50	29.19%	42.02%	52.87%	61.48%	65.52%	67.86%	69.69%	72.25%	73.91%	76.85%	79.15%
100	26.02%	38.61%	49.34%	57.85%	61.87%	64.21%	66.04%	68.59%	70.25%	73.19%	75.39%
250	20.30%	32.19%	42.58%	50.79%	54.75%	57.09%	58.91%	61.47%	63.12%	66.07%	68.05%
500	14.77%	25.67%	35.51%	43.25%	47.13%	49.45%	51.27%	53.81%	55.47%	58.41%	60.17%
1,000	10.87%	20.20%	29.12%	35.96%	39.66%	41.97%	43.76%	46.31%	47.96%	50.90%	52.43%
2,500	6.26%	12.69%	19.66%	24.12%	27.37%	29.61%	31.36%	33.88%	35.53%	38.47%	39.63%
5,000	3.53%	7.66%	11.64%	14.13%	16.79%	18.91%	20.60%	23.09%	24.72%	27.66%	28.49%

Table 20.14 - Accident and Sickness Medical Expense Adjustment Factors per policy period/lifetime

90% Coinsurance/ on the first \$5,000

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	35.49%	49.84%	62.12%	74.25%	79.77%	82.62%	85.11%	88.30%	90.37%	93.31%	96.11%
25	33.32%	47.52%	59.73%	71.78%	77.29%	80.14%	82.63%	85.82%	87.89%	90.83%	93.55%
50	31.22%	45.27%	57.41%	69.39%	74.88%	77.74%	80.22%	83.41%	85.48%	88.42%	91.07%
100	27.71%	41.46%	53.46%	65.30%	70.76%	73.61%	76.09%	79.28%	81.35%	84.29%	86.82%
250	21.38%	34.32%	45.90%	57.34%	62.71%	65.55%	68.02%	71.20%	73.27%	76.21%	78.50%
500	15.32%	27.09%	38.04%	48.81%	54.05%	56.87%	59.33%	62.50%	64.57%	67.51%	69.54%
1,000	11.18%	21.16%	30.99%	40.52%	45.51%	48.28%	50.72%	53.89%	55.95%	58.89%	60.66%
2,500	6.37%	13.14%	20.65%	26.97%	31.31%	33.98%	36.33%	39.47%	41.53%	44.47%	45.80%
5,000	3.58%	7.84%	12.66%	15.48%	18.92%	21.45%	23.67%	26.77%	28.81%	31.75%	32.70%

Arch Insurance Company

Table 20.15 - Accident and Sickness Medical Expense Adjustment Factors per policy period/lifetime
90% Coinsurance/ on the first \$10,000

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	35.49%	49.84%	62.11%	73.25%	78.49%	81.30%	83.76%	86.94%	89.01%	91.95%	94.71%
25	33.32%	47.52%	59.72%	70.79%	76.02%	78.83%	81.29%	84.47%	86.54%	89.48%	92.16%
50	31.22%	45.27%	57.40%	68.41%	73.62%	76.43%	78.89%	82.07%	84.14%	87.08%	89.69%
100	27.71%	41.46%	53.45%	64.33%	69.51%	72.32%	74.78%	77.95%	80.02%	82.96%	85.45%
250	21.38%	34.32%	45.89%	56.40%	61.51%	64.30%	66.75%	69.92%	71.99%	74.93%	77.18%
500	15.32%	27.09%	38.03%	47.93%	52.92%	55.69%	58.13%	61.30%	63.36%	66.30%	68.29%
1,000	11.18%	21.16%	30.98%	39.75%	44.51%	47.25%	49.65%	52.81%	54.88%	57.82%	59.55%
2,500	6.37%	13.14%	20.64%	26.52%	30.65%	33.28%	35.61%	38.75%	40.80%	43.74%	45.05%
5,000	3.58%	7.84%	12.65%	15.40%	18.69%	21.18%	23.38%	26.47%	28.51%	31.45%	32.40%

Table 20.16 - Accident and Sickness Medical Expense Adjustment Factors per policy period/lifetime
90% Coinsurance

Deductible	Limits										
	1,000	2,500	5,000	10,000	25,000	50,000	100,000	250,000	500,000	1,000,000	Unlimited
0	35.49%	49.84%	62.11%	73.24%	78.14%	80.76%	82.90%	85.78%	87.65%	90.59%	93.31%
25	33.32%	47.52%	59.72%	70.79%	75.67%	78.29%	80.43%	83.31%	85.18%	88.12%	90.76%
50	31.22%	45.27%	57.40%	68.40%	73.28%	75.89%	78.03%	80.91%	82.78%	85.72%	88.29%
100	27.71%	41.46%	53.45%	64.32%	69.17%	71.79%	73.93%	76.80%	78.67%	81.61%	84.06%
250	21.38%	34.32%	45.89%	56.39%	61.17%	63.78%	65.91%	68.78%	70.65%	73.59%	75.80%
500	15.32%	27.09%	38.03%	47.92%	52.60%	55.18%	57.31%	60.17%	62.04%	64.98%	66.93%
1000	11.18%	21.16%	30.98%	39.75%	44.21%	46.77%	48.87%	51.73%	53.59%	56.53%	58.23%
2500	6.37%	13.14%	20.64%	26.51%	30.40%	32.88%	34.91%	37.75%	39.61%	42.55%	43.82%
5000	3.58%	7.84%	12.65%	15.40%	18.51%	20.87%	22.81%	25.60%	27.44%	30.39%	31.30%

Table 21 - Benefit Period

3 months	0.75
6 months	0.95
1 year	0.99
unlimited	1

Table 22 - Repatriation of Remains

Max. Benefit	Factor
\$2,500	38%
\$5,000	64%
\$10,000	87%
\$15,000	90%
\$25,000	93%
\$50,000	97%
\$100,000	100%
\$250,000	103%
\$500,000	105%
\$1,000,000	107%
Unlimited	110%

Arch Insurance Company

Table 23 - Unexpected Recurrence Factors

<u>Waiting period</u>	<u>Limits</u>							
	100	250	500	1,000	2,500	5,000	10,000	15,000
0 months	1.025	1.050	1.100	1.150	1.200	1.250	1.300	1.350
9 months	1.020	1.040	1.080	1.120	1.160	1.200	1.248	1.296
10 months	1.018	1.035	1.070	1.105	1.140	1.175	1.222	1.269
12 months	1.014	1.028	1.055	1.083	1.110	1.138	1.183	1.229

Table 24.1 - Dental Adjustment Factors

...Per Tooth Maximum...

Overall Dental Max*	\$50	\$75	\$100
2x	38.71%	51.61%	64.52%
2.5x	41.94%	55.24%	68.55%
3x	45.16%	58.87%	72.58%
4x	48.39%	63.71%	79.03%
5x	50.00%	65.32%	80.65%
6x	52.26%	68.39%	84.52%
7x	54.52%	71.45%	88.39%
10x+more	61.29%	80.65%	100.00%

*Expressed as multiple of Per Tooth Maximum

Table 24.2 - Dental Adjustment Factors deductible and coinsurance

deductible	<i>Coinsurance</i>			
	50%	75%	90%	100%
\$0	94.74%	98.25%	99.42%	100.00%
\$10	94.32%	97.96%	99.18%	99.79%
\$25	93.68%	97.54%	98.83%	99.47%
\$50	92.63%	96.84%	98.25%	98.95%
\$100	90.53%	95.44%	97.08%	97.89%

Table 25 - Unexpected Recurrence Factors Look back

period	period	
	Covered	Not-covered
60-days	1.0732	1.0000
90-days	1.0244	0.9444
120-days	1.0000	0.9167
180-days	0.9756	0.8889
More than 1 year	0.9291	0.8466

Arch Insurance Company

Table 26 - Factors for Trip Cancellation			
Amount Insured			Factor
\$1	to	\$500	1.0000
\$501	to	\$1,000	2.0403
\$1,001	to	\$1,500	2.9901
\$1,501	to	\$2,000	4.1890
\$2,001	to	\$2,500	5.4106
\$2,501	to	\$3,000	6.5642
\$3,001	to	\$3,500	7.7632
\$3,501	to	\$4,000	9.1887
\$4,001	to	\$4,500	10.5689
\$4,501	to	\$5,000	11.8811
\$5,001	to	\$5,500	13.4652
\$5,501	to	\$6,000	15.0267
\$6,001	to	\$6,500	16.5202
\$6,501	to	\$7,000	18.0137
\$7,001	to	\$8,000	20.3898
\$8,001	to	\$9,000	22.7197
\$9,001	to	\$10,000	25.0723

Arch Insurance Company

Section 7 – Description of Coverages

[ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment Insurance is afforded to an Insured Person which shall apply only to Injury, as defined in Section III, Definitions, sustained by such Insured Person during the course of coverage. Such Insurance includes such Injury which occurs during the course of time the Insured Person is covered under the Policy;

The Company shall pay an indemnity determined from Section II Schedule of Benefits, Accidental Death and Dismemberment, Table of Losses, if an Insured Person sustains a Loss stated therein resulting from Injury, provided that:

- 1) such Loss occurs within [60, 90, 180, 365] days after the date of Accident causing such Loss; and
- 2) the indemnity payable for any such Loss shall be the Principal Sum stated in Section II, Schedule of Benefits, Accidental Death and Dismemberment, Principal Sum, as applicable to such Insured Person and this Insurance; and
- 3) if more than one Loss stated in said Table is sustained as the result of one Accident, only one of the amounts so stated in said Table, the largest, shall be payable.

Exposure

If by reason of an Accident covered by the Policy an Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a Loss for which the Principal Sum is otherwise payable hereunder such Loss will be covered under the terms of this Policy.

Disappearance

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking, or wrecking of a conveyance in which such Insured Person was an occupant, then it shall be deemed, subject to all other terms and provisions of the Policy, that such Insured Person shall have suffered Loss of life within the meaning of the Policy.

Beneficiary Designation and Change

The beneficiary or beneficiaries of an Insured Person shall be that person or those persons designated by the Insured Person and filed with the Company. Any Insured Person who has not made an irrevocable designation of beneficiary may designate a new beneficiary at any time, without the consent of the beneficiary, by filing with the Company a written request for such change but such change shall become effective only upon receipt of such request at the office of the Company. When such request is received by the Company, whether the Insured Person be then living or not, the change of beneficiary shall relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment theretofore made by it.]

Arch Insurance Company
[ACCIDENTAL DEATH AND DISMEMBERMENT – COMMON CARRIER

Accidental Death and Dismemberment Insurance is afforded to an Insured Person which shall apply only to Injury, as defined in Section III, Definitions, sustained by such Insured Person during the course of coverage. Such Insurance includes such Injury which is sustained during such trip while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from:

- 1) any civilian aircraft having a current and valid Airworthiness Certificate, and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft, or
- 2) any transport type aircraft operated by the Military Airlift Command (MAC) of the United States, or by the similar air transport service of any duly constituted governmental authority of any other recognized country; provided that this Insurance shall not apply while such Insured Person is riding in any civilian or military aircraft other than as expressly described above, unless previously consented to in writing by the Company.

The Company shall pay an indemnity determined from Section II Schedule of Benefits, Accidental Death and Dismemberment, Table of Losses, if an Insured Person sustains a Loss stated therein resulting from Injury, provided that:

- 1) such Loss occurs within [60, 90, 180, 365] days after the date of Accident causing such Loss; and
- 2) the indemnity payable for any such Loss shall be the Principal Sum stated in Section II, Schedule of Benefits, Accidental Death and Dismemberment, Principal Sum, as applicable to such Insured Person and this Insurance; and
- 3) if more than one Loss stated in said Table is sustained as the result of one Accident, only one of the amounts so stated in said Table, the largest, shall be payable.

Exposure

If by reason of an Accident covered by the Policy an Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a Loss for which the Principal Sum is otherwise payable hereunder such Loss will be covered under the terms of this Policy.

Disappearance

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking, or wrecking of a conveyance in which such Insured Person was an occupant, then it shall be deemed, subject to all other terms and provisions of the Policy, that such Insured Person shall have suffered Loss of life within the meaning of the Policy.

Beneficiary Designation and Change

The beneficiary or beneficiaries of an Insured Person shall be that person or those persons designated by the Insured Person and filed with the Company. Any Insured Person who has not made an irrevocable designation of beneficiary may designate a new beneficiary at any time, without the consent of the beneficiary, by filing with the Company a written request for such change but such change shall become effective only upon receipt of such request at the office of the Company. When such request is received by the Company, whether the Insured Person be then living or not, the change of beneficiary shall relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment theretofore made by it.]

Arch Insurance Company
[ACCIDENT MEDICAL EXPENSES]

The Company will pay Covered Expenses due to Accident only, as per the limits stated in Section II, Schedule of Benefits, Accident Medical. Coverage is limited to Covered Expenses incurred subject to Section V, Exclusions. All bodily Injuries sustained in any one Accident shall be considered one Disablement; all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

[Treatment of an Injury must occur within [30, 60, 90, 180, or 365] days of the Accident.]

[Medical expenses incurred for Treatment of injuries sustained as a result of a covered motor vehicle accident are payable up to [\$10,000]].

[Medical expenses incurred for Treatment of sports related accidents are payable up to [\$5,000]].

When a covered Injury is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses of the Deductible and Coinsurance as stated in section II, Schedule of Benefits, Accident Medical. In no event shall the Company's maximum liability exceed the maximum stated in Section II, Schedule of Benefits, Accident Medical, as to Covered Expenses during any one period of individual coverage.

The Deductible and Coinsurance amount consists of Covered Expenses which would otherwise be payable under this Policy. These expenses must be borne by the Insured Person.

Covered Accident Medical Expenses

For the purpose of this section, only such expenses, incurred as the result of a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in Section V, Exclusions, shall be considered as Covered Expenses:

- [1] Charges made by a Hospital for [semi-private] room and board, [to a maximum of [\$800] per day], floor nursing [while confined in a ward or semi-private room of a Hospital] and other [Hospital] services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.]
- [2] Charges made for Intensive Care or Coronary Care charges and nursing services [to a maximum of [\$800] per day]].
- [3] Charges made for diagnosis, Treatment and Surgery by a Physician.]
- [4] Charges made for an operating room.]
- [5] Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.]
- [6] Charges made for the cost and administration of anesthetics.]
- [7] Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, and medical Treatment.]
- [8] Charges for physiotherapy, [to a maximum of [\$500] [per day] for inpatient] [to a maximum of [\$500] [per day] for outpatient] if recommended by a Physician for the Treatment of a specific Disablement [or following hospitalization] and administered by a licensed physiotherapist.]
- [9] Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician.]
- [10] Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only [to a limit of [\$2,500]], within the metropolitan area in which the Insured Person is located at that time the service is used. If the Insured Person is in a rural area, then [qualified] [licensed] ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.]

Accident Medical Benefit Period

Arch Insurance Company

Only those expenses specifically described above which are incurred within the Benefit Period stated in Section II, Schedule of Benefits, Accident Medical, from the onset of an Injury and which are not excluded in Section V, Exclusions, are considered Covered Expenses. Initial Treatment of an Injury must occur within [30, 60, 90, 180, or 365] days of the Accident.

[Accident Medical Incidental Home Country Benefit Period

As an accommodation and supplemental benefit, the Insured Person will be covered under this insurance during incidental return trips to his/her Home Country ("Incidental Trips") up to a cumulative total of fourteen (14) days during the Period of Coverage, provided that:

1. The Insured Person has departed his/her Home Country prior to any Incidental Trip; and
2. The Insured Person has timely paid applicable Premium for at least thirty (30) days of continuous coverage; and
3. The intention or purpose of the Insured Person's return trip to the Home Country is not to receive Treatment for an Illness or Injury incurred or sustained while traveling outside of his/her Home Country; and
4. The Insured Person's return trip to the Home Country does not result in receiving Treatment for an Injury incurred or sustained while traveling outside of his/her Home Country.

Only those expenses specifically described above which are incurred within the Insured Person's Home Country for an Illness which occurred [inside] [or outside] the Insured Person's Home Country as stated in section II, Schedule of Benefits, Sickness Medical, Home Country Benefit, per 12 months of coverage, or pro rata thereof. Covered Expenses described in (1 through 10) above which are incurred in the Insured Person's Home Country are limited to the maximum stated in Section II, Schedule of Benefits, Sickness Medical, Home Country Benefit.]

[Extension of Benefits

Those Covered Expenses that are incurred inside the Insured Person's Home Country related to an Illness or Injury which occurred outside the Insured Person's Home Country and during the period of coverage shall be paid. Covered Expenses described in (1 through 10) above which are incurred in the Insured Person's Home Country are limited to the maximum stated in Section II, Schedule of Benefits, Accident Medical, Extension of Benefits.]

Arch Insurance Company
[SICKNESS MEDICAL EXPENSES]

The Company will pay Covered Expenses, as per the limits stated in Section II, Schedule of Benefits, Sickness Medical. Coverage is limited to Covered Expenses incurred subject to Section V, Exclusions. All bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

[Treatment of an Illness must occur within [30, 60, 90, 180, or 365] days of the onset of the Illness.] [Illness must manifest itself during the Period of Coverage.]

When a covered Illness is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses excess of the Deductible and Coinsurance as stated in Section II, Schedule of Benefits, Sickness Medical. In no event shall the Company's maximum liability exceed the maximum stated in Section II, Schedule of Benefits, Sickness Medical, as to Covered Expenses during any one period of individual coverage.

The Deductible and Coinsurance amount consists of Covered Expenses which would otherwise be payable under this Policy. These expenses must be borne by the Insured Person.

Covered Sickness Medical Expenses

For the purpose of this section, only such expenses, incurred as the result of a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in Section V, Exclusions, shall be considered as Covered Expenses:

- [1]. Charges made by a Hospital for [semi-private] room and board, [to a maximum of [\$800] per day], floor nursing [while confined in a ward or semi-private room of a Hospital] and other [Hospital] services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.]
- [2]. Charges made for Intensive Care or Coronary Care charges and nursing services [to a maximum of [\$800] per day.]
- [3]. Charges made for diagnosis, Treatment and Surgery by a Physician.]
- [4]. Charges made for an operating room.]
- [5]. Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.]
- [6]. Charges made for the cost and administration of anesthetics.]
- [7]. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, and medical Treatment.]
- [8]. Charges for physiotherapy, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist.]
- [9]. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician.]
- [10]. Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only, [to a limit of [\$2,500]] within the metropolitan area in which the Insured Person is located at that time the service is used. If the Insured Person is in a rural area, then [qualified] [licensed] ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.]

Sickness Medical Benefit Period

Only those expenses specifically described above which are incurred within the Benefit Period stated in Section II, Schedule of Benefits, Sickness Medical, from the onset of the Illness and which are not excluded in Section V, Exclusions, are considered Covered Expenses. Initial Treatment of an Illness must occur within [30, 60, 90, 180, or 365] days of the onset of the Illness. [Illness must first manifest itself during the Period of Coverage.]

Arch Insurance Company

[Sickness Medical Incidental Home Country Benefit Period

As an accommodation and supplemental benefit, the Insured Person will be covered under this insurance during incidental return trips to his/her Home Country ("Incidental Trips") up to a cumulative total of fourteen (14) days during the Period of Coverage, provided that:

- 1) The Insured Person has departed his/her Home Country prior to any Incidental Trip; and
- 2) The Insured Person has timely paid applicable Premium for at least thirty (30) days of continuous coverage; and
- 3) The intention or purpose of the Insured Person's return trip to the Home Country is not to receive Treatment for an Illness or Injury incurred or sustained while traveling outside of his/her Home Country; and
- 4) The Insured Person's return trip to the Home Country does not result in receiving Treatment for an Illness or Injury incurred or sustained while traveling outside of his/her Home Country.

Only those expenses specifically described above which are incurred within the Insured Person's Home Country for an Illness which occurred [inside] [or outside] the Insured Person's Home Country as stated in section II, Schedule of Benefits, Sickness Medical, Home Country Benefit, per 12 months of coverage, or pro rata thereof. Covered Expenses described in (1 through 10) above which are incurred in the Insured Person's Home Country are limited to the maximum stated in Section II, Schedule of Benefits, Sickness Medical, Home Country Benefit.]

[Extension of Benefits

Those Covered Expenses that are incurred inside the Insured Person's Home Country related to an Illness or Injury which occurred outside the Insured Person's Home Country and during the period of coverage shall be paid. Covered Expenses described in (1 through 10) above which are incurred in the Insured Person's Home Country are limited to the maximum stated in Section II, Schedule of Benefits, Sickness Medical, Extension of Benefits.]

Arch Insurance Company
[IN-HOSPITAL INDEMNITY

The Company will pay the daily benefit shown in Section II, Schedule of Benefits, In-Hospital Indemnity if the Insured Person is confined to a Hospital as a registered inpatient as the result of an Illness or Injury which first occurs during the Insured Person's Policy Period [and the Illness or Injury is not covered under the Policy per the Exclusions listed in Section V, Exclusions].

Arch Insurance Company

[UNEXPECTED RECURRENCE

When an Injury or Illness of the Insured Person is not covered under the Policy due to any of the following:

[1) the condition caused the Insured Person to seek medical advice, diagnosis, care or Treatment [during the] [0, 30, 60, 90, 180 days] [12, 24, 36, 60 months] [anytime] prior to the Effective Date of coverage under this Policy; 2) medical advice, diagnosis, care or treatment was recommended or received for the condition during the [0, 30, 60, 90, 180 days] [12, 24, 36, 60 months] [anytime] prior to the Effective Date of coverage under this Policy; [Pre-Existing Conditions that were disclosed on the application and accepted by the Company shall be considered covered. Exclusionary Riders may be issued by the Company for certain Pre-Existing Conditions.]

[Pre-Existing conditions, defined as any condition for which a licensed Physician was consulted, or for which treatment or medication was prescribed, or for which manifestations of symptoms would have caused a person to seek medical advice prior to the Effective Date of coverage under the Policy, except as specified below:

- a) If the Insured Person does not receive medical care or services, including prescription drugs or other medical supplies, and is not under the care of a Physician with respect to the Pre-Existing Condition or related condition(s), for a period of [3, 6, 9, 12, 18] consecutive months beginning on or after the first day of coverage, the Pre-Existing condition exclusion will no longer apply and any eligible charges incurred after the treatment free period will be considered for reimbursement; or
- b) If the Injured Person is covered under the Policy for [6, 9, 12, 18] consecutive months, the Pre-Existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement.]

the Company will pay Reasonable and Customary medical expenses excess of the Deductible and Coinsurance as stated in Section II, Schedule of Benefits, Unexpected Recurrence. In no event shall the Company's maximum liability exceed the maximum stated in Section II, Schedule of Benefits Unexpected Recurrence, as to Covered Expenses during any one period of individual coverage.]

Arch Insurance Company
[DENTAL

When covered Dental expenses are incurred by the Insured Person the Company will pay Reasonable and Customary expenses in excess of the Deductible and Coinsurance as stated in Section II, Schedule of Benefits, Dental. In no event shall the Company's maximum liability exceed the maximum stated in Section II, Schedule of Benefits, Dental, as to Covered Expenses during any one period of individual coverage.

For the purpose of this section, only such expenses, incurred as the result of an eligible Dental condition, in which services or Medications are prescribed, performed, or ordered by a Dentist and enumerated below, and which are not excluded in Section V, Exclusions, shall be considered as Covered Expenses. With respect to Accidental Dental, an eligible Dental condition shall mean emergency dental repair or replacement to sound, natural teeth damaged as a result of a covered Accident.]

Arch Insurance Company
[EMERGENCY MEDICAL EVACUATION/REPATRIATION]

The Company will pay, subject to the limitations set out herein, for Covered Emergency Evacuation Expenses reasonably incurred if the Insured suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation while covered under this Policy. Benefits payable are subject to the Maximum Amount per Insured shown on the Schedule for all Emergency Evacuations due to all Injuries from the same Accident or all Emergency Sicknesses from the same or related causes.

A legally licensed Physician, in coordination with the Assistance Company, must order the Emergency Evacuation and must certify that the severity of the Insured's Injury or Emergency Sickness warrants his or her Emergency Evacuation to the closest adequate medical facility. It must be determined that such Emergency Evacuation is required due to the inadequacy of local facilities.

The certification and approval for Emergency Evacuation must be coordinated through the most direct and economical conveyance and route possible, such as air or land ambulance, or commercial airline carrier.

Covered Emergency Evacuation Expenses are those for Medically Necessary Transportation, including Reasonable and Customary medical services and supplies incurred in connection with the Emergency Evacuation of the Insured. Expenses for Transportation must be: (a) recommended by the attending Physician; and (b) required by the standard regulations of the conveyance transporting the Insured. and (c) reviewed and pre-approved by the Assistance Company;

The Company will also pay reasonable and customary charges, up to the maximum escort limit shown on the Policy, for escort expenses required by the Insured, if the Insured is disabled and an escort is recommended in writing, by the Company's attending Physician and must be pre-approved by the Assistance Company.

[ADDITIONAL BENEFITS:]

[If the Insured Person is hospitalized for more than [7 days] following a Covered Emergency Evacuation Expense, the Company will pay subject to the limitations set out herein, for expenses [:]

[[1.]to return to [the United States] [or] [Canada] [where they reside],with an attendant if necessary, any of the Insured Person's Dependent Children who were accompanying the Insured when the Injury or Emergency Sickness occurred; but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person.]

[[2.]to bring one person chosen by the Insured to and from the Hospital or other medical facility where the Insured is confined if the Insured is traveling alone; but not to exceed the cost of one round-trip economy airfare ticket.][:]

[3. to return the Insured from the medical facility to which he or she was evacuated to the Insured's Return Destination via Common Carrier, within [one year] from the Insured's [[date of hospitalization.] Commercial airfare costs will be in the same class of service, as the Insured's original airline tickets, or in business or first class as in compliance to Insured's medical necessities and requirements upon the discharge, less refunds from the Insured's unused transportation tickets.

[In addition to the above covered expenses, if the Company has previously evacuated an Insured Person to a medical facility, the Company will pay his/her airfare costs from that facility to the Insured Person's primary residence, within one year from the Insured Person's original Scheduled Return Date, less refunds from the Insured Person's unused transportation tickets. Airfare costs will be economy, or first class if the Insured's original tickets are first class. This benefit is available only if it is not provided under another coverage in the Policy.]

[Transportation of Spouse [or Domestic Partner]: If the Insured Person is in the Hospital [for more than [seven (7)] days] [or if the attending Physician certifies that due to the Insured Person's Injury or Sickness, the Insured Person will be required to stay in the Hospital for more than [seven (7)] consecutive days,] [or if the Insured Person dies and requires the return of mortal remains,] the Company will return the Insured Person's spouse [or Domestic Partner] to their primary residence.]

[Emergency Evacuation – means the Insured Person's medical condition warrants immediate transportation from the place where the Insured is injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;]

[Emergency Sickness - means an illness or disease, diagnosed by a legally licensed Physician, which meets all of the following criteria: (1) there is a present severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while coverage is in force while the Insured suffers the symptom.]

Arch Insurance Company

[Transportation - means any land, sea or air conveyance required to transport the Insured Person during an Emergency Evacuation. Transportation includes, but is not limited to, Common Carrier, air ambulances, land ambulances and private motor vehicles.]

Arch Insurance Company
[RETURN OF MORTAL REMAINS]

The Company will pay the reasonable Covered Expenses incurred to return the Insured Person's body to [their primary residence] if he/she dies while covered under this Policy. This will not exceed the maximum stated in Section II, Schedule of Benefits, Return of Mortal Remains.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, casket for transport and transportation.]]

All Covered Expenses in connection with a return of mortal remains must be pre-approved and arranged by an Assistance Company representative appointed by the Company.]

Arch Insurance Company
[EMERGENCY MEDICAL REUNION]

When an Insured Person [up to age 24] [is traveling alone][and is hospitalized for more than [7] [days], the Company will arrange and pay for [round-trip economy-class transportation] for [one individual selected by the Insured Person] [a parent, spouse, sibling (over age 21) or legal guardian] [a Family Member], from the [Insured Person's Home Country] to [the location where the Insured Person is hospitalized] [and return to the current Home Country]. [For participants over age 24, benefits are payable if hospitalization lasts more than one week. The benefits payable will include:

[If the Insured Person is eligible for a covered Emergency Medical Evacuation or Repatriation under this Policy and the Assistance Company representative, appointed by the Company, and the attending Physician determines that Medical Emergency Evacuation or Repatriation is necessary and prudent for the Insured Person, the Company will arrange and pay for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized and return to the current Home Country. The benefits payable will include]:

- [1. The cost of a round trip economy air fare up to the maximum stated in Section II Schedule of Benefits, Emergency Medical Reunion];
- [2. Reasonable travel and accommodation expenses incurred in relation to the Emergency Medical Reunion up to the maximum stated in Section II Schedule of Benefits, Emergency Medical Reunion];
- [3. Hotel and meals [to a maximum of \$75 per day] up to the maximum stated in Section II Schedule of Benefits, Emergency Medical Reunion].

[The period of Emergency Medical Reunion is not to exceed [1 to 50] days, including travel.]

All transportation in connection with an Emergency Medical Reunion must be pre-approved and arranged by [the program][an Assistance Company representative appointed by the Company][the Assistance Company].

Arch Insurance Company
[BAGGAGE AND PERSONAL EFFECTS]

The Company will reimburse the Insured Person, up to the amount stated in Section II, Schedule of Benefits, Baggage and Personal Effects, for theft or damage to baggage and personal effects, [checked with a Common Carrier] provided the Insured Person has taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany the Insured Person at all times.

[This coverage is secondary to any coverage provided by a Common Carrier [and all other valid and collectible insurance indemnity and shall apply only when such other benefits are exhausted.]]

[There will be a per article limit of [\$200] [\$250 for cameras]. [There will also be a combined maximum limit of [\$400] for the following: jewelry; watches and cameras including related equipment; personal computers; articles consisting in whole or in part of silver, gold, or platinum; furs and articles trimmed with or made mostly of fur.]]

The Company will pay the lesser of the following:

1. The actual cash value (cost less proper deduction for depreciation at the time of loss, theft or damage);
2. The cost to repair or replace the article with material of a like kind and quality; or
3. [\$200] per article.

[A maximum of [\$50] will be paid for the cost of replacing a passport or visa.]

[A maximum of [\$50] will be paid for the cost associated with the unauthorized use of lost or stolen credit cards, subject to verification that the Insured Person has complied with all conditions of the credit card company.]

Arch Insurance Company
[BAGGAGE DELAY (Outward Journey Only)]

[If an Insured Person's checked baggage is delayed or misdirected by a Common Carrier for more than [24 hours] from the Insured Person's time of arrival at a destination other than their Home Country, benefits will be paid, up to the amount stated in Section II, Schedule of Benefits, Baggage Delay, for the actual expenditure for necessary personal effects. An Insured Person must be a ticketed passenger on a Common Carrier. The Common Carrier must certify the delay or misdirection. Receipts for the purchases must accompany any claim.]

Benefits will not be paid for any expenses which have been reimbursed or for any services which have been provided by the Common Carrier, hotel or travel supplier; nor will benefits be paid for loss or damage to property specifically scheduled under any other insurance.]

Arch Insurance Company
[TRIP DELAY

The Company will reimburse the Insured Person for Covered Expenses on a one-time basis, up to the maximum shown in the Schedule, if the Insured Person is delayed en route to or from the trip for [twenty-four (24)] or more hours due to the following reasons:

- [a] Any delay of a Common Carrier (including inclement weather).]
- [b] Any delay by a traffic accident en route to a departure, in which the Insured Person is directly or not directly involved.]
- [c] Any delay due to lost or stolen passports, travel documents or money, quarantine, hijacking, unannounced strike, natural disaster, [civil commotion or riot.]]

Covered Expenses Include: [Meals and lodging [limited to [\$200] per day]] [Any reasonable additional travel expenses incurred;]

Arch Insurance Company
TRIP CANCELLATION

Trip Cancellation coverage provides benefits up to the maximum stated in Section II, Schedule of Benefits, Trip Cancellation, Trip Cancellation Limit, for Loss(es) the Insured Person incurs for [trips] [programs] if cancelled prior to departure. Coverage is provided for losses (after the Effective Date) the Insured Person incurs due to the cancellation of the Insured Person's trip if caused by:

- [(a) Sickness, Accidental Injury or death of the Insured Person, [Traveling Companion], [or] [Family Member] [or Business Partner;] which results in medically imposed restrictions as certified by a Physician at the time of loss preventing your continued participation in the Trip. [A Physician must advise cancellation of the Trip on or before the Scheduled Departure Date]. [(1) The Insured Person's or the Traveling Companion's Sickness or Injury. The severity or acuteness of the condition must be so disabling as to reasonably cause the Trip to be cancelled and a Physician has recommended that due to the severity of the condition it is Medically Necessary that the Insured Person or the Traveling Companion cancels the trip. The Insured Person or the Traveling Companion must be under the direct care and attendance of a Physician.] [(2) The Insured Person or the Traveling Companion's death.] [(3) The Insured Person or the Traveling Companion's spouse or child's Sickness or Injury. The severity or acuteness of his or her condition or the circumstances surrounding that condition is/are such that an ordinarily prudent person must cancel the Trip.] [(4) Death of the Insured Person or the Traveling Companion's legal spouse; child; son-in-law; daughter-in-law; sibling; parent; parent-in-law; or grandparents.] For all of the above situations, the incident that causes cancellation must occur within [30] days of the scheduled travel dates.]]
 - [(b) The Insured Person [and/or] [Traveling Companion] being hijacked, quarantined [in the location where the Insured Person is intending to travel][at the Insured Person's or Traveling Companion's home], [required to serve on a jury], [subpoenaed],[required to appear as a witness in a legal action, provided the Insured Person [a Traveling Companion] is not a [party to the legal action][or][appearing as a law enforcement officer] [the victim of felonious assault within [10] days of departure]; [or having his/her principal place of residence made uninhabitable by fire, flood or other natural disaster;]; [or burglary of his/her principal place of residence within [10] days of departure.]
 - [(c) The Insured Person or Traveling Companion being [directly involved in] [indirectly involved in] [or] [delayed due to] a traffic accident substantiated by a police report, while en route to departure].
 - [(d) A transfer of the Insured Person by the employer with whom the Insured Person is employed on their Effective Date which requires his/her principal residence to be relocated;]
 - [(e) The death or hospitalization of the Insured Person's Host at Destination;]
 - [(f) If within [45] days] of the departure of an Insured Person, a politically motivated Terrorist Attack occurs within [a [50] mile] radius of] the territorial limits of the City listed on the Insured Person's itinerary. The Terrorist Attack must occur after the Effective Date of the Insured Person's Trip Cancellation coverage.][This coverage only applies if the protection plan was purchased within [15] calendar days of initial Trip payment.]
 - [(f) If within [45] days] of the departure of an Insured Person, a politically motivated Terrorist Attack occurs within a [50] mile] radius of the territorial city limits of the [foreign] city to be visited by the program for which the Insured Person has registered [and if the United States government issues a travel advisory indicating that Americans should not travel to a city named on the itinerary;]
 - [(g) The Insured Person's Traveling Companion or Family Member, who are military personnel, and are called to emergency duty for a natural disaster other than war] [Military duty (if within [30] days of departure, the Insured Person has his/her leave revoked or the Insured Person is reassigned.)) [(g) the Insured Person or Traveling Companion being called into active military service by having his/her leave revoked. Coverage does not apply if leave is revoked within [7] days of departure] [The Insured Person or a Traveling Companion, who are on active military duty in the United States Armed Forces: has their personal leave revoked within 10 days prior to the departure date (as long as such revocation is in writing by a superior officer and is not due to war-related situations, invocation of the War Powers Act, base or unit mobilization, unit reassignment for any reason, or disciplinary action); or are personally reassigned within 10 days prior to the departure date, whether temporary or permanent.]]
 - [[[(h) Strike, resulting in the complete cessation of travel services [at the point of departure and/or destination.] A Strike is foreseeable on the date labor union members vote to approve a Strike.]
 - [(h) Strike that causes complete cessation of services for at least [48] consecutive hours.]
- i) Weather [at the departure site] which causes complete cessation of services [of the Common Carrier] [for at least [48] consecutive hours] [and prevents the Insured Person from reaching their destination].]
- [(j) Bankruptcy and/or Default of the Insured Person's Travel Supplier which occurs more than [14] days] following the Insured Person's Effective Date. [Coverage is not provided for the Bankruptcy or Default of the travel agent or Travel Supplier that solicited this protection plan and from whom the Insured Person purchased their Land/Sea Arrangements] [The Insured Person's Scheduled Departure Date must be no more than [15] months beyond the Insured Person's Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow the Insured Person to transfer to another airline in order to get to the Insured Person's intended destination.] [This coverage only applies if the protection plan was purchased within [15] calendar days of initial Trip payment.]
- [(k) An Insured Person is terminated, or laid off from employment subject to [five] years of continuous employment at the place of employment where terminated.]

Arch Insurance Company

- [l] Natural Disaster or documented man-made disaster at the site of the Insured Person's destination which renders their destination accommodations uninhabitable [limited to the cost of the airfare of the Insured Person's Covered Trip.]
- [m. A cancellation of the Insured Person's Covered Trip if the Insured Person's arrival on the Trip is delayed and causes the Insured Person to lose [50%] or more of the scheduled Covered Trip duration due to the reasons covered under the Trip Delay Benefit;]
- [n. [Adverse weather] [or] [natural disasters] [or] [Terrorist Attacks] resulting in the complete cessation of travel services.]
- [o. Adverse weather or natural disaster resulting in the obstruction of public roadways, or curtailment of public transportation, which prevents the Insured Person's ability to arrive at their Land/Sea Arrangements.]
- [p. Mandatory evacuation ordered by local authorities at the Insured Person's final destination due to hurricane or other natural disaster. The Insured Person must have [four (4)] days or [50%] of their total Covered Trip length or less remaining on the Covered Trip, at the time the mandatory evacuation ends, in order to cancel the Covered Trip.] [The Company will not pay any benefits for property that is accessible or habitable for [more than [48 hours] [50% of the Insured Person's trip length]] [any time during the evacuation period.] [The Company will not pay any benefits if the Insured Person has more than [48 hours] remaining of their Trip at the time the evacuation is lifted. [This benefit only applies if purchased within [7 days] [24 hours] of the initial trip payment.] [This benefit is subject to a [\$100] deductible.] [The maximum limit of coverage payable will be the lesser of [\$1,000 per person or 50% of the Insured Person's trip cost.]
- [(q) Hurricane warning causing cancellation of travel. Claims are not payable if a hurricane is foreseeable prior to an Insured Person's effective date. A hurricane is foreseeable on the date it becomes a named storm. The Company will not pay any benefits [14] calendar days after the incident occurs. [In order to cancel or interrupt the Insured Person's trip, he/she must have [4] days or [50%] of his/her total Trip length remaining or less.] [This benefits only applies if purchased within [7] [days] [24 hours] of the initial trip payment]. [This benefit is subject to a [\$100] deductible.] [The Maximum Limit of coverage payable will be the lesser of [\$1000 per person or 50% of the Insured Person's trip cost.]
- [(r) Named hurricane causing cancellation of travel to the Insured Person's destination that is uninhabitable for the greater of: (1) 4 days or (2) 50% of the Insured Person's trip length. The Company will only pay benefits for losses occurring within 14 calendar days after the named hurricane makes the Insured Person's destination accommodations uninhabitable. An Insured Person's destination is uninhabitable if: (i) the building structure itself is unstable and there is a risk of collapse in whole or in part; (ii) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail or flood; (iii) immediate safety hazards have yet to be cleared, such as debris on roofs or downed electrical lines; or (iv) the rental property is without electricity or water. Benefits are not payable if a hurricane is named on or before the effective date of the Insured Person's Trip Cancellation coverage or less than 14 days after the effective date of the Insured Person's Trip Cancellation coverage. [This coverage applies only if insurance was purchased within [15] calendar days of initial Trip payment.]
- [(s) a documented theft of passports or visas]

The Company will reimburse the Insured Person for the following:

- [a] non-refundable cancellation charges imposed by the Participating Organization [and/or][Travel Suppliers]]
- [b] airfare cancellation charges for flights [arranged by the Participating Organization in connection with the Insured Person's Trip] commencing within [one day] of the Land/Sea Arrangements.]
- [c] additional cost incurred if the skipper cancels his/her Trip for a covered reason and the Insured Person elects to replace him/her with a skipper.]
- [d] tuition expenses not refunded by the Participating Organization.]
- [e] If the Insured Person's Travel Supplier cancels the Insured Person's Covered Trip, the Insured Person is covered up to [\$75.00] for the reissue fee charged by the airline for the tickets. The Insured Person must have covered the entire cost of the Covered Trip including the airfare.]
- [f. The amount of [forfeited,] [and] [prepaid,] [and] [non-refundable,] and [non-refunded,] [and] [unused] [published] payments or deposits that you paid for the Covered Trip [including the cost of this travel protection plan] [or change fees incurred in place of full penalties] [not including travel agency penalties.]
- [g Travel agency fees [limited to \$100]]

[In no event shall the amount reimbursed exceed the lesser of [the amount the Insured Person prepaid for the Covered Trip] [or] [the maximum benefit shown on the Schedule of Coverages]].

[Coverage does not include default of a Participating Organization or other organization that results in loss of services.]

SPECIAL CONDITIONS: The Insured Person must advise the Participating Organization and the Company as soon as possible in the event of a claim. The Company will not pay benefits for any additional charges incurred that would not have been charged had the Insured Person notified the Participating Organization as soon as reasonable possible.

Arch Insurance Company

[SINGLE OCCUPANCY COVERAGE

The Company will reimburse the Insured Person, up to the maximum shown on the Schedule, for the additional cost incurred during the Covered Trip as a result of a change in the per person occupancy rate for prepaid travel arrangements if a person booked to share accommodations with the Insured Person has his/her Trip delayed, canceled, or interrupted for a covered reason and the Insured Person does not cancel.]]

[EXCESS INSURANCE LIMITATION

The insurance provided by this Policy shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any Loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of Loss, over the amount of such other insurance or indemnity, and applicable deductible.]]

Arch Insurance Company
[TRIP INTERRUPTION

Trip Interruption coverage provides benefits up to the maximum stated in Section II, Schedule of Benefits, Trip Interruption, Trip Interruption Limit, for Loss(es) the Insured Person incurs for [trips] [programs] if interrupted after departure. Coverage is provided for losses (after the Effective Date) the Insured Person incurs due to the interruption of the Insured Person's trip if caused by:

- [1. Death of a [Family Member] [parent], [spouse], [sibling], [child] [only;]
- [2. Serious damage to the Insured Person's principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.)]

Coverage is provided for the cost of a one-way air or ground transportation ticket of the same class as the unused travel ticket to return an Insured Person from the International airport nearest to where the Insured Person was located at the time of learning of such death or destruction to the International airport nearest to: (i) the location of the funeral or place of burial in the case of the Unexpected death of a Relative, or (ii) the Insured Person's principal residence in the case of substantial destruction thereof; subject to the following conditions and limitations:

1. The Insured Person must be outside of his/her Home Country at the time of the Unexpected death of the Relative or the substantial destruction of the principal residence; and
2. The Unexpected death of the Relative or the substantial destruction of the residence must have occurred during the Period of Coverage; and
3. The Company will deduct from the Trip Interruption benefits payable hereunder the value, if any, of the unused return ticket held by the Insured Person at the time of the death or destruction, which value the Insured Person must attempt to receive credit for or apply towards the costs of the return trip.

The Company will not provide any benefits, reimbursements or coverages for any of the costs or expenses incurred by the Insured Person for a re-return trip, if any, to the original location of the Insured Person at the time of learning of such death or destruction.

SERFF Tracking Number: CLTR-125320900

State: Arkansas

Filing Company: Arch Insurance Company

State Tracking Number: AR-PC-07-026403

Company Tracking Number: TIM2007 R

TOI: 09.0 Inland Marine

Sub-TOI: 09.0009 Travel Coverage

Product Name: arch inbound-outbound travel

Project Name/Number: arch inbound-outbound travel/TIM2007 R

Supporting Document Schedules

Satisfied -Name: AUTHORITY TO FILE

Review Status:

Accepted for Informational 10/15/2007
Purposes

Comments:

Attachment:

authorization to file.pdf

ARCH INSURANCE COMPANY

Date: May 1, 2007
To: State Insurance Departments
From: Arch Insurance Company
Subject: Filing Authority for Coulter & Associates, Inc.

I, Joseph Labell, an officer of Arch Insurance Company certify that Arch has authorized Coulter and Associates, Inc., acting as our Contracts Consultant and Consulting Actuary, to file products with your Department on our behalf.

Signature: _____

A handwritten signature in black ink, appearing to be 'J. Labell', is written over a horizontal line. The signature is cursive and somewhat stylized.