ATTACHMENT C

INDIANA

APPLICATION COVER SHEET AND CHECK-OFF LIST

Page 1 of 2

Indentifying Information:

Grant Opportunity: HHS Health Insurance Rate Review Grants-Cycle I

DUNS #: 824799365 Grant Award: \$1 million Applicant: INDIANA DEPARTMENT OF INSURANCE Primary Contact Person, Name: ROBYN CROSSIN Telephone Number: 317-234-6293 Fax number: 3172325251

Email address: rcrosson Gidoi in gov

				OMB Number: 4040-0 Expiration Date: 01/31/2
Application for Fed	eral Assistance SF-	424		Version
*1. Type of Submission	n: *2. Ty	pe of Applicati	on * If Revision, select appropriate letter(s)	
Preapplication	Ne	W		
Application		ontinuation	*Other (Specify)	
Changed/Corrected	Application	vision		
3. Date Received:	4. Applica	ant Identifier:		
5a. Federal Entity Ider	tifier:		*5b. Federal Award Identifier:	
State Use Only:				
6. Date Received by S	tate:	7. State Ap	plication Identifier:	
8. APPLICANT INFOR				une de la companya de
*a. Legal Name: INDI	ANA DEPARTMENT O	F INSURANCE		
*b. Employer/Taxpaye 356000158	r Identification Number	(EIN/TIN):	*c. Organizational DUNS: 824799365	
d. Address:				
*Street 1:	311 W. WASHING	TON STREET		
Street 2:	SUITE 300			
*City:	INDIANAPOLIS			
County:	MARION	x •		
*State:		•		
Province:		1111-0-0-0-4		
*Country:	UNITED STATES			
*Zip / Postal Code	46204-2787			
e. Organizational Uni	t:			
Department Name:			Division Name:	
INDIANA DEPARTMEN			COMPANY COMPLIANCE	
f. Name and contact			ted on matters involving this application:	
Prefix:	*	First Name:	ROBYN	
*Last Name: CRO	SSON			
Suffix:	-	· ·		
Title: CHIE	F DEPUTY COMMISS	IONER, COM	PANY COMPLIANCE	
Organizational Affiliation			· ,	
*Telephone Number:			Fax Number: 317-232-5251	

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OMB Number: 4040-0004 Expiration Date: 01/31/2009

	al Assistance SF-424	3			Version 02
*9. Type of Applicant 1:	Select Applicant Type:				
A.State Government		· ·			
Type of Applicant 2: Sel	ect Applicant Type:		•		
· · · ·					
Type of Applicant 3: Sel	ect Applicant Type:				
*O# == (0 = = = 6.) :					
*Other (Specify)					
*10 Name of Federal Ag	iencv:	,	·		•
Department of Health a	-	,			4
11. Catalog of Federal I	Domestic Assistance Nu	imber:	,		
93.511					
CFDA Title:		· · ·			
Grants to States for Heal	th Insurance Premium Re	view-Cycle		•	
*12 Funding Opportuni	ity Number:		-	-	
RFA-FD-10-999		•			
*Title:			·		3
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Application for Federa	Assistance SF-424					Version (
16. Congressional Distric	ets Of:					
*a. Appliçant: IN-all	·	*t	. Program/Pro	ject: IN-all		4
17. Proposed Project:					1	
*a. Start Date: 08-09-2010		*t	. End Date: 0	9-30-2011		
18. Estimated Funding (\$):	•	,			
*a. Federal	1,000,000	, «««««««»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»	-	•	•	
b. Applicant	0					
c. State	0					
'd. Local	0		1 •			
e. Other f. Program Income	Ö		×			
g. TOTAL	1,000,000			·		
······	1,000,000	•				
 b. Program is subject to c. Program is not cove 20. Is the Applicant Deli Yes X No 21. *By signing this applica 	nquent On Any Federal Deb ition, I certify (1) to the statem	n selected by the solution of	State for review vide explanat the list of certi	v. .ion.) fications** and	1 (2) that the	statements
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OMB Number: 4040-0004

Expiration Date: 01/31/2009

Version 02

Application for Federal Assistance SF-424

*Applicant Federal Debt Delinquency Explanation

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

		B	UDGET INFORI	MA	TION - Non-Con	str	uction Program	S			B Approval No. 4040-0006 Expiration Date 04/30/2008
			SECT	rioi	N A - BUDGET SUM	MA	RY				1
Grant Program Function	Catalog of Federal Domestic Assistance		Estimated Unc	blig	ated Funds			N	ew or Revised Budge	et	
or Activity (a)	Number (b)		Federal (c)		Non-Federal (d)		Federal (e)		Non-Federal (f)		Total (g)
1. PREMIVM REVIE W	93.511	\$		\$		\$	1,000,000	\$		\$	1,000,000
2.											
3.						Γ				Ι	
4.											
5. Totals		\$		\$		\$	1,000,000	\$		\$	1,000,000
-		4	SECTION	ON	B - BUDGET CATE						
6. Object Class Catego	ries	141		1(0)	GRANT PROGRAM, F	_		(4)		7	Total (5)
		10	AREMIUN REVIEW	(2)		(3)		(**)		_	(9)
a. Personnel		\$	60,000	\$		\$		\$		\$	60,000
b. Fringe Benefits			0							. 	· 0
c. Travel	~		0								0
d. Equipment			11,400								11,400
e.Supplies		ľ	0		•						0
f. Contractual			878,600		<u> </u>						878,600
g. Construction	2		0								· 0
h. Other			50,000								50,000
i. Total Direct Chi	arges (sum of 6a-6h)		1,000,000		·				·	\$	1,000 000
j. Indirect Charge	S.		0							\$	0
k. TOTALS (sum (of 6i and 6j)	\$	1,000,000	\$		\$		\$		\$	1000,000
7. Program Income		\$	0	\$	[\$		\$		\$	0
C Findiam monue		1	<u> </u>	Ľ		Ľ		Ľ			

OMB Approval No. 4040-0006

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Stendard Form 424A (Rev. 7- 97) Prescribed by OMB (Circular A -102)

	SECTION	I C -	NON-FEDERAL RE	sou	JRCES				
(a) Grant Program			(b) Applicant		(c) State	(0	d) Other Sources		(e) TOTALS
8. ₀	•	\$		\$		\$		\$	
9.									
10.									
11.									
12. TOTAL (sum of lines 8-11)		\$		\$		\$		\$	0
		ND-	FORECASTED CA	SHN					
13. Federal	Total for 1st Year		1st Quarter	_	2nd Quarter		3rd Quarter		4th Quarter
	\$ 1,000,000	\$	1,000,000	\$	0	\$	<u> </u>	\$	0
14. Non-Federal	\$ 0		0		0		0		0
15. TOTAL (sum of lines 13 and 14)	\$ 1,000,000]\$	1,000,000	\$	0	\$	0	\$	\bigcirc
SECTION E -	BUDGET ESTIMATES OF	FEI	DERAL FUNDS NEE	DEC	FOR BALANCE C	FT	HE PROJECT		
(a) Grant Program			(b) First	1	FUTURE FUNDING	P			
18. PREMIUM REVIEW GRAM	π	\$	1,000,000	\$	(c) Second	\$	(d) Third	\$	(e) Fourth
17.				+	· · · · ·				
18.		+						1	
19.		+							
20. TOTAL (sum of lines 16 - 19)		\$	1,000,000	\$	0	\$	0	\$	0
67	SECTION	F - 0	THER BUDGET IN	FORI	MATION	L			
21. Direct Charges:			22. Indirect	t Cha	arges:				
23. Remarks:							. I.		A T

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Standard Form 424A (Rev. 7-97) Page 2

OMB Approval No.: 4040-0007 Expiration Date: 07/30/2010

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND. IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
- 2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- 5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
- Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to:

 (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin;
 (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex;
 (c) Section 504 of the Rehabilitation

Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U. S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (i) the requirements of any other nondiscrimination statute(s) which may apply to the application.

- 7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
- Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

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Standard Form 424B (Rev. 7-97) Prescribed by OMB Circular A-102

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- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be
- prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

- 12 Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	• TITLE
Completer an subvission to a spis. gov	Chief Deputy Commissioner
* APPLICANT ORGANIZATION	* DATE SUBMITTED
Indiana Department of Tusunance	Compisied Introduction Terent 2020

Standard Form 424B (Rev. 7-97) Back

Complete this form	LOSURE OF LC to disclose lobbyin (See reverse for pu	g activitiés pursuan	it to 31 U.S.C. 1352	Approved by OMB 0348-0046
	2. Status of Federa	al Action: offer/application I award	3. Report Type: a. initial filing b. material change For Material Change O year qua date of last report	arter
I. Name and Address of Reporting	Éntity:	5. If Reporting E	ntity in No. 4 is a Subawarde	e. Enter Name
NOIANA DEPARTMENT OF J 311 W. WASHINGTON ST., STE 30 INDIANAPOLIS, IN 46204	if known: NSURANCE DD	and Address o	t Prime:	
Congressional District, if known	. 40 , TAI-all	Congressional	District, if known:	
DEPARTMENT OF HEALTH A HVMAN SERVICES		7. Federal Progra	am Name/Description: MATES FOR HEALTH INSUR YCLE I if applicable: 93.511	ANCE PREMIUM
R ♥A - FD - 10 - 99 9):	9. Award Amoun \$ 1,000,0		
10. a. Name and Address of Lobby (if individual, last name, first n		b. Individuals Pe different from (last name, fire N/A		address if
11. Information requested through this form is autholized 1352. This disclosure of lobbying activities is a matupon which reliance was placed by the tiler above whe or entered into. This disclosure is required pursuar information will be available for public inspection. Ar required disclosure shall be subject to a civit penalty not more than \$100,000 for each such failure.	n this transaction was made it to 31 U.S.C. 1352. This is person who fails to file the	Title: Chief	Deputy Commission 317) 234 6293	er Companylonfo Date: 717/10
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OMB Number: 4040-0003

	Koy Contacta Form	Version 01
	Key Contacts Form	version o
* Applicant Orga	Inization Name:	
INDIA	NA DEPARTMENT OF INSURANCE	
Enter the individ	ual's role on the project (e.g., project manager, fiscal contact).	
* Contact 1 Proje	ANTERS OFOUTH WEARFORD ADDED TO	
Prefix:	ECTROLE: CHIEF DEPUTY; OVERSEEING PRETECT	
* First Name:	ROBYN	
Middle Name:	S.	
* Last Name:	CROSSON	
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ADDITIONAL ASSURANCES

CERTIFICATIONS

1. CERTIFICATION REGARDING DRUG-FREE WORK-PLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that it will provide a drug-free workplace in accordance with the Drug-Free Workplace Act of 1988, 45 CFR Part 76, subpart F. The certification set out below is a material representation of fact upon which reliance will be placed when SSA determines to award the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, SSA, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants or government wide suspension or debarment.

The grantee certifies that it will or will not continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about--

(1) The dangers of drug abuse in the workplace;

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(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

(d) Notifying the employee in the statement required by paragraph (a), above, that as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency within ten calendar days after receiving notice under subparagraph (d)(2), above, from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices.

Notices shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), above, with respect to any employee who is so convicted--

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f), above.

The grantee certifies that, as a condition of the grant, it will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant.

2. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension,

continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

• (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure."

3. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

NOTE: In accordance with 45 CFR Part 76, amended June 26, 1995, any debarment, suspension, proposed debarment or other government wide exclusion initiated under the Federal Acquisition Regulation (FAR) on or after August 25, 1995, shall be recognized by and effective for Executive Branch agencies and participants as an exclusion under 45 CFR Part 76.

. (a) Primary Covered Transactions

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(2) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(3) are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (a)(2) of this certification; and

(4) have not within a 3-year period preceding this application/proposal had one or more public . transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed under the assurances page in the application package.

(b) Lower Tier Covered Transactions

The applicant agrees by submitting this proposal that it will include, without modification, the following clause titled <u>"Certification Regarding Debarment, Suspension, Ineligibility, and</u> <u>Voluntary Exclusion – Lower Tier Covered Transaction</u>" (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions:

Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion -- Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	
Completed on Submission to Grants.gov	Chief Deputy Commissioner
6) (5)	* DATE SUBMITTED
Indiana Department of Insurance	Completed on submission to Grants.gov July 7,2007



TO:

STATE OF INDIANA

MITCHELLE. DANIELS, JR., Governor

IDOI

INDIANA DEPARTMENT OF INSURANCE 311 W. WASHINGTON STREET, SUITE 300 INDIANAPOLIS, INDIANA 46204-2787 TELEPHONE: (317) 232-2385 FAX: (317) 232-5251

CAROL CUTTER, Commissioner

DATE: July 7, 2010

Office of Consumer Information and Insurance Oversight

This letter is in regard to the Indiana Department of Insurance participation in the Department of Health and Human Services Health Insurance Premium Review-Cycle I grant, identified as CFDA 93.511. Under Indiana law, the Indiana Department of Insurance has existing authority to oversee and coordinate the proposed activities in this grant application. The title of this project is the Indiana Department of Insurance Rate Review Grant. The principle investigator and manager is Robyn Crosson, credentials below.

Sincerely Róbyn S. Crosson

Chief Deputy Commissioner Company Compliance Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, IN 46204-2787 Telephone: (317) 234-6293 Email: rcrosson@idoi.in.gov

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AGENCY SERVICES (317) 232-2413 COMPANY COMPLIANCE (317) 233-0697

CONSUMER SERVICES (317) 232-2395 In-State 1-800-622-4461

EXAMINATIONS / FINANCIAL SERVICES (317) 232-2390

ACCREDITED BY THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

> MEDICAL MALPRACTICE (317) 232-2402

SÉGURITIES / COMPANY RÉCORDS (317) 232-1991



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STATE OF INDIANA OFFICE OF THE GOVERNOR

State House, Second Floor Indianapolis, Indiana 46204 Mitchell E. Daniels, Jr. Governor

July 7, 2010

The Honorable Kathleen Sebelius Secretary Department of Health Human Services 200 Independence Ave. SW Washington, D.C. 20201

Secretary Sebelius:

I hereby state my support of the Indiana Department of Insurance's (IDOI) efforts to seek the Premium Review Grant which will facilitate the enhancement of the premium review process and increase transparency of premium approval for Hoosiers.

I certify that the funds received from this grant will not be used to supplant current expenditures attributable to premium review and that IDOI will maintain its current efforts related to the premium review process.

Sincerely,

ME Daniel, gr.

Indiana Application for HHS Grants to States for Health Insurance

Premium Review-Cycle I

CFDA: 93.511

Robyn S. Crosson Chief Deputy Commissioner Gompany Compliance Indiana Department of Insurance 311 W. Washington Street Suite 300 Indianapolis, IN 46204-2787 Telephone: (317) 234-6293 Email: rcrosson@idoi.in.gov

Project Abstract

The primary goals of participating in this grant are to enhance premium review practices and to provide Hoosiers an opportunity to access insurance company rating practices and to educate consumers on the process of rate review. By disclosing filings online, Hoosiers have greater access and the opportunity to provide feedback to regulators.

Enhanced Transparency: The Indiana Department of Insurance (IDOI) will use grant funds to enhance transparency by establishing a website for Hoosiers to view rate filings, search by carrier, and allow for public comment (after moderation) regarding health insurance rates. The grant funds will be used to pay a private entity to create and setup a website that will assist in exchanging public filing data with the System for Electronic Rate Form Filing (SERFF) and presenting it to Hoosiers. Training will be provided to select IDOI staff to moderate comments and maintain the website. A portion of the new website area will be devoted to providing explanations of the terms used by insurers and regulators to give Hoosiers a better understanding of the available rate data. In addition, a small portion of the funds will go towards a multi-state SERFF improvement effort.

Best Practices for Regulators: In addition to the website, IDOI will commission a private firm to examine all rate review practices across the United States. This firm will then provide recommendations for enhancements, upgrades and changes that will allow the IDOI to meet or exceed consumer expectations and how to best protect consumers. This firm will also identify necessary legislative changes governing rate review to comply with the new PPACA standards and this grant's requirements.

Better Coordination: Finally, a third portion of the requested funds will be used to setup a document management system within the IDOI to coordinate all the parties involved in the review process including carriers, consumers, and IDOI staff. IDOI plans to leverage existing Indiana investments in document management software.

Budget Overview

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Item	Expense
Online Filings and Public Comment System,	\$350,000
SERFF enhancements, HHS Reporting System	
Legal Consulting	\$205,000
Rate Review, Rebate, and Actuarial Consulting	\$323,000
Document Management System & Training	\$12,000
New Compliance Coordinator Positions (2)	\$60,000
FSSA HIT Data Project	\$50,000
Total	\$1,000,000

Project Narrative

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The Indiana Department of Insurance's (IDOI) authority to review rates is established under Title 27 of the Indiana Code. IDOI licenses and regulates all health insurance products except for self-funded plans that are exempted by the Employee Retirement Income Security Act (ERISA). Carriers operating in all market segments (individual, small group, and large group), including for-profit and not-for-profit organizations, association plans, and supplemental plans, are legally obligated to file rates with the IDOI before insurance products may be marketed to, sold to, or modified and implemented for consumers.

In Indiana, rates are reviewed prospectively. Insurers are required to submit a filing in a certain format to IDOI and obtain IDOI's approval prior to implementing or modifying a rate. Format guidelines are listed on IDOI's current website at http://www.in.gov/idoi. Required fields vary according to the type of product. Generally, a filing consists of a checklist, an actuarial memorandum, a SERFF filing, supporting documentation, and certifications. The checklists describe the filing format and help the carrier ensure that the filing meets Indiana's minimum criteria regarding HIPAA compliance, guaranteed renewability, pre-existing conditions, privacy, enrollment, and mandated benefits; among other requirements. The memo requires that carriers provide specific rate information, such as various loss ratios, trend rates, the history of increases, a description of the benefit structure, morbidity assumptions, and reserve amounts. The IDOI may reject a rate increase on the basis of an improperly submitted filing. The carrier's filing must also include a statement that the minimum loss ratio standards,

calculated on the basis of realistic actuarial assumptions, will be met after the requested rate change.

Assuming that the filing is properly submitted, the filing is then reviewed by IDOI. IDOI's rate review team consists of one or more deputy commissioners (presently two), three policy analysts, and a contracted independent actuary. The present contracting firm is Keith Powell & Associates, Ltd. Mr. Powell, of this firm, does all of the actuarial work. Mr. Powell has a B.A. in mathematics, an M.B.A. in quantitative methods, a J.D., is a published author in the health actuarial area, and has over thirty years of health actuarial experience. Mr. Powell has been a member of the Society of Actuaries (ASA) since 1976 and of the American Academy of Actuaries (MAAA) since 1979. Mr. Powell is current with his Continuing Education requirements. He is familiar with relevant ASOPs and Guidelines for Professional Conduct. The credentials of the other members of the team are described below.

Robyn S. Crosson, J.D., F.L.M.I., is the Chief Deputy Commissioner of Company Compliance. Chief Deputy Crosson has 17 years of broad insurance industry experience. Chief ^a D^ceputy Crosson has a B.S. from Kelley School of Business with minors in Economics and Mathematics. Chief Deputy Crosson began her insurance career at Golden Rule Insurance Company focusing on claims review. Subsequently, Chief Deputy Crosson focused on compliance at American United Life and small group health insurance pricing in the Actuarial Department of Anthem. In 2002, Chief Deputy Crosson graduated from Indiana University School of Law. Chief Deputy Crosson was admitted to practice law in New York in 2003 and Illinois in 2009. From 2002 until joining the IDOI in September of 2009, Chief Deputy Crosson

represented corporations and individual policyholders for coverage issues relating to general liability, fiduciary liability, workers' compensation, fine art/collectible, directors' & officers', health, life, captive and reinsurance policies.

Anita Strauss is the Deputy Commissioner of Health Policy. Deputy Strauss has over 20 years of insurance industry experience. Deputy Strauss began her career in 1986 with a local HMO before moving to the rental PPO field. Deputy Strauss has held her Accident & Health license since 1995, working with health policies for individuals, small group, large group, Medicare Supplement, Medicare Advantage and Medicare Part D programs. Deputy Strauss is familiar with fully insured as well as self funded health plans, and is a licensed Pharmacy Technician from Marion College. Deputy Strauss came to the IDOI in April of 2008 as the Health Policy Program Director. Deputy Strauss was promoted in June of 2009 to the position of Deputy Commissioner of Health Policy.

Bobbi Henn is an Accident & Health Form Filing Analyst. Ms. Henn has been a part of the insurance industry since 1989 when she started as a group health underwriter in the selffunded industry. She worked as an underwriter for stop-loss products for 17 years while at Stop Loss International, VASA Brougher, and AIG. Ms. Henn is one of the Accident and Health Policy analysts, and came to the Department in 2007.

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Paul Hyslop is an Accident & Health Rate and Form Filing Analyst. Mr. Hyslop brings thirty five years of insurance-related work experience to the Department. The most recent nineteen years have been with the IDOI as an Accident and Health Policy Analyst. Mr. Hyslop earned a B.S. in Business Administration and began his insurance career in 1974 with AUL as a

group renewal underwriter for health and reinsurance products. In 1985 Mr. Hyslop left AUL for Associates Life Insurance Company where he continued underwriting group products but expanded to life and disability plans. From Associates Life, Mr. Hyslop came to the IDOI in 1990 and has served in several areas of analysis, the majority of the time in A&H products for the Company Compliance Services division.

Kim Brown, LUTCF, is the third Accident & Health Rate and Form Filing Analyst. Ms. Brown has worked as an Accident and Health Analyst for the IDOI since December of 2000. Prior to her work with the IDOI, Ms. Brown was employed as a Life and Health agent in Terre Haute, Indiana, for four years, during which time she earned a designation for Life Underwriter Training Council Fellow (LUTCF). Ms. Brown holds a B.S. in Business Administration.

The IDOI's rate review process is conducted in two phases. During the first phase, the actuary evaluates the filing, checks formula accuracy, makes comparisons to independently collected data and independent actuarial assumptions, and summarizes the rate data for the remaining members of the team. The actuary tests whether the actuarial assumptions provided by the carrier properly coincide with IDOI's own actuarial assumptions that it considers reasonable. Because projection assumptions can be unreliable, IDOI utilizes a range of assumptions for projection in a sensitivity testing exercise; using company assumptions as, at most, one scenario. This analytical approach is factored into IDOI's review process along with other like-minded analyses. Filing errors or rates that are not actuarially justified are filtered out during this phase; however, this is without prejudice as the carrier must simply modify and cresubmit.

During the second phase, the team discusses the summarized filing, together with the actuary, and makes a determination. This review process typically takes place on a weekly basis. There is no exact statutory requirement regarding the schedule. Indiana does not track the average amount of time that is required to complete the review process. Statutorily, IDOI has up to thirty (30) days to complete rate review; most reviews are shorter, but some have taken longer. During the process, either the actuary or members of the team may maintain communication with the carrier to obtain additional information. In some cases IDOI may request additional data from a carrier to help determine reasonableness, including solvency information, the carrier's business growth pattern, more detailed coverage descriptions, more information about reserves included in the incurred claims, and the "paid through" date of the claims used to generate the portion of incurred claims that are reserves.

At the end of a prospective rate review, a filing may be approved, in which case the insurer is notified and can make the changes within a certain period of time. However, in limited softuations such as a market conduct examination, a retrospective review may be triggered as well that later reverses the prior approval. If a requested rate is denied up front, the IDOI notifies the carrier, at which point the carrier may choose to withdraw the filing, resubmit after modification, or appeal to Indiana's Commissioner of Insurance for a hearing. Carriers generally resubmit.

Deciding whether to approve a rate increase incorporates multiple criteria. Under Indiana law, carriers seeking an increase have the burden of proving that the increased premium is reasonable in relation to the benefits (see attached statutory summary). A wealth of information is considered when determining reasonableness including, but not limited to: annual, future

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(historical and projected), and lifetime (historical and projected) medical loss ratios (MLR), the presently requested rate increase, rate history (three years) and prior filing data, enrollment, whether the product is being actively sold, the financial solvency of the carrier, and various trend criteria (which involve or reflect medical costs, pharmacy costs, and utilization). Given the prospective review, unreasonable rate increases are never approved.

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The IDOI generally enforces rating rule guidelines promoted by the National Association of Insurance Commissioners (NAIC). The criteria may vary according to the type of product. For individual health plans, the IDOI employs a modification of the traditional NAIC guideline that tests the rate on the basis of lifetime and/or future MLR. Unlike the NAIC guideline, the IDOI does not adjust MLR according to average premium size. Rates are evaluated irrespective of size as even a very small change could result in failing the minimum loss ratios. Instead, the minimum loss ratios for future and lifetime ratios are 50% for non-cancellable rate renewal provisions, 55% for guaranteed renewable provisions (pre-HIPAA), 55% for conditionally renewable provisions, and 60% for optionally renewable provisions. For small group, the IDOI verifies the rate complies with the relevant Indiana statutory requirements and that the loss ratio for roughly the next twelve months is reasonable. The guidelines for group rates are provided by Indiana Code 27-8-15. For example, I.C. 27-8-15-16(1) provides, in part, that "rates ... may not vary from [a determined] midpoint rate by more than thirty-five percent (35%)" See Indiana's Title 27 for more detail.

The IDOI presently uses SERFF in conjunction with the rate review process. Carriers are required to file through SERFF under IDOI regulation. The IDOI requires carriers to complete

⁶⁶ certain additional fields in SERFF forms. There is no other funding for Information Technology (IT) to support rate review outside of general IDOI funds that support basic office work for all IDOI staff. Filings are not currently available on the IDOI's website. This information is only available to the public by appointment or through outside vendors listed on IDOI's website at <u>http://www.in.gov/idoi</u>. Consequently, the IDOI will use part of this grant to improve the IT systems used for rate review to enhance transparency. In particular, the IDOI would like to participate in the enhancement project being undertaken by SERFF. In addition, the IDOI will setup a website that promotes transparency by improving Hoosier's insight into the process of rate review as well as provide a convenient avenue for public comment.

IDOI's FY 2009 total revenue was \$308,538,527. Out of this total, \$176,776,855 was collected in premium tax and new producer fees. That revenue is deposited into the State General Fund. Another \$8,403,040 was collected from various fees, including producer renewal fees, audit fees, rate and form filing fees, company fees, and retaliatory fees. Out of this revenue, \$618,475 came from rate and form filing fees, the most relevant revenue stream related to rate review. These funds are deposited into the IDOI Dedicated Fund and are used to fund all of IDOI. Remaining revenues are generated by, and used by, other departments of IDOI (e.g. Title, Bail, Medical Malpractice, etc.). Although there is no specific rate review expense tracking, IDOI estimates that rate review related expenses presently costs an average of \$25,288 per year. Finally, the proportioned cost of staff time devoted to rate review is estimated at \$66,270.92 per year, not including the cost of the independent actuary which is \$103/hour and up to about \$171,000 annually (exact figure in budget narrative).

In 2009, there were 817 premium related filings. This number includes new product filings, Medicare supplemental plans, rate-neutral factor changes, and premium increases. Indiana does not track this information in greater detail.

Rate filings are publically available. Indiana laws that govern disclosure are available under Indiana's Title 27, such as 27-1-22. The public can access filings in two ways. Hoosiers can send a written request to IDOI to access one or more filings. At no cost, IDOI will locate the filing and prepare it, at which point the person can visit the IDOI office in Indianapolis and review the filing. Alternatively, a person can communicate with an independent agency to obtain the filing, although this requires a fee. The actuarial memos that IDOI requires carriers to submit with the filing must be generally brief and relatively easy to read. Consumers are not given advance notice. Public meetings and/or hearings are not held for rate filings prospectively. However, under law, the Commissioner of Insurance may institute a public hearing during a retrospective review as a part of a market conduct examination. This is extremely rare in practice. IDOI plans to use the grant money to improve public access by freely providing filings in an electronic format available over the web, in addition to the existing mechanisms. Furthermore, the new system will simplify the information for consumers. The new system will also enable Hoosiers to submit public comments on pending filings, prior to IDOI completing its rate review.

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Consumers have submitted 480 complaints to the IDOI about rate increases from January 1st, 2008 to present. There were 127 complaints in 2008. There were 188 complaints in 2009. There are 165 complaints to date in 2010. Most complaints regarding health insurance, other

than rate increases, are slow payment (claims processing), no payment (to providers), denials, and lost documents.

The IDOI has not taken any formal administrative actions against insurance companies over the past two plan years regarding health insurance rates. Rates are prospectively approved, modified, or rejected and withdrawn. IDOI generally negotiates an agreement with its carriers which eliminates the need for formal administrative action. There have been no requests for formal hearings over the past two plan years regarding health insurance rates.

IDOI's challenges in performing rate review include getting additional data from carriers outside of SERFF required fields. Adding more required fields will help. Due to the small number of staff, IDOI also encounters challenges in reviewing all small group filings. Finally, a challenge that has mostly been met successfully is negotiating with carriers to reduce the requested premium increase to a lower amount before passing along the cost of health care to Hoosiers.

IDOI proposes the following rate review enhancements for health insurance. First and foremost, IDOI will contract to establish a website that enables Hoosiers to search for filings by carrier, view a summarized and simplified filing report, and submit public comment on pending or resolved filings. Hoosiers who visit the IDOI general website at http://www.in.gov/idoi will see a new link to the online filing and comment system. IDOI will also generate statewide news of the new system and encourage Hoosiers to participate. The website is estimated to cost \$350,000 (including other expenses) and will take between three and six months to implement.

As a second component of the website project, IDOI will participate in the multi-state SERFF improvement project. This cost is estimated at \$18,808. This project involves adding more required fields to SERFF forms such as company name, company type, product type fields, product tracking. This project involves creating more user-friendly reports. According to the preliminary draft prepared by the NAIC, the project will be phased in with the first release to occur "within 3 months of the receipt of HHS requirements for the uniform template for reporting." In addition, "the development will occur over an 8 month period beginning when the NAIC receives the reporting template and supporting documentation."

The third component of the website project is the newly required HHS reporting. A portion of the funds devoted to the website project will be used to establish a mechanism for electronic reporting of information to HHS. These funds will also be used to help the new Coordinator positions train for and perform the first year's worth of federal reporting as a transitional cost. IDOI attests that it will comply with the reporting requirements outlined in Section 2794 of PPACA. The newly created Coordinator positions at the IDOI will be tasked with fulfilling these requirements and be responsible for facilitating the reporting. This may involve some IT funding for two new computers for the two new positions and for a system that collects and aggregates the appropriate data and provides for a means of transmitting the data electronically to HHS. In addition, there may be funds targeted at upgrading IDOI's Long Term Care reporting and technology to help with the HHS reporting.

A fourth component of the website budget estimate includes setting aside \$500 for the creation and administration of an email address for Hoosiers to comment on the rate review grant

process. The currently proposed address is <u>ratereview@idoi.in.gov</u>. In addition, this funding will include a public webinar that is free for Hoosiers to attend that will announce the grant to the public and allow for participation in the grant process. The webinar is planned for some day in the third week of August, 2010. The email address should be up and running shortly after the grant is awarded. There will be a minimum two week comment period. The IDOI will review all of the public's commentary. In this manner, Hoosiers with disabilities or long-term illness and other consumers and stakeholders will have the opportunity to participate.

In addition to the online projects, IDOI will contract with a private consulting firm to explore opportunities for expanding the scope of Indiana's rate review process. This includes providing more resources for evaluating small group filings. The goal of this consulting project is to search for potential improvements in rate review efficiency, identify better means of transparency, and make the whole process complete more quickly. IDOI will review proposals from legal firms for a project that would include: (1) a comprehensive, state-by-state analysis of authority for rate review as compared to Indiana; (2) an evaluation of changes to Indiana rate review regulations required under PPACA; (3) an evaluation of state and federal authority for the new rebating provisions under PPACA; (4) assistance with drafting proposed legislation and applicable rules on rate review and rebating; (5) an examination of the feasibility of establishing a medical reimbursement data center in Indiana; (6) a review of existing applicable law on data center formation, contract drafting and review, long-term funding, privacy policies and a compliance framework; (7) a review of the current regulatory framework and new federal requirements regarding insurance information privacy and reporting; (8) a data privacy regulatory compliance review; (9) and a form to be used to report data, which form would be

digitized and could be used to submit reports to the medical reimbursement data center. The total fee estimate for working with a firm is \$205,000. The project would begin shortly after being awarded the grant and is estimated to require 700 billable hours.

IDOI will contract with a second private consulting firm to establish a system for calculating and disbursing rebates. Unlike the legal consultation, this firm will help expand the scope of IDOI's rate review process for the small group market segment and help carry out the actual work that must be done as a part of rate review. This includes auditing IDOI's rate review process and performing independent actuarial work for the IDOI. A significant portion of this cost will go towards the selection and contracting of an additional, well-qualified actuary; termed as "back end peer review" together with actuarial certification of rates. In addition, the contractor will build a "premium review assessment model" that incorporates the consultant's model actuarial review process by transforming it into a software package. Features of this system will include historical and projected trend analysis that will integrate a healthcare index with a semi-annual cost survey for tracking actual and projected healthcare cost trends, the ability to perform demographic adjustments using age and gender factors to account for shifts in coverage, and a table for benefit plan adjustment that would reflect changes in plan design. The consultant would continue to update the model rates over the duration of the project. This cost is estimated at \$323,000 and will begin immediately after being awarded the grant and will extend over the entire grant funding period.

IDOI will devote a portion of its funds to its sister agency, the Family and Social Services Administration of Indiana (FSSA). FSSA currently hosts efforts surrounding the development of the State's health care information exchanges. The health care information exchanges may have key claims data from Indiana carriers that can be used to analyze health care costs. \$50,000 will be devoted to facilitating the extracting of this data to support rate review. Grant funding will be used to plan for this effort and to identify the additional needs and resources to create the health care cost database using the existing health care information exchanges. This project is estimated to require eight months to complete.

The IDOI will create two new Health Care Program Coordinator positions at the IDOI. These positions will be located under a new Program Director position that will report to the Chief Deputy Commissioner of Company Compliance. Responsibilities for these new positions will include tailoring the data necessary for the new HHS reporting requirements, facilitating implementation of the new PPACA rebating provisions, PPACA's transparency provisions and enhancing transparency in general, posting information to IDOI's website for Hoosiers and domestic carriers, expanding the scope of the rate review process by working together with the policy analysts and actuaries and the consulting projects, and assisting in all matters related to compliance with PPACA. The annual salary will be \$30,000. Two new positions will be created leading to a total of \$60,000 for the first year of the grant.

Work Plan and Timeline

7-7-2010	Complete grant application. Interview for Coordinator positions. Meet with consultants and with the Indiana Office of Technology for the website.
8-9-2010	Notify third parties and Governor of grant outcome. If approved: Begin completion of fully detailed work plans for website, consulting projects. Complete job specifications for Coordinator positions. Continue interviewing. Coordinate with SERFF liaison. Coordinate with FSSA for funding exchange.
9-1-2010	Enter into contract negotiation with legal consultant and rate review consultant. Begin selecting an additional actuary with the rate review consultant. Complete development specifications for new website, HHS reporting.
10-2010	Implement document management system for staff coordination, complete training. Initiate website development.
12-2010	SERFF enhancement phase 1 estimated to complete.
3-2011	Begin testing phase of website development. Begin local storage of filing data for reporting. Complete training of 2 new Coordinators and new actuary (through contractor).
5-2011	Go live with new website for Hoosiers. Ensure Coordinators trained and ready. Start adjusting the website as needed based on trial use.
7-2011	Complete HHS reporting plan. Adjust website development to account for upgraded SERFF data fields.

Robyn Crosson, IDOI's Chief Deputy Commissioner of Company Compliance, is responsible for ensuring the listed projects are on a successful track to completion from start to finish. Some responsibility will be delegated to the new Program Director, the new Coordinator positions, Deputies, analysts, and other IDOI staff.

Budget Narrative

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Indiana does not track specific expenditures regarding rate review. However, for the purposes of this grant, the IDOI estimates that rate review related expenses cost an average of \$25,288 annually. The proportional cost of staff time related to rate reviews is \$66,270.92 annually, excluding the cost of the independent actuary. The actuary's salary is \$103/hour, not to exceed \$171,206 annually. Therefore the total cost of rate review for purposes of maintenance of effort (MOE) is up to about \$272,476. This cost is administrated by the IDOI.

IDOI will add two new Health Care Program Coordinator positions with annual salaries of \$30,000. This cost is administrated by the IDOI. IDOI will contract with a third party to use an additional contractor for FY 2010 an estimated rate of \$123,000 (part of the contracting cost with the third party actuarial firm, not administered by IDOI). \$0 is budgeted for fringe benefits for IDOI employees. Some of the contracting work done with the website development will be devoted to buying equipment for the new staff (described below).

Contractual costs include two new primary relations; one with a legal firm for a total of \$205,000 and one with an actuarial firm for a total of \$323,000. The breakdown of the cost estimate from the legal firm, not directly administered by IDOI, is \$90,000 for a multi-state rate review analysis, \$40,000 for legislative drafting on Indiana rate review regulations, \$45,000 for a Medical Reimbursement Data Center feasibility analysis and establishment, and \$30,000 for assessing Medical Information Database requirements. Separate from the legal firm, the actuarial firm estimates that \$200,000 will be devoted to a rate review system evaluating medical

cost trends and calculating rebates and \$123,000 will be devoted to paying an actuary; not administered by IDOI directly.

In addition, the IDOI will work together with Indiana's Office of Technology (IOT) to create and host the new website and HHS reporting systems at a cost of \$331,192, primarily administrated by IDOI. A portion of this cost includes the \$500 set aside specifically for Hoosiers with disabilities or long-term illness to learn about the grant via webinar and contribute feedback. The IDOI will contribute to a multi-state SERFF enhancement project quoted at *18,808 that is a part of the website cost but not administered by the IDOI. The combined contracting cost is therefore \$878,600.

Some of the funds for the new website may be used towards computing equipment (e.g. two new desktop computers) for the two new Coordinator positions that will be moderating comments in the new system, facilitating the HHS reporting, and assisting with rate review; all administered by the IDOI. Total equipment as a portion of the website cost is estimated at \$11,400. The IDOI will purchase and setup a document management system for \$12,000. \$0 is budgeted for supplies. \$0 is budgeted for travel. No indirect charges are planned. Other costs include collaborating with the IDOI's sister agency, the FSSA, to enhance the FSSA's HIT project that collects data on insurers operating in Indiana at a cost of \$50,000; not administered by the IDOI.

The estimated budget total is \$1,000,000.

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« Indiana's Letter of Support

The IDOI certifies that the grant funds will not supplant existing state expenditures.

Project Staff

IDOI asserts that it has the capacity to implement the activities proposed in this grant application and the ability to manage grant funds. IDOI asserts that its budget is reasonable and costefficient.

Staff	Responsibilities and Estimated Times
Robyn Crosson, Chief Deputy Commissioner, Company Compliance	Oversee all rate review processes, manage staff, make final decisions - year round full time position.
Anita Strauss, Deputy Commissioner, Health Policy	Assist Robyn Crosson in all rate review duties, help implement legislative changes, company compliance - year round full time position.
Keith Powell, IDOI's current independent actuary	Review rates and prepare summaries for IDOI staff, assist staff in actuarial questions, attend rate review meetings and hearings. Presently spends one day a week (year round) at IDOI for meetings, the time outside of this is not tracked or estimated.
Barbara Lohman	Working together with rate review team, financing and budgeting management throughout grant period, full time job.
Two New Coordinator Positions, Program Director	Prepare required HHS reports, moderate public comments, assist in rate review, work together with contractors, actuaries, commissioners, and assist policy analysts with SERFF filing processes, full time job.
New Actuary (through Independent Consultant)	Review rates and prepare summary reports, focus on small group rate review, contracted through rate review consultant. Timing to be determined (not IDOI administered).
Three IDOI Policy Analysts	Preparation of rate review materials for staff meetings, ensure proper filings, full time job.

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Indiana's Statutory Authority for Rate Review

IDOI's authority is promulgated via Title 27 of the Indiana Code. Indiana Code 27-1-1-1 establishes the IDOI. Indiana Code 27-8-5-1(a) mandates carriers to file a policy with the IDOI prior to issuing it. Indiana Code 27-8-5-1(d) authorizes the IDOI to disapprove a filing if "the benefits provided therein are unreasonable in relation to the premium charged" or if the filing "contains a provision or provisions that are unjust, unfair, inequitable, misleading, or deceptive or that encourage misrepresentation of the policy."

Company Compliance Coordinator

Duties:

Incumbent is responsible for assisting the program director and/or staff professionals by performing specific tasks within a state agency. Specific duties include:

- Conducts specified analyses and investigations into certain areas including problems & complaints, report preparation and special projects as needed;
- Prepares and coordinates responses for information requests from consumers, federal and state legislators, other state agencies and other divisions within the department;
- Acts as liaison between program director and staff to ensure progress of work;
- Ensures compliance, uniformity and progress of projects assigned by the program director and advises program director of status of work in progress;
- Provides routine policy interpretation and related decisions to interested parties;
- Attends meetings and conferences representing the department; and
- Performs related tasks as required.

Job Requirements:

- Obtains specific knowledge of rules, regulations and statutes, both federal and state, pertaining to the assigned program area and its effects upon other agency operations;
- Ability to do research, investigate and analyze specific topics related to program area;
- Ability to communicate orally and in writing and to interpret questions correctly with diverse public;
- Ability to operate effectively in a group decision-making process;
- Working knowledge of Microsoft Office software including Outlook, Powerpoint, Excel, Access and Word, as well as an ability to learn new technology applications quickly; and
- Tact in dealing with other agency personnel and the public.

Difficulty of Work:

Incumbent uses judgment to recommend appropriate methods and procedures to handle a wide range of situations encountered. Incumbent must be able to investigate topic areas, conduct analysis and prepare reports. Incumbent works with variables of substantial intricacy with conflicting aspects. Judgment is necessary in completing analysis and reviewing materials for compliance with regulations. Because of state and federal reporting responsibilities, the incumbent must be well versed in Microsoft Office software and other technical applications.

Responsibility:

Incumbent makes many individual judgments in achieving general goals as well as advising program director on non-routine administrative decisions which may significantly affect the administration of the program. Work is reviewed for technical accuracy, compliance with agency policy and conclusions. Deviations are referred to the supervisor.

Personal Work Relationships:

Incumbent works with agency staff, other agencies both federal and state, and the public by coordinating, interpreting and implementing rules, regulations and statutes pertaining to the program to resolve problems or disputed issues.



JOB DESCRIPTION

State Form 52468 (12-05)

This document is used to provide a basic description of essential duties and other work elements.

Employee Name:	· · · · · · · · · · · · · · · · · · ·
Agency: Indiana Department of Insurance	BU:
Division: Company Compliance: Health	Section/District:
Job Title: Program Director for Health Policy	Job Code: 2WM1
Working Title (if different from above):	
Reports To: Chief Deputy Commissioner/Company Compliance	ce Services
FLSA Status: 🗌 Non-Exempt (OT Eligible) 🛛 🖾 Exempt	Effective Date :

Purpose of Position/Summary:

Serves as a key resource for health insurance policy development and resolution of health policy issues, particularly development and implementation of health care reform, premium transparency initiatives and other duties as assigned by the Chief Deputy Commissioner of Company Compliance.

Essential Duties/Responsibilities:

Have or acquire knowledge of all state and federal laws or regulations governing health insurance coverage or any arrangement created to provide payment for medical services when rendered. Draft amendments, initial legislation, rules, policies and bulletins when requested.

Implement policies focusing on electronic transmission of information internally, to the public, the industry and other governmental entities as needed or required.

Respond to consumers, legislators, regulators or other interested parties to all inquiries sent via e-mail, $_{a}$ régular mail, or telephone.

Assist the Chief Deputy Commissioner of Company Compliance or Deputy Commissioner of Health with any planned meetings, conferences, or symposiums in developing agendas, contact lists, or resource material as needed.

Serve as proxy attendee to NAIC functions, legislative hearings or other meetings as necessary.

Job Requirements:

Experience as a licensed life/health agent or company representative in the life/health area of the insurance industry or technical governmental policy experience that includes legal analysis of both state and federal laws and regulations.

Have basic knowledge of COBRA, HIPAA, FSAs, HSAs, HRAs and other health related topics Ability to comprehend, analyze, interpret and communicate very technical material including state and federal statutes and regulations, and make recommendations for implementation, improvement, or correction.

Ability to communicate effectively both orally and in writing, including presentations to a wide audience. Ability to create and maintain working relationships with, but not limited to, consumers, agents, insurance company representatives, regulators, and legislators.

Supervisory Responsibilities/Direct Reports:

Two

Difficulty of Work:

The work is very broad in scope and requires critical, accurate analytical abilities. Guidelines are established, but require judgment and interpretation in application and implementation of many of the tasks/duties.

Responsibility:

Incumbent works independently and will develop sufficient technical authority for the work. Decisions and recommendations are reviewed for compliance and appropriateness of application. Incumbent makes substantial contributions in the development and implementation of significant programs.

Personal Work Relationships:

Incumbent works with agency staff, other regulators, industry representatives and consumers in several different areas of responsibility. These contacts create a very public exposure for the Department.

Physical Effort:

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Work is mostly internal, and sedentary in nature, however in-state travel will be required and some out of state may be necessary.

Working Conditions: This position is primarily based in an office environment.

Rate Review Grant Application Attachment - CCR Registration Problem

CCR Reference #: 100702-000076

Notes:

- Problem 1: She hasn't called me back again but the first guy I talked to today gave me this "reference #" and said he was giving it to the next lady ("Mary"), etc. so I assume this is the case # that we need. Spoke to Mary. Problem is that registration is on hold because of duplicate registration with different DUNS number from same address (referring to SHIP registration).
- Problem 2: "In order to complete your CCR registration and qualify to bid for federal government contracts or apply for federal grants, the Taxpayer Identification Number (TIN) and Taxpayer Name combination you provide in CCR must match exactly the TIN and Taxpayer Name used by the IRS in federal tax matters. Your registration in CCR failed the (TIN) validation process. Your TIN is either your Employer Identification Number (EIN) or your Social Security Number (SSN)."

The IDOI is diligently working to correct the CCR registration problem but was not able to complete this by the grant's application deadline of July 7th, 2010.

Attachment: Sample Rate Filing Cover Sheet

The following is an example of a rate filing with the IDOI. Not all filings follow this exact format. However, this is the general format of most filings.

ANTHEM INSURANCE COMPANIES, INC.

Anthem 🕸 🖗

POLICY FORMS: AICBL-IndPPO02, AICBL-IndTRAD02, AICBL-IndEN07PPO(TAA), AICBL-IndEN12PPO(ECO), AICBL-IndEN11PPO(HSA), and AICBL-IndPPO02(VALUE)

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PRODUCTS: Anthem Individual Blue Access Plan 1, Anthem Individual Blue Access Plan 2, Anthem Individual Blue Access Plan 3, Anthem Individual Blue Traditional Plan 1, Anthem Individual Blue Traditional Plan 2, Anthem Individual Blue Traditional Plan 3, Anthem Individual Blue Access TAA, Anthem Individual Blue Access Economy, Anthem Individual Blue Access Saver Plan 1, Anthem Individual Blue Access Saver Plan 2, Anthem Individual Blue Access Saver Plan 3, Anthem Individual Blue Access Saver Plan 4, Anthem Individual Blue Access Saver Plan 5, Anthem Individual Blue Access Saver Plan 6,

ACTUARIAL MEMORANDUM RATE REVISION

1. Purpose:

The purpose of this rate filing is to increase new business premiums in aggregate by 11.6% on average from their current levels through a base rate increase, and in the case of Blue Access PPO Plans 1 & 3, on deductibles \$5,000 and greater, a reduction to deductible factors in addition the base rate change. A change to the age gender slopes is also being requested at this time. This will be effective October 1, 2009 through March 31, 2010 on the following policy forms by the indicated amounts.

AICBL-IndPPO02 by 12.0%, AICBL-IndTRAD02 by 10.0%, AICBL-IndEN07PPO(TAA) by 10.0%, AICBL-IndEN12PPO(ECO) by 9.0%, AICBL-IndEN11PPO(HSA) by 10.0%, and AICBL-IndPPO02(VALUE) by 9.0%

Individual rate increases are will vary based on product and plan selection and age of member. Please reference Exhibit VIII; Exhibit IX and Exhibit X of the current document.

The purpose of this rate filing is also to introduce a change to papet application, paper billing, nsf, and late fees as outlined in Exhibit X and to demonstrate that the anticipated loss ratio of this form meets the minimum loss ratio requirements of Indiana.

This rate filing is not intended to be used for other purposes.

2. Scope:

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Policy Form AICBL-IndPPO02 which consists of three products: Blue Access Plan 1, Plan 2, Plan 3

Policy Form AICBL-IndTRAD02 which consists of three products: Blue Traditional Plan 1. Plan 2. Plan 3

Policy Form AICBL-IndEN07PPO(TAA), the Anthein Individual Blue Access TAA product.

Policy Form AICBL-IndEN12PPO(ECO), the Anthem Individual Blue Access Economy product.

Policy Form AICBL-IndENI IPPO(HSA) which currently consists of:

Blue Access Saver Plan 1, Plan 2, Plan 3, Plan 4, Plan 5, Plan 6 -

Policy Form AlCBL-IndPPO02(VALUE), the Anthem Individual Blue Access Value Plan product.

	Blue Access PPO	Blue Traditional	TAA	Economy	Blue HSA	Value
Policy Form:	AICBL-IndPPO02	AICBL- IndTRAD02	AICBL- IndEN07PPO(TAA)	AICBL- IndEN12PPO (ECO)	AICBL- IndÉN11PPO (HSA)	AICBL- IndPPO02(VALUÉ)
Membership as of Jánuary 31, 2009	56,226	658	703	4.182	5,920	7,628

3. Description of Benefits:

Type of Policy: These policies are comprehensive major medical policies utilizing calendar year deductibles and network incentives. These plans have distinct rates by benefits, age, gender, geographic area, and risk calculation.

Benefits: Each of these policies have coinsurance arrangements of eligible expenses in excess of specified deductible amounts incurred in a calendar year. The "Access" related policies have in-network and out-of-network coinsurance arrangements and each is subject to a contract maximum. Exhibit I details the benefits unique to each of these policies.

Sample Individual Blue Access Value Plan,

\$2000 Single Member Deductible; \$4,000 Family Member Deductible, Indianapolis County Grouping (Area Factor = 0.95), Preferred Risk

Monthly Base Premium

Age / Family	Current Premium	Revised Premium	Percent Increase
Single Male - 42	" \$132.13	\$144.08	9.0%
Single Female - 42	\$176.74	\$195.95	10.9%
Male subscriber (42), female spouse (42), 1 child (10)	\$386.16	\$391.75	1.4%

6. Application of Revised Rates:

The new rates apply to new business sold effective from October 1, 2009 through March 31, 2010. Existing policies renewing in the six month period spanning October 2009 through March 2010 will renew at this new rate level on their effective date beginning October 2009. The remaining policies, issued or renewing in the six month period spanning the period April 2010 through September 2010 are currently on the April 2009 new business rate schedule. These policies will have a rate change reflecting the combined effect of the currently proposed October 2009 new business rate increase and the yet to be determined new business rate action effective April 2010. (Reference Section 10, Rate History).

7. Estimated Average Premium Per Member:

The average monthly premium per member currently in force is \$215. This reflects a mix of business currently on the October 2008 rate tables combined with policies on the April 2008 rate tables. It is estimated this will increase to \$277 after the proposed rate change and all policies are on the October 2009 rate table with the same mix assumptions.

8. Experience:

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The experience for this filing reflects claims experience through March 31, 2009 (please reference Exhibit II) - a period ending less than three months from the date of this filing. Allowing two months of run-out to reduce uncertainty in the incurred claim development, the rate development is based on the incurred experience ending in January 31, 2009.

The experience shown below, reflects the combination of:

- Blue Access experience since inception (October 2002)
 - Blue Traditional experience since inception (October 2002)
 - Blue Access TAA experience since inception (August 2003)
 - Blue Access Saver (HSA) experience since inception (August 2004)
 - Blue Access Economy experience since inception (December 2004)
 - Blue Access Value experience since inception (February 2006)

Past Experience by Calendar Year ending 1/31/09 - with runout through 3/31/2009:

			Capitated	Actual Loss	Target Loss	(ALR)
Calendar Year	Earned Premium	Incurred Claims	Claims *	Ratio (ALR)	Ratio (TLR)	(TLR)
2002	970,851	, 276,013	28,481	31.4%	52.0%	0.60
2003	128,280,060	77,304,212	2,320,627	62.1%	63.8%	0.97
2006	168,211,672	105,110,395	3,557,364	64.7%	63.8%	1.02
2005	199,210,836	125,510,289	3,751,420	65.1%	67.8%	0.96
2006	215,826,468	140,405,179	3,560.872	66.7%	68.9%	0.97
2007	219,673,059	157,452,069	847,449	79.5%	72.4%	1.10
2008	206,962,053	153,986,545	10,811	74.4%	73.0%	1.02
2009 YTD	16,197,423	10,484,367	796	64.7%	72.9%	0,89
Total	1,155,332,421	770,529,070	14,077,821	67.9%	68.8%	Q.99

The Individual Blue Access plans had a capitated claim arrangement for the Mental

and Substance Abuse benefit component through April 2007.

Exhibit IV shows the experience by policy form.

The above claim reserves by product as of 01/31/09 with runout through 03/31/09 are:

Product:	Blue Access PPO	Blue Traditional	TAA	Economy	Blue HSA	Value
		· ·	AICBL-	AICBL-	AICBL-	AICBL-
Policy Form:		AICBL-	IndEN07PPO(IndEN12PPO	IndENIIPPO	IndPPO02(
	AICBL-IndPPO02	IndTRAD02	TAA)	(ECO)	(HSA)	VALUE)
Claim Reserve:	2,332,092	52,721	39,016	67,103	220,492	100,427

Restated Claim Reserves (i.e. remaining reserves with runout through March 2009) for claims incurred through 1/31/09: \$2.811.855

The rating period covers new business that will be issued over the time frame of 10/01/2009 through 09/30/2010. The average renewal date of existing policies renewing over this period is December 21, 2009. The rating period selected was the 12 month period beginning December 1, 2009 with a midpoint of July 1, 2010.

The trend is assumed to be applicable from the midpoint of the experience period (8/1/08) to the midpoint of the period for which the rates are expected to be effective (7/1/10), resulting in 23 months of trend. The claim cost trend as explained in Section 9 is 15.0% per year.

The necessary rate level change is calculated by dividing the trended loss ratio by the loss ratio standard for individual guaranteed renewable policy forms which is 55% under the NAIC Guidelines:

	1.149	claims cost trend
	23.000	number of months of trend
	1.305	total trend [1.14918822535394 ^(23/12)]
(x)	\$153.19	experience period non capitated claim pmpm *
(=)	\$199.98	rating period non capitated claim pmpm
(+)	\$0.01	Rating period capitated claim pinpm
(=)	\$199.99	Rating period aggregate claim pmpm
(')	\$248.05	current rate table monthly premium per member
(=)	0.806	projected loss ratio without rate increase
(/)	0.550	loss ratio standard
(=)	1,466	change in premium

The above calculations demonstrate that a rate increase of 46.6% is justified according to the minimum loss ratio standard for individual guaranteed renewable policy forms. * The experience period claims amount here has been adjusted for high claims.

12. Rate Increase Calculation:

Utilizing the target loss ratio under this policy form of 75.7%, the required aggregate rate level change based on experience is calculated as:

	0.806	projected loss ratio without rate increase
(/)	0.724	target loss ratio
(=)	11.4%	required rate level change

13. Filed Rate Change.

Anthem Insurance Companies, Inc. is filing new business rate tables that reflect the following changes from the current (April 2009 through September 2009) new business rate tables:

A1CBL-IndPPO02 by 12.0%, A1CBL-IndTRAD02 by 10.0%, A1CBL-IndEN07PPO(TAA) by 10.0%. A1CBL-IndEN12PPO(ECO) by 9.0%, A1CBL-IndEN11PPO(HSA) by 10.0%, and A1CBL-IndPPO02(VALUE) by 9.0%

Please reference Exhibit III for detailed a rate calculation.

13. Rating Factor Changes:

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Exhibit IV shows the percentage impact to current premiums by product, assuming the same plan mix, resulting from the implementation of the proposed age/gender and deductible slope changes.

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	Policy Form AIC	3L-IndPPO02,	Individual Blue	Access Benefit ()verview	
Deductible Options In-Network (1)	Contract Maximum	Family Deductible Multiplier	Coinsurance	Out-of-Pocket Maximum	Prescription Drug Coverage	Copays
\$500. \$1000, \$2500 \$5000 \$7500, \$10000 (3) (4)	\$7,000,000	2x	Same as for the Plan 2 Policy option	Same as for the Plan 2 Policy option	S15 generic only coverage with No mail service	None
\$250, \$500, \$1000 \$2500 \$5000, \$7500, \$10000 (3)	\$7,000,000		AFTER deductible	In-Network: \$2,000 plus the deductible; Out-of-Network: \$4,000 plus the deductible	Anthem Prescription Management coverage Note: a version EXCLUDING drug coverage will be available ONLY for counter-offers	Copays of \$25 for in_network office visits, and \$50 for urgent care visits
\$2500, \$5000 \$10000 (4) \$7500, \$15000, \$20000 (3)	\$7,000,000		Network, 50% Out-of- Network AFTER the	In-Network: the deductible; Out-of-Network: \$4,000 plus the deductible	Same as the for the Plan 2 Policy option	None
	Deductible Options In-Network (1) \$500. \$1000, \$2500 \$5000 \$7500, \$10000 (3) (4) \$250, \$500, \$10000 \$2500 \$5000, \$7500, \$10000 (3) \$2500, \$5000 \$10000 (4) \$7500, \$15000, \$20000 (3)	Deductible Options In-Network (1) Contract Maximum \$500. \$1000, \$2500 \$5000 \$7,000,000 \$7500, \$10000 (3) (4) \$7,000,000 \$250, \$500, \$10000 \$5000, \$7500, \$10000 (3) \$7,000,000 \$2500, \$7500, \$10000 (3) \$7,000,000 \$2500, \$5000 \$10000 (4) \$7,000,000	Deductible Options In-Network (1) Contract Maximum Family Deductible Multiplier \$500. \$1000, \$2500 \$5000 \$7,000,000 2x \$500, \$10000 (3) (4) \$7,000,000 2x \$250, \$500, \$10000 \$2500 \$7,000,000 2x \$2500, \$10000 (3) (4) \$7,000,000 2x \$2500, \$7500, \$10000 (3) \$7,000,000 2x \$2500, \$5000 \$10000 (4) \$7,000,000 2x	S Policy Form AICBL-IndPP002, Individual Blue Deductible Options In-Network (1) Contract Maximum Family Deductible Multiplier Coinsurance \$500.\$1000,\$2500 \$5000 \$7,000,000 2x Same as for the Plan 2 Policy option \$7500,\$10000 (3) (4) \$7,000,000 2x Policy pays 80% In-Network, 50% Out-of-Network \$2500 \$250,\$5000,\$10000 (3) \$7,000,000 2x Policy pays 80% In-Network, 50% Out-of-Network AFTER deductible is met \$2500,\$7500,\$10000 (3) \$7,000,000 2x Policy pays 100% in- Network, 50% Out-of-Network AFTER the \$7500,\$15000,\$20000 (3)	Policy Form AICBL-IndPPO02, Individual Blue Access Benefit (0 Deductible Options In-Network (1) Contract Maximum Family Deductible Multiplier Coinsurance Out-of-Pocket Maximum \$500. \$1000, \$2500 \$5000 \$7,000,000 2x Same as for the Plan 2 Policy option Same as for the Plan 2 Policy option	Policy Form AICBL-IndPPO02, Individual Blue Access Benefit Overview Deductible Options In-Network (1) Contract Maximum Family Deductible Multiplier Coinsurance Out-of-Pocket Maximum Prescription Drug Coverage \$500, \$1000, \$2500 \$5000 \$7,000,000 2x Same as for the Plan 2 Policy option Same as for the Plan 2 Policy option \$15 generic only coverage with No mail service \$250, \$1000 (3) (4) \$7,000,000 2x Policy pays 80% In-Network, 50% Out-of-Network \$24,000 plus the deductible; Out-of-Network \$44,000 plus the deductible Anthem Prescription Management coverage \$2500, \$10000 (3) \$7,000,000 2x Policy pays 80% In-Network, 50% Out-of-Network \$4,000 plus the deductible; Out-of-Network \$4,000 plus the deductible; S5000, \$10000 (3) Anthem Prescription Management coverage \$2500, \$10000 (3) \$7,000,000 2x Policy pays 100% in- Network, 50% Out-of-Network \$4,000 plus the deductible; Out-of-Network \$4,000 plus the deductible; Same as the for the Plan 2 Policy option

Exhibit I

(2) Option to include Maternity Rider -

Policy pays 80% in-Network, 50% Out-of-Network, after a separate \$1,500 deductible on maternity costs.
Separate waiting period of 12 months. No maximum.
Maternity services apply only to the female subscriber /spouse. It does not apply to dependent daughters.
Services include inpatient, outpatient, physician office and ordinary routine nursery care for a well born.
Complications of pregnancy are covered under the base contract, and not part of this rider coverage.
(3) Deductible option for Blue Access only
Not available for Blue Traditional

Policy Form AICBL-IndEN07PPO(TAA), Individual Blue Access TAA Benefit Overview

Same benefits as Individual Blue Access Plan 1 above EXCEPT:

- the lifetime maximum is one million dollars whereas Plan 1 is seven million
 - the Blue Access maternity coverage is an option at point of issuance whereas Blue
 - Access Plan 1 does not provide for a maternity option

Same benefits as a	bove EXCEPT
	 no Office Visit copays
	- no Urgent Care Copays
	- no In-Network discounts
	- no Out-of-Network penalties
2	 policy pays 80% AFTER deductible is met

Policy pays 80%, after a \$1,500 deductible on maternity costs. . Separate waiting period of 12 months. No maximum.

Matemity services apply only to the female subscriber /spouse. It does not apply to dependent daughters. Services include inpatient, outpatient, physician office and ordinary routine nursery care for a well born.

Complications of pregnancy are covered under the base contract, and not part of this rider coverage.

Exhibit I - continued

.4

Policy	Deductible (1)	Contract Maximum	Coinsurance (1)	Out-of-Pocket Maximum (1)	Emergency Room and Urgent Care	Prescription Drug Coverage (2)
Plan 1 Policy	\$2,400 single \$4,800 family (3)	\$7,000,000	Policy pays 80% In-Network, 50% Out-of-Network AFTER deductible is met; 100% of medical after the Out-of-Pocket Max is met	\$3,025 single \$6,050 family Deductible & Medical Coinsurance applies towards the Out-of- Pocket max	In-Network	Covered, payable subject to the network deductible and coinsurance Mail order is NOT covered
Pian 2 Policy	same as Plan 1	same as Plan 1	Policy pays 70% In-Network, 40% Out-of-Network AFTER deduclible Is met; 100% of medical after the Out-of-Pocket Max is mel	same as Plan 1	same as Plan 1	same as Plan 1

(2) Out-of-rework occupities and Out-of-Pocket Maximums are 2x in-retevork deductions and Out-of-Pocket Maximums (3) To maximize Federal tax incentives for the insured, for family policies only the family (not the single) deductible and Out-of-Pocket max applies. Thus, the aggregate family claim experience must reach the family deductible before the policy benefits are paid.

Blue Access Saver Plan Options

Filing Approved by the Indiana Department of Insurance on August 22, 2004

				etwork Micy Holder	Out-of-Netw Single Policy i	
Plan		ce (policy pays) Jut-of-Network	Deductible	Out-of-Pocket Max (Includes deductible)	Deductible	Out-of-Pocket Max (includes deductible)
Current Blue Access Saver Plan 1	80%	50%	\$2,400	\$3,025	S4.800	\$6,050
Pian 3	80%	50%	\$1,200	\$3,200	S2,400	\$6,400
	80%	50%	\$2,500	\$4,500	<u>\$</u> 5,000	\$9,000
Pian 4	100%	50%	\$4,000	· \$4,000	\$8,000	\$12,000
	100%	50%	\$5,000	\$5,000	\$10,000	\$14,000

NOTE Family Deductibles and Out-of-Pocket maximums are 2 times the Single Policy Holder Deductibles and Out-of-Pocket Maximums ALL other benefits are the same as defined for the current Blue Access Saver Plan 1

Blue Access Saver Plan Options

Filing Approved by the Indiana Department of Insurance on May 24, 2005

			In-Net Single / Family		Out-of-Netwo Single / Family Poll	
•. Plan		e (policy pays) ut-of-Network	Deductible	Out-of-Pocket Max (includes deductible}	Deductible	Out-of-Pecket Max (includes deductible)
Current Blue Access Saver Plan 1	80%	50%	\$2,400 / \$4,800	\$3,025 / \$6,050	\$4,800 / \$9,600	\$6,050 / \$12,10
Plan 4 - new deductible options	100%	50%	· \$1,200 / \$2,400	\$1,200 / \$2,400	\$2,400 / \$4,800	\$6,400 / \$12,80
	100%	50%	\$2,400 / \$4,800	\$2,400 / \$4,800	\$4,800 / \$9.600	\$8,800 / \$17,60
	100%	50%	\$2,500 / \$5,000	\$2,500 / \$5,000	\$5,000/\$10,00	\$9,000 / \$18,000
Plan 5 - new plan/deduclible oplions	80%	50%	\$2,700 / \$5,350	\$4,700 / \$9,350	\$5,400 / \$ 10,800	'\$9,400 / S 18,800
Plan 6 - new plan/deductible options	100%	50%	\$2,700 / \$5,350	\$2,700 / \$5,350	S,5,400 / \$10,800	\$9,400 / \$18,80

NOTE Plans 3 & 4 Family Deductibles and Out-of-Pocket maximums are 2 times the Single Policy Holder Deductibles and Out-of-Pocket Maximums Plan 5 differs from Plan 3 only in that the Plan 5 Family Deductible and Out-of-Pocket Manimum is slightly less than 2 times the Single Policy Holder Deductible and Out-of-Pocket Maximum Similarly, Plan 6 differs from Plan 4 only in that the Plan 6 Family Deductible and Out-of-Pocket Manimum is slightly less than 2 times the Single Policy Holder Deductible and Out-of-Pocket Maximum

ALL other benefits are the same as defined for the current Blue Access Saver Plan 1

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NAME OF A

AND INCOME.

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EXHIBIT II

Completion Factor Development and Claim Payment Patterns (excluding capitated claims)

Policy Form: AICBL-IndPPO02, (Anthem Individual Blue Access Plan 1, Anthem Individual Blue Access Plan 2, Anthem Individual Blue Access Plan 3) PLUS Policy Form: AICBL-IndTRAD02, (Anthem Individual Blue Traditional Plan 1, Anthem Individual Blue Traditional Plan 2, Anthem Individual Blue Traditional Plan 3)

PLUS Policy Form: AICBL-IndEN07PPO(TAA), (Anthem Individual Blue Access TAA)

PLUS Policy Form: AICBL-IndEN12PPO(ECO), (Anthem Individual Blue Access Economy)

PLUS Policy Form: AICBL-IndEN11PPO(HSA), (Anthem Individual Blue Access Saver Plan 1, Anthem Individual Blue Access Saver Plan 2, Anthem Individual Blue Access Saver Plan 3,

Anthem Individual Blue Access Saver Plan 4, Anthem Individual Blue Access Saver Plan 5, Anthem Individual Blue Access Saver Plan 6)

PLUS Policy Form: AICBL-IndPPO02(VALUE), (Anthem Individual Blue Access Value Plan)

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AICBL-IndPPO02, et al

Ex II Claim Development

NAIC# 28207

Farned Premium, Incurred Claims, Pad Claims, Interred but not Reported (IBNR) Claims and Capitated Claims by Month Policy Forms: ALCBL-Ind8P002 - (Anthem Indvidual Blue Access Plan I, Anthem Anthem Individual Blue Access Plan 1); Anthem Individual AKCBL-Ind7TRAD02 - (Anthem Individual Blue Traditional Plan I, Anthem Individual Plan 2, Anthem Individual Blue Access Plan J);

AJCB1.-IndEN07PPO(TAA) -- (Anthem Individual Bhue Access TAA)

IBNR

Policy Form: AICBL-EN07PPO(TAA) Individual Blue TAA Plans

Earned

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Fully Incurred

Claims 186,933

Claims Paid

Earned Premium 476,677

Capitated Claims

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Premium 5.377,387

Earned

Capitated Claims

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299,804 298,293 300,817 297,347

10,408,347 11,047,271 9,640,293

Date Jun-05 Jul-05 Aug-05 Sep-05 Oct-05 Oct-05

2002

9,087,633

Individual Blue Access Plans (Plans 1.2.3) Policy Form: AICBL-IndPPO02 472,649

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Policy Form: AICBL-IndTRAD02 Individual Blue Traditional Plans

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EXHIBITIV

43

Contraction of the state

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Ex IN IBNR page 7 of 45

NAIC# 28207

230.062 203.205 225.843 201.590 248.323 248.323

339,970 332,512 333,130

94,471 158,752 100,816

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1415.2847 4175.642 4175.642 4175.642 3376.607 3376.707 3376.707 3376.707 3376.707 3376.707 3376.707 3376.707 3376.707 3376.707 3376.707 3376.707 3376.707 3376.707 3376.707 3376.707 30

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Mar-ak Apr-tix Nay-08 Nu-Ins

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> Xu-Suv Sep-08 Oct-08

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71,946 113,915 207,710 111,458 111,458 100,657 151,343 85,134 85,134 85,134

292,453 327,676 336,944 345,831 341,158

112,736 102,728

93, J05 270, 153 156,481

1,741

251.382 223.380 254.502 305.853 305.853 305.853

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10,763,529 9,995 864 9,558,476 10,519,671 10,259,799 10,017,862 11,537,228 11,537,228 12,856,820 12,856,820 12,856,820 12,856,820

13,711,716

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341.315 1,040.027 1,040.027

13,522,770 13,299,115 13,078,203

11,878,545 11,054,227 13,876,546 9,302,035

Ner-YON Dcc-18 (1)-47

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Exhibit V

Comparison of Actual Loss Ratio to Target Loss Ratio Product Level

The aggregate 12-month experience period spanning from February 1, 2008 through January 31, 2009 with runout through March 31, 2009 is as follows:

0	Product	Premium	Fully Incurred Claims + Capitation	Actual Loss Ratio (ALR)	Target Loss Ratio (TLR)	ALR / TLR
	Blue Access PPO	\$168,557;953	\$129,691,372	76.9%	73.3%	1.05
	Blue Traditional	\$3,992,157	\$2,989,114	74.9%	77.2%	0.97
	TAA	\$3,780,737	\$1,641,213	43.4%	68.7%	0.63
	Economy	\$6,855,657	\$3,597,167	52.5%	64.5%	0.81
	Blue HSA	\$12,869,440	\$10,129,491	78.7%	74.5%	1.06
	Value Plan	\$9,407,556	\$4,944,068	52.6%	59.4%	0.88
	Aggregate	\$205,463,501	\$152,992,425	74.5%	72.4%	1.03

AICBL-IndPPO02, et al

Ex V Actual to Expected Experience

NAIC# 28207

Exhibit VII - October 2009 Rate Tables

Blue Access New Business Rate Tables

and Blue Access Rate Tables - for Migration Only Legacy Policies

> and Blue Traditional New Business Rate Tables

> > and

Blue Traditional Rate Tables - for Migration Only Legacy Policies

and

Blue Access TAA New Business Rate Tables

and Blue Access Saver New Business Rate Tables

and Blue Access Economy New Business Rate Tables

and

Blue Access Value New Business Rate Tables

Ex VII - Rates Effective October 1, 2009

NAIC# 28207

Exhibit VII - Blue Access

Policy form AICBL-IndPPO02

Per Member Monthly New Business Rate Tables

Effective October 1, 2009

			s shown are							
	Plan 2 (Plan 2		Plan 2 (Plan 2		Plan 2	
	w/ NO R: \$25		Rx C \$25		w/ NO R \$50		Rx C \$50		W/ NO R \$1,0	
	Single	Single	Single	Single	Single	Single	Single	Single	Single	Single
	Male	Female	Male	Female	Male	Fomale	Male	Female	Male	Female
Att Age	Counter Of				Counter Of	fer ONLYI			Counter Of	fer ONLY!
0	344.29	344.29	386.85	386.85	315.42	315.42	354.40	354.40	277.62	277.62
1	296.96	296.96	333.66	333.68	272.22	272.22	305.86	305.86	237.06	237.06
2	271.13 234.55	271.13 234.55	304.64 263.54	304.64 263.54	248.51	248.51	279.23	279.23	216.11	216.11
4	217.34	234.55	263.54	203.54 244.20	210.28 193.07	210.28 193.07	236.27 216.94	236.27 216.94	182.87 167.91	182.87 167.91
5	212.60	212.60	238.88	238.88	189.25	189.25	212.64	212.64	164.58	164.58
6	212.60	212.60	238.88	238.88	189.25	189.25	212.64	212.64	164.58	164.58
7	212.60	212.60	238.88	238.88	189.25	189.25	212.64	212.64	164.58	164.58
8	212.60	212.60	238.88	238.88	189.25	189.25	212.64	212.64	164.58	164.58
9	212.60	212.60	238.88	238.88	189.25	189.25	212.64	212.64	164.58	164.58
10	· 212.60 212.60	212.60	238.88	238.88	189.25	189.25	212.64	212.64	164.58	164.58
11	212.60	212.60 212.60	238.88 238.88	238.88 238.88	189.25 189.25	189.25 189.25	212.64	212.64	164.58 164.58	164.58
13	230.25	243.16	258.70	230.00	206.46	221.75	212.64 231.97	212.64 249.16	179.54	164.58 192.84
14	230.25	249.62	258.70	280.47	206.46	225.57	231.97	253.45	179.54	196.17
15	230.25	271.13	258.70	304.64	206.46	248.51	231.97	279.23	179.54	218.44
16	230.25	271.13	258.70	304.64	206.46	248.51	231.97	279.23	179.54	218.44
17	230.25	271.13	258.70	304.64	206.46	248.51	231.97	279.23	179.54	218.44
18	230.68	280.17	259.19	314.80	206.46	256.16	231.97	287.82	179.54	223.43
19 20	230.68	280.17	259.19 259.19	314.80	206.46	256.16	231.97	287.82	179.54	223.43
20	230.68 225.08	280.17 281.89	259.19	314.80 316.73	206.46 200.72	256.16 257.31	231.97 225.53	287.82 289.11	179.54 174.55	223.43 224.43
22	225.08	281.89	252.90	316.73	200.72	257.31	225.53	289.11	174.55	224.43
23	225.52	284.04	253.39	319,15	201.10	259.21	225.96	291.26	174.89	226.09
24	228.95	294.80	257.25	331.24	204.54	287.63	229.82	300.70	177.88	233.41
25	232.40	301.26	261.12	338.49	209.13	279.10	234.98	313.59	183.53	244.38
26	234.55	309.87	263.54	348.17	211.43	289.42	237.55	325.19	186.86	254.35
27	236.70	322.78	265.96	362.67	214.87	298.21	241.42	335.07	189.51	262.66
28	243.16	331.38	273.21	372.34	219.84	311.60	247.01	350.11	194.50	275.96
30	245.31 250.05	344.29 355.48	275.63 280.95	386.85 399.42	223.66 (230.92	324.98 338.36	251.30 259.47	365.14 380.17	197.83 204.48	289.26 302.56
31	255.64	375.71	287.23	422.15	230.92	357.86	265.05	402.09	207.80	322.51
32	260.80	387.76	293.04	435.69	238.95	370.86	268.48	416.69	212.79	335.81
33	269.84	403.25	303.19	453.09	252.33	383.09	283.52	430,44	221.10	347.44
34	282.32	418.32	317.21	470.02	263.80	398.00	296.41	447.19	232.74	362.41
35	289.21	426.93	324.95	479.69	269.54	406.41	302.85	456.64	239.39	370.72
36	298.25	430.80	335.11	484.04	279.86	411.00	. 314.45	461.80	247.70	375.71
37 38	310.30 327.94	438.98 448.45	348.65 368.47	493.23 503.87	291.33 308.92	417.88 429.35	327.34	469.53 482.41	259.34	382.36 393.99
39	352.47	469.53	396.03	527.57	332.82	428.33	347 10 373.73	506.90	275.96 299.24	415.61
40	367.53	485.46	412.96	545.46	342.18	466.06	384.47	523.65	309.21	430.57
41	384.75	494.06	432.31	555.13	356.33	474 47	400.37	533.11	322.51	438.88
42	393.79	506.11	442.46	568.67	365.12	483.26	410.25	542.99	332 48	447.86
43	398.95	522.04	448.26	586.56	370.09	495.11	415.83	556.30	335,81	459.49
44 45	414 45 424.34	532.80 547.00	465.67 476.79	598.65 614.61	385.38	503 14 510.41	433.02	565.33 573.49	350.77	466.81 473.79
40	424.34	559.05	476.79	628.15	394.56 411.76	510.41	443.32 462.66	573.49 584.65	359.08 375.71	473.79 483.77
47	455.33	565.93	511 61	635.88	425 14	526.46	477.69	591.53	389.01	490.41
48	478.57	570.67	537 72	641.20	448.46	529.52	503.90	594.96	411.95	493.74
49	503.10	584.87	565.28	657.16	473.32	540.99	531.82	607.86	436.55	505.38
50	518.16	597.78	582.21	671.66	488.23	552.46	548.57	620.74	451.18	517.01
51 52	543.55	615.86	610.74	691 98	512.70	563.93	576.07	633.63	475.45	528.65
· 52	569.38 592.62	632.64 646.84	639.75 665.86	710.84 726.79	533.34 552.46	577.31 587.63	599.26 620.74	648.66 660.26	495.40 513.69	541.95 551.93
. 55	621.02	669.22	697.78	751.94	580.37	605.98	652.10	680.88	_ 541.28	570.21
55	648.57	688.59	728.72	773.70	601.01	630.83	675.30	708.81	561.90	591.82
56	670.51	703.66	753.39	790.62	624.34	648.04	701.50	728 13	585.18	608.45
57	697.63	720.44	783.85	809.48	651.48	661.42	732.00	743.17	611.77	621.75
- 58	731.19	732.06	821.57	822.54	674.80	669.07	758.21	751.76	635.04	630.06
59 60	758.31 792.74	747.98 763.91	852.03 890.72	840.43 858.32	696.98 729.47	684.36 695.83	783.12 819.64	768.94 781.83	657.32 689.91	645.02 656.66
61	815.55	782.41	916.35	879 11	754.33	716.10	819.64	804.60	714,51	676.61
62	840.08	796.61	943.91	895.07	778.03	729.47	874.19	819.64	738.12	689.91
63	863.32	819.42	970.02	920.70	800.97	754.71	899.97	847.99	761.39	714.84
64	885.27	854.28	994.68	959.87	823.14	791.41	924.88	689.23	783.67	751.42
65	968.76	915.83	1,088.49	1,029.02	925.22	860.23	1,039.58	966.55	881.08	814.59

Note. If the plan for the female member includes maternity, the above rate will add an additional \$317.91 to the monthly premium

Note. The following billing and processing fees apply: \$5.00 administrative fee will be added to paper (direct) billings, if a policy payment is rejected due to insufficient funds we may charge the policy a fee of up to \$20,00; paper application fee \$25; and reinstatement fee \$25

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Exhibit VII - Blue Access

Policy form AICBL-IndPPO02

Per Member Monthly New Business Rate Tables

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H	Plan 3		Plan 3		Plan 3		Plan 3		Plan 3		Plan 3	
ŀ	w/ NO F \$2,5		Rx C		W/ NO R		Rx C		W/ NO R		Rx C	
H	Single	Singte	\$2,5 Single	Single	\$5,0 Single	Single '	\$5,0 Single	Single	\$10, Single	Single	\$10, Single	Single
	Male	Female	Male	Female	Male	Female	Male	Female	Mate	Female	Male	Female
Att Age	Counter Of				Counter Of				Counter Of			
0	206.81	206.81	232.99	232.99	157.92	157.92	177.92	177.92	144.39	144.39	162.67	162.6
· 1	172.74	172.74	194.61	194.61	130.11	130.11	146.58	146.58	116.97	116.97	131.78	131.7
2	155.94	155.94	175.69	175.69	117.72	117.72	132.63	132.63	104.61	104.61	117.85	117.8
3	131.95	131.95	148.6 6	148.66	99.06	99.06	111.60	111.60	87.96	87.96	99.10	99.1
4	121.16	121.16	136.50	136.50	90.63	90.63	102.10	102.10	80.04	80.04	90.17	90.1
	118.75	118.75	133.80	133.80	88.83	88.83	100.08	100.08	78.46	78.46	88.39	88.
6	118.75	118.75	133.80	133.80	. 88.83	88.83	100.08	100.08	78.46	78.46	88.39	88.
7	118.75	118.75	133 80	133.80	88.83	88.83	100.08	100.08	78.46	78.46	88.39	88.
8	118.75	118.75	133.80	133.80	88.83	88.83	100.08	100.08	78,46	78,46	88.39	88,
9	118.75	118.75	133.80	133.80	88.83	. 88.83	100.08	100.08	78.46	78.46	88.39	88.
10	118.75	118.75	133.80	133.80	88.83	88.83	100.08	100.08	78.46	78.46	88.39	88.
11	118.75	118.75	133.80	133.80	88.83	88.83	100.08	100.08	78.46	78.46	88.39	88.
12	118.75	118.75	133.80	133.80	88.83	88.83	100.08	100.08	78.46	78.46	88.39	88
13	129.56	139.15	145.96	156.77	97.62	104.09	109.99	117.26	86.54	91.93	97.50	103.
-14	129.56	141.55	145.96	159.47	97,62	105.88	109.99	119.29	86.54	93,51	97.50	105
15	129.56	157.62	145.96	177.58	97.62	117.90	109.99	132.83	86.54	104.61	97.50	117
16 17	129.56	157.62	145.96	177.58	97.62	117,90	109.99	132.83	86.54	104.61	97.50	117
	129.56	157.62	145.96	177.58	97.62	117.90	109.99	132.83	86.54	104.61	97.50	117.
18 19	129.56 129.56	161.22	145.96	181.64	97.62	120.59	109.99	135.86	86.54	106.98	97.50	120
20	129.56	161.22 161.22	145.96	181.64	97.62	120.59	109.99	135.85	86.54	106.98	97.50	120
21	125.95	161.22	145.96 141.90	181.64 182.45	97.62 94.93	120.59 121.13	109.99	135.86	86.54	106.98	97.50	120
22	125.95	161.94	141.90	182.45	94.93 94.93		106.95 106.95	136.47	84.16	107.46 107.46	94.81	121
23	126.19	. 163.14	141.50	183.80	94.93 95.11	121 13 122.03	106.95	136.47 137.48	84.16 84.32	107.46	94.81 95.00	121 121
24	129.56	168.42	145.96	189.74	96.91	125.98	109.17	141.93	85.74	111.74	96.60	125
25	133.15	176.34	150.01	198.66	99.60	131.90	112.21	148.60	87.96	116.81	99.10	131
26	135.55	183.53	152.72	206.77	101.39	137.29	114.23	154.66	89.55	122.04	100.89	137
27	137.95	189.53	155.42	213.53	103.19	141.77	116.25	159.72	91.14	126.00	102.68	141
28	141.55	199.13	159.47	224.34	105.88	148.95	119.29	167.81	93.51	132.34	105.35	149
29	143.95	208.72	162.18	235.15	107.67	156.13	121.30	175.89	95.10	138.68	107.14	156
30	148.02	218.32	166.77	245.97	110.90	163.31	124.95	183.98	98.26	144.71	110.71	163
31	. 151.39	232.71	170.55	262.18	113.24	174.07	127.57	196.11	100.64	154,21	113.39	173
32	154.74	242.31	174.34	272.99	115.75	181.25	130.40	204.20	103.02	160.55	116.07	180
33	161.22	250.71	181.64	282.45	120.59	187.53	135,86	211.28	106.98	166.42	120.53	187
34	169.38	261.51	190.83	294.62	126.70	195.97	142.74	220.78	112.53	173.55	126.78	195
35	173.93	268.22	195.96	302.19	130.11	200.45	146.58	225.83	115.70	177.52	130.35	199
36	180.17	271 10	202.99	305.43	134.95	203.14	152.04	228.87	119.67	180.21	134.82	203
37	188.33	277.10	212 18	312.19	140.87	207.63	158.71	233.92	125.21	183.85	141.07	207
38	200.33	284.29	225.69	320.30	149.85	213.01	168.82	239.98	133.14	188.92	149.99	212
39	217 12	299.89	244,61	337.86	162.41	224.32	182.97	252.72	144 23	198.91	162.49	224
40	224.32	311.17	252.72	350.57	167.79	232.93	189.04	262.43	148.99	206.04	167.85	232
41	233.92	317.88	263.53	358.14	174.97	238.14	197.12	268.29	155.64	210 80	175.35	237
42	241.11	326.28	271.64	367.60	180.35	244.42	203.19	275.37	160.08	216.50	180.35	243
43	243.51	337.08	274.35	379.76	183.04	252 49	206.22	284 47	162.46	223.95	183.03	252
44	254.31	344.28	286.51	387.87	191.12	257.88	215.32	290.53	169.59	228 71	191.06	257
45	260.54	350.99	293.54	395.44	196.50	265.05	221.38	298.62	174.34	235.68	196.42	265
46	273 74	360.59	308.40	406.25	206.37	272.41	232.51	306.90	183.06	242.18	206.24	272
47	283.58	367.06	319.49	413.55	213.73	276.36	240.79	311.36	189.71	245.35	213.74	276
48	301.09	370.66	339.22	417.60	227 01	279.23	255.75	314.59	201.60	248.20	227.13	279
49	320,28	381.46	360.84	429.76	242.26	287.12	272.94	323.49	215.55	255 17	242.85	287
50	331.08	392.26	373.00	441.93	251.24	295.38	283.05	332.79	223.48	262.78	251.78	296
51	352.67	404.25	397.33	455.44	265.59	305.97	299.23	344.71	236.63	271.81	266.59	306
52	371.87	417.45	418.95	470.31	279.95	316.74	315.40	356.85	248.84	281.80	280.35	317
53	389.86	427.05	439.22	481.12	293.41	325.89	330.56	367.16	260.57	290.68	293.56	327
54	416.25	443.84	468.95	500.04	315.84	340.96	355.83	384.14	280.54	304.31	316.06	- 342
55	435.44	461.83	490.58	520.31	331.99	356.22	374.03	401.32	294.80	317.94	332.13	358
56	453.91	475.03	511.39	535.18	346.35	367.16	390.20	413.65	307.48	327 77	346 41	369
57	476.23	487.02	536.53	548.69	361.60	375.60	407.39	423.16	320.16	335.69	360.70	378
58 59	499.02 520.61	494.22	562.20	556.80 573.02	385.83	381.34	434.68	429.63	342.34	339.18 348.60	385.70	382 392
59 60	520.61	508.61 520.61	586.53 621.67	573.02 586.53	403.77 421.72	391.21	454.90 475.12	440.75	358.19 374.04	348.69 358.19	403.55 421.41	392 403
61	575.79	520.61	648.70	586.53 608.16	421.72	401.98 418.13	475.12 493.31	452.88 471.07	374.04	358.19	421.41	403
62	575.79	551.80	674.38	621.67	437.87 458.51	418.13	493.31 516.57	471.07	407.33	374.04 381.97	439.27 458.91	421
63	621.37	575.79	700.06	648.70	436.51	427 10	535.77	501.40	407.33	397.82	438.55	448
64	642.96	611.77	724.38	689.24	497.09	468.38	560.03	527 69	445.37	420.01	501.76	473
65	736.53	671.76	829.80	756.82	557.21	515.04	627.76	580.25	498.78	455.51	561.94	513

Note: If the plan for the female member includes maternity, the above rate will add an

additional \$317.91 to the monthly premium

Note: The following billing and processing tees apply \$5.00 administrative fee will be added to paper (direct) billings; if a policy payment is rejected due to insufficient funds we may charge the policy a fee of up to \$20,00; paper application fee \$25, and reinstatement fee \$25

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Exhibit VII - Blue Access Policy form AICBL-IndPP002

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Per Member Monthly New Business Rate Tables

Effective October 1, 2009

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-	Plan 3 w/ NO R		Plan 3 C Rx C		Plan 3 (w/ NO R		Plan 3		Plan 3 0 w/ NO Ro		Plan'3 (
-	\$7,5		\$7,5		\$15,0		Rx 0 \$15.		\$20,0		Rx C \$20,0	
Ì	Single	Single	Single	Single	Single	Single	Single	Single	Single	Single	Single	Single
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Malè	Female
Att Age	not s		not s	old	not s	oid	nota	sold	not s		not s	
0	149.79	149.79	168.76	168.76	133.65	133.65	150.57	150.57	122.26	122.26	137.74	137.74
1	122.38	122.38	137.88	137.88	108.26	108.26	121.97	121.97	99.04	99.04	111.58	111.58
2	110.00	110.00	123.93	123,93	96.82	96.82	109.08	109.08	88.57	86.57	99.79	99.79
3 4	92.45 84.43	92.45 84.43	104.16	104.16 95.12	81.42	81.42	91.73	91.73	74.48	74.48	83.91	83.91
5	82.75	82.75	95.12 93.23	93.23	74.08 72.62	74.08 72.62	83.46 81.81	83.46 81.81	67.77 66.43	67,77 66.43	76.35 74.84	76.35 74.84
6	82.75	82.75	93.23	93.23	72.62	72.62	81.81	81.81	66.43	66.43	74.84	74.84
7	82.75	82.75	93.23	93.23	72.62	72.62	81.81	81.81	66.43	66.43	74.84	74.84
· 8	82.75	82.75	93.23	93.23	72.62	72.62	81.81	81.81	66.43	66.43	74,84	74.84
9	82.75	82.75	93.23	93.23	72.62	72.62	81.81	81.81	66.43	66.43	74.84	74.84
10	82.75	82.75	93.23	93.23	72.62	72.62	81.81	81.81	66.43	66.43	74.84	74.84
11	82.75	82.75	93.23	93.23	72.62	72.62	81.81	81.81	66.43	66.43	74.84	74.84
12	62.75	82.75	93.23	93.23	72.62	72.62	81.81	81.81	66.43	66.43	74.84	74.84
13 14	91.11 91.11	96.96 98.64	102.65 102.65	109.24	80.10 80.10	80.10 80.10	90.24 90.24	90.24 90,24	73.28 73.28	73.28 73.28	82.55 82.55	82.55 82.55
15	91.11	110.00	102.65	123.93	80.10	80.10	90.24	90.24	73.28	73.28	82.55	82.55
16	91 11	110.00	102.65	123.93	80.10	80.10	90.24	90.24	73.28	73.28	82.55	82.55
17	91,11	110.00	102.65	123.93	80.10	80.10	90.24	90.24	73.28	73 28	82.55	82.55
18	91.11	112.68	102.65	126.95	80.10	80.10	90.24	90.24	73.28	73.28	82.55	82.55
19	91 11	112.68	102.65	126.95	80.10	80.10	90.24	90.24	73.28	73.28	82.55	82.55
20	91.11	112.68	102.65	126.95	80.10	80.10	90.24	90.24	73.28	73.28	82.55	82.55
21 22	88.61 88.61	113.18 113.18	99.83 99.83	127.52 127.52	77.90 77.90	77,90	87.76	87.76	71.26	71.26	80.28	80.28
22	88.77	114.02	100.01	128.46	78.04	77.90 78.04	87.76 87.93	87.76 87.93	71.26 71.40	71.26 71.40	80.28 80.43	80.28 80.43
24	90.28	117.69	101.71	132.60	79.37	79.37	89.42	89.42	72.60	72.60	81.80	81.80
25	92.79	122.88	104.53	138.44	81.42	81.42	91.73	91.73	74.48	74.48	83.91	83,91
26	94.46	128.23	106.42	144.46	82.88	82.88	. 93.38	93.38	75.83	75.83	85.42	85.42
27	96.13	132.41	108.30	149.17	84.35	84.35	95.03	95.03	77,17	77.17	86.94	86.94
28	98.64	139.10	111.13	156.71	86.55	86.55	97.51	97.51	79.18	79.18	89.20	89.20
29	100.31	145.78	113.01	164.24	88.02	88.02	99.16	99.16	80.52	80.52	90.72	90.72
30 31	103.32 105.66	152.14 162.16	116.40 119.04	171.40 182.70	90.95	90.95	102.47	102.47	83.21	83.21	00.74	93.74 96.01
32	103.00	168.85	121.87	190.24	93.15 95.35	93.15 95.35	104.95 107.43	104.95 107.43	85.22 87.23	85.22 87.23	96.01 98.28	98.28
33	112.51	175.21	126.76	197.39	99.02	99.02	111.56	111.56	90.59	90.59	102.06	102.06
34	118.20	182.73	133.17	205.87	104 15	104.15	117.34	117.34	95.28	95.28	107.35	107.35
35	121.71	186.91	137.12	210.58	107.09	107.09	120.65	120.65	97.97	97.97	110.37	110.37
36	126.05	189.75	142.02	213.78	110.76	110.76	124.78	124.78	101.32	101.32	114.15	114.15
37	131.74	193.59	148.42	218.11	115.89	115.89	130.57	130.57	106.02	106.02	119.44	119.44
38 39	140.10 151.63	198.95 209.31	157.84	224.13 235.81	123.23	123.23	138.83	138.83	112.73	112.73	127.00	127.00
40	156.65	217 17	170.83 176.48	235.61	133.50 137.90	133.50 137.90	150.40 155.36	150.40 155.36	122 12 126.15	122.12 126.15	137.58 142.12	137.58 142.12
41	163.67	222.01	184.40	250.13	144.06	144.06	162.30	162.30	131.78	131.78	148.47	148.47
42	168.52	228.04	189.86	256.91	148.17	148.17	166.93	166.93	135.54	135.54	152.70	152.70
43	171 02	235.56	192.68	265.38	150.37	150.37	169.41	169.41	137.55	137.55	154.97	154.97
44	178.55	240.74	201 16	271.22	156.97	156.97	176.84	176.84	143.59	143.59	161.78	161.78
45	183.57	247 76	206.81	279.14	161.37	161.37	181.80	181.80	147.62	147.62	166.31	166.31
46 47	192.76 199.62	254.62 258.13	217.17 224.89	286.86 290.81	169.44 175.60	169.44 175.60	190.89	190.89	155.00 160.63	155.00 160.63	174.63 180.98	174.63 180.98
48	212 15	260.97	239.02	290.81	186.60	186.60	197.83 210.23	197.83 210.23	170.70	170.70	192,32	192.32
49	226.53	268.32	255.21	302.30	199.51	199.51	224.78	224.78	182.51	182.51	205.62	205.62
50	234.89	276.18	264.63	311.16	206.85	206.85	233.04	233.04	189.22	189.22	213.18	213.18
51	248.60	285.88	280.08	322.08	219.02	219.02	246.76	246.76	200.36	200.36	225.73	225.73
52	261.64	296.25	294.77	333.76	230.32	230.32	259.48	259.48	210.69	210.69	237.37	237.37
53	274.17	305.11	308.89	343.74	241 18	241.18	271 72	271.72	220.62	220.62	248.56	248.56
54 55	295.07 310.12	319.32 333.69	332.44 349.39	359.75 375.95	259.66 272.86	259.66 272.86	292.54 307.41	292.54 307.41	237.53 249.61	237.53 249.61	267.61 281.22	267.61 281.22
56	323.49	343.89	364.46	387.44	284.60	284.60	320.63	320.63	260.35	260.35	293.31	293.31
57	337.37	352.09	380.09	396.66	296.33	296.33	333.86	333.86	271.08	271.08	305.41	305.41
58	360.27	356.60	405.90	401.75	316.87	316.87	357.00	357.00	289.87	289.87	326.58	326.58
59	376.99	366.12	424.73	412.49	331.54	331.54	373.53	373.53	303.29	303.29	341.70	341.70
60	393.71	376.16	443.57	423.79	346.21 360.88	346.21	390.05	390.05	316.71 330.13	316.71	356.81	356.81 371.93
61 62	409.59 428.48	392.04 400 40	461.46 482.74	441.68 451 10	- 377.02	360.88 377.02	406.58 424.76	406.58 424.76	330.13 344.89	330.13 344.89	371.93 388.56	368.56
63	445.54	417 12	501.95	469.93	393.16	393.16	442.94	442.94	359.65	359.65	405.20	405.20
 64	466.43	439.69	525.50	495.36	412.23	412.23	464.43	464.43	377.10	377.10	424.85	424.85
65	522.61	480.15	588.79	540.94	461.67	461.67	520.12	520.12	422.32	422.32	475.80	475.80

Note: If the plan for the femate member includes maternity, the above rate will add an additional \$317.91 to the monthly premium.

Note. The following billing and processing fees apply: \$5.00 administrative fee will be added to paper (direct) billings, if a policy payment is rejected due to insufficient funds we may charge the policy a fee of up to \$20.00; paper application fee \$25; and reinstatement fee \$25.

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with the state

Exhibit VII - Blue Traditional

- M

W.

Policy form AICBL-IndTRAD02

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Per Member Monthly New Business Rate Tables

Effective October 1, 2008

Att Age 0 1 2 3 4 5 6 7 8 9 10	Pian 2 C w/ NO Rs 550 Single Mate 341.59 294.80 269.13 227.73 299.09 204.96 204.96 204.96 204.96 204.96 204.96	K Card Single Female 341.59 294.80 269.13 227.73 209.09 204.96 204.96 204.96	Plan 2 Rx C \$50 Single Mate 377.04 325.40 297.06 251.36 230.79 226.23	ard	Plan 2 (w/ NO R \$1,0 Single Male 303.67 259.31 236.39 200.02	x Card 100 Single Female 303.67 259.31	Plan 2 Rx 0 \$1,0 Single Male 335.19	Card	Plan 2 w/ NO R \$2,5 Single Male	x Card	Plan 2 Rx C S2,5 Single	Sard 500 Single
0 1 2 3 4 5 6 7 8 9	\$50 Single Male 341.59 294.80 269.13 227.73 209.09 204.96 204.96 204.96 204.96 204.96	5 5ingle Female 341.59 294.80 269.13 227.73 209.09 204.96 204.96 204.96	\$50 Single Male 377.04 325.40 297.06 251.36 230.79 226.23	00 Single Female 377.04 325.40 297.06 251.36	\$1,0 Single Male 303.67 259.31 236.39	100 Single Female 303.67 259.31	\$1,0 Single Male)00 Single	\$2,5 Single	i00 Single	\$2,5 Single	500 Single
0 1 2 3 4 5 6 7 8 9	Single Male 341.59 294.80 269.13 227.73 209.09 204.96 204.96 204.96 204.96 204.96	Single Female 341.59 294.80 269.13 227.73 209.09 204.96 204.96 204.96	Single Male 377.04 325.40 297.06 251.36 230.79 226.23	Single Female 377.04 325.40 297.06 251.36	Single Male 303.67 259.31 236.39	Single Female 303.67 259.31	Single Male	Single	Single	Single	Single	Single
0 1 2 3 4 5 6 7 8 9	Male 341.59 294.80 269.13 227.73 209.09 204.96 204.96 204.96 204.96 204.96	Female 341.59 294.80 269.13 227.73 209.09 204.96 204.96 204.96 204.96	Male 377.04 325.40 297.06 251.36 230.79 226.23	Female 377.04 325.40 297.06 251.36	Male 303.67 259.31 236.39	Female 303.67 259.31	Male					
0 1 2 3 4 5 6 7 8 9	294.80 269.13 227.73 209.09 204.96 204.96 204.96 204.96 204.96	294.80 269.13 227.73 209.09 204.96 204.96 204.96	325.40 297.06 251.36 230.79 226.23	325.40 297.06 251.36	259.31 236.39	259.31	335.19			remate	Male	Female
2 3 4 5 6 7 8 9	269.13 227.73 209.09 204.96 204.96 204.96 204.96 204.96	269.13 227.73 209.09 204.96 204.96 204.96	297.06 251.36 230.79 226.23	297.06 251.36	236.39			335.19	245.81	245.81	271,32	271.32
3 4 5 6 7 8 9	227.73 209.09 204.96 204.96 204.96 204.96 204.96	227.73 209.09 204.96 204.96 204.96	251.36 230.79 226.23	251.36			286.21	286.21	205.32	205.32	226.62	226.62
4 5 6 7 8 9	209.09 204.96 204.96 204.96 204.96 204.96	209.09 204.96 204.96 204.96	230.79 226.23		200.02	236.39	260.92	260.92	185.35	185.35	204.59	204.59
5 6 7 8 9	204.96 204.96 204.96 204.96 204.96	204.96 204.96 204.96	226.23		183.66	200.02	220.78	220,78	156.84	156.84	173,11	173.11
6 7 8 9	204.96 204.96 204.96 204.96	204.96 204.96		226.23	183.88	183.66 180.02	202.72 198.70	202.72 198.70	144,01 141.15	144.01 141.15	158.95 155.80	158.95 155.80
7 8 9	204.96 204.96 204.96	204.96	226.23	226.23	180.02	180.02	198.70	198.70	141.15	141.15	155.80	155.80
9	204.96		226.23	226.23	180.02	180.02	198.70	198.70	141.15	141.15	155.80	155.80
		204.96	226.23	226.23	180.02	180.02	198.70	198.70	141.15	141.15	155.80	155.80
10]	204.96	204.96	226.23	226.23	180.02	180.02	198.70	198.70	141.15	141,15	155.80	155.80
×	004.00	204.96	226.23	226.23	180.02	180.02	198.70	198.70	141.15	141.15	155.80	155.80
11	204.96 204.96	204.96 204.96	226.23	226.23	180.02	180.02	198.70	198.70	141.15	141.15	155.80	155.80
13	204.96	204.95	226.23 246.79	226.23 265.07	180.02 196.39	180.02 210.93	198.70 216.77	198.70 232.83	141 15 153.99	141.15 165.40	155.80 169.97	`155.80 182.56
14	223.58	244.29	246.79	269.64	196.39	.214.57	216.77	236.84	153.99	168.24	169.97	185.70
15	223.58	269.13	246.79	297.06	196.39	238.94	216.77	263.73	153.99	187.35	169.97	206.80
16	223.58	269.13	246.79	297.06	196.39	238.94	216.77	263.73	153.99	187.35	169.97	206.80
17	223.58	269.13	246.79	297.06	196.39	238.94	216.77	263.73	153.99	187.35	169.97	206.80
18	223.58	277.41	246.79	306.20	196.39	244.40	216.77		153.99	191.63	169.97	211.52
19 20	223.58 223.58	277.41 277.41	246.79 246.79	306.20 306.20	196.39	244.40	216.77	269,76	153.99	191.63	169.97	211.52
21 -	223.56	277.41	239.93	306.20	196.39 190.94	244.40 245.48	216.77 210.74	269.76 270.96	153.99 149.71	191.63 192.48	169.97 165.25	211.52 212.46
22	217.38	278.66	239.93	307.57	190.94	245.48	210.74	270.96	149.71	192.48	165.25	212.46
23	217.79	280.72	240.39	309.86	191.30	247.30	211.15	272.97	149.99	193.91	165.56	214.03
24	221.52	289.83	244.50	319,91	194.57	255.31	214.76	281.80	153.99	200.18	169.97	220.96
25	226.48	302.26	249.99	333.62	200.75	267.30	221.58	295.04	158.26	209.59	174.69	231.34
26	228.97	313.44	252.73	345.96	204.39	278.21	225.60	307.09	161.12	218,15	177.84	240.79
27 28	232.70 238.08	322.96 337.45	256.84 262.78	356.47 372.47	207.30 212.75	287.31 301.86	228.81	317.12	163.97	225.28	180.98	248.65
29	242.22	351.94	267.36	388.47	216.39	316.40	234.83 238.84	333.18 349.24	168.24 171.10	236.68 248.09	185.70 188.86	261.25 273.84
30	250.09	366.43	276.04	404.46	223.66	330.95	246.87	365.29	175.95	259.50	194.20	286.43
31	255.47	387.55	281.98	427.77	227.30	352.77	250.89	389.38	179.94	276.61	198.61	305.31
32	258.78	401.63	285.63	443.31	232.76	367.32	256.91	405.44	183.93	288.01	203.01	317.90
33	273.28	414.88	301.63	457.93	241.85	380.05	266.94	419.49	191.63	297.99	211.52	328.92
34 35	285.70 291.90	431.03 440.14	315.34 322.20	475.76	254.58	396.41	280.99	437.55	201.32	310.83	222.22	343.08
36	303.08	440.14	322.20	485.81 491.30	261.85 270.94	405.51 410.96	289.02 299.06	447.59 453.60	206.74 214.16	318.81 322.23	228.20 236.38	351.90 355.67
37	315.51	452.56	348.25	499.52	283.67	418.23	313.11	461.64	223.85	329.36	247.08	363.54
38	334.55	464.98	369.27	513.23	301.86	430.96	333.18	475.68	238.11	337.92	262.82	372.98
39	360.22	488.58	397.60	539.28	327.31	454.60	361.28	501.78	258.07	356.45	284.86	393.44
'40	370.58	504.73	409.03	557.10	338.22	470.97	373.32	519.84	266.63	369.85	294.29	408.23
41	385.89	513.84	425.94	567.16	352.77	480.06	389.38	529.88	278.03	377,84	306.89	417.05
42 43	395.42 400.80	523.36 536.20	436.45 442.40	577.67 591.84	363.68 367.32	489.88 502.61	401.42 405.44	540.72 554.77	286.59 289.44	387.82 400.65	316.33 319.48	428.07 442.23
44	417.36	544.89	460.67	601.44	383.68	510.61	403.44	563.60	302.27	400.85	333.64	492.23
45	427.30	552.76	471.64	610.12	392.77	518.24	433.54	572.03	309.68	417.19	341.82	460.49
46	445.93	563.52	492.21	622.00	410.96	529.15	453.60	584.07	325.37	428.60	359.13	473.07
47	460.42	570.15	508.21	629.31	425.50	536.43	469.67	592.10	337.06	436.30	372.04	. 481.57
48	485.68	573.46	536.08	632.97	450.60	540.06	497.36	596.11	357.88	440.57	395.01	486.29
49 50	512.59 528.74	585,88 598.30	565.79 583.61	646.68 660.39	477.52 493.51	552.80 565.52	527.07 544.73	610.16 624.21	380.69 393.52	453.41 466.24	420.20 434.36	500.46 514.62
51	555.24	610,73	612.86	674 10	520.07	578.25	574.03	638.26	419.19	480.50	462.69	530.36
52	577.60	625.22	637.54	690.10	541.89	592.80	598.12	654.31	442.00	496.18	487.87	547,67
53	598.30	636.40	660.39	702.43	561.89	603.71	620.20	666.36	463.39	507.59	511.48	560.26
54	628.53	656.27	693.75	724.38	592.08	623.71	653.51	688.44	494.76	527.55	546.10	582.29
55	650 89	683.18	718.43	754.08	614.62	647.35	678.40	714.53	517,57	548.94	571.28	605.90
56 57	676.15 705.54	701.82 716.31	746.31 778.76	774.64 790.64	640.08 669.17	665.53 680.08	706.50	734.60 750.66	539.53 566.05	564.62 578.88	595.51 624.79	623.21 638.95
58	730.80	724.59	806.64	799.78	669.17 694.63	689.18	738.61 766.71	760.69	593.14	587.43	654.69	648.40
59	754.81	741.15	833.14	818.06	718 99	705.54	793.61	778.76	618.80	604.54	683.02	667.28
60	790.01	753.57	871.99	831.77	754.64	718.27	832.95	792.81	655.87	618.80	723.93	683.02
61	816.92	775.52	901.70	855.99	781.55	740.09	862.66	816.89	684.39	641.62	755.41	708.20
62	842.59	790.01	930.03	871.99	807.37	754.64	891.16	832.95	711.48	655.87	785.31	723.93
63 64	867.44 891.45	817.34 857.09	957.45 983.96	902.15 946.03	832.83 857.20	781.92 821.92	919.25 946.15	863.06 907.21	738.57 764.23	684.39 727.17	815.21 843.54	755.41 802.62
	1,002.01	931.61	1,105.98	1,028.29	963.75	891.02	1,063.77	983.48	875.45	798.45	966.30	881.31

Note: If the plan for the female member includes maternity, the above rate will add an additional \$389.82 to the monthly premium.

Note The following billing and processing fees apply: \$5.00 administrative fee will be added to paper (direct) billings; if a policy payment is rejected due to insufficient funds we may charge the policy a fee of up to \$20.00° paper application fee \$25, and reinstatement fee \$25.

Exhibit VII - TAA

Policy form AICBL-IndEN07PPO(TAA)

Per Member Monthly New Business Rate Tables

Effective October 1, 2009

Г	Rates Blue Acc		Blue Acc		pouse rates Blue Acci		lower. Blue Acc	
F	\$5		\$1.0		\$2,5		55,C	
Ī	Single	Single	Single	Single	Single	Single	Single	Single
Att Age	Male	Female	Male	Femele	Male	Female	Male	Female
0	278.86	· 278.66	242.94	242.94	179.19	179.19	. 142.43	142.43
1	240.49	240.49	207.45	207.45	149.67	149.67	117.34	117.34
2	219.54	219.54	189.12	189.12	135.12	135.12	106.18	106.18
3	185.77	185.77	160.02	160.02	114.34	114.34	89.34	89.34
5	170.57 167 19	170.57 167.19	146.93 144.02	146.93 144.02	104.98 102.90	104.98 102.90	81.74 80.12	81.74 80.12
6	167.19	167.19	144.02	144.02	102.90	102.90	80.12	80.12
7	167.19	167.19	144.02	144.02	102.90	102.90	80.12	80.12
8	167.19	167.19	144.02	144.02	102.90	102.90	80.12	80.12
· 9	167.19	167.19	144.02	144.02	102.90	102.90	80.12	80.12
10	167.19	167.19	144.02	144.02	102.90	102.90	80.12	80.12
11	167.19	167.19	144.02	144.02	102.90	102.90	80.12	80.12
12	167.19	167.19	144.02	144.02	102.90	102.90	80.12	80.12
13	182.39	195.90	157.11	168.75	112.26	120.57	88.05	93.87
14	182.39	199.28	157.11	171.66	112.26	122.65	88.05	95.50
15	182.39	219.54	157.11	191.15	112.26	136.58	88.05	106.34
16 17	182.39	219.54	157.11	191.15	112.26	136.58	88.05	106.34
17	182.39 182.39	219.54 226.30	157.11 157.11	191.15 195.52	112.26 112.26	136,58	88.05	106.34
19	182.39	226.30	157.11	195.52	112.26	139.70 139.70	88.05 88.05	108.77 108.77
20	182.39	226.30	157.11	195.52	112.26	139.70	88.05	108.77
21	177.33	227.31	152.75	196.39	109,14	140.32	85.62	109.25
22	177.33	227.31	152.75	196.39	109.14	140.32	85.62	109.25
23	177.66	229.01	153.04	197.85	109.35	141.36	85.78	110.06
24	180.70	236.43	155.66	204.25	112,26	145.93	87.40	113.62
25	184.76	246.57	160.61	213.85	115.37	152.80	89.83	118.96
26	186.78	255.68	163.51	222.58	117.45	159.03	91.45	123.82
27	189.82	263.45	165.84	229.85	119.53	164.23	93.07	127.86
28 29	194.21	275.27	170.20	241.49	122.65	172.54	95.50	134.34
30	197.59 204.01	287.10 298.92	173.11 178.93	253.12 264.77	124.73 128.27	180.86 189.18	97.11 100.03	140.81 147.29
31	208.40	316.15	181.84	282.22	131.18	201.64	102.13	157.00
32	211.10	327.63	186.21	293.86	134.08	209.96	104.39	163.47
33	222.93	338.44	193.48	304.04	139,70	217.24	108.77	169.14
34	233.06	351.61	203.66	317 13	146.77	226.59	114.27	176.75
35	238.12	359.04	209.48	324.41	150.72	232.41	117.34	180.79
36	247.24	363.09	216.75	328.77	156.12	234.91	121.72	183.22
37	257.37	369.17	226.94	334.59	163.19	240.10	127.06	187.27
38	272.91	379.31	241.49	344.77	173.58	246.34	135.15	192.12
39 40	293.85	398.56	261.86	363.69	188.13	259.86	146.48	202.32
41	302.30 314.79	411.73 419.16	270.58 282.22	376.78 384.05	194.37 202.69	269.63 275.45	151.34 157.81	210.09 214.78
42	322.56	419.10	292.22	391.91	202.09	282.72	162.66	214.78
43	326.95	437.41	293.86	402.09	211 00	292.08	165.09	227.73
44	340 47	444 49	306.95	408.49	220.36	298.31	172.38	232.59
45	348.57	450.91	314.23	414.60	225.76	304.13	177.23	239.06
46	363.77	459.69	328.77	423.33	237.19	312.45	186.13	245.70
47	375.59	465 10	340.41	429.15	245.72	318.06	192.77	249.26
48	396.20		360.49	432.06	260.89	321 18	204.74	251.84
49	418.15	477.93	382.01	442.24	277.52	330.54	218.50	258.97
50 51	431.32 452.94	488 06 498.20	394.82	452.42 462.61	286.88	339.89 350.28	226.60 239.54	266.41 275.96
52	432.59	496.20 510.02	416.06 433.51	462.01	305.59 322.22	361 72	259.54	275.90
53	488.06	519.14	449.52	482.98	337.81	370.03	264.63	293.93
54	512.73	535.35	473.66	498.98	360.67	384.59	284,87	307.52
55	530.96	557.31	491.70	517.89	377.31	400.18	299.43	321.28
56	551.56	572.51	512.07	532.44	393.31	411.61	312.38	331.15
57	575.55	584.33	535.35	544.07	412.65	422.00	326.14	338.76
58	596.15	591.08	555.71	551.35	432.40	428.24	347.99	343.94
59	615.74	604.60	575.21	564.44	451.11	440.71	364.18	352.84
60 61	644.45 666.40	614.73	603.72	574.62	478.13	451 11 467.73	380.36	362.55 377.12
62	666.40 687.35	-632.63 644.45	625.25 645.91	592.08 603.72	498.92 518.67	467.73	394.92 413.54	385.22
63	707.61	666.74	666.27	625.54	538.42	498.92	413.34	401.40
64	727.20	699.17	685.77	657.55	557.13	530.10	448.34	422.44
65	817.38	759.96	771.02	712.82	638.20	582.07	502.56	464.53

Note: If the plan for the female member includes maternity, the above rate will add an additional \$389.82 to the monthly premium $\hfill \hfill \hfi$

Note: The following billing and processing fees apply \$5.00 administrative fee will be added to paper (direct) billings, if a policy payment is rejected due to insufficient funds we may charge the policy a fee of up to \$20.00; paper application fee \$25, and reinstatement fee \$25.

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Exhibit VII - Blue Access Saver Plans - continued Policy form AICBL-IndEN11PPO(HSA) Per Member Monthly New Business Base Rate Table Effective October 1, 2009

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	the second se	in 3	Plar		Plan		Pla		Plan		Plan	
	(20/50	Deduct	(20/50 \$4,800		(20/50 c \$5,000 C		(20/50		(30/60		(30/60 (
	Single	Single	Single	Single	\$5,000 L Single	Single	\$5,350 I Single	Single	\$2,400 I Single	Single	\$4,800 [Single	Single
	Mate	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	Family	Policy	Family		Family I		Family		Single		Family	
	212.53	212.53	189.20	189.20	175.01	175.01	175.32	175.32	203.18	203.18	186.94	186.94
	1 182.17	182.17	161.32	161.32	149.22	149.22	147.44	147.44	173.24	173.24	159.39	159.39
	2 161.15	161.15	144.38	144.38	133.56	133.56	131.26	131.26	155.06	155.06	142 66	142.68
	3 145.97 4 126.12	145.97	129.45	129.45	119.75	119.75	117.24	117.24	139.02	139.02	127.91	127.91
	4 126.12 5 121.68	126.12 121.68	109.53 103.96	109.53 103.96	101.32 96.16	101.32 96.16	99.08 94.04	99.08 94.04	117.63 111.64	117.63 111.64	108.22 102.72	108.22
	6 119.34	119.34	103.30	102.37	94.69	94.69	92.60	92.60	109.93	109.93	102.72	102.72
	116.78	116.78	99.98	99.98	92.48	92.48	90.26	90.26	107.36	107.36	98.78	98.78
	8 116.78	116.78	99.98	99.98	92.48	92.48	90.26	90.26	107.36	107.36	98.78	98.78
	9 116.78	116.78	99.98	99.98	92.48	92.48	90.26	90.26	107.36	107.36	98.78	98.78
11		116.78	99.98	99.98	92.48	92.48	90.26	90.26	107.36	107.36	98.78	98.78
1		116.78	99.98	99.98	92.48	92.48	90.26	90.26	107.36	107,36	98.78	98.78
1:		116.78	99.98	99.98	92.48	92.48	90.26	90.26	107.36	107.36	98.78	98.78
1:		128.92 134.76	104.56 104.56	109.94	96.72	101.69	94.40	99.26	112.29	118.06	103.31	108.62
1		147.37	104.56	114.91 125.87	96.72 96.72	106.30 116.43	94.40 94.40	103.75 113.82	112.29 112.29	123.41 135.17	103.31 103.31	113.54 124.36
11		150.41	104.56	128.46	96.72	118.82	94.40	116.16	112.29	137.95	103.31	124.30
1		150.41	104.56	128.46	96.72	118.82	94.40	116.16	112.29	137.95	103.31	126.92
11		160.92	101.97	137.42	94.32	127.11	92.06	124.25	109.51	147.57	100.74	135.77
1		160.92	101.97	137.42	94.32	127.11	92.06	124.25	109.51	147.57	100.74	135.77
21		160.92	101.97	137.42	94.32	127 11	92.06	124.25	109.51	147.57	100.74	135.77
2		167.45	101.97	142.99	94.32	132.27	92.06	129.28	109.51	153.56	100.74	141.28
2:		167.45 168.62	101.97 101.97	142.99 143.99	94.32 94.32	132.27 133.19	92.06 92.06	129.28 130.18	109.51	153.56 154.63	100.74 100.74	141.20 142.20
2		172.83	101.97	147.77	94.32	136.69	92.06	133.60	109.51 109.51	158.69	100.74	146.0
2:		179.37	103.36	153.35	95.61	141.85	93.32	138.81	111.00	164.66	102.13	151.5
20		184.74	104.96	157.93	97.08	146.09	94.76	142.95	112,71	169.60	103.70	156.0
2		189.18	106.55	161.71	98.56	149.59	96.20	146.37	114.42	173.66	105.27	159.7
2		194.32	108.94	166.10	100.77	153.64	98.36	150.32	116.99	178.37	107.63	164.1
21		199.68	111.53	170.67	103.16	157.88	100.69	154.46	119.77	183.29	110.19	168.6
31		204.82	113.52	174.86	105.01	161.75	102.49	158.23	121.91	187.78	112.16	172.77
3.		217.44	115.71	185.81	107.03	171.88	104.47	168,12	124.26	199.55	114.32	183.59
3:		224.67 234.25	117.50 121.48	191.98 200.15	108.69 112.38	177.59 185.14	106.09 110.04	173.69 181.07	126.19 130.46	206.18 214.94	116.10 120.03	189.6 197.7
3		244.06	127.46	208.51	117.90	192.88	115.44	188.44	136.88	223.93	125.93	206.0
3		249.66	132.24	213.29	122.32	197.30	119.75	192.93	142.01	229.06	130,66	210.7
3		252.23	136.22	215.48	126.01	199.33	123.35	194,91	146.29	231.41	134.59	212.9
3		257.60	141.20	219.87	130.62	203.38	127.66	198.87	151.64	236.12	139.51	217.2
31		263.68	150.36	225.24	139.08	208.35	136.12	203.72	161 48	241.89	148.56	222.5
3:		277.22	163.31	236.79	151.06	219.04	147.81	214.15	175 38	254.30	161.35	233.9
4		296.61 301.04	173.86 182.82	253.32 257.31	160.82 169 12	234.33 238.01	157.33 165.43	229.08 233.39	186.71 196.34	272.05 276.32	171.79 180.64	250.2 254.2
4		307.12	188.20	264.67	174.09	238.01	170.28	233.39	202.11	276.32	185.95	261.5
4		314.59	192.98	273.24	178.51	252.75	174.59	247 60	207.24	293.43	190.67	269.9
4		319.96	199.15	276.82	184.22	256.07	180.35	253.17	213.87	297.28	196.77	273.5
4:		326.27	204.93	284.59	189.57	263.25	185.21	260.73	220.08	305.63	202.48	281 1
4		332.81	213.89	291.56	197.85	269.70	193.30	267.20	229.70	313.11	211.33	288.0
4		336.31 338.65	223.85 236.79	296.54 299.13	207 07 219.04	274.31	202.29 213.98	271.69 274.21	240.40	318.46 321.24	221.17 233.96	292.9 295.5
4		338.65	255.79	299.13 307.09	219.04 236.54	276.70 284.07	213.98 231.06	274.21 281.58	254.30 274.62	321.24 329.80	233.96	295.5
5		355.46	278.82	319.64	257.91	295.67	254.43	293.09	299.42	343.27	275.48	315.8
5	1 336.31	364.34	294.75	330.40	272.64	305.62	271.87	302.98	316.53	354.82	291.22	326 4
5		373.68	308.69	340.95	285.54	315.38	285.90	312.87	331.50	366.15	305.00	336.8
5	1	380.68	324.62	349.71	300.28	323.49	300.28	320.96	348.61	375.56	320.74	345.5
5		392.36	337.37	364.06	312.07	336.76	312.87	334.09	362.30	390.96	333.33	359.7
5		399.84	355.69	377.00	329.02	348.73	323.66	342.54	381.98	404.86	351.44	372.4 381 1
5		407.55 415.72	370.43 386.76	385.76 397.31	342.65 357 76	356.84 367.52	338.04 . 351.53	350.63 360.52	397.81 415.34	414.27 426.68	366.00 382.13	392.5
5		413.72	404.28	404.48	373.97	374.15	367.71	366.81	415.34	434.38	399.45	399.6
5		429.50	421,21	414.04	389.63	382.99	382.09	375.80	452.34	444.64	416.18	409.0
6	456.59	440.01	446.30	426.79	412.84	394.79,	405.47	387.49	479.29	458.33	440.97	421.6
6	1	449.58	464.03	440.13	429.23	407.13	. 421.65	398.28	498.33	472.66	458.48	434.8
6		458.46	481.76	449.49	445.63	415.79	436.94	408.17	517.36	482.71	475.99	444 1
6: 64		472.94	498.48	467.61	461.10	432.55	452.22	423.45	535.33 553.51	502.18 528.70	492.52 509.25	462.0 486.4
	5 572.20	493.95 539.50	515.41 583.12	492.31 543.29	476.76	455.39	466.61 529.54	446.83 492.68	553.51 626.22	528.70	576.15	536.8

Note: The following billing and processing fees apply: \$5.00 administrative fee will be added to paper (direct) billings, if a collicy payment is rejected due to insufficient funds we may charge the policy a fee of up to \$20.00, paper application fee \$25; and reinstatement fee \$25

AICBL-IndEN11PPO(HSA)

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Blue Access Saver (HSA) Rate Table

Exhibit VII - Blue Access Saver Plans - continued Policy form AICBL-indEN11PPO(HSA) Per Member Monthly New Business Base Rate Table Effective October 1, 2009

	[Piar		Plan		Plan	14	Pla	n 6	Plar	4	Plar	14
		(0/50 c		(0/50 c		(0/50 0		(0/50 d		(0/50 c		(0/50 c	
		\$2,400 f Single	Single	\$4,800 D Single	Single	\$5,000 C Single	Single	\$5,350 Single		\$8,000 t		\$10,000	
		Male	Female	Male	Female	Male	Female	Male	Single Female	Single Male	Single Fernale	Single Male	Single Female
		Family		Family F		Family I		Family		Family		Family	
•	0	229.01	229.01	195.34	195.34	192.38	192.38	192.49	192.49	160.55	160.55	139.74	139.74
	1	196.29	196.29	166.55	166.55	164.03	164.03	161.89	161.89	134.83	134.83	117.35	117.35
	2	173.64 157.28	173.64 157.28	149.07 133.65	149.07	146.81	146.81	144.12	144.12	119.92	119.92	104.38	104.38
	4	135.89	135.89	113.09	133.65 113.09	131.63 111.38	131.63 111.38	128.72 108.78	128.72 108.78	107.31 90.44	107.31 90.44	93.39 78.71	93.39 78.71
	5	131.11	131.11	107.33	107.33	105.71	105.71	103.25	103.25	85.85	85.85	74,72	74.72
	6	128.59	128.59	105.69	105.69	104.09	.104.09	101.67	101.87	84.54	84.54	73.57	73.57
	7	125.83	125.83	103.22	103.22	101.66	101.66	99.11	99.11	82.41	82.41	71 72	71.72
	8	125.33	125.83	103,22	103.22	101.66	101.66	99.11	99.11	82.41	82.41	71.72	71.72
	9 10	125.83 125.83	125.83 125.83	103.22 103.22	103.22 103.22	101.66 101.66	101.66 101.66	99.11 99.11	99.11 99.11	82.41 82.41	82.41 82.41	71.72 71.72	71 72 71.72
	11	125.83	125.83	103.22	103.22	101.66	101.66	99.11	99.11	82.41	82.41	71.72	71 72
	12	125.83	125.83	103.22	103.22	101.66	101.66	99.11	99.11	82.41	82.41	71.72	71.72
	13	132.12	138.91	107.95	113.50	106.31	111.78	103.65	108.98	86.01	90.44	74.86	78.71
	14	132.12	145.20	107.95	118.64	106.31	116.85	103.65	113.92	86.01	94.69	74.86	82.41
	15 16	132.12 132.12	158.80	107.95	129.95	106.31	127.99	103.65	124.97	86.01	103.87	74.86	90.40
	17	132.12	162.07 162.07	107.95 107.95	132.63 132.63	106.31 106.31	130.62 130.62	103.65 103.65	127.54 127.54	86.01 86.01	106.00 106.00	74.86 74.86	92.25 92.25
	18	128.84	173.39	105.28	141.87	103.68	139.73	103.05	136.42	83.86	113.37	73.01	98.67
	19	128.84	173.39	105.28	141.87	103.68	139.73	101.08	136.42	83.88	113.37	73.01	98.67
	20	128.84	173.39	105.28	141.87	103.68	139.73	101.08	136.42	83.88	113.37	73.01	98.67
	21	128.84	180.44	105.28	147.63	103.68	145.40	101.08	141.95	83.88	117.96	73.01	102.66
	22 23	128.84 128.84	180.44 181.69	105.28	147,63	103.68	145.40	101.08	• 141.95	83.88	117.96	73.01	102.66
	24	128.84	186.23	105.28 105.28	148.66 - 152.57	103.68 103.68	146.41 150.26	101.08 101.08	142.93 146.69	83.88 83.88	118.78 121.89	73.01 73.01	103.37 106.09
	25	130.61	193.27	106.72	158.33	105.10	155.93	102.46	152.41	85.19	126.64	-74.15	110.22
	26	132.62	199.06	108.36	163.06	106.72	160.59	104.05	156.96	86.51	130.41	75.29	113.50
	27	134.64	203.84	110.00	166.96	108.34	164.43	105.62	160.70	87.81	133.69	76.43	116.35
	28	137.66	209.37	112.47	171.49	110.77	168.89	107.99	165.05	89.78	137.29	78.14	119.49
	29 30	140.92 143.44	215.17 220.70	115.14 117.20	176.21 180.54	113.40 115.43	173.54 177.80	110.56	169.59 173.73	91.91 93.71	141.06 144.50	79.99 81.56	122.77 125.76
	31	146.21	234.29	119.46	191.84	117.65	188.94	112.53 114.70	184.59	95.51	153.51	83.13	133.61
	32	148.48	242.09	121.32	198.22	119.48	195.22	116.48	190.72	96.99	158.43	84.41	137.88
	33	153.26	252.41	125.43	206.65	123.53	203.52	120.83	198.81	100.60	165.14	87.55	143.73
	34	160.81	262.98	131.60	215.28	129.60	212.02	126.75	206.90	105.51	171.86	91.83	149.58
	35	166.85	269.02	136.53	220.22	134.46	216.88	131 49	211.84	109.44	175.96	95.25	153.14
	36 37	171.88 177.92	271.79 277.57	140.64 145.78	222.48 227.01	138.51 143.58	219.11 223.57	135.43 140.17	214.01 218.35	112.71 116.65	177 76 181.36	98.10 101.52	154.71 157.84
· .	38	189.50	284.12	155.24	232.56	152.89	229.03	149.45	223.69	124.35	185.95	108.22	161.84
	39	205.86	298.72	168.61	244.48	166.06	240.78	162.29	235.14	135.00	195.45	117.49	170.11
	40	219 19	319.60	179.50	261.55	176.79	257.59	172.75	251.52	143.68	209.05	125.05	181.94
	41	230.52	324.38	188.76	265.66	185.90	261.64	181.64	256.26	151.05	212.98	131.47	185.37
	42 43	237.06 243.10	330.92 338.98	194.31 199.24	273.27	191.36	269.13	186.96	262.78	155.48	218.23	135.31	189.93 196.63
	44	243.10	338.98	205.62	282.11 285.81	196.23 202.50	277.84 281.48	191 70 198.02	271.86 277.98	159.41 164.65	225.93 231.00	138.74 143.30	201.05
	45	258.70	351.56	211 58	293.83	208.38	289.38	203.35	286.27	169.08	237.89	147 15	207.04
	46	270.03	358.61	220.83	301 03	217.49	296.46	212.23	293.38	176.45	243.62	- 153.57	212.03
	47	282.61	362.38	231.11	306.17	227.61	301.53	222 11	298.32	184.80	247.88	160.84	215 73
	48 49	298.96 322.87	364.90 371.69	244 48 264.02	308.84	240.78	304 16	234.94	301.08	195.45	250 17	170.11 183.65	217.73 223.58
	50	322.87 345.52	371.69	264.02	317.06 330.02	260.02 283.51	312.26 325.02	253.70 279.36	309.17 321.81	211.02	256.89 267.37	202.19	232.71
	51	362.38	392.58	304.31	341 12	299.71	335.96	298.51	332.67	248.53	276.39	216.31	240.55
	52	376.23	402.65	318.71	352.02	313.88	346.69	313.91	343.52	261.48	285.39	227.57	248.39
	53	390.06	410.20	335.16	361.06	330.08	355.60	329.70	352.41	274.42	292.77	238.84	254.81
	54	402.14	422.78	348.32	375.87	343.04	370.18	343.52	366.82	. 285.89	304.73	248.82	265.21
	55 56	412.71 426.55	430.83 439.14	367.24 382.45	389.24 398.29	361.67 376.66	383.34 392.25	355.37 371.17	376.10 384.98	295.72 308.82	313.74 320.30	257.37 268.78	273.06 278.76
	57	439.14	439.14	399.31	410.21	393.26	404.00	385.97	395.84	308.62	330.12	279.48	287 31
	58	454.99	453.98	417.41	417.61	411.08	411.29	403.74	402.75	335.86	335.04	292.30	291.59
	59	469.33	462.79	434.88	427.48	428.29	421.01	419.53	412.62	348.96	343.23	303.71	298.72
	60	491.98	474.12	460.80	440.64	453.81	433.97	445.20	425.46	370.26	353.88	322.25	307 99
	61 62	507.08 522.18	484.44 493.99	479.09 497.39	454.42 464.08	471.84 489.86	447.54 457.05	462.97	437.30 448.16	385.00 398.93	364.53 372.72	335.08 347.20	317.26 324.39
	62 63	522.18 537.28	493.99	497.39	464.08 482.79	489.86 506.87	457.05 475.48	479.75 496.53	448.16	398.93 412.86	3/2./2	347.20	337.22
	64	551.12	532.25	532.15	508.29	524.08	500.59	512.33	490.61	426.78	407.94	371 44	355.05
	65	616.55	581.32	602.05	560.93	592.93	552.44	581.42	540.95	483.31	449.72	420.63	391.40

Note The following billing and processing fees apply: \$5.00 administrative fee will be added to paper (direct) billings, if a policy payment is rejected due to insufficient funds we may charge the policy a fee of up to \$20.00; paper application fee \$25, and reinstatement fee \$25.

AICBL-IndEN11PPO(HSA)

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Blue Access Saver (HSA) Rate Table

Exhibit VII - Blue Access Value

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Policy form AICBL-IndPPO02(Value)

Per Member Monthly New Business Rate Tables

Effective October 1, 2009

Rates shown are single rates or	ily • spouse rates are 10% lower.

	. 1			wn are singl								
	-	Blue Acce		Blue Acce		Blue Acce		Blue Access Value				
		With Rx C		With Rx C		With Rx C		With Rx Coverage				
	\$2,000 \$3,000					\$5,0		\$10,000				
Att Age	e	Single	Single	Single	Single	Single	Single	Single	Single			
1		Male	Female	Male	Female	Male	Female	Male	Female			
	0	128.91	128.91	121.70	121.70	104.60	104.60	93.62	93.62			
	1	108.89	108.89	101.63	101.63	86.17	86.17	75.84	75.84			
	2	98.58	98.58	91.94	91.94	77.97	77.97	67.83	67.83			
	3	83.41	83.41	77.20	77.20	65.61	65.61	57,04	57.04			
	4	76.59	76.59	70.89	70.89	60.02	60.02	51.90	51.90			
	5	75.07	75.07	69.48	69.48	58.84	58.84	50.87	50.87			
	6	75.07	75.07	69.48	69.48	- 58.84	58.84	50.87	50.87			
	7	75.07	75.07	69.48	89.48	58.84	58.84	50.87	50.87			
	8	75.07	75.07	69.48	69.48	58.84	58.84	50.87	50.87			
	9	75.07	75.07	69.48	69.48	58.84	, 58.84	50.87	50.87			
	10	75.07	75.07	69.48	69.48	58.84	58.84	50.87	50.87			
1	11	75.07	75.07	69.48	· 69.48	58.84	58.84	50.87	50.87			
	12	75,07	75.07	69.48	69.48	58.84	58.84	50.87	50.87			
	13	81.89	87.96	76.22	81.41	64.66	68.94	56.11	59.61			
	14	81.89	89.48	76.22	82.82	64.66	70.12	56.11	60.63			
1	15	81.89	99.84	76.22	92.22	64.66	78.09	56.11	67.83			
1	16	81.89	99.64	76.22	92.22	64.66	78.09	56.11	67.83			
1	17	81.89	99.64	78.22	92.22	64.66	78.09	56.11	67.83			
1	18	81.89	101.91	76.22	92.22 94.33	64.66	79.87	56.11	69.37			
	19	81.89	101.91	76.22	94.33							
1	20	81.89	101.91	76.22	94.33 94.33	64.66 64.66	79.87 79.87	56.11	89.37 69.37			
	21	79,82	101.31	74.11				56.11				
				74.11	94.75	62,88	80.23	54.57	69.68			
	22	79.62	102.37		94.75	62.88	80.23	54.57	69.68			
	23	79.77	103.13	74.26	95.45	63.00	80.82	54.68	70.19			
1	24	81.44	106.48	75.80	98.54	64.18	83.44	55.60	72.46			
	25	83.72	111.47	77.91	103.17	85.96	87.36	57.04	75.74			
	26	85.23	116.02	79.31	107.38	67.16	90.92	58.07	79.13			
	27	88.44	119.81	. 80.71	110.89	68.34.	93.90	59.09	81.70			
	28	88.72	125.88	82.82	116.50	70.12	98.65	60.63	85.81			
	29	90.39	131.94	84.22	122.12	* 71.32	103.4 0	61.66	89.93			
	30	93.42	138.01	86.75	127.73	73.45	108.16	63.72	93.83			
	31	95.24	147.11	88.57	136.16	75.00	115.29	65.26	99.99			
	32	97.06	153.17	90.53	141.77	76.66	120.04	66.80	104.11			
	33	101.16	158.48	94.33	146.68	79.87	124.20	69.37	107.91			
	34	106.46	165.30	99.10	153.00	83.91	129.79	72.97	112.53			
1	35	109.49	169.10	101.76	156.51	86.17	132.76	75.02	115.10			
	36	113.29	171.37	105.41	158.61	89.38	134.55	77.59	116.85			
	37	118.30	175.17	110.19	162.12	93.30	137.52	81.19	119.21			
	38	125.88	179.72	117.21	166.34	99.24	141.08	86.33	122.50			
	39	136.49	189.57	127.03	175.46	107.56	148.57	93.52	128.98			
	40	141.04	196.40	131.24	182.05	111.13	154.27	96.60	133.60			
1	41	147.11	200.95	136.88	185.98	115.88	157.72	100.92	136.68			
	42	151.66	206.26	141.07	190.89	119.45	161.88	103.80	140.39			
1	43	153.17	213.08	142.75	197.22	121.24	167.23	105.34	145.22			
1	44	160.00	217.63	149.07	201.43	126.58	170.80	109.96	148.30			
1	45	164.55	221.88	153.00	206.06	130.15	175.55	113.05	152.82			
1	46	172.74	227.79	160.72	211.81	136.68	180.43	118.70	157.04			
1	47	178.96	231.73	166.47	215,46	141.56	183.04	123.02	159.09			
1	48	190.18	234.16	178.86	217.57	150.36	184.94	130.72	160.94			
1	49	202.31	240.83	188.79	223.88	160.46	190.17	139.77	165.46			
1	50	209,29	247.66	195.11	230.20	166.40	195.64	144.91	170.39			
1	51	222.63	256.76	207.04	238.62	175.91	202.65	153.44	176.25			
1	52	234.61	265.71	218.27	247.04	185.42	209.78	161.35.	182.73			
	53	246.14	273.29	228.80	254.06	194.33	215.84	168.95	188.48			
1	54	262.22	285.57	244.24	265.01	209.19	225.83	181.90	197.32			
	55	274.50	288.15	258.27	276.52	219.88	235.93	191.15	206.16			
	56	285.88	295.73	269.50	285.50	229.39	243.18	199.38	212.53			
	57	299.52	303.32	282.13	291.96	239.50	248.77	207.60	217.67			
	58	312.42	306.35	300.38	296.87	255.54	252.57	221.99	219.93			
	59	326.07	315.45	314.42	304.60	267.43	259.11	232.26	226.09			
	60	345.78	323.03	328.46	313.01	279.31	266.24	242.54	232.26			
	61	360.94	333.65	341.79	324.24	290.01	276.94	252.82	242.54			
1	62	376.11	341.23	357.23	331.97	303.68	282.88	264.12	247.68			
	63	386.73	356.39	369.16	346.71	314.97	294.76	275.42	257.95			
1	64	401.90	379.15	383.20	364.95	329.23	310.22	288.79	272.34			
	65	453.31	420.85	433.73	400.74	369.05	341.12	323.42	295.36			
L	~~				-30.34	000.00						

Note The following billing and processing fees apply, \$5,00 administrative fee will be added to paper (direct) billings, if a policy payment is rejected due to insufficient funds we may charge the policy a fee of up to \$20,00; paper application fee \$25, and reinstatement fee \$25.

Blue Access Value Rate Table

Exhibit,1X - Age Gender Factors Policy Forms: AICBL-IndPA002, AICBL-IndPA002, AICBL-IndPA007, PO(TAA), AICBL-IndEN12PO(ECO), & AICBL-IndPP002(VALUE) Single Diclutible Amounts Shown*

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Г	\$250	\$250	\$500	\$500		\$750	\$750	\$1,000	\$1.000	\$1,500	\$1,500	\$2,000	\$2,000	\$2,500	\$2.500	\$3,000	\$3,000	\$5,000	\$5.000	\$7,500	\$7 500	\$10,000	\$10,000
r	Mate M250	Female F250	Mate M500	Fema FS00		Male M750	Fernale F750	Mole M1000	Famale F1000	Male M1500	Female F1500	Mate M2000	Female F2000	Male M2500	Female F2500	Malo M3000	Female F3000	Male M5000	Female F5000	Mote M7500	Female F7500	Mats M10000	Female F10000
6	102.00	F 2.30	- 16200	F 300		1417 (34)	F7.30	#1.000	Picko	MISOU				110	12500	1.1.0	7.3.4		0.000	11200	0.00	MISOCO	- 10000
11			1							•	1.16		1.15	1.12	0 ja	×	د. د	-y -s	2.1%	\$ 100	1112		315
2											• •	· ·	14 s.:	- 447	e Cuit	3.55.5	2011	$(a,b) \in \mathcal{A}^{n}$	2019.As	1997.04	5 m. At	3.50	$a 6 \phi 0$
3			1	•							1.1	194	2.14	100	* 195 1969	14 U 1 - 17	1.1	1.1.1			11 C 2 13 C 2	11.24	5123
14			1		1				•••	· ·	- 1 - 25	angan Tagan	1. IS		1947) 1947	1. 1 1. 1 T	312 13 4 14	2 N 122	1 - 6 2000	2351 1245	010 1175	ನ ಚಿತ್ರ ನ ಇದು	ತಿಸ್ತುತ್ತು 1 ಸಂಶ್
6		· ` .										2.00	1.16	1.1	ę us	1.00			2 - 12. 2 - 12.	1.4.4	ana	5.4%	1.5
7					. 1	•.				÷ .		2 - AL	2.00	, .	180	34.2	÷ t	1.2	ر دید د	9.05	1.4.5	27.2	2.100
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13											τ' -	11 m	11-20	- 1 a -	0.601	· • • • **	\$ 3 4	• · · · · ·	1. A.S.	5, 49	r taha	21,000	0.10
14			1		· · [,				• *	· •	دينيو في تراسير	6 g a	- R.	+ 1 G	1 (1947) 3 2 4	2.55 457	2.7	- 1 - 1 1-1	214 210	رىيىنىن قىرىق	290	2.575
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19			1		-1						1.1	f.* ::		1.4.1	1 - E	574.	P. 5	1.75	12 D	1.7.8	* 24.4 S	S. 18	- 10 B
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26 27			1				•)- , s , sa		1.31	and a second s			7,7,7	3 : -;* : * :	ವರ್ಷ- ಕ್ಷೇಂಗ್ರಹ	45,2 2455	0.00	4.20	0 × 10 (11)5
28											5.00						1.2.9		9.19	a Par	$n \in \mathcal{S}$	- 500	1.10%
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31 32					- 1					· · ·	ی ہے۔ او اور ا		31 - 43 - 14	المبدير المرجع	(**/9 * * 9	3 Ma 2003	a 19 3 arð	· · · · ·	1 - 1 - 1 - 2 - 1	1	71 d 1290	14 A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.	ាស់ក្រ ខេត្តដ
33					1				-		1.121		1. 1.84		1.995		1010		11.4.5	27.22	1.42	15.5	6.0
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40			1						1	A	1.15	·	200		3-241	1.22	1, 1	381	1.65	sta.	1110	:C	1.000
41 42		•	L						•	• •	1	·· .\. .47.	به د ویده ۱	947. 197	1.354 1.354	4 5 1 5 2 1	الين . العام :	3 42	t at Tasi	1 1	1.00	1000 1000	1-35-0 1-765
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44			·		- 1				:,	1.	1.325	. 4.	·	1721		140	1.5.5	\$90	1.452	1.0/z	1,540	1.0.4	1.443
45			1				· · ·		۰	15.5	1. A		14.4	542	1.44	1,5,1	1-191-194	12.1-	273	- 11.e	1463) (00	1.487
46 47			L		1						1 1 1 1 1/10	1 674 677	14 (12 17	200 1911	(145 1939	1 12 1 13	875) 1876)	* * : 상 당	1946 - 1946 -	1.1	17.20 1.544	1.167.	1178 1172
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49					1						1.19		1.5		$t < y_{\rm e}$	·	1.2%	1,3940	1,569	1.84	2.434	1 4,4	1.410
50			1		1						$\{1, 2, 3, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,$. • a*	1.17	11.30	1.14	_ ++3	1.171	12,68,	\$ 445 A	\$ 1247	1.10	1 (Q.)+
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* Refer to Benefit Summaries for associated Family Deductibles

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Page 41 of 45

Exhibit IX - Impact to Age Gender Factors Policy Form: AICBL-IndEM11PP0(ISA) Single Deductible Amounts Shown'

\$1,500 M	\$1,500 F	\$1,500 FM	\$2.500 · · · ·	\$2,500 F	\$2,500 F36	\$3,000 M	\$3,000 F	\$3.000 FM	\$4,000 M	\$4,000 F	\$4,000 FM	\$5,000 M	\$5,000 F	\$5.00 FM
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ExIX

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* Refer to Benefit Summaries for associated Family Deductibles

AICBL-IndPPO02 et al

Exhibit X - Paper Billing and Related Fees Policy Forms: AICBL-IndPPO02, AICBL-IndTRAD02, AICBL-IndEN07PPO(TAA), AICBL-IndEN12PPO(ECO), AICBL-IndEN11PPO(HSA), AICBL-IndPPO02(VALUE)

Service / Fee Type	Fee Amount
Paper Billing Fee	\$5 per bill
Paper Application Fee	\$25 per application
Insufficient Funds (NSF) / Returned Check Fee	\$20
Reinstatement Fee	\$25

AICBL-IndPPO02, et al