

ATTACHMENT C

APPLICATION COVER SHEET AND CHECK-OFF LIST

Page 1 of 2

Identifying 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 CROSSON

Telephone Number: 317-234-6293 Fax number: 317-232-5251

Email address: rcrosson@idol.in.gov

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
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3. Date Received: _____	4. Applicant Identifier: _____
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5a. Federal Entity Identifier: _____	*5b. Federal Award Identifier: _____
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State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
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8. APPLICANT INFORMATION:

*a. Legal Name: INDIANA DEPARTMENT OF INSURANCE	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 356000158	*c. Organizational DUNS: 824799365

d. Address:

*Street 1:	<u>311 W. WASHINGTON STREET</u>
Street 2:	<u>SUITE 300</u>
*City:	<u>INDIANAPOLIS</u>
County:	<u>MARION</u>
*State:	<u>INDIANA</u>
Province:	_____
*Country:	<u>UNITED STATES</u>
*Zip / Postal Code	<u>46204-2787</u>

e. Organizational Unit:

Department Name: INDIANA DEPARTMENT OF INSURANCE	Division Name: COMPANY COMPLIANCE
------------------------------------------------------------	---------------------------------------------

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____	*First Name: <u>ROBYN</u>
Middle Name: <u>S.</u>	
*Last Name: <u>CROSSON</u>	
Suffix: _____	

Title: CHIEF DEPUTY COMMISSIONER, COMPANY COMPLIANCE

Organizational Affiliation: INDIANA DEPARTMENT OF INSURANCE

*Telephone Number: 317-234-6293	Fax Number: 317-232-5251
----------------------------------------	---------------------------------

*Email: rcrosson@idoi.in.gov

Application for Federal Assistance SF-424

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***9. Type of Applicant 1: Select Applicant Type:**

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of Health and Human Services

11. Catalog of Federal Domestic Assistance Number:

93.511 _____

CFDA Title:

Grants to States for Health Insurance Premium Review-Cycle I _____

***12 Funding Opportunity Number:**

RFA-FD-10-999 _____

*Title:

Grants to States for Health Insurance Premium Review-Cycle I _____

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

INDIANA

***15. Descriptive Title of Applicant's Project:**

Premium Review Grant

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16. Congressional Districts Of:

*a. Applicant: IN-all

*b. Program/Project: IN-all

17. Proposed Project:

*a. Start Date: 08-09-2010

*b. End Date: 09-30-2011

18. Estimated Funding (\$):

*a. Federal	1,000,000
*b. Applicant	0
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	1,000,000

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on _____
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- Yes
- No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

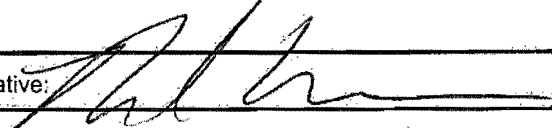
Prefix: _____ *First Name: ROBYN
Middle Name: S.
*Last Name: CROSSON
Suffix: _____

*Title: CHIEF DEPUTY COMMISSIONER, COMPANY COMPLIANCE

*Telephone Number: 317-234-6293

Fax Number: 317-232-5251

* Email: rcrosson@idoi.in.gov

*Signature of Authorized Representative: 

*Date Signed: 7/7/10

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***Applicant Federal Debt Delinquency Explanation**

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

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006
Expiration Date 04/30/2008

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. PREMIUM REVIEW	93.511	\$	\$	\$ 1,000,000	\$	\$ 1,000,000
2.						
3.						
4.						
5. Totals		\$	\$	\$ 1,000,000	\$	\$ 1,000,000

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	PREMIUM REVIEW				
a. Personnel	\$ 60,000	\$	\$	\$	\$ 60,000
b. Fringe Benefits	0				0
c. Travel	0				0
d. Equipment	11,400				11,400
e. Supplies	0				0
f. Contractual	878,600				878,600
g. Construction	0				0
h. Other	50,000				50,000
i. Total Direct Charges (sum of 6a-6h)	1,000,000				\$ 1,000,000
j. Indirect Charges	0				\$ 0
k. TOTALS (sum of 6i and 6j)	\$ 1,000,000	\$	\$	\$	\$ 1,000,000
7. Program Income	\$ 0	\$	\$	\$	\$ 0

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

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.		\$	\$	\$
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)		\$	\$	\$

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 1,000,000	\$ 1,000,000	\$ 0	\$ 0	\$ 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	\$ 0

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. PREMIUM REVIEW GRANT	\$ 1,000,000	\$ 0	\$ 0	\$ 0	\$ 0
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)	\$ 1,000,000	\$ 0	\$ 0	\$ 0	\$ 0

SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		▲	22. Indirect Charges:		▲
23. Remarks:		▼			▼

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.

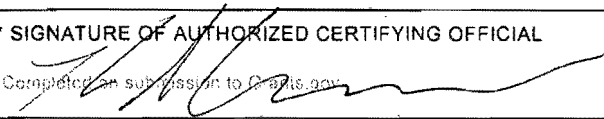
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

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:

1. 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.
3. 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.
4. 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).
6. 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, (j) 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.
8. 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.

9. 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.).
14. 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.

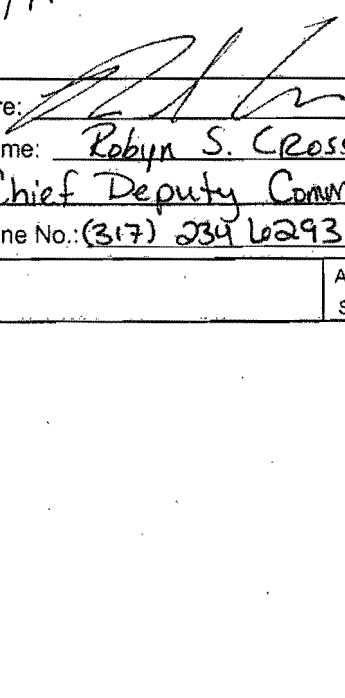
<p>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p><i>Completed on submission to Grants.gov</i></p> 	<p>* TITLE</p> <p><i>Chief Deputy Commissioner</i></p>
<p>* APPLICANT ORGANIZATION</p> <p><i>Indiana Department of Insurance</i></p>	<p>* DATE SUBMITTED</p> <p><i>Completed on submission to Grants.gov July 7, 2010</i></p>

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB
0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: INDIANA DEPARTMENT OF INSURANCE 311 W. WASHINGTON ST, STE 300 INDIANAPOLIS, IN 46204 Congressional District, if known: 4c. IN-11	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: DEPARTMENT OF HEALTH AND HUMAN SERVICES	7. Federal Program Name/Description: GRANTS TO STATES FOR HEALTH INSURANCE PREMIUM REVIEW - CYCLE I CFDA Number, if applicable: 93.511	
8. Federal Action Number, if known: RFA-FD-10-999	9. Award Amount, if known: \$ 1,000,000	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): N/A	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): N/A	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: Robyn S. Crosson Title: Chief Deputy Commissioner Company Confidant Telephone No.: (317) 234 6293 Date: 2/7/10	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Key Contacts Form

Version 01

* Applicant Organization Name:

INDIANA DEPARTMENT OF INSURANCE

Enter the individual's role on the project (e.g., project manager, fiscal contact).

* Contact 1 Project Role: CHIEF DEPUTY, OVERSEEING PROJECT

Prefix:

* First Name: ROBYN

Middle Name: S.

* Last Name: CROSSON

Suffix:

Title: CHIEF DEPUTY COMMISSIONER, COMPANY COMPLIANCE

Organizational Affiliation:

INDIANA DEPARTMENT OF INSURANCE

* Street1: 311 W. WASHINGTON STREET, SUITE 300

Street2:

* City: INDIANAPOLIS

County: MARION

* State: INDIANA

Province:

* Country: USA

* Zip / Postal Code: 46204

* Telephone Number: 3172346293

Fax:

* Email: rcrosson@idol.in.gov

Enter the individual's role on the project (e.g., project manager, fiscal contact).

* Contact 2 Project Role: CFO

Prefix:

* First Name: BARB

Middle Name:

* Last Name: LOHMAN

Suffix:

Title: CFO

Organizational Affiliation:

INDIANA DEPARTMENT OF INSURANCE

* Street1: 311 W. WASHINGTON STREET STE 300

Street2:

* City: INDIANAPOLIS

County:

* State: INDIANA

Province:

* Country: USA

* Zip / Postal Code: 46204

* Telephone Number: 3172322405

Fax:

* Email: blohman@idol.in.gov

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;
 - (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.

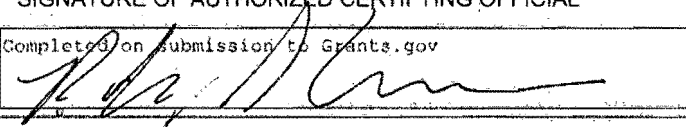
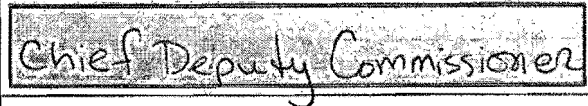
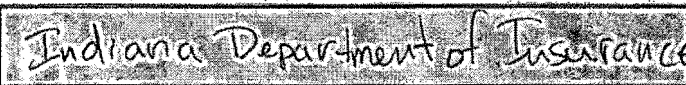
Should the applicant not be able to provide this certification, an explanation as to why should be placed under the assurances page in the application package.

(b) Lower Tier Covered Transactions

The applicant agrees by submitting this proposal that it will include, without modification, the following clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion -- Lower Tier Covered Transaction" (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 	
	* DATE SUBMITTED
	Completed on submission to Grants.gov <i>July 7, 2007</i>



STATE OF INDIANA

MITCHELL E. DANIELS, JR., Governor

IDOI

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CAROL CUTTER, Commissioner

DATE: July 7, 2010

TO: 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,

Robyn S. Crosson
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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,

M E Daniels, Jr.

Indiana Application for HHS Grants to States for Health Insurance

Premium Review-Cycle I

CFDA: 93.511

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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

Item	Expense
Online Filings and Public Comment System, SERFF enhancements, HHS Reporting System	\$350,000
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

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 Deputy 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 self-funded industry. She worked as an underwriter for stop-loss products for 17 years while at Stop Loss International, VASA Brougner, and AIG. Ms. Henn is one of the Accident and Health Policy analysts, and came to the Department in 2007.

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 resubmit.

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 situations 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

(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.

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

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 <http://www.in.gov/idoi>. 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.

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 ratereview@idoi.in.gov. 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

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 administered 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.

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 cost-efficient.

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.

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 Services		
FLSA Status: <input type="checkbox"/> Non-Exempt (OT Eligible) <input checked="" type="checkbox"/> 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, regular 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:

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.



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

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 paper 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:

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 Anthem Individual Blue Access TAA product.

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

Policy Form AICBL-IndEN11PPO(HSA) which currently consists of:

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

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

Table with 7 columns: Policy Form, Blue Access PPO, Blue Traditional, TAA, Economy, Blue HSA, Value. Row 1: Membership as of January 31, 2009. Values: 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:

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:

Calendar Year	Earned Premium	Incurred Claims	Capitated Claims *	Actual Loss Ratio (ALR)	Target Loss Ratio (TLR)	(ALR) / (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%	0.99

* The Individual Blue Access plans had a capitated claim arrangement for the Mental Health 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
Policy Form:		AICBL-IndTRAD02	AICBL-IndEN07PPO(TAA)	AICBL-IndEN12PPO(ECO)	AICBL-IndEN11PPO(HSA)	AICBL-IndPPO02(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 [1.149 ¹⁸⁸²²⁵³⁵³⁹⁴ ^(23/12)]
(x)	<u>\$153.19</u>	experience period non capitated claim pmpm *
(=)	\$199.98	rating period non capitated claim pmpm
(+)	<u>\$0.01</u>	Rating period capitated claim pmpm
(=)	\$199.99	Rating period aggregate claim pmpm
(/)	<u>\$248.05</u>	current rate table monthly premium per member
(=)	0.806	projected loss ratio without rate increase
(/)	<u>0.550</u>	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
(/)	<u>0.724</u>	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:

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%

Please reference Exhibit III for detailed a rate calculation.

13. Rating Factor Changes:

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.

Exhibit I

Policy Form AICBL-IndPPO02, Individual Blue Access Benefit Overview

Policy	Deductible Options In-Network (1)	Contract Maximum	Family Deductible Multiplier	Coinsurance	Out-of-Pocket Maximum	Prescription Drug Coverage	Copays
Plan 1 Policy	\$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	\$15 generic only coverage with No mail service	None
Plan 2 Policy (2)	\$250, \$500, \$1000 \$2500 \$5000, \$7500, \$10000 (3)	\$7,000,000	2x	Policy pays 80% In-Network, 50% Out-of-Network AFTER deductible is met, 100% after the Out-of-Pocket Max is met	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
Plan 3 Policy	\$2500, \$5000 \$10000 (4) \$7500, \$15000, \$20000 (3)	\$7,000,000	2x	Policy pays 100% In-Network, 50% Out-of-Network AFTER the deductible is met	In-Network: the deductible; Out-of-Network: \$4,000 plus the deductible	Same as the for the Plan 2 Policy option	None

(1) Out-of-Network deductibles are 2x In-Network deductibles

(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

Policy Form AICBL-IndTRAD02, Individual Blue Traditional Benefit Overview

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

Option to Include Maternity Coverage

Policy pays 80%, after a \$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.

Exhibit I - continued

Individual Blue Access Saver Benefit Overview						
Reference Policy Form AICBL-IndEN11PPO(HSA), filed and approved June 18, 2004						
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	Always considered In-Network Subject to deductible and coinsurance	Covered, payable subject to the network deductible and coinsurance. Mail order is NOT covered
Plan 2 Policy	same as Plan 1	same as Plan 1	Policy pays 70% In-Network, 40% Out-of-Network AFTER deductible is met; 100% of medical after the Out-of-Pocket Max is met	same as Plan 1	same as Plan 1	same as Plan 1

(1) Network and Out-of-Network deductibles, copayments and Out-of-Pockets are separate and do not accumulate towards each other
 (2) Out-of-Network deductibles and Out-of-Pocket Maximums are 2x In-Network deductibles 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

Plan	Coinsurance (policy pays)		In-Network Single Policy Holder		Out-of-Network Single Policy Holder	
	In-Network	Out-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	\$4,800	\$6,050
Plan 3	80%	50%	\$1,200	\$3,200	\$2,400	\$6,400
	80%	50%	\$2,500	\$4,500	\$5,000	\$9,000
Plan 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

Plan	Coinsurance (policy pays)		In-Network Single / Family Policy Holder		Out-of-Network Single / Family Policy Holder	
	In-Network	Out-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 / \$4,800	\$3,025 / \$6,050	\$4,800 / \$9,600	\$6,050 / \$12,100
Plan 4 - new deductible options	100%	50%	\$1,200 / \$2,400	\$1,200 / \$2,400	\$2,400 / \$4,800	\$6,400 / \$12,800
	100%	50%	\$2,400 / \$4,800	\$2,400 / \$4,800	\$4,800 / \$9,600	\$8,800 / \$17,600
	100%	50%	\$2,500 / \$5,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$9,000 / \$18,000
Plan 5 - new plan/deductible options	80%	50%	\$2,700 / \$5,350	\$4,700 / \$9,350	\$5,400 / \$10,800	\$9,400 / \$18,800
Plan 6 - new plan/deductible options	100%	50%	\$2,700 / \$5,350	\$2,700 / \$5,350	\$5,400 / \$10,800	\$9,400 / \$18,800

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 Maximum 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 Maximum 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

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)

Month of Incurrence	MONTH OF PAYMENT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	TOTAL	
01/01/01	01/01/01	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10,204,680
01/01/02	01/01/02	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12,015,691
01/01/03	01/01/03	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10,943,122
01/01/04	01/01/04	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10,497,658
01/01/05	01/01/05	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12,637,166
01/01/06	01/01/06	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11,876,935
01/01/07	01/01/07	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12,551,130
01/01/08	01/01/08	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13,885,926
01/01/09	01/01/09	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14,658,804
01/01/10	01/01/10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10,872,351
01/01/11	01/01/11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10,338,007
01/01/12	01/01/12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12,306,374
01/01/13	01/01/13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11,345,489
01/01/14	01/01/14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12,869,444
01/01/15	01/01/15	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10,994,511
01/01/16	01/01/16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13,633,947
01/01/17	01/01/17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17,075,221
01/01/18	01/01/18	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12,908,504
01/01/19	01/01/19	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	15,994,235
01/01/20	01/01/20	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14,867,242
01/01/21	01/01/21	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14,323,973
01/01/22	01/01/22	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11,487,409
01/01/23	01/01/23	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12,140,739
01/01/24	01/01/24	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13,129,769
01/01/25	01/01/25	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12,338,776
01/01/26	01/01/26	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12,002,957
01/01/27	01/01/27	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11,680,422
01/01/28	01/01/28	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12,443,358
01/01/29	01/01/29	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12,319,156
01/01/30	01/01/30	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12,016,539
01/01/31	01/01/31	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13,885,375
01/01/32	01/01/32	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12,302,968
01/01/33	01/01/33	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	15,435,107
01/01/34	01/01/34	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9,357,608
01/01/35	01/01/35	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8,028,716
01/01/36	01/01/36	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3,639,440

EXHIBIT IV
Earned Premium, Incurred Claims, Paid Claims, Incurred but not Reported (IBNR) Claims and Captivated Claims by Month
Policy Form: AICBL-IndPPO2 - (Anthem Individual Blue Access Plan 1, Anthem Individual Blue Access Plan 3);
AICBL-IndTRA02 - (Anthem Individual Blue Traditional Plan 1, Anthem Individual Blue Access Plan 3);
AICBL-IndEN7PPO(TAA) - (Anthem Individual Blue Access TAA)

Year	Date	Individual Blue Access Plans (Plans 1,2,3) Policy Form: AICBL-IndPPO2					Individual Blue Traditional Plans Policy Form: AICBL-IndTRA02					Individual Blue TAA Plans Policy Form: AICBL-EN7PPO(TAA)				
		Fully Incurred Claims	Captivated Claims	Earned Premium	Paid Claims	IBNR	Fully Incurred Claims	Captivated Claims	Earned Premium	Paid Claims	IBNR	Fully Incurred Claims	Captivated Claims	Earned Premium	Paid Claims	IBNR
2005	Jan-05	9,087,633	299,884	15,377,387	9,087,633	0	399,909	476,677	389,909	0	186,933	3,030	454,345	186,933	0	
2005	Feb-05	10,408,347	298,293	15,403,488	10,408,347	0	249,988	472,649	249,988	0	151,625	2,960	448,054	151,625	0	
2005	Mar-05	11,047,271	300,817	15,400,316	11,047,271	0	409,044	466,792	409,044	0	298,085	2,948	444,150	298,085	0	
2005	Apr-05	9,640,293	297,347	15,421,358	9,640,293	0	483,747	474,951	483,747	0	242,125	3,004	445,060	242,125	0	
2005	May-05	10,047,514	295,877	15,403,806	10,047,514	0	370,388	474,774	370,388	0	241,411	2,964	444,338	241,411	0	
2005	Jun-05	10,538,949	294,792	15,384,338	10,538,949	0	294,044	463,771	294,044	0	329,615	2,874	435,415	329,615	0	
2005	Jul-05	11,241,826	293,495	15,412,952	11,241,826	0	391,972	463,860	391,972	0	144,094	2,865	440,030	144,094	0	
2005	Aug-05	9,470,524	274,209	15,403,728	9,470,524	0	285,549	471,072	285,549	0	141,406	2,692	447,713	141,406	0	
2005	Sep-05	9,430,841	272,542	15,400,150	9,430,841	0	287,552	454,220	287,552	0	266,696	2,645	445,335	266,696	0	
2006	Jan-06	9,780,849	272,444	15,554,025	9,780,849	0	321,711	452,486	321,711	0	121,214	2,573	441,663	121,214	0	
2006	Feb-06	9,208,206	270,308	15,780,687	9,208,206	0	315,959	463,493	315,959	0	209,414	2,559	450,429	209,414	0	
2006	Mar-06	10,842,029	268,980	15,770,986	10,842,029	0	310,843	464,843	310,843	0	138,176	2,516	427,560	138,176	0	
2006	Apr-06	9,829,891	268,566	15,739,195	9,829,891	0	361,424	442,923	361,424	0	164,827	2,457	418,310	164,827	0	
2006	May-06	9,337,066	266,993	15,692,642	9,337,066	0	322,457	432,457	322,457	0	137,557	2,379	411,430	137,557	0	
2006	Jun-06	11,124,655	267,282	15,665,633	11,124,655	0	317,723	428,953	317,723	0	188,856	2,341	400,132	188,856	0	
2006	Jul-06	10,324,140	267,242	15,632,467	10,324,140	0	340,066	413,444	340,066	0	423,431	2,316	398,096	423,431	0	
2006	Aug-06	10,916,301	265,979	15,585,480	10,916,301	0	346,950	423,951	346,950	0	248,005	2,356	395,238	248,005	0	
2006	Sep-06	12,092,731	264,918	15,515,661	12,092,731	0	345,981	425,981	345,981	0	258,643	2,347	394,739	258,643	0	
2006	Oct-06	12,718,918	264,111	15,494,046	12,718,918	0	421,958	416,387	421,958	0	244,576	2,344	392,710	244,576	0	
2007	Jan-07	9,322,237	248,577	15,422,609	9,322,237	0	263,213	425,642	263,213	0	187,700	2,141	384,471	187,700	0	
2007	Feb-07	9,142,891	247,314	15,313,466	9,142,891	0	288,629	407,866	288,629	0	93,119	2,084	384,071	93,119	0	
2007	Mar-07	9,779,129	243,258	15,471,085	9,779,129	0	205,772	411,713	205,772	0	152,468	2,045	380,634	152,468	0	
2007	Apr-07	10,575,077	798	15,572,548	10,575,077	837	269,656	398,987	269,656	23	258,918	5	376,083	258,918	27	
2007	May-07	9,440,985	789	15,486,746	9,440,985	416	265,156	390,137	265,156	9	177,134	5	377,223	177,134	7	
2007	Jun-07	11,674,755	784	15,375,923	11,674,755	338	233,186	385,005	233,186	10	366,321	4	366,321	366,321	12	
2007	Jul-07	12,176,466	773	15,261,825	12,176,466	605	226,561	376,697	226,561	6	205,212	4	359,472	205,212	7	
2007	Aug-07	10,427,789	763	15,124,109	10,427,789	14	275,107	409,984	275,107	13	347,109	5	328,843	347,109	13	
2007	Sep-07	12,350,948	753	15,043,186	12,350,948	18	274,629	399,525	274,629	4	301,590	4	328,377	301,590	0	
2007	Oct-07	12,384,850	741	14,999,308	12,384,850	1,718	285,162	401,006	285,162	0	248,223	4	329,970	248,223	0	
2007	Nov-07	11,662,255	730	14,825,262	11,662,255	1,350	266,087	369,674	266,087	30	475,255	5	332,512	475,255	78	
2007	Dec-07	9,835,999	714	14,697,141	9,835,999	2,249	184,166	369,674	184,166	30	150,221	5	333,130	150,221	20	
2008	Jan-08	10,542,557	707	14,473,453	10,542,557	5,601	218,287	365,282	218,287	39	94,497	5	329,337	94,471	25	
2008	Feb-08	11,488,137	690	14,462,380	11,488,137	16,002	241,382	360,861	241,382	109	188,453	4	332,551	188,453	101	
2008	Mar-08	10,791,569	684	14,280,329	10,791,569	18,040	176,006	367,842	176,006	322	190,976	4	319,640	190,976	161	
2008	Apr-08	10,018,331	681	14,575,632	10,018,331	24,567	305,578	351,162	305,578	270	152,992	3	305,096	152,992	299	
2008	May-08	9,600,991	1,342	14,398,161	9,600,991	42,436	335,087	343,841	335,087	763	72,147	2	300,568	72,147	301	
2008	Jun-08	10,582,437	662	14,227,509	10,582,437	62,576	335,163	340,815	335,163	1,533	114,308	2	299,728	114,308	593	
2008	Jul-08	10,362,072	665	14,026,331	10,362,072	42,436	198,403	333,241	198,403	3	209,960	3	296,960	209,960	1,461	
2008	Aug-08	10,195,612	660	13,900,403	10,195,612	102,273	237,013	335,163	237,013	2,459	112,728	3	292,453	112,728	1,278	
2008	Sep-08	11,878,442	644	13,711,716	11,878,442	177,751	261,793	331,310	261,793	3,633	162,728	3	291,150	162,728	2,071	
2008	Oct-08	11,054,227	644	13,523,780	11,054,227	493,407	267,595	323,681	267,595	5	156,481	5	327,676	156,481	5,137	
2008	Nov-08	13,876,516	635	13,390,115	13,876,516	1,040,837	337,183	314,257	337,183	23,330	270,153	5	336,944	270,153	4,597	
2009	Jan-09	9,302,653	634	13,078,203	9,302,653	984,671	178,958	297,971	178,958	16,253	97,314	5	343,831	97,314	23,018	

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:

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

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

Exhibit VII - Blue Access

Policy form AICBL-IndPPO02

Per Member Monthly New Business Rate Tables

Effective October 1, 2009

Rates shown are single rates only - spouse rates are 10% lower.

Alt Age	Plan 2 Option w/ NO Rx Card		Plan 2 Option Rx Card		Plan 2 Option w/ NO Rx Card		Plan 2 Option Rx Card		Plan 2 Option w/ NO Rx Card	
	\$250		\$250		\$500		\$500		\$1,000	
	Single Male	Single Female	Single Male	Single Female	Single Male	Single Female	Single Male	Single Female	Single Male	Single Female
	Counter Offer ONLY!		Counter Offer ONLY!		Counter Offer ONLY!		Counter Offer ONLY!		Counter Offer 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	333.66	272.22	272.22	305.86	305.86	237.06	237.06
2	271.13	271.13	304.64	304.64	248.51	248.51	279.23	279.23	216.11	216.11
3	234.55	234.55	263.54	263.54	210.28	210.28	236.27	236.27	182.87	182.87
4	217.34	217.34	244.20	244.20	193.07	193.07	216.94	216.94	167.91	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	238.88	238.88	189.25	189.25	212.64	212.64	164.58	164.58
11	212.60	212.60	238.88	238.88	189.25	189.25	212.64	212.64	164.58	164.58
12	212.60	212.60	238.88	238.88	189.25	189.25	212.64	212.64	164.58	164.58
13	230.25	243.16	258.70	273.21	206.46	221.75	231.97	249.16	179.54	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	230.68	280.17	259.19	314.80	206.46	256.16	231.97	287.82	179.54	223.43
20	230.68	280.17	259.19	314.80	206.46	256.16	231.97	287.82	179.54	223.43
21	225.08	281.89	252.90	316.73	200.72	257.31	225.53	289.11	174.55	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
29	245.31	344.29	275.63	386.85	223.66	324.98	251.30	365.14	197.83	289.26
30	250.05	355.48	280.95	399.42	230.92	338.36	259.47	380.17	204.48	302.56
31	255.64	375.71	287.23	422.15	235.89	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	310.30	438.98	348.65	493.23	291.33	417.88	327.34	469.53	259.34	382.36
38	327.94	448.45	368.47	503.87	308.92	429.35	347.10	482.41	275.96	393.99
39	352.47	469.53	396.03	527.57	332.82	451.15	373.73	506.90	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	414.45	532.80	465.67	598.65	385.38	503.14	433.02	565.33	350.77	466.81
45	424.34	547.00	476.79	614.61	394.56	510.41	443.32	573.49	359.08	473.79
46	441.56	559.05	496.13	628.15	411.76	520.34	462.66	584.65	375.71	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	543.55	615.86	610.74	691.98	512.70	563.93	576.07	633.63	475.45	528.65
52	569.38	632.64	639.75	710.84	533.34	577.31	599.26	648.66	495.40	541.95
53	592.62	646.84	665.86	726.79	552.46	587.63	620.74	660.26	513.69	551.93
54	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	758.31	747.98	852.03	840.43	696.98	684.36	783.12	768.94	657.32	645.02
60	792.74	763.91	890.72	858.32	729.47	695.83	819.64	781.83	689.91	656.66
61	815.55	782.41	916.35	879.11	754.33	716.10	847.56	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	869.23	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

Exhibit VII - TAA
Policy form AICBL-IndEN07PPO(TAA)
Per Member Monthly New Business Rate Tables
Effective October 1, 2009

Rates shown are single rates only - spouse rates are 10% lower.

All Age	Blue Access TAA		Blue Access TAA		Blue Access TAA		Blue Access TAA	
	\$500		\$1,000		\$2,500		\$5,000	
	Single Male	Single Female	Single Male	Single Female	Single Male	Single Female	Single Male	Single 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
4	170.57	170.57	146.93	146.93	104.98	104.98	81.74	81.74
5	167.19	167.19	144.02	144.02	102.90	102.90	80.12	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	182.39	219.54	157.11	191.15	112.26	136.58	88.05	106.34
17	182.39	219.54	157.11	191.15	112.26	136.58	88.05	106.34
18	182.39	226.30	157.11	195.52	112.26	139.70	88.05	108.77
19	182.39	226.30	157.11	195.52	112.26	139.70	88.05	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	194.21	275.27	170.20	241.49	122.65	172.54	95.50	134.34
29	197.59	287.10	173.11	253.12	124.73	180.86	97.11	140.81
30	204.01	298.92	178.93	264.77	128.27	189.18	100.03	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	293.85	398.56	261.86	363.69	188.13	259.86	146.48	202.32
40	302.30	411.73	270.58	376.78	194.37	269.63	151.34	210.09
41	314.79	419.16	282.22	384.05	202.69	275.45	157.81	214.78
42	322.56	426.93	290.95	391.91	208.92	282.72	162.66	220.44
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	467.80	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	431.32	488.06	394.82	452.42	286.88	339.89	226.60	266.41
51	452.94	498.20	416.06	462.61	305.59	350.28	239.54	275.96
52	471.18	510.02	433.51	474.25	322.22	361.72	252.49	285.67
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	644.45	614.73	603.72	574.62	478.13	451.11	380.36	362.55
61	666.40	632.63	625.25	592.08	498.92	467.73	394.92	377.12
62	687.35	644.45	645.91	603.72	518.67	478.13	413.54	385.22
63	707.61	666.74	666.27	625.54	538.42	498.92	428.91	401.40
64	727.20	689.17	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

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 - Blue Access Value
 Policy form AICBL-IndPPO2(Value)
 Per Member Monthly New Business Rate Tables
 Effective October 1, 2009

Rates shown are single rates only - spouse rates are 10% lower.

Att Age	Blue Access Value		Blue Access Value		Blue Access Value		Blue Access Value	
	With Rx Coverage		With Rx Coverage		With Rx Coverage		With Rx Coverage	
	\$2,000		\$3,000		\$5,000		\$10,000	
	Single Male	Single Female	Single Male	Single Female	Single Male	Single Female	Single Male	Single Female
0	128.91	128.91	121.70	121.70	104.60	104.60	93.82	93.82
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	76.58	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	69.48	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
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
15	81.89	99.84	76.22	92.22	64.66	78.09	56.11	67.83
16	81.89	99.64	76.22	92.22	64.66	78.09	56.11	67.83
17	81.89	99.64	76.22	92.22	64.66	78.09	56.11	67.83
18	81.89	101.91	76.22	94.33	64.66	79.87	56.11	69.37
19	81.89	101.91	76.22	94.33	64.66	79.87	56.11	69.37
20	81.89	101.91	76.22	94.33	64.66	79.87	56.11	69.37
21	79.82	102.37	74.11	94.75	62.88	80.23	54.57	69.68
22	79.62	102.37	74.11	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
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	65.96	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	103.40	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
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	122.80
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
41	147.11	200.95	136.88	185.98	115.88	157.72	100.92	136.68
42	151.88	206.26	141.07	190.89	119.45	161.88	103.80	140.39
43	153.17	213.08	142.75	197.22	121.24	167.23	105.34	145.22
44	160.00	217.63	149.07	201.43	126.58	170.80	109.96	148.30
45	164.55	221.88	153.00	206.06	130.15	175.55	113.05	152.82
46	172.74	227.79	160.72	211.81	136.68	180.43	118.70	157.04
47	178.96	231.73	166.47	215.46	141.56	183.04	123.02	159.09
48	190.18	234.16	178.86	217.57	150.36	184.94	130.72	160.94
49	202.31	240.83	188.79	223.88	160.46	190.17	139.77	165.46
50	209.29	247.66	195.11	230.20	166.40	195.84	144.91	170.39
51	222.63	256.76	207.04	238.82	175.91	202.65	153.44	176.25
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
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	298.87	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
62	376.11	341.23	357.23	331.97	303.68	282.88	264.12	247.68
63	386.73	358.39	369.16	346.71	314.97	294.76	275.42	257.95
64	401.80	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

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 IX - Age Gender Factors
 Policy Forms: AICBL-IndPPO02, AICBL-IndTRAD02, AICBL-IndEM07PPO(TAA),
 AICBL-IndENT2PPO(ECC), & AICBL-IndPPO02(VALUE)
 Single Deductible Amounts Shown*

	\$250		\$500		\$750		\$1,000		\$1,500		\$2,000		\$3,000		\$5,000		\$7,500		\$10,000		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
	M250	F250	M500	F500	M750	F750	M1000	F1000	M1500	F1500	M2000	F2000	M3000	F3000	M5000	F5000	M7500	F7500	M10000	F10000	
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*Refer to Benefit Summaries for associated Family Deductibles

Exhibit IX - Impact to Age Gender Factors

Policy Form: AICBL-IndEN11PPO(HSA)
Single Deductible Amounts Shown*

	\$1,500	\$1,500	\$1,500	\$2,500	\$2,500	\$2,500	\$3,000	\$3,000	\$3,000	\$4,000	\$4,000	\$4,000	\$5,000	\$5,000	\$5,000	
	M	F	FM	M	F	FM	M	F	FM	M	F	FM	M	F	FM	
	M1500	F1500	FM1500	M2500	F2500	FM2500	M3000	F3000	FM3000	M4000	F4000	FM4000	M5000	F5000	FM5000	
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* Refer to Benefit Summaries for associated Family Deductibles

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