

OREGON

Oregon Revised Statute 742.005 Grounds for disapproval of policy forms. The Director of the Department of Consumer and Business Services shall disapprove any form requiring the director's approval:

- (1) If the director finds it does not comply with the law;
- (2) If the director finds it contains any provision, including statement of premium, or has any label, description of its contents, title, heading, backing or other indication of its provisions, which is unintelligible, uncertain, ambiguous or abstruse, or likely to mislead a person to whom the policy is offered, delivered or issued;
- (3) If, in the director's judgment, its use would be prejudicial to the interests of the insurer's policyholders;
- (4) If the director finds it contains provisions which are unjust, unfair or inequitable;
- (5) If the director finds sales presentation material disapproved by the director pursuant to ORS 742.009 is being used with respect to the form; or
- (6) If, with respect to any of the following forms, the director finds the benefits provided therein are not reasonable in relation to the premium charged:
 - (a) Individual health insurance policy forms, including benefit certificates issued by fraternal benefit societies and individual policies issued by health care service contractors, but excluding policies referred to in ORS 743.402 as exempt from the application of ORS 743.405 to 743.498, 743A.160 and 743A.164;
 - (b) Small employer group health benefit plan forms for small employers as that term is defined in ORS 743.730, including small employer group policies issued by health care service contractors; or
 - (c) Credit life and credit health insurance forms subject to ORS 743.371 to 743.380.
[Formerly 743.009; 1991 c.182 §1; 1999 c.987 §4]

Oregon Revised Statute 743.018 Filing of rates for life and health insurance; rules. (1)

Except for group life and health insurance, and except as provided in ORS 743.015, every insurer shall file with the Director of the Department of Consumer and Business Services all schedules and tables of premium rates for life and health insurance to be used on risks in this state, and shall file any amendments to or corrections of such schedules and tables. Premium rates are subject to approval, disapproval or withdrawal of approval by the director as provided in ORS 742.003, 742.005 and 742.007.

(2) Except as provided in ORS 743.737 and 743.760 and subsection (3) of this section, a rate filing by a carrier for any of the following health benefit plans subject to ORS 743.730 to 743.773 shall be available for public inspection immediately upon submission of the filing to the director:

(a) Health benefit plans for small employers.

(b) Portability health benefit plans.

(c) Individual health benefit plans.

(3) The director may by rule:

(a) Specify all information a carrier must submit as part of a rate filing under this section; and

(b) Identify the information submitted that will be exempt from disclosure under this section because the information constitutes a trade secret and would, if disclosed, harm competition.

(4) The director, after conducting an actuarial review of the rate filing, may approve a proposed premium rate for a health benefit plan for small employers or for an individual health benefit plan if, in the director's discretion, the proposed rates are:

(a) Actuarially sound;

(b) Reasonable and not excessive, inadequate or unfairly discriminatory; and

(c) Based upon reasonable administrative expenses.

(5) In order to determine whether the proposed premium rates for a health benefit plan for small employers or for an individual health benefit plan are reasonable and not excessive, inadequate or unfairly discriminatory, the director may consider:

(a) The insurer's financial position, including but not limited to profitability, surplus, reserves and investment savings.

(b) Historical and projected administrative costs and medical and hospital expenses.

(c) Historical and projected loss ratio between the amounts spent on medical services and earned premiums.

(d) Any anticipated change in the number of enrollees if the proposed premium rate is approved.

(e) Changes to covered benefits or health benefit plan design.

(f) Changes in the insurer's health care cost containment and quality improvement efforts since the insurer's last rate filing for the same category of health benefit plan.

(g) Whether the proposed change in the premium rate is necessary to maintain the insurer's solvency or to maintain rate stability and prevent excessive rate increases in the future.

(h) Any public comments received under ORS 743.019 pertaining to the standards set forth in subsection (4) of this section and this subsection.

(6) With the written consent of the insurer, the director may modify a schedule or table of premium rates filed in accordance with subsection (1) of this section.

(7) The requirements of this section do not supersede other provisions of law that require insurers, health care service contractors or multiple employer welfare arrangements providing

health insurance to file schedules or tables of premium rates or proposed premium rates with the director or to seek the director's approval of rates or changes to rates. [1967 c.359 §340; 2007 c.391 §1; 2009 c.595 §31]

Note: The amendments to 743.018 by section 31, chapter 595, Oregon Laws 2009, apply to rate filings submitted on or after April 1, 2010. See section 30, chapter 595, Oregon Laws 2009. The text that applies to rate filings submitted before April 1, 2010, is set forth for the user's convenience.

743.018. (1) Except for group life and health insurance, and except as provided in ORS 743.015, every insurer shall file with the Director of the Department of Consumer and Business Services all schedules and tables of premium rates for life and health insurance to be used on risks in this state, and shall file any amendments to or corrections of such schedules and tables.

(2) Except as provided in ORS 743.737 and 743.760 and subsection (3) of this section, a rate filing by a carrier for any of the following health benefit plans subject to ORS 743.730 to 743.773 shall be available for public inspection immediately upon submission of the filing to the director:

- (a) Health benefit plans for small employers.
- (b) Portability health benefit plans.
- (c) Individual health benefit plans.

(3) The director, upon request by a carrier, may exempt from disclosure any part of the filing that the director determines to contain trade secrets and that would, if disclosed, harm competition. The part that the director determines to be exempt from disclosure shall be considered confidential for purposes of ORS 705.137. The director may not disclose a part of a filing subject to a carrier's request pending the director's determination under this subsection.

Oregon Revised Statute 743.737 Requirements for small employer health benefit plans.

Health benefit plans covering small employers shall be subject to the following provisions:

(1) A preexisting conditions provision in a small employer health benefit plan shall apply only to a condition for which medical advice, diagnosis, care or treatment was recommended or received during the six-month period immediately preceding the enrollment date of an enrollee or late enrollee. As used in this section, the enrollment date of an enrollee shall be the earlier of the effective date of coverage or the first day of any required group eligibility waiting period and the enrollment date of a late enrollee shall be the effective date of coverage.

(2) A preexisting conditions provision in a small employer health benefit plan shall terminate its effect as follows:

(a) For an enrollee, not later than the first of the following dates:

(A) Six months following the enrollee's effective date of coverage; or

(B) Ten months following the start of any required group eligibility waiting period.

(b) For a late enrollee, not later than 12 months following the late enrollee's effective date of coverage.

(3) In applying a preexisting conditions provision to an enrollee or late enrollee, except as provided in this subsection, all small employer health benefit plans shall reduce the duration of the provision by an amount equal to the enrollee's or late enrollee's aggregate periods of creditable coverage if the most recent period of creditable coverage is ongoing or ended within 63 days of the enrollment date in the new small employer health benefit plan. The crediting of prior coverage in accordance with this subsection shall be applied without regard to the specific benefits covered during the prior period. This subsection does not preclude, within a small employer health benefit plan, application of:

(a) An affiliation period that does not exceed two months for an enrollee or three months for a late enrollee; or

(b) An exclusion period for specified covered services, as established by the Health Insurance Reform Advisory Committee, applicable to all individuals enrolling for the first time in the small employer health benefit plan.

(4) Late enrollees may be excluded from coverage for up to 12 months or may be subjected to a preexisting conditions provision for up to 12 months. If both an exclusion from coverage period and a preexisting conditions provision are applicable to a late enrollee, the combined period shall not exceed 12 months.

(5) Each small employer health benefit plan shall be renewable with respect to all eligible enrollees at the option of the policyholder, small employer or contract holder except:

(a) For nonpayment of the required premiums by the policyholder, small employer or contract holder.

(b) For fraud or misrepresentation of the policyholder, small employer or contract holder or, with respect to coverage of individual enrollees, the enrollees or their representatives.

(c) When the number of enrollees covered under the plan is less than the number or percentage of enrollees required by participation requirements under the plan.

(d) For noncompliance with the small employer carrier's employer contribution requirements under the health benefit plan.

(e) When the carrier discontinues offering or renewing, or offering and renewing, all of its small employer health benefit plans in this state or in a specified service area within this state. In order to discontinue plans under this paragraph, the carrier:

(A) Must give notice of the decision to the Director of the Department of Consumer and Business Services and to all policyholders covered by the plans;

(B) May not cancel coverage under the plans for 180 days after the date of the notice required under subparagraph (A) of this paragraph if coverage is discontinued in the entire state or, except as provided in subparagraph (C) of this paragraph, in a specified service area;

(C) May not cancel coverage under the plans for 90 days after the date of the notice required under subparagraph (A) of this paragraph if coverage is discontinued in a specified service area because of an inability to reach an agreement with the health care providers or organization of health care providers to provide services under the plans within the service area; and

(D) Must discontinue offering or renewing, or offering and renewing, all health benefit plans issued by the carrier in the small employer market in this state or in the specified service area.

(f) When the carrier discontinues offering and renewing a small employer health benefit plan in a specified service area within this state because of an inability to reach an agreement with the health care providers or organization of health care providers to provide services under the plan within the service area. In order to discontinue a plan under this paragraph, the carrier:

(A) Must give notice to the director and to all policyholders covered by the plan;

(B) May not cancel coverage under the plan for 90 days after the date of the notice required under subparagraph (A) of this paragraph; and

(C) Must offer in writing to each small employer covered by the plan, all other small employer health benefit plans that the carrier offers in the specified service area. The carrier shall issue any such plans pursuant to the provisions of ORS 743.733 to 743.737. The carrier shall offer the plans at least 90 days prior to discontinuation.

(g) When the carrier discontinues offering or renewing, or offering and renewing, a health benefit plan for all small employers in this state or in a specified service area within this state, other than a plan discontinued under paragraph (f) of this subsection. With respect to plans that are being discontinued, the carrier must:

(A) Offer in writing to each small employer covered by the plan, all health benefit plans that the carrier offers in the specified service area.

(B) Issue any such plans pursuant to the provisions of ORS 743.733 to 743.737.

(C) Offer the plans at least 90 days prior to discontinuation.

(D) Act uniformly without regard to the claims experience of the affected policyholders or the health status of any current or prospective enrollee.

(h) When the director orders the carrier to discontinue coverage in accordance with procedures specified or approved by the director upon finding that the continuation of the coverage would:

(A) Not be in the best interests of the enrollees; or

(B) Impair the carrier's ability to meet contractual obligations.

(i) When, in the case of a small employer health benefit plan that delivers covered services through a specified network of health care providers, there is no longer any enrollee who lives, resides or works in the service area of the provider network.

(j) When, in the case of a health benefit plan that is offered in the small employer market only through one or more bona fide associations, the membership of an employer in the association ceases and the termination of coverage is not related to the health status of any enrollee.

(k) For misuse of a provider network provision. As used in this paragraph, "misuse of a provider network provision" means a disruptive, unruly or abusive action taken by an enrollee

that threatens the physical health or well-being of health care staff and seriously impairs the ability of the carrier or its participating providers to provide services to an enrollee. An enrollee under this paragraph retains the rights of an enrollee under ORS 743.804.

(L) A small employer carrier may modify a small employer health benefit plan at the time of coverage renewal. The modification is not a discontinuation of the plan under paragraphs (e) and (g) of this subsection.

(6) Notwithstanding any provision of subsection (5) of this section to the contrary, any small employer carrier health benefit plan subject to the provisions of ORS 743.733 to 743.737 may be rescinded by a small employer carrier for fraud, material misrepresentation or concealment by a small employer and the coverage of an enrollee may be rescinded for fraud, material misrepresentation or concealment by the enrollee.

(7) A small employer carrier may continue to enforce reasonable employer participation and contribution requirements on small employers applying for coverage. However, participation and contribution requirements shall be applied uniformly among all small employer groups with the same number of eligible employees applying for coverage or receiving coverage from the small employer carrier. In determining minimum participation requirements, a carrier shall count only those employees who are not covered by an existing group health benefit plan, Medicaid, Medicare, CHAMPUS, Indian Health Service or a publicly sponsored or subsidized health plan, including but not limited to the medical assistance program under ORS chapter 414.

(8) Premium rates for small employer health benefit plans shall be subject to the following provisions:

(a) Each small employer carrier issuing health benefit plans to small employers must file its geographic average rate for a rating period with the director at least once every 12 months.

(b)(A) The premium rates charged during a rating period for health benefit plans issued to small employers may not vary from the geographic average rate by more than 50 percent on or after January 1, 2008, except as provided in subparagraph (D) of this paragraph.

(B) The variations in premium rates described in subparagraph (A) of this paragraph shall be based solely on the factors specified in subparagraph (C) of this paragraph. A small employer carrier may elect which of the factors specified in subparagraph (C) of this paragraph apply to premium rates for small employers. The factors that are based on contributions or participation may vary with the size of the employer. All other factors must be applied in the same actuarially sound way to all small employers.

(C) The variations in premium rates described in subparagraph (A) of this paragraph may be based on one or more of the following factors:

(i) The ages of enrolled employees and their dependents;

(ii) The level at which the small employer contributes to the premiums payable for enrolled employees and their dependents;

“ (iii) The level at which eligible employees participate in the health benefit plan;

(iv) The level at which enrolled employees and their dependents engage in tobacco use;

(v) The level at which enrolled employees and their dependents engage in health promotion, disease prevention or wellness programs;

(vi) The period of time during which a small employer retains uninterrupted coverage in force with the same small employer carrier; and

(vii) Adjustments to reflect the provision of benefits not required to be covered by the basic health benefit plan and differences in family composition.

(D)(i) The premium rates determined in accordance with this paragraph may be further adjusted by a small employer carrier to reflect the expected claims experience of a small employer, but the extent of this adjustment may not exceed five percent of the annual premium rate otherwise payable by the small employer. The adjustment under this subparagraph may not be cumulative from year to year.

(ii) Except for small employers with 25 or fewer employees, the premium rates adjusted under this subparagraph are not subject to the provisions of subparagraph (A) of this paragraph.

(E) A small employer carrier shall apply the carrier's schedule of premium rate variations as approved by the Director of the Department of Consumer and Business Services and in accordance with this paragraph. Except as otherwise provided in this section, the premium rate established for a health benefit plan by a small employer carrier shall apply uniformly to all employees of the small employer enrolled in that plan.

(c) Except as provided in paragraph (b) of this subsection, the variation in premium rates between different small employer health benefit plans offered by a small employer carrier must be based solely on objective differences in plan design or coverage and must not include differences based on the risk characteristics of groups assumed to select a particular health benefit plan.

(d) A small employer carrier may not increase the rates of a health benefit plan issued to a small employer more than once in a 12-month period. Annual rate increases shall be effective on the plan anniversary date of the health benefit plan issued to a small employer. The percentage increase in the premium rate charged to a small employer for a new rating period may not exceed the sum of the following:

(A) The percentage change in the geographic average rate measured from the first day of the prior rating period to the first day of the new period; and

(B) Any adjustment attributable to changes in age, except an additional adjustment may be made to reflect the provision of benefits not required to be covered by the basic health benefit plan and differences in family composition.

(e) Premium rates for health benefit plans shall comply with the requirements of this section.

(9) In connection with the offering for sale of any health benefit plan to a small employer, each small employer carrier shall make a reasonable disclosure as part of its solicitation and sales materials of:

(a) The full array of health benefit plans that are offered to small employers by the carrier;

(b) The authority of the carrier to adjust rates, and the extent to which the carrier will consider age, family composition and geographic factors in establishing and adjusting rates;

(c) Provisions relating to renewability of policies and contracts; and

(d) Provisions affecting any preexisting conditions provision.

(10)(a) Each small employer carrier shall maintain at its principal place of business a complete and detailed description of its rating practices and renewal underwriting practices, including information and documentation that demonstrate that its rating methods and practices are based upon commonly accepted actuarial practices and are in accordance with sound actuarial principles.

(b) Each small employer carrier shall file with the director at least once every 12 months an actuarial certification that the carrier is in compliance with ORS 743.733 to 743.737 and that the rating methods of the small employer carrier are actuarially sound. Each such certification shall be in a uniform form and manner and shall contain such information as specified by the director.

Oregon Revised Statute 743.760 Approval of portability plans; offering of plans by carriers; required provisions; actuarial certification. (1) As used in this section:

(a) "Carrier" means an insurer authorized to issue a policy of health insurance in this state. "Carrier" does not include a multiple employer welfare arrangement.

(b)(A) "Eligible individual" means an individual who:

(i) Has left coverage that was continuously in effect for a period of 180 days or more under one or more Oregon group health benefit plans, has applied for portability coverage not later than the 63rd day after termination of group coverage issued by an Oregon carrier and is an Oregon resident at the time of such application; or

(ii) On or after January 1, 1998, meets the eligibility requirements of 42 U.S.C. 300gg-41, as amended and in effect on January 1, 1998, has applied for portability coverage not later than the 63rd day after termination of group coverage issued by an Oregon carrier and is an Oregon resident at the time of such application.

(B) Except as provided in subsection (12) of this section, "eligible individual" does not include an individual who remains eligible for the individual's prior group coverage or would remain eligible for prior group coverage in a plan under the federal Employee Retirement Income Security Act of 1974, as amended, were it not for action by the plan sponsor relating to the actual or expected health condition of the individual, or who is covered under another health benefit plan at the time that portability coverage would commence or is eligible for the federal Medicare program.

(c) "Portability health benefit plans" and "portability plans" mean health benefit plans for eligible individuals that are required to be offered by all carriers offering group health benefit plans and that have been approved by the Director of the Department of Consumer and Business Services in accordance with this section.

(2)(a) In order to improve the availability and affordability of health benefit plans for individuals leaving coverage under group health benefit plans, the Health Insurance Reform Advisory Committee created under ORS 743.745 shall submit to the director two portability health benefit plans pursuant to ORS 743.745. One plan shall be in the form of insurance and the second plan shall be consistent with the type of coverage provided by health maintenance organizations. For each type of portability plan, the committee shall design and submit to the director:

(A) A prevailing benefit plan, which shall reflect the benefit coverages that are prevalent in the group health insurance market; and

(B) A low cost benefit plan, which shall emphasize affordability for eligible individuals.

(b) Except as provided in ORS 743.730 to 743.773, no law requiring the coverage or the offer of coverage of a health care service or benefit shall apply to portability health benefit plans.

(3) The director shall approve the portability health benefit plans if the director determines that the plans provide for appropriate accessibility and affordability of needed health care services and comply with all other provisions of this section.

(4) After the director's approval of the portability plans submitted by the committee under this section, each carrier offering group health benefit plans shall submit to the director the policy form or forms containing at least one low cost benefit and one prevailing benefit portability plan offered by the carrier that meets the required standards. Each policy form must be submitted as prescribed by the director and is subject to review and approval pursuant to ORS 742.003.

(5) Within 180 days after approval by the director of the portability plans submitted by the committee, as a condition of transacting group health insurance in this state, each carrier offering group health benefit plans shall make available to eligible individuals the prevailing benefit and low cost benefit portability plans that have been submitted by the carrier and approved by the director under subsection (4) of this section.

(6) A carrier offering group health benefit plans shall issue to an eligible individual who is leaving or has left group coverage provided by that carrier any portability plan offered by the carrier if the eligible individual applies for the plan within 63 days of termination of prior coverage and agrees to make the required premium payments and to satisfy the other provisions of the portability plan.

(7) Premium rates for portability plans shall be subject to the following provisions:

(a) Each carrier must file the geographic average rate for each of its portability health benefit plans for a rating period with the director on or before March 15 of each year.

(b) The premium rates charged during the rating period for each portability health benefit plan shall not vary from the geographic average rate, except that the premium rate may be adjusted to reflect differences in benefit design, family composition and age. Adjustments for age shall comply with the following:

(A) For each plan, the variation between the lowest premium rate and the highest premium rate shall not exceed 100 percent of the lowest premium rate.

(B) Premium variations shall be determined by applying uniformly the carrier's schedule of age adjustments for portability plans as approved by the director.

(c) Premium variations between the portability plans and the rest of the carrier's group plans must be based solely on objective differences in plan design or coverage and must not include differences based on the actual or expected health status of individuals who select portability health benefit plans. For purposes of determining the premium variations under this paragraph, a carrier may:

(A) Pool all portability plans with all group health benefit plans; or

(B) Pool all portability plans for eligible individuals leaving small employer group health benefit plan coverage with all plans offered to small employers and pool all portability plans for eligible individuals leaving other group health benefit plan coverage with all health benefit plans offered to such other groups.

(d) A carrier may not increase the rates of a portability plan issued to an enrollee more than once in any 12-month period. Annual rate increases shall be effective on the anniversary date of the plan issued to the enrollee. The percentage increase in the premium rate charged to an enrollee for a new rating period may not exceed the average increase in the rest of the carrier's applicable group health benefit plans plus an adjustment for age.

(8) No portability plans under this section may contain preexisting conditions provisions, exclusion periods, waiting periods or other similar limitations on coverage.

(9) Portability health benefit plans shall be renewable with respect to all enrollees at the option of the enrollee, except:

(a) For nonpayment of the required premiums by the policyholder;

(b) For fraud or misrepresentation by the policyholder;

(c) When the carrier elects to discontinue offering all of its group health benefit plans in accordance with ORS 743.737 and 743.754; or

(d) When the director orders the carrier to discontinue coverage in accordance with procedures specified or approved by the director upon finding that the continuation of the coverage would:

(A) Not be in the best interests of the enrollees; or

(B) Impair the carrier's ability to meet its contractual obligations.

(10)(a) Each carrier offering group health benefit plans shall maintain at its principal place of business a complete and detailed description of its rating practices and renewal underwriting practices relating to its portability plans, including information and documentation that demonstrate that its rating methods and practices are based upon commonly accepted actuarial practices and are in accordance with sound actuarial principles.

(b) Each such carrier shall file with the director annually on or before March 15 an actuarial certification that the carrier is in compliance with this section and that its rating methods are actuarially sound. Each such certification shall be in a form and manner and shall contain such information as specified by the director. A copy of such certification shall be retained by the carrier at its principal place of business.

(c) Each such carrier shall make the information and documentation described in paragraph (a) of this subsection available to the director upon request. Except as provided in ORS 743.018 and except in cases of violations of the Insurance Code, the information is proprietary and trade secret information and shall not be subject to disclosure by the director to persons outside the Department of Consumer and Business Services except as agreed to by the carrier or as ordered by a court of competent jurisdiction.

(11) A carrier offering group health benefit plans shall not provide any financial or other incentive to any insurance producer that would encourage the insurance producer to market and sell portability plans of the carrier on the basis of an eligible individual's anticipated claims experience.

(12) An individual who is eligible to obtain a portability plan in accordance with this section may obtain such a plan regardless of whether the eligible individual qualifies for a period of continuation coverage under federal law or under ORS 743.600 or 743.610. However, an individual who has elected such continuation coverage is not eligible to obtain a portability plan until the continuation coverage has been discontinued by the individual or has been exhausted. [1995 c.603 §18; 1997 c.716 §25; 1999 c.987 §14; 2003 c.364 §115; 2007 c.391 §3]

Oregon Revised Statute 743.767 Premium rates for individual health benefit plans.

Premium rates for individual health benefit plans shall be subject to the following provisions:

(1) Each carrier must file the geographic average rate for its individual health benefit plans for a rating period with the Director of the Department of Consumer and Business Services on or before March 15 of each year.

(2) The premium rates charged during a rating period for individual health benefit plans issued to individuals shall not vary from the individual geographic average rate, except that the premium rate may be adjusted to reflect differences in benefit design, family composition and age. For age adjustments to the individual plans, a carrier shall apply uniformly its schedule of age adjustments for individual health benefit plans as approved by the director.

(3) A carrier may not increase the rates of an individual health benefit plan more than once in a 12-month period except as approved by the director. Annual rate increases shall be effective on the anniversary date of the individual health benefit plan's issuance. The percentage increase in the premium rate charged for an individual health benefit plan for a new rating period may not exceed the sum of the following:

(a) The percentage change in the carrier's geographic average rate for its individual health benefit plan measured from the first day of the prior rating period to the first day of the new period; and

(b) Any adjustment attributable to changes in age and differences in benefit design and family composition.

(4) Notwithstanding any other provision of this section, a carrier that imposes an individual coverage waiting period pursuant to ORS 743.766 may impose a monthly premium rate surcharge for a period not to exceed six months and in an amount not to exceed the percentage by which the rates for coverage under the Oregon Medical Insurance Pool exceed the rates established by the Oregon Medical Insurance Pool Board as applicable for individual risks under ORS 735.625. The surcharge shall be approved by the Director of the Department of Consumer and Business Services and, in combination with the waiting period, shall not exceed the actuarial value of a six-month preexisting conditions provision. [1995 c.603 §23; 1999 c.987 §16]

Oregon Administrative Rule 836-053-0065

Rating

The following provisions relating to rating apply to health benefit plans offered to small employers:

(1) A small employer carrier shall file a single geographic average rate (GAR) for each health benefit plan that is offered to small employers within a geographic area and for each category of family composition. The GAR must be determined on a pooled basis and the pool shall include:

(a) All of the carrier's business in the small employer market; and

(b) Any other business in the group market that the carrier wishes to include in the pool.

(2) There shall be one rating class for each small employer carrier. All small employer health benefit plans of the carrier shall be rated in that class. A rating of a health benefit plan is subject to adjustments reflecting the provision of benefits not required to be covered by the basic health benefit plan and differences in family composition.

(3) The variation in geographic average rates among different small employer health benefit plans offered by a carrier must be based solely on objective differences in plan design or coverage. The variation shall not include differences based on the risk characteristics or claims experience of the actual or expected enrollees in a particular plan, except as authorized by ORS 743.737(8)(b). A variation based on the level of contribution by the small employer or on the level of participation by eligible employees, or on both, must be actuarially sound. A carrier may adjust premium rates to reflect expected claims experience of a small employer as authorized by ORS 743.737(8)(b)(D) only with respect to a renewal of coverage, and the carrier may rely only on the carrier's own claims experience with the small employer.

(4) A small employer carrier shall file its geographic average rates for small employer health benefit plans in accordance with the rate filing requirements of OAR 836-053-0910.

(5) A small employer carrier shall assess administrative expenses in a uniform manner to all small employer health benefit plans, including the Basic health plan. Administrative expenses shall be expressed as a percentage of premium and the percentage may not vary with the size of the small employer.

(6) Plans shall be rated within the following geographic areas comprising counties as follows:

(a) Area 1 shall include: Clackamas, Multnomah, Washington, and Yamhill;

(b) Area 2 shall include: Benton, Lane, and Linn;

(c) Area 3 shall include: Marion and Polk;

(d) Area 4 shall include: Deschutes, Klamath, and Lake;

(e) Area 5 shall include: Clatsop, Columbia, Coos, Curry, Lincoln, and Tillamook;

(f) Area 6 shall include: Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, and Wheeler.

(g) Area 7 shall include: Douglas, Jackson and Josephine.

(7) A small employer carrier may use five digit zip code groupings to define the carrier's geographic areas. The zip code groupings may vary from the county areas defined in section (6) of this rule by no more than ten percent of the population of a county. The small employer carrier must use either the zip code system or the county system and shall not modify the geographic areas in any other manner.

(8) A small employer carrier may use the same geographic average rate for multiple rating areas.

(9) A small employer carrier may deviate from the requirements of the rate bands specified in OR§ 743.737 for coverage that extends to a geographic area outside the state of Oregon. The carrier must do so in a reasonable fashion and maintain records regarding the basis for the rate charged in the small employer's file.

(10) Premium rates for small employer health benefit plans are subject to the following:

(a) The premium rates charged during a rating period for a health benefit plan issued to a small employer with 2 to 25 employees may not vary from the geographic average rate by more than:

(A) 44.7 percent, for a rate that is filed on or before January 1, 2008 to become effective on or before April 1, 2008.

(B) 46.5 percent, effective January 1, 2009.

(C) 48.2 percent, effective January 1, 2010.

(D) 50.0 percent, effective January 1, 2011.

(b) The premium rates charged during a rating period for a health benefit plan issued to a small employer with 26 to 50 employees may not vary from the geographic average rate by more than:

(A) 62.6 percent, for a rate that is filed on or before January 1, 2008 to become effective on or before April 1, 2008.

(B) 58.3 percent, effective January 1, 2009.

(C) 54.1 percent, effective January 1, 2010.

(D) 50.0 percent, effective January 1, 2011.

(11) The variations in premium rates described in section (10) of this rule may be based on one or more of the following factors as determined by the carrier:

(a) The ages of enrolled employees and their dependents;

(b) The level at which the small employer contributes to the premiums payable for enrolled employees and their dependents;

(c) The level at which eligible employees participate in the health benefit plan;

(d) The level at which enrolled employees and their dependents engage in tobacco use;

(e) The level at which enrolled employees and their dependents engage in health promotion, disease prevention or wellness programs;

(f) The period of time during which a small employer retains uninterrupted coverage in force with the same small employer carrier; and

(g) Adjustments to reflect the provision of benefits not required to be covered by the basic health benefit plan and differences in family composition.

(12) Within the three-year period established in section 8, chapter 389, Oregon Laws 2007, a carrier shall phase in for its small employer groups the premium rate changes resulting from amendments to ORS 743.737 by sections 6 and 7, chapter 389, Oregon Laws 2007, and the concurrent combining of all small group rates. A carrier must complete the small group rate phase in no less promptly than will be completed according to the schedule established in this section. A carrier must commence the phase in during the first year and may complete the phase in during the first or second year. For the purpose of the schedule, employer groups of 2 to 25 employees shall be treated as one pool, and employer groups of 26 to 50 employees shall be treated as a second pool. Under the schedule, a carrier shall phase in the rating changes as follows:

(a) For 2008, a carrier shall apply to an employer group the group's own pool experience plus 25 percent of the experience of the other pool.

(b) For 2009, a carrier shall apply to an employer group the group's own pool experience plus 50 percent of the experience of the other pool.

(c) For 2010, a carrier shall apply to an employer group the group's own pool experience plus 75 percent of the experience of the other pool.

(d) For 2011 and each year thereafter, a carrier shall apply to an employer group the experience of the combined pool.

Stat. Auth.: ORS 731.244 & 743.731

Stats. Implemented: ORS 743.731, 743.734 & 743.737

Hist.: ID 17-1992, f. 12-3-92, cert. ef. 12-7-92; ID 1-1994, f. & cert. ef. 1-26-94; ID 12-1996, f. & cert. ef. 9-23-96; Renumbered from 836-053-0020; ID 5-1998, f. & cert. ef. 3-9-98; ID 5-2000, f. & cert. ef. 5-11-00; ID 5-2007(Temp), f. 8-17-07, cert. ef. 8-20-07 thru 2-15-08; ID 2-2008, f. & cert. ef. 2-11-08

Oregon Administrative Rule 836-053-0465

Rating for Individual Health Benefit Plans

(1) Individual health benefit plans shall be rated in accordance with the geographic areas specified in OAR 836-053-0065. A carrier shall file a single geographic average rate (GAR) for each health benefit plan that is offered to individuals within a geographic area. The GAR must be determined on a pooled basis and the pool shall include all of the carrier's business in the Oregon individual market.

(2) The variation in geographic average rates among different individual health benefit plans offered by a carrier must be based solely on objective differences in plan design or coverage. The variation shall not include differences based on the risk characteristics or claims experience of the actual or expected enrollees in a particular plan.

(3) A carrier shall implement premium rate increases for an individual health benefit plan in a consistent manner for all enrollees in the plan. A carrier may use either of the following methods to schedule premium rate increases for all enrollees in a plan:

(a) A rolling schedule that is based on the anniversary of the date coverage is issued to each enrollee or on another anniversary date established by the carrier; or

(b) A fixed schedule that applies concurrently to all enrollees in a plan. If a fixed schedule is used, a carrier may adjust an enrollee's premium during the rating period if the enrollee moves into a higher age bracket or has a change in family composition.

(4) A carrier shall file its geographic average rates for individual health benefit plans in accordance with the rate filing requirements of OAR 836-053-0471 and 836-053-0910.

(5) A carrier may use the same geographic average rate for multiple rating areas.

(6) A carrier shall offer its insureds the opportunity to pay premium on a monthly basis for an individual health benefit plan in addition to any other mode offered by the carrier.

Stat. Auth.: ORS 731.244, 743.019, 743.020, 743.769

Stats. Implemented: ORS 743.766 - 743.769, 746.015 & 746.240

Hist.: ID 12-1996, f. & cert. ef. 9-23-96; Renumbered from 836-053-0420, ID 5-1998, f. & cert. ef. 3-9-98; ID 5-2000, f. & cert. ef. 5-11-00; ID 7-2001(Temp), f. 5-30-01, cert. ef. 5-31-01 thru 11-16-01; ID 14-2001, f. & cert. ef. 11-20-01; ID 5-2010, f. & cert. ef. 2-16-10

Oregon Administrative Rule 836-053-0471

Required Materials for Rate Filing for Individual or Small Employer Health Benefit Plans

(1) Every insurer that offers a health benefit plan for small employers or an individual health benefit plan covering an Oregon resident shall file the information specified in subsections (2) and (3) of this rule when the insurer files with the director a schedule or table of premium rates for approval.

(2) A schedule or table of base premium rates filed under subsection (1) of this section shall include sufficient information and data to allow the director to consider the factors set forth in ORS 743.018(4) and (5). The filing shall include all of the following separately set forth and labeled as indicated:

(a) A filing description.

(A) Label: FILING DESCRIPTION.

(B) The filing description shall be submitted in the form of a cover letter. The filing description must provide a summary of the reasons an insurer is requesting a rate change and the minimum and maximum rate impact to all groups or members affected by the rate change, including the anticipated change in number of enrollees if the proposed premium rate is approved. The description also must include the name and contact information of the filer and a description of any significant changes the insurer is making to the following:

(i) Rating factor changes;

(ii) Plan modification or discontinuance; and

(iii) Benefit or administration changes.

(b) A rate filing summary.

(A) Label: RATE FILING SUMMARY.

(B) This summary must explain the filing in a manner that allows consumers to understand the rate change. The summary shall be in accordance with the form established in Exhibit 1 or Exhibit 2 to this rule. The information contained in this summary must match the information provided elsewhere in the filing.

(c) An actuarial memorandum.

(A) Label: ACTUARIAL MEMORANDUM.

(B) This memorandum must include all of the following:

(i) A description of the benefit plan and a quantification of any changes to the benefit plan as set forth in paragraph (2) (j) of this rule.

(ii) A discussion of assumptions, factors, calculations, rate tables and any other information pertinent to the proposed rate.

(iii) A description of any changes in rating methodology supported by sufficient detail to permit the department to evaluate the effect on rates and the rationale for the change.

(iv) The range of rate impact to groups or members including the distribution of the impact on members.

(v) Signature of and date that a qualified actuary reviewed the rate filing.

(d) Rate tables and factors.

(A) Label: RATE TABLES AND FACTORS.

(B) The insurer must include base and geographic average rate tables, identify factors used by the insurer in developing the rates and explain how the information is used in the development of rates. The rate tables and factors must include a table of rating factors reflecting ages of employees and dependents and geographic area. If base rates are not provided by rating tier, the rate tier tables also must be provided.

(C) The document must indicate whether the rate increases are the same for all policies. The document must clearly explain how the rate increases apply to different policies including the entire distribution of rate changes and the average of the highest and lowest rates resulting from the application of other rating factors.

(D) The geographic average rate table must include family type, geographic area and the average of the highest and lowest rates resulting from the application of other rating factors.

(E) The rate tables must contain at a minimum the base rates for each available plan. This document must include information that would permit the determination of rates for each benefit plan, each age bracket, each geographic area, each rate tier and any other variable used to determine rates. If the rates vary more frequently than annually, separate rates must either be provided for each effective date of change or information provided to permit their determination and the justification for such variation in rates.

(F) If the filing is for a health benefit plan issued to a small employer, the insurer also shall include the following factors if applied by the insurer as allowed under ORS 743.737:

(i) Contribution;

(ii) Level of participation;

(iii) Tobacco usage;

(iv) Participation in wellness programs;

(v) Duration of coverage in force; and

(vi) Any adjustment to reflect expected claims experience, which may not exceed the limits established in ORS 743.737.

(e) Plan relativities.

(A) Label: PLAN RELATIVITIES.

(B) This document must explain the presentation of rates for each benefit plan, explain the methodology of how the benefit plan relativities were developed and demonstrate the comparison and reasonableness of benefits and costs between plans.

(f) A description of the development of the proposed rate change or base rate.

(A) Label: DEVELOPMENT OF RATE CHANGE OR BASE RATE.

(B) This document is the core of the rate filing and must explain how the proposed rate or rate change was calculated. The calculation must be based on generally accepted actuarial rating principles for rating blocks of business and should provide sufficient detail to allow reasonable review. The development of rate change or base rate also should include actual or expected membership information and identify a proposed loss ratio for the rating period. A rate renewal calculation must begin with an assumed experience period of at least one year ending within the immediately preceding year, or, if more recent data is available for one-year period that concludes with the most recent period for which data is available. The total premium earned during the experience period should be adjusted to yield premium adjusted to current rates. A projection is made of premiums and claims for the period during which the proposed rates are to be effective. Claims for a renewal projection should reflect an assumed medical trend rate as well as other expected changes in claims cost, including but not limited to the impact of benefit changes or provider reimbursement.

(g) Trend information and projection.

(A) Label: TREND INFORMATION AND PROJECTION.

(B) This document must describe how the assumed future growth of medical claims (the medical trends rate) was developed based on generally accepted actuarial principles. The trend document also must include historical monthly average claim costs for at least the immediately preceding two years when applicable. If the carrier's structure does not include claims cost, the carrier shall submit this information based on allocated costs.

(h) Premium retention.

(A) Label: PREMIUM RETENTION.

(B) This document must include a description of retention. As used in this paragraph, “retention” means the amount to be retained by the insurer to cover all of the insurer’s non-claim costs including expected profit or contribution to surplus for a nonprofit entity. Retention must be reported on a percentage of premium basis.

(i) Worksheet for Individual Health Benefit Plan Rates (if applicable).

(A) Label: WORKSHEET FOR INDIVIDUAL HEALTH BENEFIT PLAN RATES.

(B) This standardized schedule for individual health benefit plan rates must include earned premiums, incurred claims and membership totals for the past five years on an annual basis as well as accumulated to the current date. The same elements must be projected and reported for each of the next three years. If an active life reserve has been established, that reserve also should be included.

(j) Changes to covered benefits or health benefit plan design.

(A) Label: COVERED BENEFIT OR PLAN DESIGN CHANGES.

(B) This document must explain benefit and administrative changes with rating impact, including covered benefit level changes, member cost-sharing changes, elimination of plans, implementation of new plan designs, provider network changes, new utilization or prior authorization programs, changes to eligibility requirements, changes to exclusions, or any other change in the plan offerings that impacts costs or coverage provided.

(k) Changes in the insurer’s health care cost containment and quality improvement efforts.

(A) Label: COST CONTAINMENT AND QUALITY IMPROVEMENT EFFORTS.

(B) This document must explain any changes the insurer has made in its health care cost containment efforts and quality improvement efforts since the insurer’s last rate filing for the same category of health benefit plan. Significant new health care cost containment initiatives and quality improvement efforts should be described and an estimate made of potential savings together with an estimated cost or savings for the projection period. The insurer shall provide information about whether the cost containment initiatives reduce costs by eliminating waste, improving efficiency, by improving health outcomes through incentives, or by elimination or reduction of covered services or reduction in the fees paid to providers for services.

(l) Information about the insurer’s financial position.

(A) Label: INSURER’S FINANCIAL POSITION.

(B) This document must include information about the insurer's financial position, including but not limited to profitability, surplus, reserves and investment earnings. This document also must include a discussion of whether the proposed change in the premium rate is necessary to maintain the insurer's solvency or to maintain rate stability and prevent excessive rate increases for the line of business in the future. In providing this information, the insurer may reference documents filed with the department as part of the annual statement or other requisite filings. The referenced material must be available to the public.

(m) Certification of compliance.

(A) Label: CERTIFICATION OF COMPLIANCE.

(B) The certificate must comply with OAR 836-010-0011 and must certify that the filing complies with Oregon statutes, rules, product standards and filing requirements.

(n) Third party filer's letter of authorization (if applicable).

(A) Label: THIRD PARTY AUTHORIZATION.

(B) If the filing is submitted by a person other than the insurer, the filing must include a letter from the insurer that authorizes the third party to submit and correspond with the department on matters pertaining to the rate filing.

(3)(a) For each schedule or table of premium rates filed, the insurer shall separately include a statement of administrative expenses for the line of business and complete the chart displaying the five-year trend of administrative costs included as Exhibit 3 to this rule. The chart must break down the insurer's administrative expenses relating to:

(A) Salaries, wages, employment taxes and other benefits;

(B) Commissions;

(C) Cost depreciations including but not limited to depreciation for equipment, software or furniture;

(D) Rent or occupancy expenses;

(E) Marketing and advertising;

(F) General offices expenses, including but not limited to sundries, supplies, telephone, printing and postage;

(G) Third party administration expenses or fees or other group service expense or fees;

(H) Legal fees and expenses and other professional or consulting fees;

(I) Other taxes, licenses and fees; and

(J) Travel expenses.

(b) The statement of administrative expenses required under this subsection must include:

(A) As set forth in Exhibit 3, a statement of administrative expenses on a per member per month basis set forth separately for claim-related and non-claim expenses;

(B) As set forth in Exhibit 3, an explanation of the basis for any proposed premium rate increase or decrease related to changes in the administrative expenses of the insurer; and

(C) An explanation of how the insurer allocates administrative expenses for the filed line of business.

(4)(a) Within 10 days after receiving a proposed table or schedule of premium rate filing, the director shall:

(A) Determine whether the proposed table or schedule of premium rate filing is complete. If the director determines that a filing is complete, the director shall review the proposed schedule or table of premium rate in accordance with ORS 742.003, 742.005, 742.007 and 743.018. If the director determines that the filing is not complete, the director shall notify the insurer in writing that the filing is deficient and give the insurer an opportunity to provide the missing information.

(B) If the filing is complete, the director shall open the 30-day public comment period. For purposes of determining the beginning of the public comment period, the date the carrier files a proposed schedule or table of premium rates shall be the date the director determines that the filing is complete.

(b) The director shall issue a decision approving, disapproving or modifying the proposed table or schedule of premium rate filing within 10 days after the close of the public comment period.

(5) The director shall post on the Insurance Division website all materials submitted under subsections (2) and (3) of this rule at the beginning of the public comment period.

[ED. NOTE: Exhibits referenced are not included in rule text. [Click here for PDF copy of exhibit\(s\).](#)]

Stat. Auth.: ORS 743.018, 743.019, 743.020

Stats. Implemented: ORS 742.003, 742.005, 742.007, 743.018, 743.019, 743.020, 743.730, 743.767

Hist.: ID 5-2010, f. & cert. ef. 2-16-10

Oregon Administrative Rule 836-053-0780

Rating for Portability Health Benefit Plans

(1) Portability health benefit plans shall be rated in accordance with the geographic areas specified in OAR 836-053-0065. A carrier shall file a single geographic average rate (GAR) for each health benefit plan that is offered to eligible individuals within a geographic area. The GAR must be determined on a pooled basis in accordance with ORS 743.760.

(2) Except for portability health benefit plans issued in accordance with ORS 743.761, the variation in geographic average rates between a carrier's portability health benefit plans and the carrier's group health benefit plans must be based solely on objective differences in plan design or coverage. The variation shall not include differences based on the risk characteristics or claims experience of the actual or expected enrollees in a particular plan.

(3) For portability health benefit plans issued in accordance with ORS 743.761, the premium rates that apply to portability policyholders in the individual health benefit plan shall be identical to the rates that apply to non-portability policyholders.

(4) A carrier shall implement premium rate increases for a portability health benefit plan in a consistent manner for all policyholders in the plan. A carrier may use either of the following methods to schedule premium rate increases for all policyholders in a plan:

(a) A rolling schedule that is based on the anniversary of the date coverage is issued to each policyholder or on another anniversary date established by the carrier; or

(b) A fixed schedule that applies concurrently to all policyholders in a plan. If a fixed schedule is used, a carrier may adjust a policyholder's premium during the rating period if the policyholder moves into a higher age bracket or has a change in family composition.

(5) A carrier shall file its geographic average rates for portability health benefit plans in accordance with the rate filing requirements of OAR 836-053-0910.

(6) A carrier may use the same geographic average rate for multiple rating areas.

(7) A carrier shall submit with a filing under OAR 836-053-0910 (4) for a portability health benefit plan a rate filing summary that explains the filing in a manner that allows consumers to understand the rate change and how it may impact them. The summary shall be in accordance with the form established in **Exhibit 1** or **Exhibit 2** to this rule or in other substantively similar wording. The information contained in this summary must match the information provided elsewhere in the filing.

(8)(a) Within 10 business days after receiving a proposed table or schedule of premium rate filing, the director shall:

(A) Determine whether the proposed table or schedule of premium rate filing is complete. If the director determines that a filing is complete, the director shall review the proposed schedule or table of premium rate in accordance with ORS 742.003, 742.005, 742.007 and 743.018. If the director determines that the filing is not complete, the director shall notify the carrier in writing that the filing is deficient and give the insurer an opportunity to provide any missing information.

(B) If the filing is complete, the director shall open the 30-day public comment period. For purposes of determining the beginning of the public comment period, the date the carrier files a proposed schedule or table of premium rates shall be the date the director determines that the filing is complete.

(b) The director shall issue a decision approving, disapproving or modifying the proposed premium rate within 10 days after the close of the public comment period.

(9) The director shall post all materials submitted as part of the proposed schedule or table of premium rates filing at the beginning of the public comment period.

[ED. NOTE: Exhibits referenced are not included in rule text. [Click here for PDF copy of exhibit\(s\).](#)]

Stat. Auth.: ORS 731.244, 743.019, 743.020

Stats. Implemented: ORS 743.019, 743.020, 743.731, 743.760

Hist.: ID 12-1996, f. & cert. ef. 9-23-96; ID 5-1998, f. & cert. ef. 3-9-98; ID 5-2000, f. & cert. ef. 5-11-00; ID 5-2010, f. & cert. ef. 2-16-10

**Rate Filing Summary
PacificSource Health Plans
Group Health Benefit Plan Renewal**

The Oregon Insurance Division must approve the rates of all health benefits plans in the individual, small employer and portability markets.

Rate Request:

Proposed rate increase: 13.5 percent from one year earlier.
Effective date: 10/1/2010
Oregonians impacted: 38,565

*This does not mean that your rates will increase/decrease by this average amount. Rates are affected by the ages of the people covered, where they live, whether family members are covered and the date your policy renews.

Basis for rate request

- Medical and prescription costs: Medical costs increased by 13.0 percent and prescription costs increased by 11.5 percent during the same period.
- Medical and prescription benefits: Changes have been made to benefits. The \$2 million lifetime benefit limit has been removed, dependent coverage has been extended from age 23 to age 26, and all member cost-sharing obligations for preventive services have been removed. As a result, medical rates increased by 2.3%. The extension of dependent coverage from age 23 to 26 has also been applied to prescription benefits. As a result, prescription rates increased by 1.2%.

Premiums vs. claims

- Group health plan premiums received: \$103,450,925
- Group health plan claims paid: \$91,887,577
- Group health plan medical loss: (\$4,471,545)

Projected results of the proposed rate

A health insurance premium is made up of three pieces: the claims costs, administrative costs, and profit. If the requested rate change is approved, PacificSource projects:

- **Claims costs:** Will change from 88.8 percent to 84.9 percent.
- **Administrative costs:** Will change from 15.5 percent to 15.2 percent.

- **Margin:** Will change from -4.3 percent to -0.1 percent.

Five-year rate history

- **2006:** 10/1/06: 10.7% Increase
- **2007:** 10/1/07: 14.3% Increase
- **2008:** 10/1/08: 16.0% Increase
- **2009:** 10/1/09: 10.6% Increase
- **2010:** 10/1/10: 13.5% Increase (requested)

Glossary

Administrative costs: Expenses the insurance company pays to operate this insurance plan. This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability and the Oregon Medical Insurance Pool, and taxes.

Medical and prescription costs: The portion of the premium that pays for medical services and prescriptions. In some policies, prescription costs are shown as a separate item.

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

SERFF Tracking Number: PCSR-126630156 State: Oregon
 Filing Company: PacificSource Health Plans State Tracking Number: GH 0177 09
 Company Tracking Number: S1010
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO
 Product Name: October 2010 Small Group Health Rate Filing
 Project Name/Number: 10/1/10 Oregon Small Group Health Rate Filing/

Filing at a Glance

Company: PacificSource Health Plans

Product Name: October 2010 Small Group SERFF Tr Num: PCSR-126630156 State: Oregon

Health Rate Filing

TOI: H16G Group Health - Major Medical SERFF Status: Assigned

State Tr Num: GH 0177 09

Sub-TOI: H16G.003A Small Group Only - PPO Co Tr Num: S1010

State Status: Review pending

Filing Type: Rate

Reviewer(s): David N. Ball, FSA,
 MAAA, MaryEllen Hayes, Scott
 Fitzpatrick

Authors: Mark Florian, Mark
 Danburg-Wyld

Disposition Date:

Date Submitted: 05/21/2010

Disposition Status:

Implementation Date Requested: 10/01/2010

Implementation Date:

State Filing Description:

SEHI

Effec 10/1/10

Sent email to David and Scott to see if filing is complete 5/21/10 meh. Rec'd Response 5/24/10 filing is complete from Scott.

General Information

Project Name: 10/1/10 Oregon Small Group Health Rate Filing

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 06/20/1940

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small

Overall Rate Impact: 11.88%

Group Market Type: Employer

Filing Status Changed: 05/21/2010

Explanation for Other Group Market Type:

State Status Changed: 05/24/2010

Deemer Date:

Created By: Mark Florian

Submitted By: Mark Florian

Corresponding Filing Tracking Number:

Filing Description:

This filing requests a net 9.06% increase to the base rates filed effective 1/1/10. The net change to the medical base rates is 9.51% and the net change to the pharmacy base rates is 5.83%. This filing also requests modifications to the tier relativities, medical plan relativities, and rating bands. Plan relativities for grandfathered and non-grandfathered

SERFF Tracking Number: PCSR-126630156 **State:** Oregon
Filing Company: PacificSource Health Plans **State Tracking Number:** GH 0177 09
Company Tracking Number: S1010
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Product Name: October 2010 Small Group Health Rate Filing
Project Name/Number: 10/1/10 Oregon Small Group Health Rate Filing/

versions of our medical plans are included in this filing. The filing requests a trend increase plus the additional impact of the mandates associated with federal health care reform. The overall rate change from the 1/1/2010 approved rates is 11.88%.

The following are the affected form numbers: PSGC.OR.0710, PSGS.OR.CODEDUCT.0710,
 PSGS.OR.CV.0710,
 PSGS.OR.COPAY.0710,
 PSGS.OR.DEDUCT.0710,
 PSGS.OR.HIGHDED.0710,
 PSGS.OR.HSA.0710,
 PSGS.OR.PERCENT.0710,
 PSGS.OR.PERCENTBP.0710,
 PSGS.OR.CHOICE.0710,
 PSGS.OR.PRIME.0710,
 PSGC.BHP.0108 .

Company and Contact

Filing Contact Information

Mark Florian, Actuarial Analyst	mflorian@pacificsource.com
PacificSource Health Plans	541-684-5297 [Phone]
PO Box 7068	541-684-5561 [FAX]
Eugene, OR 97401-0068	

Filing Company Information

PacificSource Health Plans	CoCode: 54976	State of Domicile: Oregon
P.O. Box 7068	Group Code:	Company Type: Health Care Service Corporation
Eugene, OR 97401-0068	Group Name:	State ID Number:
(800) 624-6052 ext. [Phone]	FEIN Number: 93-0245545	

Filing Fees

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

SERFF Tracking Number: PCSR-126630156 State: Oregon
Filing Company: PacificSource Health Plans State Tracking Number: GH 0177 09
Company Tracking Number: S1010
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO
Product Name: October 2010 Small Group Health Rate Filing
Project Name/Number: 10/1/10 Oregon Small Group Health Rate Filing/

State Specific

Have you reviewed the General Instructions?: yes

Did you read the instructions regarding how to enter the form number and edition date in the Forms Schedule tab?: yes

Did you realize Oregon does not respond to Status Requests thru SERFF?: yes

Have any of the new forms under the forms schedule tab already been approved for use in this state? See General Instructions.: yes

SERFF Tracking Number: PCSR-126630156 State: Oregon
 Filing Company: PacificSource Health Plans State Tracking Number: GH 0177 09
 Company Tracking Number: S1010
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO
 Product Name: October 2010 Small Group Health Rate Filing
 Project Name/Number: 10/1/10 Oregon Small Group Health Rate Filing/

Correspondence Summary

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Rate Tables and Factors	Mark Florian	05/27/2010	05/27/2010

SERFF Tracking Number: PCSR-126630156 State: Oregon
 Filing Company: PacificSource Health Plans State Tracking Number: GH 0177 09
 Company Tracking Number: S1010
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO
 Product Name: October 2010 Small Group Health Rate Filing
 Project Name/Number: 10/1/10 Oregon Small Group Health Rate Filing/

Amendment Letter

Submitted Date: 05/27/2010

Comments:

Revised Rate Tables and Factors exhibit attached.

Changed Items:

Rate/Rule Schedule Item Changes:

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Rate Tables and Factors	PSGC.OR.0710, PSGS.OR.CODEDUCT .0710,	Revised	Previous State Filing Number: GH 0336 07	Base Rates 1010 GF.pdf
Base Rates 1010 Non-GF.pdf	Gar Rates 1010 GF.pdf	Gar Rates 1010 Non-GF.pdf	Area1Rates2010Q4 GF.pdf	Area2Rates2010Q4 GF.pdf
Area3Rates2010 Q4 GF.pdf	Area4Rates2010Q4 GF.pdf	Area5Rates2010 Q4 GF.pdf	Area6Rates2010Q4 GF.pdf	Area7Rates2010Q4 GF.pdf
Area1Rates2010 Q4 Non-GF.pdf	Area2Rates2010Q4 Non-GF.pdf	Area3Rates2010 Q4 Non-GF.pdf	Area4Rates2010Q4 Non-GF.pdf	Area5Rates2010Q4 Non-GF.pdf
Area6Rates2010 Q4 Non-GF.pdf	Area7Rates2010Q4 Non-GF.pdf	RxGARRates 2010Q4.pdf	Area Factors 1010.pdf	Rate Tables and Factors 1010 Revised.pdf
			Percent Rate Change Request: 12	Base Rates 1010 GF.pdf
				Base Rates 1010 Non-GF.pdf
				Gar Rates 1010 GF.pdf
				Gar Rates 1010 Non-GF.pdf
				Area1Rates2010Q4 GF.pdf
				Area2Rates2010Q4 GF.pdf
				Area3Rates2010Q4 GF.pdf
				Area4Rates2010Q4

SERFF Tracking Number: PCSR-126630156 State: Oregon
Filing Company: PacificSource Health Plans State Tracking Number: GH 0177 09
Company Tracking Number: S1010
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO
Product Name: October 2010 Small Group Health Rate Filing
Project Name/Number: 10/1/10 Oregon Small Group Health Rate Filing/

GF.pdf
Area5Rates2010Q4
GF.pdf
Area6Rates2010Q4
GF.pdf
Area7Rates2010Q4
GF.pdf
Area1Rates2010Q4
Non-GF.pdf
Area2Rates2010Q4
Non-GF.pdf
Area3Rates2010Q4
Non-GF.pdf
Area4Rates2010Q4
Non-GF.pdf
Area5Rates2010Q4
Non-GF.pdf
Area6Rates2010Q4
Non-GF.pdf
Area7Rates2010Q4
Non-GF.pdf
RxGARRates
2010Q4.pdf
Area Factors 1010.pdf
Rate Tables and
Factors 1010
Revised.pdf

SERFF Tracking Number: PCSR-126630156
 Filing Company: PacificSource Health Plans
 Company Tracking Number: S1010
 TOI: H16G Group Health - Major Medical
 Product Name: October 2010 Small Group Health Rate Filing
 Project Name/Number: 10/1/10 Oregon Small Group Health Rate Filing/

State: Oregon
 State Tracking Number: GH 0177 09
 Sub-TOI: H16G.003A Small Group Only - PPO

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 3.540%
Effective Date of Last Rate Revision: 01/01/2010
Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
PacificSource Health Plans	15.390%	11.880%		38,565		%	%

SERFF Tracking Number: PCSR-126630156 State: Oregon
 Filing Company: PacificSource Health Plans State Tracking Number: GH 0177 09
 Company Tracking Number: S1010
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO
 Product Name: October 2010 Small Group Health Rate Filing
 Project Name/Number: 10/1/10 Oregon Small Group Health Rate Filing/

Rate/Rule Schedule

Schedule Item # Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Rate Tables and Factors	PSGC.OR.0710, Revised PSGS.OR.CODE DUCT.0710,		Previous State Filing Number: GH 0336 07	Base Rates 1010 GF.pdf Base Rates 1010 Non-GF.pdf Gar Rates 1010 GF.pdf Gar Rates 1010 Non-GF.pdf Area1Rates2010 Q4 GF.pdf Area2Rates2010 Q4 GF.pdf Area3Rates2010 Q4 GF.pdf Area4Rates2010 Q4 GF.pdf Area5Rates2010 Q4 GF.pdf Area6Rates2010 Q4 GF.pdf Area7Rates2010 Q4 GF.pdf Area1Rates2010 Q4 Non-GF.pdf Area2Rates2010 Q4 Non-GF.pdf Area3Rates2010 Q4 Non-GF.pdf Area4Rates2010 Q4 Non-GF.pdf

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Product Name: October 2010 Small Group Health Rate Filing
Project Name/Number: 10/1/10 Oregon Small Group Health Rate Filing/

Percent Rate Change 11.880
Request: Area5Rates2010
Q4 Non-GF.pdf
Area6Rates2010
Q4 Non-GF.pdf
Area7Rates2010
Q4 Non-GF.pdf
RxGARRates
2010Q4.pdf
Area Factors
1010.pdf
Rate Tables and
Factors 1010
Revised.pdf

SERFF Tracking Number: PCSR-126630156 State: Oregon
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Plan Relativities Revised Previous State Filing Number: GH 0336 Plan Relativities
 07 1010.pdf
 Percent Rate Change 11.880
 Request:

Development of Rate Change Revised Previous State Filing Number: GH 0336 Development of
 07 Rate Change
 Percent Rate Change 11.880 1010.pdf
 Request: Rate Change
 Calculation_Med
 1010.pdf
 Rate Change
 Calculation_Rx
 1010.pdf
 Rate Change
 Calculation_Med
 +Rx 1010.pdf

Trend Information and Projection Revised Previous State Filing Number: Trend
 Exhibit_Narrative.
 pdf
 Percent Rate Change Trend
 Exhibit_Rolling12
 .pdf
 Request: Trend
 Exhibit_ClmsPre
 m.pdf

Premium Retention Revised Previous State Filing Number: Premium
 Retention
 Percent Rate Change 1010.pdf
 Request:

Base Rates and Plan Relativity Factors

Non-area-adjusted, 10/1/2010 Plan Relativity Factors

BASE RATES

Grandfathered Plans

	NETWORK	Rate Rel	PMPM	EE	ES	EF	EC
Preferred 300+15	PSN	0.841419	\$467.58	\$544.73	\$1,252.88	\$1,590.61	\$1,002.30
Preferred 500+15	PSN	0.773036	\$429.58	\$500.46	\$1,151.06	\$1,461.34	\$920.85
Preferred 750+15	PSN	0.714429	\$397.01	\$462.52	\$1,063.79	\$1,350.55	\$851.03
Preferred 1000+15	PSN	0.676872	\$376.14	\$438.20	\$1,007.87	\$1,279.55	\$806.29
Preferred 300+25	PSN	0.820226	\$455.80	\$531.01	\$1,221.32	\$1,550.55	\$977.06
Preferred 500+25	PSN	0.753237	\$418.58	\$487.64	\$1,121.58	\$1,423.91	\$897.26
Preferred 750+25	PSN	0.695324	\$386.39	\$450.15	\$1,035.34	\$1,314.44	\$828.27
Preferred 1000+25	PSN	0.658100	\$365.71	\$426.05	\$979.92	\$1,244.07	\$783.93
Preferred 1500+25	PSN	0.616310	\$342.49	\$399.00	\$917.69	\$1,165.07	\$734.15
Preferred 2000+25	PSN	0.571361	\$317.51	\$369.90	\$850.76	\$1,080.10	\$680.61
Preferred 2500+25	PSN	0.535532	\$297.60	\$346.70	\$797.41	\$1,012.37	\$637.93
Preferred 500+35	PSN	0.767809	\$426.67	\$497.08	\$1,143.27	\$1,451.46	\$914.62
Preferred 750+35	PSN	0.683214	\$379.66	\$442.31	\$1,017.31	\$1,291.54	\$813.85
Preferred 1000+35	PSN	0.646053	\$359.01	\$418.25	\$961.98	\$1,221.30	\$769.58
Preferred 1500+35	PSN	0.604619	\$335.99	\$391.43	\$900.28	\$1,142.97	\$720.23
Preferred 2000+35	PSN	0.559763	\$311.06	\$362.39	\$833.49	\$1,058.17	\$666.79
Preferred 2500+35	PSN	0.524015	\$291.20	\$339.24	\$780.26	\$990.59	\$624.21
Preferred 1000+50	PSN	0.631462	\$350.91	\$408.81	\$940.25	\$1,193.71	\$752.20
Preferred 1500+50	PSN	0.590409	\$328.09	\$382.23	\$879.12	\$1,116.11	\$703.30
Preferred 2000+50	PSN	0.545527	\$303.15	\$353.17	\$812.29	\$1,031.26	\$649.84
Preferred 2500+50	PSN	0.509773	\$283.28	\$330.02	\$759.06	\$963.67	\$607.24
Preferred 2000+35/30%	PSN	0.521137	\$289.60	\$337.38	\$775.98	\$985.15	\$620.78
Preferred 3000+35/30%	PSN	0.467741	\$259.93	\$302.81	\$696.47	\$884.21	\$557.18
Preferred 15/200D	PSN	1.072862	\$596.19	\$694.57	\$1,597.50	\$2,028.13	\$1,278.00
Preferred 25/200D	PSN	1.000000	\$555.70	\$647.40	\$1,489.01	\$1,890.39	\$1,191.21
Prime 15/200D	PSN	1.061625	\$589.95	\$687.29	\$1,580.77	\$2,006.89	\$1,264.62
Prime 25/200D	PSN	0.989996	\$550.14	\$640.92	\$1,474.11	\$1,871.48	\$1,179.29
Choice 15/200D	PSN	1.066120	\$592.45	\$690.20	\$1,587.46	\$2,015.39	\$1,269.97
Choice 25/200D	PSN	0.993997	\$552.37	\$643.51	\$1,480.07	\$1,879.05	\$1,184.06
BHP	PSN	0.753419	\$418.68	\$487.76	\$1,121.85	\$1,424.26	\$897.48
Prime 500+25	PSN	0.743972	\$413.43	\$481.64	\$1,107.78	\$1,406.40	\$886.23
Prime 1000+35	PSN	0.650318	\$361.38	\$421.01	\$968.33	\$1,229.36	\$774.66
Preferred 80+300	PSN	0.820050	\$455.70	\$530.90	\$1,221.06	\$1,550.22	\$976.85
Preferred 80+500	PSN	0.752810	\$418.34	\$487.37	\$1,120.94	\$1,423.11	\$896.75
Preferred 80+750	PSN	0.701144	\$389.63	\$453.92	\$1,044.01	\$1,325.44	\$835.21
Preferred 80+1000	PSN	0.649987	\$361.20	\$420.80	\$967.84	\$1,228.73	\$774.27
Preferred 80+1500	PSN	0.598016	\$332.32	\$387.15	\$890.45	\$1,130.49	\$712.36
Preferred 80+2000	PSN	0.549099	\$305.14	\$355.48	\$817.61	\$1,038.01	\$654.09
Preferred 80+2500	PSN	0.517908	\$287.80	\$335.29	\$771.17	\$979.05	\$616.94
Preferred 70/3500	PSN	0.772296	\$429.17	\$499.98	\$1,149.96	\$1,459.94	\$919.96
Preferred 50/3750	PSN	0.618703	\$343.82	\$400.55	\$921.26	\$1,169.59	\$737.00
Preferred 50/5000	PSN	0.595156	\$330.73	\$385.30	\$886.19	\$1,125.08	\$708.95
Prime McKenzie 15/200D	MCN	1.023710	\$568.88	\$662.74	\$1,524.31	\$1,935.22	\$1,219.45
Prime McKenzie 25/200D	MCN	0.960170	\$533.57	\$621.61	\$1,429.70	\$1,815.10	\$1,143.76
Preferred CoDeduct Value 300+35	PSN	0.689337	\$383.07	\$446.27	\$1,026.43	\$1,303.12	\$821.14
Preferred CoDeduct Value 500+35	PSN	0.643396	\$357.54	\$416.53	\$958.02	\$1,216.27	\$766.42
Preferred CoDeduct Value 750+35	PSN	0.604788	\$336.08	\$391.54	\$900.53	\$1,143.29	\$720.43
Preferred CoDeduct Value 1000+35	PSN	0.571283	\$317.46	\$369.85	\$850.65	\$1,079.95	\$680.52
Preferred CoDeduct Value 1500+35	PSN	0.532002	\$295.64	\$344.42	\$792.16	\$1,005.69	\$633.72
Preferred CoDeduct Value 2000+35	PSN	0.487690	\$271.01	\$315.73	\$726.17	\$921.93	\$580.94
Preferred CoDeduct Value 2500+35	PSN	0.454946	\$252.82	\$294.53	\$677.42	\$860.03	\$541.93
Preferred CoDeduct Value 3000+35	PSN	0.434829	\$241.64	\$281.51	\$647.46	\$822.00	\$517.97
Preferred CoDeduct Value 5000+35	PSN	0.384310	\$213.56	\$248.80	\$572.24	\$726.50	\$457.79
Preferred CoDeduct Value 7500+35	PSN	0.341526	\$189.79	\$221.10	\$508.53	\$645.62	\$406.83
Preferred CoDeduct Value 300+35/70%	PSN	0.657517	\$365.38	\$425.67	\$979.05	\$1,242.97	\$783.24
Preferred CoDeduct Value 500+35/70%	PSN	0.614861	\$341.68	\$398.06	\$915.53	\$1,162.33	\$732.43
Preferred CoDeduct Value 750+35/70%	PSN	0.576905	\$320.59	\$373.49	\$859.02	\$1,090.58	\$687.21
Preferred CoDeduct Value 1000+35/70%	PSN	0.544137	\$302.38	\$352.27	\$810.23	\$1,028.63	\$648.18
Preferred CoDeduct Value 1500+35/70%	PSN	0.507975	\$282.28	\$328.86	\$756.38	\$960.27	\$605.10
Preferred CoDeduct Value 2000+35/70%	PSN	0.463893	\$257.79	\$300.32	\$690.74	\$876.94	\$552.59
Preferred CoDeduct Value 2500+35/70%	PSN	0.431221	\$239.63	\$279.17	\$642.09	\$815.18	\$513.67
Preferred CoDeduct Value 3000+35/70%	PSN	0.412836	\$229.41	\$267.27	\$614.72	\$780.42	\$491.77
Preferred CoDeduct Value 5000+35/70%	PSN	0.366556	\$203.70	\$237.31	\$545.81	\$692.94	\$436.64

Base Rates and Plan Relativity Factors

Non-area-adjusted, 10/1/2010 Plan Relativity Factors

BASE RATES

Grandfathered Plans

	NETWORK	Rate Rel	PMPM	EE	ES	EF	EC
Preferred CoDeduct Value 7500+35/70%	PSN	0.326931	\$181.68	\$211.65	\$486.80	\$618.03	\$389.44
Preferred CoDeduct Value 300+50	PSN	0.675092	\$375.15	\$437.05	\$1,005.22	\$1,276.19	\$804.17
Preferred CoDeduct Value 500+50	PSN	0.629789	\$349.98	\$407.72	\$937.76	\$1,190.55	\$750.21
Preferred CoDeduct Value 750+50	PSN	0.591256	\$328.56	\$382.78	\$880.38	\$1,117.71	\$704.31
Preferred CoDeduct Value 1000+50	PSN	0.557867	\$310.01	\$361.16	\$830.67	\$1,054.59	\$664.54
Preferred CoDeduct Value 1500+50	PSN	0.518996	\$288.41	\$336.00	\$772.79	\$981.11	\$618.23
Preferred CoDeduct Value 2000+50	PSN	0.474847	\$263.87	\$307.41	\$707.05	\$897.65	\$565.64
Preferred CoDeduct Value 2500+50	PSN	0.442210	\$245.74	\$286.28	\$658.45	\$835.95	\$526.76
Preferred CoDeduct Value 3000+50	PSN	0.422310	\$234.68	\$273.40	\$628.82	\$798.33	\$503.06
Preferred CoDeduct Value 5000+50	PSN	0.372144	\$206.80	\$240.92	\$554.13	\$703.50	\$443.30
Preferred CoDeduct Value 7500+50	PSN	0.329648	\$183.19	\$213.41	\$490.85	\$623.17	\$392.68
Preferred CoDeduct Value 300+50/70%	PSN	0.644297	\$358.04	\$417.11	\$959.36	\$1,217.98	\$767.49
Preferred CoDeduct Value 500+50/70%	PSN	0.602225	\$334.66	\$389.88	\$896.72	\$1,138.44	\$717.37
Preferred CoDeduct Value 750+50/70%	PSN	0.564325	\$313.60	\$365.34	\$840.29	\$1,066.80	\$672.23
Preferred CoDeduct Value 1000+50/70%	PSN	0.531656	\$295.44	\$344.19	\$791.64	\$1,005.04	\$633.31
Preferred CoDeduct Value 1500+50/70%	PSN	0.495856	\$275.55	\$321.01	\$738.33	\$937.36	\$590.67
Preferred CoDeduct Value 2000+50/70%	PSN	0.451898	\$251.12	\$292.56	\$672.88	\$854.26	\$538.30
Preferred CoDeduct Value 2500+50/70%	PSN	0.419297	\$233.01	\$271.45	\$624.34	\$792.64	\$499.47
Preferred CoDeduct Value 3000+50/70%	PSN	0.401106	\$222.90	\$259.67	\$597.25	\$758.25	\$477.80
Preferred CoDeduct Value 5000+50/70%	PSN	0.355118	\$197.34	\$229.90	\$528.77	\$671.31	\$423.02
Preferred CoDeduct Value 7500+50/70%	PSN	0.315725	\$175.45	\$204.40	\$470.12	\$596.84	\$376.09
Preferred \$15/50%	PSN	0.641391	\$356.42	\$415.23	\$955.04	\$1,212.48	\$764.03

HSA-eligible plans

Preferred FP 80+1150	PSN	0.573529	\$318.71	\$371.30	\$853.99	\$1,084.20	\$683.19
Preferred FP 80+1150 +Rx	PSN	0.682143	\$379.07	\$441.62	\$1,015.72	\$1,289.52	\$812.57
Preferred FP 80+1500	PSN	0.527714	\$293.25	\$341.64	\$785.77	\$997.59	\$628.62
Preferred FP 80+1500 +Rx	PSN	0.626685	\$348.25	\$405.71	\$933.14	\$1,184.68	\$746.51
Preferred FP 80+2000	PSN	0.485376	\$269.73	\$314.23	\$722.73	\$917.55	\$578.18
Preferred FP 80+2000 +Rx	PSN	0.574558	\$319.28	\$371.97	\$855.52	\$1,086.14	\$684.42
Preferred FP 80+3000	PSN	0.430309	\$239.12	\$278.58	\$640.73	\$813.45	\$512.59
Preferred FP 80+3000 +Rx	PSN	0.506623	\$281.53	\$327.99	\$754.37	\$957.72	\$603.49
Preferred FP 5000	PSN	0.409039	\$227.30	\$264.81	\$609.06	\$773.24	\$487.25
Preferred FP 5000 +Rx	PSN	0.477413	\$265.30	\$309.07	\$710.87	\$902.50	\$568.70

Base Rates and Plan Relativity Factors

Non-area-adjusted, 10/1/2010 Plan Relativity Factors

BASE RATES

Non-Grandfathered Plans

	NETWORK	Rate Rel	PMPM	EE	ES	EF	EC
Preferred 300+15	PSN	0.844807	\$469.46	\$546.92	\$1,257.93	\$1,597.02	\$1,006.34
Preferred 500+15	PSN	0.776118	\$431.29	\$502.46	\$1,155.65	\$1,467.17	\$924.52
Preferred 750+15	PSN	0.717473	\$398.70	\$464.49	\$1,068.32	\$1,356.31	\$854.66
Preferred 1000+15	PSN	0.679912	\$377.83	\$440.17	\$1,012.40	\$1,285.30	\$809.92
Preferred 300+25	PSN	0.824098	\$457.95	\$533.52	\$1,227.09	\$1,557.87	\$981.67
Preferred 500+25	PSN	0.756778	\$420.54	\$489.93	\$1,126.85	\$1,430.61	\$901.48
Preferred 750+25	PSN	0.698847	\$388.35	\$452.43	\$1,040.59	\$1,321.10	\$832.47
Preferred 1000+25	PSN	0.661640	\$367.68	\$428.34	\$985.19	\$1,250.76	\$788.15
Preferred 1500+25	PSN	0.619629	\$344.33	\$401.15	\$922.63	\$1,171.34	\$738.11
Preferred 2000+25	PSN	0.574730	\$319.38	\$372.08	\$855.78	\$1,086.47	\$684.62
Preferred 2500+25	PSN	0.538908	\$299.47	\$348.89	\$802.44	\$1,018.75	\$641.95
Preferred 500+35	PSN	0.771811	\$428.90	\$499.67	\$1,149.23	\$1,459.03	\$919.39
Preferred 750+35	PSN	0.687218	\$381.89	\$444.90	\$1,023.27	\$1,299.11	\$818.62
Preferred 1000+35	PSN	0.650093	\$361.26	\$420.87	\$968.00	\$1,228.93	\$774.40
Preferred 1500+35	PSN	0.608434	\$338.11	\$393.90	\$905.96	\$1,150.18	\$724.77
Preferred 2000+35	PSN	0.563652	\$313.22	\$364.91	\$839.28	\$1,065.52	\$671.43
Preferred 2500+35	PSN	0.527927	\$293.37	\$341.78	\$786.09	\$997.99	\$628.87
Preferred 1000+50	PSN	0.636242	\$353.56	\$411.90	\$947.37	\$1,202.75	\$757.90
Preferred 1500+50	PSN	0.594957	\$330.62	\$385.17	\$885.90	\$1,124.70	\$708.72
Preferred 2000+50	PSN	0.550183	\$305.74	\$356.19	\$819.23	\$1,040.06	\$655.38
Preferred 2500+50	PSN	0.514478	\$285.90	\$333.07	\$766.06	\$972.57	\$612.85
Preferred 2000+35/30%	PSN	0.524890	\$291.68	\$339.81	\$781.57	\$992.25	\$625.25
Preferred 3000+35/30%	PSN	0.471414	\$261.97	\$305.19	\$701.94	\$891.16	\$561.55
Preferred 15/200D	PSN	1.075042	\$597.41	\$695.98	\$1,600.75	\$2,032.25	\$1,280.60
Preferred 25/200D	PSN	1.002594	\$555.70	\$647.40	\$1,489.01	\$1,890.39	\$1,191.21
Prime 15/200D	PSN	1.075042	\$597.41	\$695.98	\$1,600.75	\$2,032.25	\$1,280.60
Prime 25/200D	PSN	1.002594	\$557.15	\$649.07	\$1,492.87	\$1,895.30	\$1,194.30
Choice 15/200D	PSN	1.075042	\$597.41	\$695.98	\$1,600.75	\$2,032.25	\$1,280.60
Choice 25/200D	PSN	1.002594	\$557.15	\$649.07	\$1,492.87	\$1,895.30	\$1,194.30
BHP	PSN	0.761383	\$423.10	\$492.92	\$1,133.71	\$1,439.31	\$906.97
Prime 500+25	PSN	0.756947	\$420.64	\$490.04	\$1,127.10	\$1,430.93	\$901.68
Prime 1000+35	PSN	0.662255	\$368.02	\$428.74	\$986.10	\$1,251.92	\$788.88
Preferred 80+300	PSN	0.824502	\$458.18	\$533.78	\$1,227.69	\$1,558.63	\$982.15
Preferred 80+500	PSN	0.756819	\$420.57	\$489.96	\$1,126.91	\$1,430.69	\$901.53
Preferred 80+750	PSN	0.704565	\$391.53	\$456.13	\$1,049.10	\$1,331.91	\$839.28
Preferred 80+1000	PSN	0.653314	\$363.05	\$422.95	\$972.79	\$1,235.02	\$778.23
Preferred 80+1500	PSN	0.600980	\$333.97	\$389.07	\$894.86	\$1,136.09	\$715.89
Preferred 80+2000	PSN	0.551747	\$306.61	\$357.20	\$821.56	\$1,043.02	\$657.25
Preferred 80+2500	PSN	0.520150	\$289.05	\$336.74	\$774.51	\$983.29	\$619.61
Preferred 70/3500	PSN	0.778167	\$432.43	\$503.78	\$1,158.70	\$1,471.04	\$926.96
Preferred 50/3750	PSN	0.628404	\$349.21	\$406.83	\$935.70	\$1,187.93	\$748.56
Preferred 50/5000	PSN	0.605548	\$336.51	\$392.03	\$901.67	\$1,144.72	\$721.33
Prime McKenzie 15/200D	MCN	1.035370	\$575.36	\$670.29	\$1,541.68	\$1,957.26	\$1,233.34
Prime McKenzie 25/200D	MCN	0.972455	\$540.40	\$629.56	\$1,447.99	\$1,838.32	\$1,158.40
Preferred CoDeduct Value 300+35	PSN	0.696121	\$386.84	\$450.67	\$1,036.53	\$1,315.94	\$829.22
Preferred CoDeduct Value 500+35	PSN	0.649769	\$361.08	\$420.66	\$967.51	\$1,228.32	\$774.01
Preferred CoDeduct Value 750+35	PSN	0.611039	\$339.56	\$395.58	\$909.84	\$1,155.11	\$727.87
Preferred CoDeduct Value 1000+35	PSN	0.577411	\$320.87	\$373.81	\$859.77	\$1,091.53	\$687.82
Preferred CoDeduct Value 1500+35	PSN	0.537793	\$298.85	\$348.16	\$800.78	\$1,016.64	\$640.62
Preferred CoDeduct Value 2000+35	PSN	0.493329	\$274.14	\$319.38	\$734.57	\$932.59	\$587.66
Preferred CoDeduct Value 2500+35	PSN	0.460469	\$255.88	\$298.11	\$685.64	\$870.47	\$548.51
Preferred CoDeduct Value 3000+35	PSN	0.440174	\$244.61	\$284.97	\$655.42	\$832.10	\$524.34
Preferred CoDeduct Value 5000+35	PSN	0.389256	\$216.31	\$252.00	\$579.61	\$735.85	\$463.68
Preferred CoDeduct Value 7500+35	PSN	0.346148	\$192.36	\$224.09	\$515.42	\$654.36	\$412.33
Preferred CoDeduct Value 300+35/70%	PSN	0.664042	\$369.01	\$429.90	\$988.76	\$1,255.30	\$791.01
Preferred CoDeduct Value 500+35/70%	PSN	0.620956	\$345.07	\$402.00	\$924.61	\$1,173.85	\$739.69
Preferred CoDeduct Value 750+35/70%	PSN	0.582890	\$323.91	\$377.36	\$867.93	\$1,101.89	\$694.34
Preferred CoDeduct Value 1000+35/70%	PSN	0.550005	\$305.64	\$356.07	\$818.96	\$1,039.73	\$655.17
Preferred CoDeduct Value 1500+35/70%	PSN	0.513481	\$285.34	\$332.43	\$764.58	\$970.68	\$611.66
Preferred CoDeduct Value 2000+35/70%	PSN	0.469274	\$260.78	\$303.81	\$698.75	\$887.11	\$559.00
Preferred CoDeduct Value 2500+35/70%	PSN	0.436511	\$242.57	\$282.59	\$649.97	\$825.18	\$519.97
Preferred CoDeduct Value 3000+35/70%	PSN	0.417932	\$232.25	\$270.57	\$622.30	\$790.06	\$497.84
Preferred CoDeduct Value 5000+35/70%	PSN	0.371211	\$206.28	\$240.32	\$552.74	\$701.73	\$442.19

Base Rates and Plan Relativity Factors

Non-area-adjusted, 10/1/2010 Plan Relativity Factors

BASE RATES

Non-Grandfathered Plans

	NETWORK	Rate Rel	PMPM	EE	ES	EF	EC
Preferred CoDeduct Value 7500+35/70%	PSN	0.331235	\$184.07	\$214.44	\$493.21	\$626.17	\$394.57
Preferred CoDeduct Value 300+50	PSN	0.682570	\$379.31	\$441.89	\$1,016.35	\$1,290.33	\$813.08
Preferred CoDeduct Value 500+50	PSN	0.636833	\$353.89	\$412.28	\$948.25	\$1,203.86	\$758.60
Preferred CoDeduct Value 750+50	PSN	0.598200	\$332.42	\$387.27	\$890.72	\$1,130.83	\$712.58
Preferred CoDeduct Value 1000+50	PSN	0.564701	\$313.81	\$365.58	\$840.85	\$1,067.51	\$672.68
Preferred CoDeduct Value 1500+50	PSN	0.525484	\$292.01	\$340.20	\$782.45	\$993.37	\$625.96
Preferred CoDeduct Value 2000+50	PSN	0.481201	\$267.41	\$311.53	\$716.51	\$909.66	\$573.21
Preferred CoDeduct Value 2500+50	PSN	0.448463	\$249.21	\$290.33	\$667.77	\$847.77	\$534.21
Preferred CoDeduct Value 3000+50	PSN	0.428380	\$238.05	\$277.33	\$637.86	\$809.81	\$510.29
Preferred CoDeduct Value 5000+50	PSN	0.377816	\$209.95	\$244.60	\$562.57	\$714.22	\$450.06
Preferred CoDeduct Value 7500+50	PSN	0.334999	\$186.16	\$216.88	\$498.82	\$633.28	\$399.05
Preferred CoDeduct Value 300+50/70%	PSN	0.651408	\$361.99	\$421.72	\$969.95	\$1,231.42	\$775.96
Preferred CoDeduct Value 500+50/70%	PSN	0.608890	\$338.36	\$394.19	\$906.64	\$1,151.04	\$725.31
Preferred CoDeduct Value 750+50/70%	PSN	0.570904	\$317.25	\$369.60	\$850.08	\$1,079.23	\$680.07
Preferred CoDeduct Value 1000+50/70%	PSN	0.538136	\$299.04	\$348.39	\$801.29	\$1,017.29	\$641.03
Preferred CoDeduct Value 1500+50/70%	PSN	0.501970	\$278.95	\$324.97	\$747.44	\$948.92	\$597.95
Preferred CoDeduct Value 2000+50/70%	PSN	0.457911	\$254.46	\$296.45	\$681.83	\$865.63	\$545.47
Preferred CoDeduct Value 2500+50/70%	PSN	0.425238	\$236.31	\$275.30	\$633.18	\$803.87	\$506.55
Preferred CoDeduct Value 3000+50/70%	PSN	0.406850	\$226.09	\$263.39	\$605.80	\$769.11	\$484.64
Preferred CoDeduct Value 5000+50/70%	PSN	0.360430	\$200.29	\$233.34	\$536.68	\$681.35	\$429.35
Preferred CoDeduct Value 7500+50/70%	PSN	0.320695	\$178.21	\$207.62	\$477.52	\$606.24	\$382.01
Preferred \$15/50%	PSN	0.649355	\$360.85	\$420.39	\$966.90	\$1,227.54	\$773.52

HSA-eligible plans

Preferred FP 80+1150	PSN	0.578880	\$321.69	\$374.76	\$861.96	\$1,094.31	\$689.57
Preferred FP 80+1150 +Rx	PSN	0.687502	\$382.05	\$445.09	\$1,023.70	\$1,299.65	\$818.96
Preferred FP 80+1500	PSN	0.533006	\$296.19	\$345.07	\$793.65	\$1,007.59	\$634.92
Preferred FP 80+1500 +Rx	PSN	0.631956	\$351.18	\$409.13	\$940.99	\$1,194.65	\$752.79
Preferred FP 80+2000	PSN	0.490152	\$272.38	\$317.32	\$729.84	\$926.58	\$583.87
Preferred FP 80+2000 +Rx	PSN	0.579299	\$321.92	\$375.04	\$862.58	\$1,095.10	\$690.06
Preferred FP 80+3000	PSN	0.434398	\$241.40	\$281.23	\$646.82	\$821.18	\$517.46
Preferred FP 80+3000 +Rx	PSN	0.510655	\$283.77	\$330.60	\$760.37	\$965.34	\$608.30
Preferred FP 5000	PSN	0.411719	\$228.79	\$266.54	\$613.05	\$778.31	\$490.44
Preferred FP 5000 +Rx	PSN	0.480022	\$266.75	\$310.76	\$714.76	\$907.43	\$571.81

Plan Relativity Factors

Non-area-adjusted, 10/1/2010 Plan Relativity Factors and Geographic Average Rates

Grandfathered Plans

	Rate Rel	PMPM	EE	ES	EF	EC	PANEL
Preferred 300+15	0.841419	\$579.80	\$675.47	\$1,553.57	\$1,972.36	\$1,242.86	PrePSN
Preferred 500+15	0.773036	\$532.68	\$620.57	\$1,427.31	\$1,812.07	\$1,141.85	PrePSN
Preferred 750+15	0.714429	\$492.29	\$573.52	\$1,319.10	\$1,674.69	\$1,055.28	PrePSN
Preferred 1000+15	0.676872	\$466.41	\$543.37	\$1,249.76	\$1,586.65	\$999.81	PrePSN
Preferred 300+25	0.820226	\$565.20	\$658.45	\$1,514.44	\$1,922.68	\$1,211.55	PrePSN
Preferred 500+25	0.753237	\$519.04	\$604.68	\$1,390.75	\$1,765.65	\$1,112.60	PrePSN
Preferred 750+25	0.695324	\$479.13	\$558.18	\$1,283.83	\$1,629.90	\$1,027.06	PrePSN
Preferred 1000+25	0.658100	\$453.48	\$528.30	\$1,215.10	\$1,542.64	\$972.08	PrePSN
Preferred 1500+25	0.616310	\$424.68	\$494.75	\$1,137.94	\$1,444.68	\$910.35	PrePSN
Preferred 2000+25	0.571361	\$393.71	\$458.67	\$1,054.94	\$1,339.32	\$843.96	PrePSN
Preferred 2500+25	0.535532	\$369.02	\$429.91	\$988.79	\$1,255.34	\$791.03	PrePSN
Preferred 500+35	0.767809	\$529.08	\$616.37	\$1,417.66	\$1,799.81	\$1,134.14	PrePSN
Preferred 750+35	0.683214	\$470.78	\$548.46	\$1,261.47	\$1,601.51	\$1,009.17	PrePSN
Preferred 1000+35	0.646053	\$445.18	\$518.63	\$1,192.85	\$1,514.41	\$954.28	PrePSN
Preferred 1500+35	0.604619	\$416.63	\$485.37	\$1,116.35	\$1,417.28	\$893.08	PrePSN
Preferred 2000+35	0.559763	\$385.72	\$449.36	\$1,033.53	\$1,312.13	\$826.82	PrePSN
Preferred 2500+35	0.524015	\$361.08	\$420.66	\$967.53	\$1,228.34	\$774.02	PrePSN
Preferred 1000+50	0.631462	\$435.12	\$506.92	\$1,165.91	\$1,480.20	\$932.73	PrePSN
Preferred 1500+50	0.590409	\$406.83	\$473.96	\$1,090.11	\$1,383.97	\$872.09	PrePSN
Preferred 2000+50	0.545527	\$375.91	\$437.93	\$1,007.25	\$1,278.76	\$805.80	PrePSN
Preferred 2500+50	0.509773	\$351.27	\$409.23	\$941.23	\$1,194.95	\$752.98	PrePSN
Preferred 2000+35/30%	0.521137	\$359.10	\$418.35	\$962.21	\$1,221.59	\$769.77	PrePSN
Preferred 3000+35/30%	0.467741	\$322.31	\$375.49	\$863.62	\$1,096.43	\$690.90	PrePSN
Preferred 15/200D	1.072862	\$739.28	\$861.26	\$1,980.90	\$2,514.88	\$1,584.72	PrePSN
Preferred 25/200D	1.000000	\$689.07	\$802.77	\$1,846.37	\$2,344.09	\$1,477.10	PrePSN
Prime 15/200D	1.061625	\$731.54	\$852.24	\$1,960.15	\$2,488.54	\$1,568.12	PriPSN
Prime 25/200D	0.989996	\$682.18	\$794.74	\$1,827.90	\$2,320.64	\$1,462.32	PriPSN
Choice 15/200D	1.066120	\$734.63	\$855.85	\$1,968.45	\$2,499.08	\$1,574.76	ChoPSN
Choice 25/200D	0.993997	\$684.94	\$797.95	\$1,835.29	\$2,330.02	\$1,468.23	ChoPSN
BHP	0.753419	\$519.16	\$604.82	\$1,391.09	\$1,766.08	\$1,112.87	BHPPSN
Prime 500+25	0.743972	\$512.65	\$597.24	\$1,373.65	\$1,743.94	\$1,098.92	PriPSN
Prime 1000+35	0.650318	\$448.12	\$522.06	\$1,200.73	\$1,524.40	\$960.58	PriPSN
Preferred 80+300	0.820050	\$565.07	\$658.31	\$1,514.12	\$1,922.27	\$1,211.29	PrePSN
Preferred 80+500	0.752810	\$518.74	\$604.33	\$1,389.97	\$1,764.65	\$1,111.97	PrePSN
Preferred 80+750	0.701144	\$483.14	\$562.86	\$1,294.57	\$1,643.54	\$1,035.66	PrePSN
Preferred 80+1000	0.649987	\$447.89	\$521.79	\$1,200.12	\$1,523.63	\$960.09	PrePSN
Preferred 80+1500	0.598016	\$412.08	\$480.07	\$1,104.16	\$1,401.80	\$883.33	PrePSN
Preferred 80+2000	0.549099	\$378.37	\$440.80	\$1,013.84	\$1,287.14	\$811.07	PrePSN
Preferred 80+2500	0.517908	\$356.88	\$415.76	\$956.25	\$1,214.02	\$765.00	PrePSN
Preferred 70/3500	0.772296	\$532.17	\$619.98	\$1,425.95	\$1,810.33	\$1,140.76	PrePSN
Preferred 50/3750	0.618703	\$426.33	\$496.68	\$1,142.36	\$1,450.30	\$913.89	PrePSN
Preferred 50/5000	0.595156	\$410.11	\$477.77	\$1,098.88	\$1,395.10	\$879.10	PrePSN
Prime McKenzie 15/200D	1.023710	\$705.41	\$821.80	\$1,890.15	\$2,399.67	\$1,512.12	PriMCN
Prime McKenzie 25/200D	0.960170	\$661.63	\$770.80	\$1,772.83	\$2,250.72	\$1,418.26	PriMCN
Preferred CoDeduct Value 300+35	0.689337	\$475.00	\$553.38	\$1,272.77	\$1,615.87	\$1,018.22	PrePSN
Preferred CoDeduct Value 500+35	0.643396	\$443.35	\$516.50	\$1,187.95	\$1,508.18	\$950.36	PrePSN
Preferred CoDeduct Value 750+35	0.604788	\$416.74	\$485.51	\$1,116.66	\$1,417.68	\$893.33	PrePSN
Preferred CoDeduct Value 1000+35	0.571283	\$393.66	\$458.61	\$1,054.80	\$1,339.14	\$843.84	PrePSN
Preferred CoDeduct Value 1500+35	0.532002	\$366.59	\$427.08	\$982.27	\$1,247.06	\$785.82	PrePSN
Preferred CoDeduct Value 2000+35	0.487690	\$336.05	\$391.50	\$900.46	\$1,143.19	\$720.37	PrePSN
Preferred CoDeduct Value 2500+35	0.454946	\$313.49	\$365.22	\$840.00	\$1,066.43	\$672.00	PrePSN
Preferred CoDeduct Value 3000+35	0.434829	\$299.63	\$349.07	\$802.86	\$1,019.28	\$642.28	PrePSN
Preferred CoDeduct Value 5000+35	0.384310	\$264.82	\$308.51	\$709.58	\$900.86	\$567.66	PrePSN
Preferred CoDeduct Value 7500+35	0.341526	\$235.34	\$274.17	\$630.58	\$800.57	\$504.47	PrePSN
Preferred CoDeduct Value 300+35/70%	0.657517	\$453.08	\$527.84	\$1,214.02	\$1,541.28	\$971.22	PrePSN
Preferred CoDeduct Value 500+35/70%	0.614861	\$423.68	\$493.59	\$1,135.26	\$1,441.29	\$908.21	PrePSN
Preferred CoDeduct Value 750+35/70%	0.576905	\$397.53	\$463.12	\$1,065.18	\$1,352.32	\$852.15	PrePSN
Preferred CoDeduct Value 1000+35/70%	0.544137	\$374.95	\$436.82	\$1,004.68	\$1,275.51	\$803.74	PrePSN
Preferred CoDeduct Value 1500+35/70%	0.507975	\$350.03	\$407.79	\$937.91	\$1,190.74	\$750.33	PrePSN
Preferred CoDeduct Value 2000+35/70%	0.463893	\$319.66	\$372.40	\$856.52	\$1,087.41	\$685.21	PrePSN
Preferred CoDeduct Value 2500+35/70%	0.431221	\$297.14	\$346.17	\$796.19	\$1,010.82	\$636.96	PrePSN
Preferred CoDeduct Value 3000+35/70%	0.412836	\$284.47	\$331.41	\$762.25	\$967.72	\$609.80	PrePSN
Preferred CoDeduct Value 5000+35/70%	0.366556	\$252.58	\$294.26	\$676.80	\$859.24	\$541.44	PrePSN

Plan Relativity Factors

Non-area-adjusted, 10/1/2010 Plan Relativity Factors and Geographic Average Rates

Grandfathered Plans

	Rate Rel	PMPM	EE	ES	EF	EC	PANEL
Preferred CoDeduct Value 7500+35/70%	0.326931	\$225.28	\$262.45	\$603.64	\$766.35	\$482.91	PrePSN
Preferred CoDeduct Value 300+50	0.675092	\$465.19	\$541.94	\$1,246.47	\$1,582.47	\$997.18	PrePSN
Preferred CoDeduct Value 500+50	0.629789	\$433.97	\$505.58	\$1,162.82	\$1,476.28	\$930.26	PrePSN
Preferred CoDeduct Value 750+50	0.591256	\$407.42	\$474.64	\$1,091.68	\$1,385.96	\$873.34	PrePSN
Preferred CoDeduct Value 1000+50	0.557867	\$384.41	\$447.84	\$1,030.03	\$1,307.69	\$824.02	PrePSN
Preferred CoDeduct Value 1500+50	0.518996	\$357.63	\$416.63	\$958.26	\$1,216.57	\$766.61	PrePSN
Preferred CoDeduct Value 2000+50	0.474847	\$327.20	\$381.19	\$876.74	\$1,113.08	\$701.39	PrePSN
Preferred CoDeduct Value 2500+50	0.442210	\$304.72	\$354.99	\$816.48	\$1,036.58	\$653.19	PrePSN
Preferred CoDeduct Value 3000+50	0.422310	\$291.00	\$339.02	\$779.74	\$989.93	\$623.79	PrePSN
Preferred CoDeduct Value 5000+50	0.372144	\$256.43	\$298.75	\$687.12	\$872.34	\$549.69	PrePSN
Preferred CoDeduct Value 7500+50	0.329648	\$227.15	\$264.63	\$608.65	\$772.73	\$486.92	PrePSN
Preferred CoDeduct Value 300+50/70%	0.644297	\$443.97	\$517.22	\$1,189.61	\$1,510.29	\$951.69	PrePSN
Preferred CoDeduct Value 500+50/70%	0.602225	\$414.98	\$483.45	\$1,111.93	\$1,411.67	\$889.54	PrePSN
Preferred CoDeduct Value 750+50/70%	0.564325	\$388.86	\$453.02	\$1,041.95	\$1,322.83	\$833.56	PrePSN
Preferred CoDeduct Value 1000+50/70%	0.531656	\$366.35	\$426.80	\$981.63	\$1,246.25	\$785.31	PrePSN
Preferred CoDeduct Value 1500+50/70%	0.495856	\$341.68	\$398.06	\$915.53	\$1,162.33	\$732.43	PrePSN
Preferred CoDeduct Value 2000+50/70%	0.451898	\$311.39	\$362.77	\$834.37	\$1,059.29	\$667.50	PrePSN
Preferred CoDeduct Value 2500+50/70%	0.419297	\$288.93	\$336.60	\$774.18	\$982.87	\$619.34	PrePSN
Preferred CoDeduct Value 3000+50/70%	0.401106	\$276.39	\$322.00	\$740.59	\$940.23	\$592.47	PrePSN
Preferred CoDeduct Value 5000+50/70%	0.355118	\$244.70	\$285.08	\$655.68	\$832.43	\$524.54	PrePSN
Preferred CoDeduct Value 7500+50/70%	0.315725	\$217.56	\$253.45	\$582.94	\$740.09	\$466.36	PrePSN
Preferred \$15/50%	0.641391	\$441.97	\$514.89	\$1,184.25	\$1,503.48	\$947.40	PrePSN

HSA-eligible plans

Preferred FP 80+1150	0.573529	\$395.20	\$460.41	\$1,058.95	\$1,344.40	\$847.16	PrePSN
Preferred FP 80+1150 +Rx	0.682143	\$470.05	\$547.60	\$1,259.49	\$1,599.00	\$1,007.59	PrePSN
Preferred FP 80+1500	0.527714	\$363.63	\$423.63	\$974.36	\$1,237.01	\$779.48	PrePSN
Preferred FP 80+1500 +Rx	0.626685	\$431.83	\$503.08	\$1,157.09	\$1,469.00	\$925.67	PrePSN
Preferred FP 80+2000	0.485376	\$334.46	\$389.65	\$896.18	\$1,137.76	\$716.95	PrePSN
Preferred FP 80+2000 +Rx	0.574558	\$395.91	\$461.24	\$1,060.85	\$1,346.82	\$848.68	PrePSN
Preferred FP 80+3000	0.430309	\$296.51	\$345.44	\$794.51	\$1,008.68	\$635.61	PrePSN
Preferred FP 80+3000 +Rx	0.506623	\$349.10	\$406.70	\$935.41	\$1,187.57	\$748.33	PrePSN
Preferred FP 5000	0.409039	\$281.86	\$328.36	\$755.24	\$958.82	\$604.19	PrePSN
Preferred FP 5000 +Rx	0.477413	\$328.97	\$383.25	\$881.48	\$1,119.10	\$705.19	PrePSN

Rx Plans

	Rx Rel	PMPM	EE	ES	EF	EC
Tiered Rx 10/20/40 SD Mac B	1.318000	\$85.31	\$99.39	\$216.01	\$274.24	\$172.81
Tiered Rx 15/30/50 SD Mac B	1.000000	\$ 64.73	\$ 75.41	\$ 163.89	\$ 208.07	\$ 131.11
RX \$15/50%/5000 Mac B	0.700000	\$45.31	\$52.79	\$114.72	\$145.65	\$91.78
Rx \$200 Ded Tiered 15/30/50 SD Mac B	0.759000	\$49.13	\$57.24	\$124.39	\$157.93	\$99.51
Tiered Value Rx 10/50/75 SD	0.656000	\$42.46	\$49.47	\$107.51	\$136.49	\$86.01
Rx 50% Mac B	0.600000	\$38.84	\$45.25	\$98.33	\$124.84	\$78.67

Plan Relativity Factors

Non-area-adjusted, 10/1/2010 Plan Relativity Factors and Geographic Average Rates

Non-Grandfathered Plans

	Rate Rel	PMPM	EE	ES	EF	EC	PANEL
Preferred 300+15	0.844807	\$582.13	\$678.19	\$1,559.83	\$1,980.30	\$1,247.86	PrePSN
Preferred 500+15	0.776118	\$534.80	\$623.04	\$1,433.00	\$1,819.29	\$1,146.40	PrePSN
Preferred 750+15	0.717473	\$494.39	\$575.97	\$1,324.72	\$1,681.82	\$1,059.78	PrePSN
Preferred 1000+15	0.679912	\$468.51	\$545.81	\$1,255.37	\$1,593.77	\$1,004.30	PrePSN
Preferred 300+25	0.824098	\$567.86	\$661.56	\$1,521.59	\$1,931.76	\$1,217.27	PrePSN
Preferred 500+25	0.756778	\$521.48	\$607.52	\$1,397.29	\$1,773.96	\$1,117.83	PrePSN
Preferred 750+25	0.698847	\$481.56	\$561.01	\$1,290.33	\$1,638.16	\$1,032.26	PrePSN
Preferred 1000+25	0.661640	\$455.92	\$531.14	\$1,221.63	\$1,550.94	\$977.31	PrePSN
Preferred 1500+25	0.619629	\$426.97	\$497.42	\$1,144.07	\$1,452.47	\$915.25	PrePSN
Preferred 2000+25	0.574730	\$396.03	\$461.38	\$1,061.17	\$1,347.22	\$848.93	PrePSN
Preferred 2500+25	0.538908	\$371.35	\$432.62	\$995.02	\$1,263.25	\$796.02	PrePSN
Preferred 500+35	0.771811	\$531.83	\$619.59	\$1,425.05	\$1,809.19	\$1,140.04	PrePSN
Preferred 750+35	0.687218	\$473.54	\$551.68	\$1,268.86	\$1,610.90	\$1,015.09	PrePSN
Preferred 1000+35	0.650093	\$447.96	\$521.88	\$1,200.31	\$1,523.88	\$960.25	PrePSN
Preferred 1500+35	0.608434	\$419.26	\$488.43	\$1,123.40	\$1,426.22	\$898.72	PrePSN
Preferred 2000+35	0.563652	\$388.40	\$452.48	\$1,040.71	\$1,321.25	\$832.57	PrePSN
Preferred 2500+35	0.527927	\$363.78	\$423.80	\$974.75	\$1,237.51	\$779.80	PrePSN
Preferred 1000+50	0.636242	\$438.42	\$510.76	\$1,174.74	\$1,491.41	\$939.79	PrePSN
Preferred 1500+50	0.594957	\$409.97	\$477.61	\$1,098.51	\$1,394.63	\$878.81	PrePSN
Preferred 2000+50	0.550183	\$379.12	\$441.67	\$1,015.84	\$1,289.68	\$812.67	PrePSN
Preferred 2500+50	0.514478	\$354.51	\$413.01	\$949.92	\$1,205.98	\$759.93	PrePSN
Preferred 2000+35/30%	0.524890	\$361.69	\$421.37	\$969.14	\$1,230.39	\$775.31	PrePSN
Preferred 3000+35/30%	0.471414	\$324.84	\$378.44	\$870.41	\$1,105.04	\$696.32	PrePSN
Preferred 15/200D	1.075042	\$740.78	\$863.01	\$1,984.93	\$2,519.99	\$1,587.94	PrePSN
Preferred 25/200D	1.002594	\$689.07	\$802.77	\$1,846.37	\$2,344.09	\$1,477.10	PrePSN
Prime 15/200D	1.075042	\$740.78	\$863.01	\$1,984.93	\$2,519.99	\$1,587.94	PriPSN
Prime 25/200D	1.002594	\$690.86	\$804.85	\$1,851.16	\$2,350.17	\$1,480.93	PriPSN
Choice 15/200D	1.075042	\$740.78	\$863.01	\$1,984.93	\$2,519.99	\$1,587.94	ChoPSN
Choice 25/200D	1.002594	\$690.86	\$804.85	\$1,851.16	\$2,350.17	\$1,480.93	ChoPSN
BHP	0.761383	\$524.65	\$611.22	\$1,405.80	\$1,784.75	\$1,124.64	BHPPSN
Prime 500+25	0.756947	\$521.59	\$607.65	\$1,397.61	\$1,774.35	\$1,118.08	PriPSN
Prime 1000+35	0.662255	\$456.34	\$531.64	\$1,222.77	\$1,552.38	\$978.21	PriPSN
Preferred 80+300	0.824502	\$568.14	\$661.89	\$1,522.34	\$1,932.71	\$1,217.87	PrePSN
Preferred 80+500	0.756819	\$521.50	\$607.55	\$1,397.37	\$1,774.05	\$1,117.90	PrePSN
Preferred 80+750	0.704565	\$485.50	\$565.60	\$1,300.89	\$1,651.56	\$1,040.71	PrePSN
Preferred 80+1000	0.653314	\$450.18	\$524.46	\$1,206.26	\$1,531.43	\$965.01	PrePSN
Preferred 80+1500	0.600980	\$414.12	\$482.45	\$1,109.63	\$1,408.75	\$887.71	PrePSN
Preferred 80+2000	0.551747	\$380.19	\$442.93	\$1,018.73	\$1,293.34	\$814.98	PrePSN
Preferred 80+2500	0.520150	\$358.42	\$417.56	\$960.39	\$1,219.28	\$768.31	PrePSN
Preferred 70/3500	0.778167	\$536.21	\$624.69	\$1,436.78	\$1,824.09	\$1,149.43	PrePSN
Preferred 50/3750	0.628404	\$433.02	\$504.46	\$1,160.27	\$1,473.03	\$928.21	PrePSN
Preferred 50/5000	0.605548	\$417.27	\$486.12	\$1,118.07	\$1,419.46	\$894.45	PrePSN
Prime McKenzie 15/200D	1.035370	\$713.45	\$831.16	\$1,911.68	\$2,427.00	\$1,529.34	PriMCN
Prime McKenzie 25/200D	0.972455	\$670.09	\$780.66	\$1,795.51	\$2,279.52	\$1,436.41	PriMCN
Preferred CoDeduct Value 300+35	0.696121	\$479.68	\$558.83	\$1,285.30	\$1,631.77	\$1,028.24	PrePSN
Preferred CoDeduct Value 500+35	0.649769	\$447.74	\$521.61	\$1,199.71	\$1,523.12	\$959.77	PrePSN
Preferred CoDeduct Value 750+35	0.611039	\$421.05	\$490.52	\$1,128.21	\$1,432.33	\$902.56	PrePSN
Preferred CoDeduct Value 1000+35	0.577411	\$397.88	\$463.53	\$1,066.11	\$1,353.50	\$852.89	PrePSN
Preferred CoDeduct Value 1500+35	0.537793	\$370.58	\$431.72	\$992.97	\$1,260.63	\$794.37	PrePSN
Preferred CoDeduct Value 2000+35	0.493329	\$339.94	\$396.03	\$910.87	\$1,156.41	\$728.69	PrePSN
Preferred CoDeduct Value 2500+35	0.460469	\$317.30	\$369.65	\$850.20	\$1,079.38	\$680.16	PrePSN
Preferred CoDeduct Value 3000+35	0.440174	\$303.31	\$353.36	\$812.72	\$1,031.81	\$650.18	PrePSN
Preferred CoDeduct Value 5000+35	0.389256	\$268.23	\$312.48	\$718.71	\$912.45	\$574.97	PrePSN
Preferred CoDeduct Value 7500+35	0.346148	\$238.52	\$277.88	\$639.12	\$811.40	\$511.29	PrePSN
Preferred CoDeduct Value 300+35/70%	0.664042	\$457.57	\$533.07	\$1,226.07	\$1,556.57	\$980.85	PrePSN
Preferred CoDeduct Value 500+35/70%	0.620956	\$427.88	\$498.48	\$1,146.51	\$1,455.58	\$917.21	PrePSN
Preferred CoDeduct Value 750+35/70%	0.582890	\$401.65	\$467.93	\$1,076.23	\$1,366.34	\$860.98	PrePSN
Preferred CoDeduct Value 1000+35/70%	0.550005	\$378.99	\$441.53	\$1,015.51	\$1,289.26	\$812.41	PrePSN
Preferred CoDeduct Value 1500+35/70%	0.513481	\$353.83	\$412.21	\$948.08	\$1,203.64	\$758.46	PrePSN
Preferred CoDeduct Value 2000+35/70%	0.469274	\$323.36	\$376.72	\$866.45	\$1,100.02	\$693.16	PrePSN
Preferred CoDeduct Value 2500+35/70%	0.436511	\$300.79	\$350.42	\$805.96	\$1,023.22	\$644.77	PrePSN
Preferred CoDeduct Value 3000+35/70%	0.417932	\$287.99	\$335.50	\$771.66	\$979.67	\$617.33	PrePSN
Preferred CoDeduct Value 5000+35/70%	0.371211	\$255.79	\$298.00	\$685.39	\$870.15	\$548.31	PrePSN

Plan Relativity Factors

Non-area-adjusted, 10/1/2010 Plan Relativity Factors and Geographic Average Rates

Non-Grandfathered Plans

	Rate Rel	PMPM	EE	ES	EF	EC	PANEL
Preferred CoDeduct Value 7500+35/70%	0.331235	\$228.25	\$265.91	\$611.58	\$776.44	\$489.27	PrePSN
Preferred CoDeduct Value 300+50	0.682570	\$470.34	\$547.95	\$1,260.28	\$1,600.01	\$1,008.22	PrePSN
Preferred CoDeduct Value 500+50	0.636833	\$438.82	\$511.23	\$1,175.83	\$1,492.79	\$940.66	PrePSN
Preferred CoDeduct Value 750+50	0.598200	\$412.20	\$480.22	\$1,104.50	\$1,402.23	\$883.60	PrePSN
Preferred CoDeduct Value 1000+50	0.564701	\$389.12	\$453.33	\$1,042.65	\$1,323.71	\$834.12	PrePSN
Preferred CoDeduct Value 1500+50	0.525484	\$362.10	\$421.84	\$970.24	\$1,231.78	\$776.19	PrePSN
Preferred CoDeduct Value 2000+50	0.481201	\$331.58	\$386.29	\$888.48	\$1,127.98	\$710.78	PrePSN
Preferred CoDeduct Value 2500+50	0.448463	\$309.02	\$360.01	\$828.03	\$1,051.24	\$662.42	PrePSN
Preferred CoDeduct Value 3000+50	0.428380	\$295.19	\$343.89	\$790.95	\$1,004.16	\$632.76	PrePSN
Preferred CoDeduct Value 5000+50	0.377816	\$260.34	\$303.30	\$697.59	\$885.63	\$558.07	PrePSN
Preferred CoDeduct Value 7500+50	0.334999	\$230.84	\$268.93	\$618.53	\$785.27	\$494.83	PrePSN
Preferred CoDeduct Value 300+50/70%	0.651408	\$448.87	\$522.93	\$1,202.74	\$1,526.96	\$962.19	PrePSN
Preferred CoDeduct Value 500+50/70%	0.608890	\$419.57	\$488.80	\$1,124.24	\$1,427.29	\$899.39	PrePSN
Preferred CoDeduct Value 750+50/70%	0.570904	\$393.39	\$458.30	\$1,054.10	\$1,338.25	\$843.28	PrePSN
Preferred CoDeduct Value 1000+50/70%	0.538136	\$370.81	\$432.00	\$993.60	\$1,261.44	\$794.88	PrePSN
Preferred CoDeduct Value 1500+50/70%	0.501970	\$345.89	\$402.97	\$926.82	\$1,176.66	\$741.46	PrePSN
Preferred CoDeduct Value 2000+50/70%	0.457911	\$315.53	\$367.60	\$845.47	\$1,073.38	\$676.38	PrePSN
Preferred CoDeduct Value 2500+50/70%	0.425238	\$293.02	\$341.37	\$785.15	\$996.80	\$628.12	PrePSN
Preferred CoDeduct Value 3000+50/70%	0.406850	\$280.35	\$326.61	\$751.20	\$953.69	\$600.96	PrePSN
Preferred CoDeduct Value 5000+50/70%	0.360430	\$248.36	\$289.34	\$665.49	\$844.88	\$532.39	PrePSN
Preferred CoDeduct Value 7500+50/70%	0.320695	\$220.98	\$257.44	\$592.12	\$751.74	\$473.70	PrePSN
Preferred \$15/50%	0.649355	\$447.45	\$521.28	\$1,198.95	\$1,522.15	\$959.16	PrePSN

HSA-eligible plans

Preferred FP 80+1150	0.578880	\$398.89	\$464.71	\$1,068.83	\$1,356.95	\$855.06	PrePSN
Preferred FP 80+1150 +Rx	0.687502	\$473.74	\$551.91	\$1,269.38	\$1,611.56	\$1,015.51	PrePSN
Preferred FP 80+1500	0.533006	\$367.28	\$427.88	\$984.13	\$1,249.41	\$787.30	PrePSN
Preferred FP 80+1500 +Rx	0.631956	\$435.46	\$507.32	\$1,166.83	\$1,481.36	\$933.46	PrePSN
Preferred FP 80+2000	0.490152	\$337.75	\$393.48	\$905.00	\$1,148.96	\$724.00	PrePSN
Preferred FP 80+2000 +Rx	0.579299	\$399.18	\$465.04	\$1,069.60	\$1,357.93	\$855.68	PrePSN
Preferred FP 80+3000	0.434398	\$299.33	\$348.72	\$802.06	\$1,018.27	\$641.65	PrePSN
Preferred FP 80+3000 +Rx	0.510655	\$351.88	\$409.94	\$942.86	\$1,197.02	\$754.29	PrePSN
Preferred FP 5000	0.411719	\$283.70	\$330.52	\$760.19	\$965.11	\$608.15	PrePSN
Preferred FP 5000 +Rx	0.480022	\$330.77	\$385.35	\$886.30	\$1,125.21	\$709.04	PrePSN

Rx Plans

	Rx Rel	PMPM	EE	ES	EF	EC
Tiered Rx 10/20/40 SD Mac B	1.318000	\$85.31	\$99.39	\$216.01	\$274.24	\$172.81
Tiered Rx 15/30/50 SD Mac B	1.000000	\$ 64.73	\$ 75.41	\$ 163.89	\$ 208.07	\$ 131.11
RX \$15/50%/5000 Mac B	0.700000	\$45.31	\$52.79	\$114.72	\$145.65	\$91.78
Rx \$200 Ded Tiered 15/30/50 SD Mac B	0.759000	\$49.13	\$57.24	\$124.39	\$157.93	\$99.51
Tiered Value Rx 10/50/75 SD	0.656000	\$42.46	\$49.47	\$107.51	\$136.49	\$86.01
Rx 50% Mac B	0.600000	\$38.84	\$45.25	\$98.33	\$124.84	\$78.67

Area 1 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Grandfathered Plans

PLAN	PMPM	EE Rate	EE + Spouse	EE + Family	EE + Child(ren)
Preferred 15/200D	\$731.89	\$852.65	\$1,961.09	\$2,489.74	\$1,568.87
Preferred 25/200D	\$682.18	\$794.74	\$1,827.91	\$2,320.65	\$1,462.33
Prime 15/200D	\$724.22	\$843.72	\$1,940.55	\$2,463.66	\$1,552.44
Prime 25/200D	\$675.36	\$786.79	\$1,809.62	\$2,297.43	\$1,447.70
Prime 500+25	\$507.52	\$591.27	\$1,359.91	\$1,726.50	\$1,087.93
Prime 1000+35	\$443.64	\$516.84	\$1,188.72	\$1,509.16	\$950.98
Choice 15/200D	\$727.29	\$847.29	\$1,948.77	\$2,474.09	\$1,559.02
Choice 25/200D	\$678.09	\$789.97	\$1,816.94	\$2,306.72	\$1,453.55
Prime 15/200D	\$731.54	\$852.24	\$1,960.15	\$2,488.54	\$1,568.12
Prime 25/200D	\$682.18	\$794.74	\$1,827.90	\$2,320.64	\$1,462.32
Prime 500+25	\$512.65	\$597.24	\$1,373.65	\$1,743.94	\$1,098.92
Prime 1000+35	\$448.12	\$522.06	\$1,200.73	\$1,524.40	\$960.58
Choice 15/200D	\$734.63	\$855.85	\$1,968.45	\$2,499.08	\$1,574.76
Choice 25/200D	\$684.94	\$797.95	\$1,835.29	\$2,330.02	\$1,468.23
Preferred 300+15	\$574.00	\$668.71	\$1,538.04	\$1,952.64	\$1,230.43
Preferred 500+15	\$527.35	\$614.36	\$1,413.04	\$1,793.94	\$1,130.43
Preferred 750+15	\$487.37	\$567.79	\$1,305.91	\$1,657.94	\$1,044.73
Preferred 1000+15	\$461.75	\$537.94	\$1,237.26	\$1,570.78	\$989.81
Preferred 300+25	\$559.54	\$651.87	\$1,499.30	\$1,903.46	\$1,199.44
Preferred 500+25	\$513.84	\$598.63	\$1,376.85	\$1,748.00	\$1,101.48
Preferred 750+25	\$474.34	\$552.60	\$1,270.99	\$1,613.60	\$1,016.79
Preferred 1000+25	\$448.94	\$523.02	\$1,202.95	\$1,527.22	\$962.36
Preferred 1500+25	\$420.44	\$489.81	\$1,126.56	\$1,430.24	\$901.25
Preferred 2000+25	\$389.77	\$454.08	\$1,044.40	\$1,325.93	\$835.52
Preferred 2500+25	\$365.33	\$425.61	\$978.90	\$1,242.78	\$783.12
Preferred 500+35	\$523.79	\$610.21	\$1,403.48	\$1,781.81	\$1,122.79
Preferred 750+35	\$466.08	\$542.98	\$1,248.85	\$1,585.50	\$999.08
Preferred 1000+35	\$440.73	\$513.45	\$1,180.93	\$1,499.26	\$944.74
Preferred 1500+35	\$412.46	\$480.52	\$1,105.19	\$1,403.11	\$884.15
Preferred 2000+35	\$381.86	\$444.87	\$1,023.20	\$1,299.01	\$818.56
Preferred 2500+35	\$357.47	\$416.46	\$957.85	\$1,216.05	\$766.28
Preferred 1000+50	\$430.77	\$501.85	\$1,154.25	\$1,465.40	\$923.40
Preferred 1500+50	\$402.77	\$469.22	\$1,079.21	\$1,370.13	\$863.37
Preferred 2000+50	\$372.15	\$433.55	\$997.17	\$1,265.98	\$797.74
Preferred 2500+50	\$347.76	\$405.14	\$931.82	\$1,183.00	\$745.45
Preferred 2000+35/30%	\$355.51	\$414.17	\$952.59	\$1,209.37	\$762.07
Preferred 3000+35/30%	\$319.08	\$371.73	\$854.99	\$1,085.46	\$683.99
Preferred 80+300	\$559.42	\$651.73	\$1,498.97	\$1,903.05	\$1,199.18
Preferred 80+500	\$513.55	\$598.29	\$1,376.07	\$1,747.01	\$1,100.85
Preferred 80+750	\$478.31	\$557.23	\$1,281.63	\$1,627.11	\$1,025.30
Preferred 80+1000	\$443.41	\$516.57	\$1,188.12	\$1,508.39	\$950.49
Preferred 80+1500	\$407.96	\$475.27	\$1,093.12	\$1,387.78	\$874.49
Preferred 80+2000	\$374.59	\$436.39	\$1,003.70	\$1,274.26	\$802.96
Preferred 80+2500	\$353.31	\$411.60	\$946.69	\$1,201.88	\$757.35
Preferred 70/3500	\$526.85	\$613.78	\$1,411.69	\$1,792.23	\$1,129.35
Preferred 50/3750	\$422.07	\$491.71	\$1,130.93	\$1,435.79	\$904.75
Preferred 50/5000	\$406.00	\$473.00	\$1,087.89	\$1,381.15	\$870.31
BHP	\$513.97	\$598.77	\$1,377.18	\$1,748.42	\$1,101.74
Preferred CoDeduct Value 300+35	\$470.25	\$547.85	\$1,260.04	\$1,599.71	\$1,008.04
Preferred CoDeduct Value 500+35	\$438.91	\$511.33	\$1,176.07	\$1,493.10	\$940.85
Preferred CoDeduct Value 750+35	\$412.58	\$480.65	\$1,105.50	\$1,403.50	\$884.40
Preferred CoDeduct Value 1000+35	\$389.72	\$454.02	\$1,044.25	\$1,325.75	\$835.40
Preferred CoDeduct Value 1500+35	\$362.92	\$422.80	\$972.45	\$1,234.59	\$777.96
Preferred CoDeduct Value 2000+35	\$332.69	\$387.59	\$891.45	\$1,131.76	\$713.16
Preferred CoDeduct Value 2500+35	\$310.36	\$361.56	\$831.60	\$1,055.77	\$665.28
Preferred CoDeduct Value 3000+35	\$296.63	\$345.58	\$794.83	\$1,009.08	\$635.86
Preferred CoDeduct Value 5000+35	\$262.17	\$305.43	\$702.48	\$891.85	\$561.99
Preferred CoDeduct Value 7500+35	\$232.98	\$271.42	\$624.28	\$792.56	\$499.42
Preferred CoDeduct Value 300+35/70%	\$448.55	\$522.56	\$1,201.88	\$1,525.87	\$961.50
Preferred CoDeduct Value 500+35/70%	\$419.45	\$488.66	\$1,123.91	\$1,426.88	\$899.13
Preferred CoDeduct Value 750+35/70%	\$393.55	\$458.49	\$1,054.53	\$1,338.79	\$843.62
Preferred CoDeduct Value 1000+35/70%	\$371.20	\$432.45	\$994.63	\$1,262.75	\$795.71
Preferred CoDeduct Value 1500+35/70%	\$346.53	\$403.71	\$928.53	\$1,178.83	\$742.82

Area 1 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Grandfathered Plans

PLAN	PMPM	EE Rate	EE + Spouse	EE + Family	EE + Child(ren)
Preferred CoDeduct Value 2000+35/70%	\$316.46	\$368.68	\$847.95	\$1,076.53	\$678.36
Preferred CoDeduct Value 2500+35/70%	\$294.17	\$342.71	\$788.23	\$1,000.71	\$630.59
Preferred CoDeduct Value 3000+35/70%	\$281.63	\$328.10	\$754.63	\$958.05	\$603.70
Preferred CoDeduct Value 5000+35/70%	\$250.06	\$291.32	\$670.03	\$850.65	\$536.02
Preferred CoDeduct Value 7500+35/70%	\$223.03	\$259.83	\$597.60	\$758.69	\$478.08
Preferred CoDeduct Value 300+50	\$460.54	\$536.52	\$1,234.01	\$1,566.65	\$987.20
Preferred CoDeduct Value 500+50	\$429.63	\$500.52	\$1,151.20	\$1,461.52	\$920.96
Preferred CoDeduct Value 750+50	\$403.34	\$469.90	\$1,080.76	\$1,372.10	\$864.61
Preferred CoDeduct Value 1000+50	\$380.57	\$443.36	\$1,019.73	\$1,294.61	\$815.78
Preferred CoDeduct Value 1500+50	\$354.05	\$412.47	\$948.68	\$1,204.41	\$758.94
Preferred CoDeduct Value 2000+50	\$323.93	\$377.38	\$867.98	\$1,101.95	\$694.38
Preferred CoDeduct Value 2500+50	\$301.67	\$351.44	\$808.32	\$1,026.21	\$646.66
Preferred CoDeduct Value 3000+50	\$288.09	\$335.63	\$771.94	\$980.03	\$617.56
Preferred CoDeduct Value 5000+50	\$253.87	\$295.76	\$680.24	\$863.62	\$544.20
Preferred CoDeduct Value 7500+50	\$224.88	\$261.99	\$602.57	\$765.00	\$482.05
Preferred CoDeduct Value 300+50/70%	\$439.53	\$512.05	\$1,177.72	\$1,495.19	\$942.17
Preferred CoDeduct Value 500+50/70%	\$410.83	\$478.61	\$1,100.81	\$1,397.55	\$880.65
Preferred CoDeduct Value 750+50/70%	\$384.97	\$448.49	\$1,031.53	\$1,309.60	\$825.23
Preferred CoDeduct Value 1000+50/70%	\$362.69	\$422.53	\$971.82	\$1,233.79	\$777.45
Preferred CoDeduct Value 1500+50/70%	\$338.26	\$394.08	\$906.38	\$1,150.71	\$725.10
Preferred CoDeduct Value 2000+50/70%	\$308.28	\$359.14	\$826.03	\$1,048.70	\$660.82
Preferred CoDeduct Value 2500+50/70%	\$286.04	\$333.23	\$766.44	\$973.04	\$613.15
Preferred CoDeduct Value 3000+50/70%	\$273.63	\$318.78	\$733.18	\$930.82	\$586.55
Preferred CoDeduct Value 5000+50/70%	\$242.26	\$282.23	\$649.12	\$824.10	\$519.30
Preferred CoDeduct Value 7500+50/70%	\$215.38	\$250.92	\$577.12	\$732.69	\$461.69
Preferred \$15/50%	\$437.55	\$509.74	\$1,172.40	\$1,488.44	\$937.92
HSA-eligible plans					
Preferred FP 80+1150	\$391.25	\$455.81	\$1,048.36	\$1,330.96	\$838.69
Preferred FP 80+1150 +Rx	\$465.35	\$542.13	\$1,246.89	\$1,583.01	\$997.52
Preferred FP 80+1500	\$360.00	\$419.40	\$964.61	\$1,224.64	\$771.69
Preferred FP 80+1500 +Rx	\$427.51	\$498.05	\$1,145.52	\$1,454.31	\$916.42
Preferred FP 80+2000	\$331.11	\$385.75	\$887.22	\$1,126.39	\$709.78
Preferred FP 80+2000 +Rx	\$391.95	\$456.63	\$1,050.24	\$1,333.35	\$840.19
Preferred FP 80+3000	\$293.55	\$341.98	\$786.56	\$998.60	\$629.25
Preferred FP 80+3000 +Rx	\$345.61	\$402.63	\$926.06	\$1,175.69	\$740.85
Preferred FP 5000	\$279.04	\$325.08	\$747.69	\$949.24	\$598.15
Preferred FP 5000 +Rx	\$325.68	\$379.42	\$872.67	\$1,107.91	\$698.13

Area 2 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Grandfathered Plans

PLAN	PMPM	EE Rate	EE + Spouse	EE + Family	EE + Child(ren)
Preferred 15/200D	\$694.92	\$809.59	\$1,862.05	\$2,363.99	\$1,489.64
Preferred 25/200D	\$647.73	\$754.60	\$1,735.59	\$2,203.44	\$1,388.47
Prime 15/200D	\$702.28	\$818.15	\$1,881.75	\$2,389.00	\$1,505.40
Prime 25/200D	\$654.89	\$762.95	\$1,754.78	\$2,227.81	\$1,403.83
Prime 500+25	\$492.15	\$573.35	\$1,318.70	\$1,674.18	\$1,054.96
Prime 1000+35	\$430.19	\$501.17	\$1,152.70	\$1,463.43	\$922.16
Choice 15/200D	\$705.25	\$821.62	\$1,889.72	\$2,399.12	\$1,511.77
Choice 25/200D	\$657.54	\$766.03	\$1,761.88	\$2,236.82	\$1,409.50
Preferred 300+15	\$545.01	\$634.94	\$1,460.36	\$1,854.02	\$1,168.29
Preferred 500+15	\$500.72	\$583.34	\$1,341.67	\$1,703.34	\$1,073.34
Preferred 750+15	\$462.76	\$539.11	\$1,239.96	\$1,574.20	\$991.96
Preferred 1000+15	\$438.43	\$510.77	\$1,174.77	\$1,491.45	\$939.82
Preferred 300+25	\$531.28	\$618.95	\$1,423.58	\$1,807.32	\$1,138.86
Preferred 500+25	\$487.89	\$568.40	\$1,307.31	\$1,659.71	\$1,045.85
Preferred 750+25	\$450.38	\$524.69	\$1,206.80	\$1,532.11	\$965.44
Preferred 1000+25	\$426.27	\$496.60	\$1,142.19	\$1,450.09	\$913.75
Preferred 1500+25	\$399.20	\$465.07	\$1,069.66	\$1,358.00	\$855.73
Preferred 2000+25	\$370.09	\$431.15	\$991.65	\$1,258.96	\$793.32
Preferred 2500+25	\$346.88	\$404.11	\$929.46	\$1,180.01	\$743.57
Preferred 500+35	\$497.33	\$579.39	\$1,332.60	\$1,691.82	\$1,066.08
Preferred 750+35	\$442.54	\$515.56	\$1,185.78	\$1,505.42	\$948.62
Preferred 1000+35	\$418.47	\$487.51	\$1,121.28	\$1,423.54	\$897.03
Preferred 1500+35	\$391.63	\$456.25	\$1,049.37	\$1,332.24	\$839.50
Preferred 2000+35	\$362.57	\$422.40	\$971.52	\$1,233.41	\$777.22
Preferred 2500+35	\$339.42	\$395.42	\$909.47	\$1,154.64	\$727.58
Preferred 1000+50	\$409.02	\$476.50	\$1,095.96	\$1,391.39	\$876.77
Preferred 1500+50	\$382.42	\$445.52	\$1,024.71	\$1,300.93	\$819.77
Preferred 2000+50	\$353.35	\$411.66	\$946.81	\$1,202.04	\$757.45
Preferred 2500+50	\$330.19	\$384.68	\$884.76	\$1,123.25	\$707.80
Preferred 2000+35/30%	\$337.56	\$393.25	\$904.48	\$1,148.29	\$723.58
Preferred 3000+35/30%	\$302.97	\$352.96	\$811.81	\$1,030.64	\$649.44
Preferred 80+300	\$531.17	\$618.81	\$1,423.27	\$1,806.93	\$1,138.62
Preferred 80+500	\$487.62	\$568.07	\$1,306.57	\$1,658.77	\$1,045.25
Preferred 80+750	\$454.15	\$529.09	\$1,216.90	\$1,544.93	\$973.52
Preferred 80+1000	\$421.02	\$490.48	\$1,128.11	\$1,432.21	\$902.49
Preferred 80+1500	\$387.35	\$451.27	\$1,037.91	\$1,317.69	\$830.33
Preferred 80+2000	\$355.67	\$414.35	\$953.01	\$1,209.91	\$762.41
Preferred 80+2500	\$335.46	\$390.82	\$898.88	\$1,141.18	\$719.10
Preferred 70/3500	\$500.24	\$582.78	\$1,340.39	\$1,701.71	\$1,072.31
Preferred 50/3750	\$400.75	\$466.88	\$1,073.81	\$1,363.28	\$859.05
Preferred 50/5000	\$385.50	\$449.11	\$1,032.95	\$1,311.39	\$826.36
BHP	\$488.01	\$568.53	\$1,307.63	\$1,660.12	\$1,046.10
Prime McKenzie 15/200D	\$677.19	\$788.93	\$1,814.54	\$2,303.68	\$1,451.63
Prime McKenzie 25/200D	\$635.16	\$739.96	\$1,701.92	\$2,160.69	\$1,361.53
Preferred CoDeduct Value 300+35	\$446.50	\$520.18	\$1,196.41	\$1,518.91	\$957.12
Preferred CoDeduct Value 500+35	\$416.75	\$485.51	\$1,116.67	\$1,417.69	\$893.34
Preferred CoDeduct Value 750+35	\$391.74	\$456.38	\$1,049.66	\$1,332.62	\$839.73
Preferred CoDeduct Value 1000+35	\$370.04	\$431.09	\$991.51	\$1,258.79	\$793.21
Preferred CoDeduct Value 1500+35	\$344.59	\$401.45	\$923.34	\$1,172.24	\$738.67
Preferred CoDeduct Value 2000+35	\$315.89	\$368.01	\$846.43	\$1,074.60	\$677.14
Preferred CoDeduct Value 2500+35	\$294.68	\$343.30	\$789.60	\$1,002.45	\$631.68
Preferred CoDeduct Value 3000+35	\$281.65	\$328.12	\$754.68	\$958.12	\$603.75
Preferred CoDeduct Value 5000+35	\$248.93	\$290.00	\$667.00	\$846.80	\$533.60
Preferred CoDeduct Value 7500+35	\$221.22	\$257.72	\$592.75	\$752.53	\$474.20
Preferred CoDeduct Value 300+35/70%	\$425.89	\$496.16	\$1,141.18	\$1,448.80	\$912.94
Preferred CoDeduct Value 500+35/70%	\$398.26	\$463.98	\$1,067.15	\$1,354.81	\$853.72
Preferred CoDeduct Value 750+35/70%	\$373.68	\$435.33	\$1,001.27	\$1,271.18	\$801.02
Preferred CoDeduct Value 1000+35/70%	\$352.45	\$410.61	\$944.40	\$1,198.98	\$755.52
Preferred CoDeduct Value 1500+35/70%	\$329.03	\$383.32	\$881.64	\$1,119.29	\$705.31
Preferred CoDeduct Value 2000+35/70%	\$300.48	\$350.06	\$805.13	\$1,022.16	\$644.10
Preferred CoDeduct Value 2500+35/70%	\$279.31	\$325.40	\$748.42	\$950.17	\$598.74
Preferred CoDeduct Value 3000+35/70%	\$267.41	\$311.53	\$716.51	\$909.66	\$573.21
Preferred CoDeduct Value 5000+35/70%	\$237.43	\$276.60	\$636.19	\$807.69	\$508.95

Area 2 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Grandfathered Plans

PLAN	PMPM	EE Rate	EE + Spouse	EE + Family	EE + Child(ren)
Preferred CoDeduct Value 7500+35/70%	\$211.76	\$246.70	\$567.42	\$720.37	\$453.93
Preferred CoDeduct Value 300+50	\$437.28	\$509.43	\$1,171.68	\$1,487.53	\$937.35
Preferred CoDeduct Value 500+50	\$407.93	\$475.24	\$1,093.05	\$1,387.70	\$874.44
Preferred CoDeduct Value 750+50	\$382.97	\$446.16	\$1,026.18	\$1,302.80	\$820.94
Preferred CoDeduct Value 1000+50	\$361.35	\$420.97	\$968.23	\$1,229.23	\$774.58
Preferred CoDeduct Value 1500+50	\$336.17	\$391.64	\$900.76	\$1,143.58	\$720.61
Preferred CoDeduct Value 2000+50	\$307.57	\$358.32	\$824.14	\$1,046.30	\$659.31
Preferred CoDeduct Value 2500+50	\$286.43	\$333.69	\$767.50	\$974.39	\$614.00
Preferred CoDeduct Value 3000+50	\$273.54	\$318.68	\$732.96	\$930.54	\$586.37
Preferred CoDeduct Value 5000+50	\$241.05	\$280.82	\$645.89	\$820.00	\$516.71
Preferred CoDeduct Value 7500+50	\$213.52	\$248.75	\$572.13	\$726.36	\$457.71
Preferred CoDeduct Value 300+50/70%	\$417.33	\$486.19	\$1,118.23	\$1,419.67	\$894.59
Preferred CoDeduct Value 500+50/70%	\$390.08	\$454.44	\$1,045.22	\$1,326.97	\$836.17
Preferred CoDeduct Value 750+50/70%	\$365.53	\$425.84	\$979.44	\$1,243.46	\$783.55
Preferred CoDeduct Value 1000+50/70%	\$344.37	\$401.19	\$922.74	\$1,171.47	\$738.19
Preferred CoDeduct Value 1500+50/70%	\$321.18	\$374.17	\$860.60	\$1,092.59	\$688.48
Preferred CoDeduct Value 2000+50/70%	\$292.71	\$341.00	\$784.31	\$995.73	\$627.45
Preferred CoDeduct Value 2500+50/70%	\$271.59	\$316.40	\$727.73	\$923.90	\$582.18
Preferred CoDeduct Value 3000+50/70%	\$259.81	\$302.68	\$696.15	\$883.81	\$556.92
Preferred CoDeduct Value 5000+50/70%	\$230.02	\$267.97	\$616.34	\$782.48	\$493.07
Preferred CoDeduct Value 7500+50/70%	\$204.50	\$238.25	\$547.97	\$695.68	\$438.37
Preferred \$15/50%	\$415.45	\$484.00	\$1,113.19	\$1,413.27	\$890.55
HSA-eligible plans					
Preferred FP 80+1150	\$371.49	\$432.79	\$995.41	\$1,263.74	\$796.33
Preferred FP 80+1150 +Rx	\$441.84	\$514.75	\$1,183.92	\$1,503.06	\$947.14
Preferred FP 80+1500	\$341.82	\$398.22	\$915.89	\$1,162.79	\$732.72
Preferred FP 80+1500 +Rx	\$405.92	\$472.90	\$1,087.67	\$1,380.86	\$870.13
Preferred FP 80+2000	\$314.39	\$366.27	\$842.41	\$1,069.50	\$673.93
Preferred FP 80+2000 +Rx	\$372.16	\$433.56	\$997.20	\$1,266.01	\$797.76
Preferred FP 80+3000	\$278.72	\$324.71	\$746.84	\$948.16	\$597.47
Preferred FP 80+3000 +Rx	\$328.15	\$382.30	\$879.29	\$1,116.32	\$703.43
Preferred FP 5000	\$264.95	\$308.66	\$709.92	\$901.29	\$567.94
Preferred FP 5000 +Rx	\$309.23	\$360.26	\$828.59	\$1,051.95	\$662.87

Area 3 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Grandfathered Plans

PLAN	PMPM	EE +			
		EE Rate	Spouse	Family	Child(ren)
Preferred 15/200D	\$739.28	\$861.26	\$1,980.90	\$2,514.88	\$1,584.72
Preferred 25/200D	\$689.07	\$802.77	\$1,846.37	\$2,344.09	\$1,477.10
Prime 15/200D	\$731.54	\$852.24	\$1,960.15	\$2,488.54	\$1,568.12
Prime 25/200D	\$682.18	\$794.74	\$1,827.90	\$2,320.64	\$1,462.32
Prime 500+25	\$512.65	\$597.24	\$1,373.65	\$1,743.94	\$1,098.92
Prime 1000+35	\$448.12	\$522.06	\$1,200.73	\$1,524.40	\$960.58
Choice 15/200D	\$734.63	\$855.85	\$1,968.45	\$2,499.08	\$1,574.76
Choice 25/200D	\$684.94	\$797.95	\$1,835.29	\$2,330.02	\$1,468.23
Preferred 300+15	\$579.80	\$675.47	\$1,553.57	\$1,972.36	\$1,242.86
Preferred 500+15	\$532.68	\$620.57	\$1,427.31	\$1,812.07	\$1,141.85
Preferred 750+15	\$492.29	\$573.52	\$1,319.10	\$1,674.69	\$1,055.28
Preferred 1000+15	\$466.41	\$543.37	\$1,249.76	\$1,586.65	\$999.81
Preferred 300+25	\$565.20	\$658.45	\$1,514.44	\$1,922.68	\$1,211.55
Preferred 500+25	\$519.04	\$604.68	\$1,390.75	\$1,765.65	\$1,112.60
Preferred 750+25	\$479.13	\$558.18	\$1,283.83	\$1,629.90	\$1,027.06
Preferred 1000+25	\$453.48	\$528.30	\$1,215.10	\$1,542.64	\$972.08
Preferred 1500+25	\$424.68	\$494.75	\$1,137.94	\$1,444.68	\$910.35
Preferred 2000+25	\$393.71	\$458.67	\$1,054.94	\$1,339.32	\$843.96
Preferred 2500+25	\$369.02	\$429.91	\$988.79	\$1,255.34	\$791.03
Preferred 500+35	\$529.08	\$616.37	\$1,417.66	\$1,799.81	\$1,134.13
Preferred 750+35	\$470.78	\$548.46	\$1,261.47	\$1,601.51	\$1,009.17
Preferred 1000+35	\$445.18	\$518.63	\$1,192.85	\$1,514.41	\$954.28
Preferred 1500+35	\$416.63	\$485.37	\$1,116.35	\$1,417.28	\$893.08
Preferred 2000+35	\$385.72	\$449.36	\$1,033.53	\$1,312.13	\$826.82
Preferred 2500+35	\$361.08	\$420.66	\$967.53	\$1,228.34	\$774.02
Preferred 1000+50	\$435.12	\$506.92	\$1,165.91	\$1,480.20	\$932.73
Preferred 1500+50	\$406.83	\$473.96	\$1,090.11	\$1,383.97	\$872.09
Preferred 2000+50	\$375.91	\$437.93	\$1,007.25	\$1,278.76	\$805.80
Preferred 2500+50	\$351.27	\$409.23	\$941.23	\$1,194.95	\$752.98
Preferred 2000+35/30%	\$359.10	\$418.35	\$962.21	\$1,221.59	\$769.77
Preferred 3000+35/30%	\$322.31	\$375.49	\$863.62	\$1,096.43	\$690.90
Preferred 80+300	\$565.07	\$658.31	\$1,514.12	\$1,922.27	\$1,211.29
Preferred 80+500	\$518.74	\$604.33	\$1,389.97	\$1,764.65	\$1,111.97
Preferred 80+750	\$483.14	\$562.86	\$1,294.57	\$1,643.54	\$1,035.66
Preferred 80+1000	\$447.89	\$521.79	\$1,200.12	\$1,523.63	\$960.09
Preferred 80+1500	\$412.08	\$480.07	\$1,104.16	\$1,401.80	\$883.33
Preferred 80+2000	\$378.37	\$440.80	\$1,013.84	\$1,287.14	\$811.07
Preferred 80+2500	\$356.88	\$415.76	\$956.25	\$1,214.02	\$765.00
Preferred 70/3500	\$532.17	\$619.98	\$1,425.95	\$1,810.33	\$1,140.76
Preferred 50/3750	\$426.33	\$496.68	\$1,142.36	\$1,450.30	\$913.89
Preferred 50/5000	\$410.11	\$477.77	\$1,098.88	\$1,395.10	\$879.10
BHP	\$519.16	\$604.82	\$1,391.09	\$1,766.08	\$1,112.87
Preferred CoDeduct Value 300+35	\$475.00	\$553.38	\$1,272.77	\$1,615.87	\$1,018.22
Preferred CoDeduct Value 500+35	\$443.35	\$516.50	\$1,187.95	\$1,508.18	\$950.36
Preferred CoDeduct Value 750+35	\$416.74	\$485.51	\$1,116.66	\$1,417.68	\$893.33
Preferred CoDeduct Value 1000+35	\$393.66	\$458.61	\$1,054.80	\$1,339.14	\$843.84
Preferred CoDeduct Value 1500+35	\$366.59	\$427.08	\$982.27	\$1,247.06	\$785.82
Preferred CoDeduct Value 2000+35	\$336.05	\$391.50	\$900.46	\$1,143.19	\$720.37
Preferred CoDeduct Value 2500+35	\$313.49	\$365.22	\$840.00	\$1,066.43	\$672.00
Preferred CoDeduct Value 3000+35	\$299.63	\$349.07	\$802.86	\$1,019.28	\$642.28
Preferred CoDeduct Value 5000+35	\$264.82	\$308.51	\$709.58	\$900.86	\$567.66
Preferred CoDeduct Value 7500+35	\$235.34	\$274.17	\$630.58	\$800.57	\$504.47
Preferred CoDeduct Value 300+35/70%	\$453.08	\$527.84	\$1,214.02	\$1,541.28	\$971.22
Preferred CoDeduct Value 500+35/70%	\$423.68	\$493.59	\$1,135.26	\$1,441.29	\$908.21
Preferred CoDeduct Value 750+35/70%	\$397.53	\$463.12	\$1,065.18	\$1,352.32	\$852.15
Preferred CoDeduct Value 1000+35/70%	\$374.95	\$436.82	\$1,004.68	\$1,275.51	\$803.74
Preferred CoDeduct Value 1500+35/70%	\$350.03	\$407.79	\$937.91	\$1,190.74	\$750.33
Preferred CoDeduct Value 2000+35/70%	\$319.66	\$372.40	\$856.52	\$1,087.41	\$685.21
Preferred CoDeduct Value 2500+35/70%	\$297.14	\$346.17	\$796.19	\$1,010.82	\$636.96
Preferred CoDeduct Value 3000+35/70%	\$284.47	\$331.41	\$762.25	\$967.72	\$609.80
Preferred CoDeduct Value 5000+35/70%	\$252.58	\$294.26	\$676.80	\$859.24	\$541.44
Preferred CoDeduct Value 7500+35/70%	\$225.28	\$262.45	\$603.64	\$766.35	\$482.91
Preferred CoDeduct Value 300+50	\$465.19	\$541.94	\$1,246.47	\$1,582.47	\$997.18

Area 3 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Grandfathered Plans

PLAN	PMPM	EE Rate	EE + Spouse	EE + Family	EE + Child(ren)
Preferred CoDeduct Value 500+50	\$433.97	\$505.58	\$1,162.82	\$1,476.28	\$930.26
Preferred CoDeduct Value 750+50	\$407.42	\$474.64	\$1,091.68	\$1,385.96	\$873.34
Preferred CoDeduct Value 1000+50	\$384.41	\$447.84	\$1,030.03	\$1,307.69	\$824.02
Preferred CoDeduct Value 1500+50	\$357.63	\$416.63	\$958.26	\$1,216.57	\$766.61
Preferred CoDeduct Value 2000+50	\$327.20	\$381.19	\$876.74	\$1,113.08	\$701.39
Preferred CoDeduct Value 2500+50	\$304.72	\$354.99	\$816.48	\$1,036.58	\$653.19
Preferred CoDeduct Value 3000+50	\$291.00	\$339.02	\$779.74	\$989.93	\$623.79
Preferred CoDeduct Value 5000+50	\$256.43	\$298.75	\$687.12	\$872.34	\$549.69
Preferred CoDeduct Value 7500+50	\$227.15	\$264.63	\$608.65	\$772.73	\$486.92
Preferred CoDeduct Value 300+50/70%	\$443.97	\$517.22	\$1,189.61	\$1,510.29	\$951.69
Preferred CoDeduct Value 500+50/70%	\$414.98	\$483.45	\$1,111.93	\$1,411.67	\$889.54
Preferred CoDeduct Value 750+50/70%	\$388.86	\$453.02	\$1,041.95	\$1,322.83	\$833.56
Preferred CoDeduct Value 1000+50/70%	\$366.35	\$426.80	\$981.63	\$1,246.25	\$785.31
Preferred CoDeduct Value 1500+50/70%	\$341.68	\$398.06	\$915.53	\$1,162.33	\$732.43
Preferred CoDeduct Value 2000+50/70%	\$311.39	\$362.77	\$834.37	\$1,059.29	\$667.50
Preferred CoDeduct Value 2500+50/70%	\$288.93	\$336.60	\$774.18	\$982.87	\$619.34
Preferred CoDeduct Value 3000+50/70%	\$276.39	\$322.00	\$740.59	\$940.23	\$592.47
Preferred CoDeduct Value 5000+50/70%	\$244.70	\$285.08	\$655.68	\$832.43	\$524.54
Preferred CoDeduct Value 7500+50/70%	\$217.56	\$253.45	\$582.94	\$740.09	\$466.36
Preferred \$15/50%	\$441.97	\$514.89	\$1,184.25	\$1,503.48	\$947.40
HSA-eligible plans					
Preferred FP 80+1150	\$395.20	\$460.41	\$1,058.95	\$1,344.40	\$847.16
Preferred FP 80+1150 +Rx	\$470.05	\$547.60	\$1,259.49	\$1,599.00	\$1,007.59
Preferred FP 80+1500	\$363.63	\$423.63	\$974.36	\$1,237.01	\$779.48
Preferred FP 80+1500 +Rx	\$431.83	\$503.08	\$1,157.09	\$1,469.00	\$925.67
Preferred FP 80+2000	\$334.46	\$389.65	\$896.18	\$1,137.76	\$716.95
Preferred FP 80+2000 +Rx	\$395.91	\$461.24	\$1,060.85	\$1,346.82	\$848.68
Preferred FP 80+3000	\$296.51	\$345.44	\$794.51	\$1,008.68	\$635.61
Preferred FP 80+3000 +Rx	\$349.10	\$406.70	\$935.41	\$1,187.57	\$748.33
Preferred FP 5000	\$281.86	\$328.36	\$755.24	\$958.82	\$604.19
Preferred FP 5000 +Rx	\$328.97	\$383.25	\$881.48	\$1,119.10	\$705.19

Area 4 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Grandfathered Plans

PLAN	PMPM	EE +			
		EE Rate	Spouse	Family	Child(ren)
Preferred 15/200D	\$768.85	\$895.71	\$2,060.14	\$2,615.48	\$1,648.11
Preferred 25/200D	\$716.64	\$834.88	\$1,920.23	\$2,437.85	\$1,536.18
Prime 15/200D	\$760.80	\$886.33	\$2,038.56	\$2,588.09	\$1,630.85
Prime 25/200D	\$709.47	\$826.53	\$1,901.02	\$2,413.46	\$1,520.81
Prime 500+25	\$533.16	\$621.13	\$1,428.60	\$1,813.69	\$1,142.88
Prime 1000+35	\$466.04	\$542.94	\$1,248.76	\$1,585.38	\$999.01
Choice 15/200D	\$764.02	\$890.08	\$2,047.19	\$2,599.04	\$1,637.75
Choice 25/200D	\$712.33	\$829.87	\$1,908.70	\$2,423.22	\$1,526.96
Preferred 300+15	\$602.99	\$702.48	\$1,615.71	\$2,051.25	\$1,292.57
Preferred 500+15	\$553.99	\$645.39	\$1,484.40	\$1,884.55	\$1,187.52
Preferred 750+15	\$511.99	\$596.46	\$1,371.87	\$1,741.67	\$1,097.49
Preferred 1000+15	\$485.07	\$565.11	\$1,299.75	\$1,650.11	\$1,039.80
Preferred 300+25	\$587.80	\$684.79	\$1,575.02	\$1,999.59	\$1,260.02
Preferred 500+25	\$539.80	\$628.86	\$1,446.38	\$1,836.28	\$1,157.11
Preferred 750+25	\$498.29	\$580.51	\$1,335.18	\$1,695.10	\$1,068.14
Preferred 1000+25	\$471.62	\$549.43	\$1,263.70	\$1,604.35	\$1,010.96
Preferred 1500+25	\$441.67	\$514.55	\$1,183.45	\$1,502.47	\$946.76
Preferred 2000+25	\$409.46	\$477.02	\$1,097.14	\$1,392.89	\$877.71
Preferred 2500+25	\$383.78	\$447.11	\$1,028.34	\$1,305.55	\$822.67
Preferred 500+35	\$550.24	\$641.03	\$1,474.37	\$1,871.80	\$1,179.49
Preferred 750+35	\$489.62	\$570.40	\$1,311.92	\$1,665.57	\$1,049.54
Preferred 1000+35	\$462.99	\$539.38	\$1,240.57	\$1,574.98	\$992.45
Preferred 1500+35	\$433.29	\$504.78	\$1,161.01	\$1,473.97	\$928.80
Preferred 2000+35	\$401.15	\$467.34	\$1,074.87	\$1,364.62	\$859.90
Preferred 2500+35	\$375.53	\$437.49	\$1,006.23	\$1,277.47	\$804.98
Preferred 1000+50	\$452.53	\$527.20	\$1,212.55	\$1,539.41	\$970.04
Preferred 1500+50	\$423.11	\$492.92	\$1,133.72	\$1,439.33	\$906.98
Preferred 2000+50	\$390.94	\$455.45	\$1,047.54	\$1,329.91	\$838.03
Preferred 2500+50	\$365.32	\$425.60	\$978.88	\$1,242.75	\$783.10
Preferred 2000+35/30%	\$373.47	\$435.09	\$1,000.70	\$1,270.45	\$800.56
Preferred 3000+35/30%	\$335.20	\$390.51	\$898.17	\$1,140.28	\$718.53
Preferred 80+300	\$587.68	\$684.64	\$1,574.68	\$1,999.16	\$1,259.74
Preferred 80+500	\$539.49	\$628.51	\$1,445.56	\$1,835.24	\$1,156.45
Preferred 80+750	\$502.46	\$585.37	\$1,346.35	\$1,709.29	\$1,077.08
Preferred 80+1000	\$465.80	\$542.66	\$1,248.12	\$1,584.57	\$998.50
Preferred 80+1500	\$428.56	\$499.27	\$1,148.33	\$1,457.87	\$918.66
Preferred 80+2000	\$393.50	\$458.43	\$1,054.39	\$1,338.62	\$843.51
Preferred 80+2500	\$371.15	\$432.39	\$994.50	\$1,262.58	\$795.60
Preferred 70/3500	\$553.46	\$644.78	\$1,482.98	\$1,882.74	\$1,186.39
Preferred 50/3750	\$443.39	\$516.54	\$1,188.05	\$1,508.31	\$950.44
Preferred 50/5000	\$426.51	\$496.88	\$1,142.83	\$1,450.90	\$914.27
BHP	\$539.93	\$629.02	\$1,446.74	\$1,836.73	\$1,157.39
Preferred CoDeduct Value 300+35	\$494.00	\$575.51	\$1,323.68	\$1,680.50	\$1,058.95
Preferred CoDeduct Value 500+35	\$461.08	\$537.16	\$1,235.47	\$1,568.50	\$988.37
Preferred CoDeduct Value 750+35	\$433.41	\$504.93	\$1,161.33	\$1,474.38	\$929.06
Preferred CoDeduct Value 1000+35	\$409.40	\$476.95	\$1,096.99	\$1,392.70	\$877.59
Preferred CoDeduct Value 1500+35	\$381.25	\$444.16	\$1,021.56	\$1,296.94	\$817.25
Preferred CoDeduct Value 2000+35	\$349.50	\$407.16	\$936.48	\$1,188.92	\$749.18
Preferred CoDeduct Value 2500+35	\$326.03	\$379.83	\$873.60	\$1,109.09	\$698.88
Preferred CoDeduct Value 3000+35	\$311.61	\$363.03	\$834.97	\$1,060.05	\$667.98
Preferred CoDeduct Value 5000+35	\$275.41	\$320.85	\$737.96	\$936.89	\$590.37
Preferred CoDeduct Value 7500+35	\$244.75	\$285.13	\$655.81	\$832.59	\$524.65
Preferred CoDeduct Value 300+35/70%	\$471.20	\$548.95	\$1,262.58	\$1,602.93	\$1,010.07
Preferred CoDeduct Value 500+35/70%	\$440.63	\$513.34	\$1,180.67	\$1,498.94	\$944.54
Preferred CoDeduct Value 750+35/70%	\$413.43	\$481.65	\$1,107.79	\$1,406.41	\$886.23
Preferred CoDeduct Value 1000+35/70%	\$389.95	\$454.29	\$1,044.87	\$1,326.53	\$835.89
Preferred CoDeduct Value 1500+35/70%	\$364.03	\$424.10	\$975.43	\$1,238.37	\$780.34
Preferred CoDeduct Value 2000+35/70%	\$332.44	\$387.30	\$890.78	\$1,130.90	\$712.62
Preferred CoDeduct Value 2500+35/70%	\$309.03	\$360.02	\$828.04	\$1,051.25	\$662.43
Preferred CoDeduct Value 3000+35/70%	\$295.85	\$344.67	\$792.74	\$1,006.43	\$634.19
Preferred CoDeduct Value 5000+35/70%	\$262.69	\$306.03	\$703.87	\$893.61	\$563.10
Preferred CoDeduct Value 7500+35/70%	\$234.29	\$272.95	\$627.78	\$797.01	\$502.22
Preferred CoDeduct Value 300+50	\$483.79	\$563.62	\$1,296.33	\$1,645.77	\$1,037.06

Area 4 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Grandfathered Plans

PLAN	PMPM	EE Rate	EE + Spouse	EE + Family	EE + Child(ren)
Preferred CoDeduct Value 500+50	\$451.33	\$525.80	\$1,209.34	\$1,535.33	\$967.47
Preferred CoDeduct Value 750+50	\$423.72	\$493.63	\$1,135.34	\$1,441.39	\$908.28
Preferred CoDeduct Value 1000+50	\$399.79	\$465.75	\$1,071.23	\$1,360.00	\$856.99
Preferred CoDeduct Value 1500+50	\$371.93	\$433.30	\$996.59	\$1,265.24	\$797.27
Preferred CoDeduct Value 2000+50	\$340.29	\$396.44	\$911.81	\$1,157.61	\$729.45
Preferred CoDeduct Value 2500+50	\$316.90	\$369.19	\$849.14	\$1,078.04	\$679.31
Preferred CoDeduct Value 3000+50	\$302.64	\$352.58	\$810.93	\$1,029.53	\$648.74
Preferred CoDeduct Value 5000+50	\$266.69	\$310.70	\$714.60	\$907.23	\$571.68
Preferred CoDeduct Value 7500+50	\$236.24	\$275.22	\$633.00	\$803.63	\$506.40
Preferred CoDeduct Value 300+50/70%	\$461.73	\$537.91	\$1,237.20	\$1,570.70	\$989.76
Preferred CoDeduct Value 500+50/70%	\$431.58	\$502.79	\$1,156.41	\$1,468.14	\$925.13
Preferred CoDeduct Value 750+50/70%	\$404.42	\$471.14	\$1,083.63	\$1,375.74	\$866.91
Preferred CoDeduct Value 1000+50/70%	\$381.00	\$443.87	\$1,020.90	\$1,296.10	\$816.72
Preferred CoDeduct Value 1500+50/70%	\$355.35	\$413.98	\$952.16	\$1,208.82	\$761.72
Preferred CoDeduct Value 2000+50/70%	\$323.85	\$377.28	\$867.75	\$1,101.66	\$694.20
Preferred CoDeduct Value 2500+50/70%	\$300.48	\$350.06	\$805.15	\$1,022.18	\$644.12
Preferred CoDeduct Value 3000+50/70%	\$287.45	\$334.88	\$770.21	\$977.84	\$616.17
Preferred CoDeduct Value 5000+50/70%	\$254.49	\$296.48	\$681.91	\$865.73	\$545.53
Preferred CoDeduct Value 7500+50/70%	\$226.26	\$263.59	\$606.26	\$769.69	\$485.01
Preferred \$15/50%	\$459.64	\$535.49	\$1,231.62	\$1,563.62	\$985.29
HSA-eligible plans					
Preferred FP 80+1150	\$411.01	\$478.83	\$1,101.30	\$1,398.18	\$881.04
Preferred FP 80+1150 +Rx	\$488.85	\$569.51	\$1,309.87	\$1,662.96	\$1,047.90
Preferred FP 80+1500	\$378.18	\$440.58	\$1,013.33	\$1,286.49	\$810.66
Preferred FP 80+1500 +Rx	\$449.10	\$523.21	\$1,203.38	\$1,527.76	\$962.70
Preferred FP 80+2000	\$347.84	\$405.23	\$932.03	\$1,183.27	\$745.62
Preferred FP 80+2000 +Rx	\$411.75	\$479.69	\$1,103.28	\$1,400.69	\$882.63
Preferred FP 80+3000	\$308.37	\$359.26	\$826.29	\$1,049.03	\$661.03
Preferred FP 80+3000 +Rx	\$363.06	\$422.97	\$972.83	\$1,235.07	\$778.26
Preferred FP 5000	\$293.13	\$341.50	\$785.45	\$997.18	\$628.36
Preferred FP 5000 +Rx	\$342.13	\$398.58	\$916.74	\$1,163.86	\$733.39

Area 5 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Grandfathered Plans

PLAN	PMPM	EE Rate	EE +	EE +	EE +
			Spouse	Family	Child(ren)
Preferred 15/200D	\$805.82	\$938.78	\$2,159.18	\$2,741.22	\$1,727.35
Preferred 25/200D	\$751.09	\$875.02	\$2,012.54	\$2,555.06	\$1,610.04
Prime 15/200D	\$797.38	\$928.94	\$2,136.57	\$2,712.51	\$1,709.25
Prime 25/200D	\$743.58	\$866.27	\$1,992.41	\$2,529.50	\$1,593.93
Prime 500+25	\$558.79	\$650.99	\$1,497.28	\$1,900.89	\$1,197.82
Prime 1000+35	\$488.45	\$569.04	\$1,308.79	\$1,661.60	\$1,047.04
Choice 15/200D	\$800.75	\$932.88	\$2,145.61	\$2,724.00	\$1,716.49
Choice 25/200D	\$746.58	\$869.77	\$2,000.46	\$2,539.72	\$1,600.37
Preferred 300+15	\$631.98	\$736.26	\$1,693.39	\$2,149.87	\$1,354.71
Preferred 500+15	\$580.62	\$676.42	\$1,555.77	\$1,975.15	\$1,244.62
Preferred 750+15	\$536.60	\$625.14	\$1,437.82	\$1,825.41	\$1,150.26
Preferred 1000+15	\$508.39	\$592.28	\$1,362.23	\$1,729.45	\$1,089.79
Preferred 300+25	\$616.06	\$717.71	\$1,650.74	\$2,095.72	\$1,320.59
Preferred 500+25	\$565.75	\$659.10	\$1,515.92	\$1,924.56	\$1,212.74
Preferred 750+25	\$522.25	\$608.42	\$1,399.37	\$1,776.59	\$1,119.50
Preferred 1000+25	\$494.29	\$575.85	\$1,324.46	\$1,681.48	\$1,059.56
Preferred 1500+25	\$462.90	\$539.28	\$1,240.35	\$1,574.71	\$992.28
Preferred 2000+25	\$429.14	\$499.95	\$1,149.89	\$1,459.86	\$919.91
Preferred 2500+25	\$402.23	\$468.60	\$1,077.78	\$1,368.32	\$862.23
Preferred 500+35	\$576.69	\$671.85	\$1,545.25	\$1,961.79	\$1,236.20
Preferred 750+35	\$513.15	\$597.83	\$1,375.00	\$1,745.65	\$1,100.00
Preferred 1000+35	\$485.24	\$565.31	\$1,300.21	\$1,650.70	\$1,040.17
Preferred 1500+35	\$454.12	\$529.05	\$1,216.82	\$1,544.84	\$973.46
Preferred 2000+35	\$420.43	\$489.80	\$1,126.55	\$1,430.23	\$901.24
Preferred 2500+35	\$393.58	\$458.52	\$1,054.60	\$1,338.89	\$843.68
Preferred 1000+50	\$474.28	\$552.54	\$1,270.85	\$1,613.42	\$1,016.68
Preferred 1500+50	\$443.45	\$516.62	\$1,188.22	\$1,508.53	\$950.58
Preferred 2000+50	\$409.74	\$477.35	\$1,097.90	\$1,393.85	\$878.32
Preferred 2500+50	\$382.88	\$446.06	\$1,025.94	\$1,302.50	\$820.75
Preferred 2000+35/30%	\$391.42	\$456.00	\$1,048.81	\$1,331.53	\$839.05
Preferred 3000+35/30%	\$351.32	\$409.28	\$941.35	\$1,195.10	\$753.08
Preferred 80+300	\$615.93	\$717.56	\$1,650.39	\$2,095.27	\$1,320.31
Preferred 80+500	\$565.43	\$658.72	\$1,515.06	\$1,923.47	\$1,212.05
Preferred 80+750	\$526.62	\$613.51	\$1,411.08	\$1,791.46	\$1,128.87
Preferred 80+1000	\$488.20	\$568.75	\$1,308.13	\$1,660.75	\$1,046.50
Preferred 80+1500	\$449.16	\$523.28	\$1,203.53	\$1,527.96	\$962.83
Preferred 80+2000	\$412.42	\$480.47	\$1,105.09	\$1,402.98	\$884.07
Preferred 80+2500	\$389.00	\$453.18	\$1,042.31	\$1,323.28	\$833.85
Preferred 70/3500	\$580.06	\$675.77	\$1,554.28	\$1,973.26	\$1,243.42
Preferred 50/3750	\$464.70	\$541.38	\$1,245.17	\$1,580.82	\$996.13
Preferred 50/5000	\$447.02	\$520.77	\$1,197.78	\$1,520.66	\$958.22
BHP	\$565.89	\$659.26	\$1,516.29	\$1,925.03	\$1,213.03
Preferred CoDeduct Value 300+35	\$517.75	\$603.18	\$1,387.32	\$1,761.29	\$1,109.86
Preferred CoDeduct Value 500+35	\$483.25	\$562.98	\$1,294.86	\$1,643.91	\$1,035.89
Preferred CoDeduct Value 750+35	\$454.25	\$529.20	\$1,217.16	\$1,545.27	\$973.73
Preferred CoDeduct Value 1000+35	\$429.08	\$499.88	\$1,149.73	\$1,459.66	\$919.79
Preferred CoDeduct Value 1500+35	\$399.58	\$465.51	\$1,070.68	\$1,359.29	\$856.54
Preferred CoDeduct Value 2000+35	\$366.30	\$426.74	\$981.50	\$1,246.08	\$785.20
Preferred CoDeduct Value 2500+35	\$341.70	\$398.09	\$915.60	\$1,162.41	\$732.48
Preferred CoDeduct Value 3000+35	\$326.60	\$380.48	\$875.11	\$1,111.01	\$700.09
Preferred CoDeduct Value 5000+35	\$288.65	\$336.28	\$773.44	\$981.93	\$618.75
Preferred CoDeduct Value 7500+35	\$256.52	\$298.84	\$687.34	\$872.62	\$549.87
Preferred CoDeduct Value 300+35/70	\$493.85	\$575.34	\$1,323.28	\$1,679.99	\$1,058.63
Preferred CoDeduct Value 500+35/70	\$461.82	\$538.02	\$1,237.44	\$1,571.00	\$989.95
Preferred CoDeduct Value 750+35/70	\$433.31	\$504.80	\$1,161.05	\$1,474.03	\$928.84
Preferred CoDeduct Value 1000+35/70	\$408.70	\$476.13	\$1,095.10	\$1,390.30	\$876.08
Preferred CoDeduct Value 1500+35/70	\$381.53	\$444.49	\$1,022.32	\$1,297.90	\$817.86
Preferred CoDeduct Value 2000+35/70	\$348.42	\$405.92	\$933.60	\$1,185.27	\$746.88
Preferred CoDeduct Value 2500+35/70	\$323.89	\$377.33	\$867.85	\$1,101.80	\$694.28
Preferred CoDeduct Value 3000+35/70	\$310.08	\$361.24	\$830.85	\$1,054.82	\$664.68
Preferred CoDeduct Value 5000+35/70	\$275.32	\$320.74	\$737.71	\$936.57	\$590.17
Preferred CoDeduct Value 7500+35/70	\$245.55	\$286.07	\$657.96	\$835.33	\$526.37
Preferred CoDeduct Value 300+50	\$507.05	\$590.72	\$1,358.65	\$1,724.90	\$1,086.92

Area 5 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Grandfathered Plans

PLAN	PMPM	EE Rate	EE +	EE +	EE +
			Spouse	Family	Child(ren)
Preferred CoDeduct Value 500+50	\$473.03	\$551.08	\$1,267.48	\$1,609.15	\$1,013.98
Preferred CoDeduct Value 750+50	\$444.09	\$517.36	\$1,189.93	\$1,510.69	\$951.94
Preferred CoDeduct Value 1000+50	\$419.01	\$488.14	\$1,122.73	\$1,425.38	\$898.19
Preferred CoDeduct Value 1500+50	\$389.81	\$454.13	\$1,044.50	\$1,326.06	\$835.60
Preferred CoDeduct Value 2000+50	\$356.65	\$415.50	\$955.65	\$1,213.26	\$764.52
Preferred CoDeduct Value 2500+50	\$332.14	\$386.94	\$889.97	\$1,129.87	\$711.97
Preferred CoDeduct Value 3000+50	\$317.19	\$369.53	\$849.92	\$1,079.03	\$679.93
Preferred CoDeduct Value 5000+50	\$279.51	\$325.63	\$748.96	\$950.85	\$599.17
Preferred CoDeduct Value 7500+50	\$247.60	\$288.45	\$663.43	\$842.27	\$530.75
Preferred CoDeduct Value 300+50/70	\$483.92	\$563.77	\$1,296.68	\$1,646.22	\$1,037.34
Preferred CoDeduct Value 500+50/70	\$452.32	\$526.96	\$1,212.00	\$1,538.72	\$969.60
Preferred CoDeduct Value 750+50/70	\$423.86	\$493.80	\$1,135.73	\$1,441.88	\$908.58
Preferred CoDeduct Value 1000+50/70	\$399.32	\$465.21	\$1,069.98	\$1,358.41	\$855.99
Preferred CoDeduct Value 1500+50/70	\$372.43	\$433.88	\$997.93	\$1,266.94	\$798.35
Preferred CoDeduct Value 2000+50/70	\$339.42	\$395.42	\$909.46	\$1,154.62	\$727.57
Preferred CoDeduct Value 2500+50/70	\$314.93	\$366.89	\$843.85	\$1,071.33	\$675.08
Preferred CoDeduct Value 3000+50/70	\$301.27	\$350.98	\$807.24	\$1,024.85	\$645.79
Preferred CoDeduct Value 5000+50/70	\$266.73	\$310.74	\$714.69	\$907.35	\$571.75
Preferred CoDeduct Value 7500+50/70	\$237.14	\$276.27	\$635.41	\$806.69	\$508.33
Preferred \$15/50%	\$481.74	\$561.23	\$1,290.83	\$1,638.79	\$1,032.66
HSA-eligible plans					
Preferred FP 80+1150	\$430.77	\$501.85	\$1,154.25	\$1,465.40	\$923.40
Preferred FP 80+1150 +Rx	\$512.35	\$596.89	\$1,372.84	\$1,742.91	\$1,098.27
Preferred FP 80+1500	\$396.36	\$461.76	\$1,062.05	\$1,348.34	\$849.64
Preferred FP 80+1500 +Rx	\$470.70	\$548.36	\$1,261.23	\$1,601.21	\$1,008.98
Preferred FP 80+2000	\$364.56	\$424.71	\$976.84	\$1,240.16	\$781.47
Preferred FP 80+2000 +Rx	\$431.54	\$502.75	\$1,156.32	\$1,468.03	\$925.06
Preferred FP 80+3000	\$323.20	\$376.53	\$866.02	\$1,099.46	\$692.81
Preferred FP 80+3000 +Rx	\$380.52	\$443.31	\$1,019.60	\$1,294.45	\$815.68
Preferred FP 5000	\$307.22	\$357.92	\$823.21	\$1,045.12	\$658.57
Preferred FP 5000 +Rx	\$358.58	\$417.75	\$960.82	\$1,219.82	\$768.65

Area 6 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Grandfathered Plans

PLAN	PMPM	EE Rate	EE +	EE +	EE +
			Spouse	Family	Child(ren)
Preferred 15/200D	\$761.46	\$887.10	\$2,040.33	\$2,590.33	\$1,632.26
Preferred 25/200D	\$709.75	\$826.85	\$1,901.76	\$2,414.41	\$1,521.41
Prime 15/200D	\$753.48	\$877.81	\$2,018.96	\$2,563.20	\$1,615.17
Prime 25/200D	\$702.64	\$818.58	\$1,882.74	\$2,390.26	\$1,506.19
Prime 500+25	\$528.03	\$615.16	\$1,414.86	\$1,796.26	\$1,131.89
Prime 1000+35	\$461.56	\$537.72	\$1,236.75	\$1,570.14	\$989.40
Choice 15/200D	\$756.67	\$881.52	\$2,027.51	\$2,574.05	\$1,622.01
Choice 25/200D	\$705.48	\$821.89	\$1,890.35	\$2,399.92	\$1,512.28
Preferred 300+15	\$597.19	\$695.73	\$1,600.18	\$2,031.53	\$1,280.14
Preferred 500+15	\$548.66	\$639.19	\$1,470.13	\$1,866.43	\$1,176.10
Preferred 750+15	\$507.06	\$590.73	\$1,358.67	\$1,724.93	\$1,086.94
Preferred 1000+15	\$480.41	\$559.67	\$1,287.25	\$1,634.25	\$1,029.80
Preferred 300+25	\$582.15	\$678.21	\$1,559.88	\$1,980.36	\$1,247.90
Preferred 500+25	\$534.61	\$622.82	\$1,432.48	\$1,818.62	\$1,145.98
Preferred 750+25	\$493.50	\$574.93	\$1,322.34	\$1,678.80	\$1,057.87
Preferred 1000+25	\$467.08	\$544.15	\$1,251.55	\$1,588.92	\$1,001.24
Preferred 1500+25	\$437.42	\$509.60	\$1,172.07	\$1,488.03	\$937.66
Preferred 2000+25	\$405.52	\$472.43	\$1,086.59	\$1,379.50	\$869.27
Preferred 2500+25	\$380.09	\$442.81	\$1,018.46	\$1,293.00	\$814.76
Preferred 500+35	\$544.95	\$634.87	\$1,460.19	\$1,853.81	\$1,168.15
Preferred 750+35	\$484.91	\$564.92	\$1,299.31	\$1,649.56	\$1,039.45
Preferred 1000+35	\$458.53	\$534.19	\$1,228.64	\$1,559.84	\$982.91
Preferred 1500+35	\$429.13	\$499.93	\$1,149.84	\$1,459.80	\$919.87
Preferred 2000+35	\$397.29	\$462.84	\$1,064.54	\$1,351.50	\$851.63
Preferred 2500+35	\$371.92	\$433.28	\$996.55	\$1,265.19	\$797.24
Preferred 1000+50	\$448.18	\$522.13	\$1,200.89	\$1,524.61	\$960.71
Preferred 1500+50	\$419.04	\$488.18	\$1,122.82	\$1,425.49	\$898.25
Preferred 2000+50	\$387.19	\$451.07	\$1,037.46	\$1,317.13	\$829.97
Preferred 2500+50	\$361.81	\$421.51	\$969.47	\$1,230.80	\$775.57
Preferred 2000+35/30%	\$369.87	\$430.90	\$991.08	\$1,258.24	\$792.86
Preferred 3000+35/30%	\$331.98	\$386.75	\$889.53	\$1,129.32	\$711.63
Preferred 80+300	\$582.03	\$678.06	\$1,559.54	\$1,979.94	\$1,247.63
Preferred 80+500	\$534.30	\$622.46	\$1,431.67	\$1,817.59	\$1,145.33
Preferred 80+750	\$497.63	\$579.74	\$1,333.41	\$1,692.85	\$1,066.73
Preferred 80+1000	\$461.33	\$537.44	\$1,236.12	\$1,569.34	\$988.90
Preferred 80+1500	\$424.44	\$494.47	\$1,137.28	\$1,443.86	\$909.83
Preferred 80+2000	\$389.72	\$454.02	\$1,044.26	\$1,325.75	\$835.40
Preferred 80+2500	\$367.58	\$428.23	\$984.94	\$1,250.44	\$787.95
Preferred 70/3500	\$548.13	\$638.58	\$1,468.72	\$1,864.64	\$1,174.98
Preferred 50/3750	\$439.12	\$511.58	\$1,176.63	\$1,493.80	\$941.30
Preferred 50/5000	\$422.41	\$492.11	\$1,131.84	\$1,436.95	\$905.48
BHP	\$534.74	\$622.97	\$1,432.82	\$1,819.06	\$1,146.26
Preferred CoDeduct Value 300+35	\$489.25	\$569.98	\$1,310.95	\$1,664.34	\$1,048.76
Preferred CoDeduct Value 500+35	\$456.65	\$531.99	\$1,223.59	\$1,553.42	\$978.87
Preferred CoDeduct Value 750+35	\$429.25	\$500.07	\$1,150.16	\$1,460.21	\$920.13
Preferred CoDeduct Value 1000+35	\$405.47	\$472.37	\$1,086.45	\$1,379.31	\$869.16
Preferred CoDeduct Value 1500+35	\$377.59	\$439.89	\$1,011.74	\$1,284.47	\$809.39
Preferred CoDeduct Value 2000+35	\$346.14	\$403.25	\$927.47	\$1,177.48	\$741.98
Preferred CoDeduct Value 2500+35	\$322.90	\$376.17	\$865.20	\$1,098.43	\$692.16
Preferred CoDeduct Value 3000+35	\$308.62	\$359.54	\$826.94	\$1,049.86	\$661.55
Preferred CoDeduct Value 5000+35	\$272.76	\$317.77	\$730.87	\$927.88	\$584.69
Preferred CoDeduct Value 7500+35	\$242.40	\$282.39	\$649.50	\$824.58	\$519.60
Preferred CoDeduct Value 300+35/70%	\$466.67	\$543.67	\$1,250.44	\$1,587.52	\$1,000.35
Preferred CoDeduct Value 500+35/70%	\$436.39	\$508.40	\$1,169.32	\$1,484.53	\$935.46
Preferred CoDeduct Value 750+35/70%	\$409.46	\$477.02	\$1,097.14	\$1,392.89	\$877.71
Preferred CoDeduct Value 1000+35/70%	\$386.20	\$449.92	\$1,034.82	\$1,313.77	\$827.86
Preferred CoDeduct Value 1500+35/70%	\$360.53	\$420.02	\$966.05	\$1,226.46	\$772.84
Preferred CoDeduct Value 2000+35/70%	\$329.25	\$383.57	\$882.21	\$1,120.03	\$705.77
Preferred CoDeduct Value 2500+35/70%	\$306.06	\$356.56	\$820.08	\$1,041.15	\$656.06
Preferred CoDeduct Value 3000+35/70%	\$293.01	\$341.35	\$785.12	\$996.76	\$628.09
Preferred CoDeduct Value 5000+35/70%	\$260.16	\$303.09	\$697.10	\$885.02	\$557.68
Preferred CoDeduct Value 7500+35/70%	\$232.04	\$270.32	\$621.74	\$789.35	\$497.40
Preferred CoDeduct Value 300+50	\$479.14	\$558.20	\$1,283.86	\$1,629.95	\$1,027.09

Area 6 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Grandfathered Plans

PLAN	PMPM	EE Rate	EE + Spouse	EE + Family	EE + Child(ren)
Preferred CoDeduct Value 500+50	\$446.99	\$520.74	\$1,197.71	\$1,520.57	\$958.17
Preferred CoDeduct Value 750+50	\$419.64	\$488.88	\$1,124.43	\$1,427.53	\$899.54
Preferred CoDeduct Value 1000+50	\$395.94	\$461.27	\$1,060.93	\$1,346.92	\$848.74
Preferred CoDeduct Value 1500+50	\$368.35	\$429.13	\$987.01	\$1,253.07	\$789.61
Preferred CoDeduct Value 2000+50	\$337.02	\$392.63	\$903.05	\$1,146.48	\$722.44
Preferred CoDeduct Value 2500+50	\$313.86	\$365.64	\$840.98	\$1,067.68	\$672.78
Preferred CoDeduct Value 3000+50	\$299.73	\$349.19	\$803.13	\$1,019.63	\$642.51
Preferred CoDeduct Value 5000+50	\$264.13	\$307.71	\$707.73	\$898.51	\$566.18
Preferred CoDeduct Value 7500+50	\$233.97	\$272.57	\$626.91	\$795.91	\$501.53
Preferred CoDeduct Value 300+50/70%	\$457.29	\$532.74	\$1,225.30	\$1,555.60	\$980.24
Preferred CoDeduct Value 500+50/70%	\$427.43	\$497.95	\$1,145.29	\$1,454.02	\$916.23
Preferred CoDeduct Value 750+50/70%	\$400.53	\$466.61	\$1,073.21	\$1,362.51	\$858.57
Preferred CoDeduct Value 1000+50/70%	\$377.34	\$439.60	\$1,011.08	\$1,283.64	\$808.87
Preferred CoDeduct Value 1500+50/70%	\$351.93	\$410.00	\$943.00	\$1,197.20	\$754.40
Preferred CoDeduct Value 2000+50/70%	\$320.73	\$373.65	\$859.40	\$1,091.07	\$687.52
Preferred CoDeduct Value 2500+50/70%	\$297.59	\$346.70	\$797.40	\$1,012.36	\$637.92
Preferred CoDeduct Value 3000+50/70%	\$284.68	\$331.66	\$762.81	\$968.43	\$610.25
Preferred CoDeduct Value 5000+50/70%	\$252.04	\$293.63	\$675.35	\$857.40	\$540.28
Preferred CoDeduct Value 7500+50/70%	\$224.08	\$261.06	\$600.43	\$762.29	\$480.35
Preferred \$15/50%	\$455.22	\$530.34	\$1,219.77	\$1,548.58	\$975.82
HSA-eligible plans					
Preferred FP 80+1150	\$407.06	\$474.22	\$1,090.72	\$1,384.73	\$872.57
Preferred FP 80+1150 +Rx	\$484.15	\$564.03	\$1,297.27	\$1,646.97	\$1,037.82
Preferred FP 80+1500	\$374.54	\$436.34	\$1,003.59	\$1,274.12	\$802.87
Preferred FP 80+1500 +Rx	\$444.79	\$518.18	\$1,191.81	\$1,513.07	\$953.44
Preferred FP 80+2000	\$344.49	\$401.33	\$923.07	\$1,171.90	\$738.46
Preferred FP 80+2000 +Rx	\$407.79	\$475.08	\$1,092.67	\$1,387.22	\$874.14
Preferred FP 80+3000	\$305.41	\$355.80	\$818.35	\$1,038.94	\$654.68
Preferred FP 80+3000 +Rx	\$359.57	\$418.90	\$963.48	\$1,223.20	\$770.78
Preferred FP 5000	\$290.31	\$338.22	\$777.89	\$987.59	\$622.32
Preferred FP 5000 +Rx	\$338.84	\$394.75	\$907.93	\$1,152.67	\$726.34

Area 7 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Grandfathered Plans

PLAN	PMPM	EE +			
		EE Rate	Spouse	Family	Child(ren)
Preferred 15/200D	\$754.07	\$878.49	\$2,020.52	\$2,565.18	\$1,616.42
Preferred 25/200D	\$702.85	\$818.83	\$1,883.30	\$2,390.97	\$1,506.64
Prime 15/200D	\$760.80	\$886.33	\$2,038.56	\$2,588.09	\$1,630.85
Prime 25/200D	\$709.47	\$826.53	\$1,901.02	\$2,413.46	\$1,520.81
Prime 500+25	\$533.16	\$621.13	\$1,428.60	\$1,813.69	\$1,142.88
Prime 1000+35	\$466.04	\$542.94	\$1,248.76	\$1,585.38	\$999.01
Choice 15/200D	\$764.02	\$890.08	\$2,047.19	\$2,599.04	\$1,637.75
Choice 25/200D	\$712.33	\$829.87	\$1,908.70	\$2,423.22	\$1,526.96
Preferred 300+15	\$591.40	\$688.98	\$1,584.64	\$2,011.81	\$1,267.71
Preferred 500+15	\$543.33	\$632.98	\$1,455.86	\$1,848.31	\$1,164.69
Preferred 750+15	\$502.14	\$584.99	\$1,345.48	\$1,708.18	\$1,076.39
Preferred 1000+15	\$475.74	\$554.24	\$1,274.75	\$1,618.38	\$1,019.80
Preferred 300+25	\$576.50	\$671.62	\$1,544.73	\$1,961.14	\$1,235.78
Preferred 500+25	\$529.42	\$616.77	\$1,418.57	\$1,800.97	\$1,134.86
Preferred 750+25	\$488.71	\$569.35	\$1,309.50	\$1,662.50	\$1,047.60
Preferred 1000+25	\$462.55	\$538.87	\$1,239.40	\$1,573.50	\$991.52
Preferred 1500+25	\$433.18	\$504.65	\$1,160.70	\$1,473.58	\$928.56
Preferred 2000+25	\$401.58	\$467.84	\$1,076.04	\$1,366.11	\$860.83
Preferred 2500+25	\$376.40	\$438.51	\$1,008.57	\$1,280.44	\$806.85
Preferred 500+35	\$539.66	\$628.70	\$1,446.01	\$1,835.81	\$1,156.81
Preferred 750+35	\$480.20	\$559.43	\$1,286.70	\$1,633.54	\$1,029.36
Preferred 1000+35	\$454.08	\$529.00	\$1,216.71	\$1,544.69	\$973.37
Preferred 1500+35	\$424.96	\$495.08	\$1,138.68	\$1,445.63	\$910.94
Preferred 2000+35	\$393.43	\$458.35	\$1,054.20	\$1,338.38	\$843.36
Preferred 2500+35	\$368.31	\$429.08	\$986.88	\$1,252.90	\$789.50
Preferred 1000+50	\$443.83	\$517.06	\$1,189.23	\$1,509.81	\$951.39
Preferred 1500+50	\$414.97	\$483.44	\$1,111.92	\$1,411.65	\$889.53
Preferred 2000+50	\$383.43	\$446.69	\$1,027.39	\$1,304.34	\$821.91
Preferred 2500+50	\$358.30	\$417.41	\$960.05	\$1,218.85	\$768.04
Preferred 2000+35/30%	\$366.28	\$426.72	\$981.46	\$1,246.02	\$785.16
Preferred 3000+35/30%	\$328.75	\$383.00	\$880.90	\$1,118.36	\$704.72
Preferred 80+300	\$576.38	\$671.48	\$1,544.40	\$1,960.71	\$1,235.52
Preferred 80+500	\$529.12	\$616.42	\$1,417.77	\$1,799.95	\$1,134.21
Preferred 80+750	\$492.80	\$574.11	\$1,320.46	\$1,676.41	\$1,056.37
Preferred 80+1000	\$456.85	\$532.23	\$1,224.12	\$1,554.10	\$979.30
Preferred 80+1500	\$420.32	\$489.67	\$1,126.24	\$1,429.84	\$900.99
Preferred 80+2000	\$385.94	\$449.62	\$1,034.12	\$1,312.88	\$827.29
Preferred 80+2500	\$364.01	\$424.08	\$975.38	\$1,238.30	\$780.30
Preferred 70/3500	\$542.81	\$632.38	\$1,454.46	\$1,846.54	\$1,163.57
Preferred 50/3750	\$434.86	\$506.61	\$1,165.20	\$1,479.30	\$932.16
Preferred 50/5000	\$418.31	\$487.33	\$1,120.86	\$1,423.00	\$896.68
BHP	\$529.54	\$616.92	\$1,418.91	\$1,801.40	\$1,135.13
Preferred CoDeduct Value 300+35	\$484.50	\$564.45	\$1,298.23	\$1,648.18	\$1,038.58
Preferred CoDeduct Value 500+35	\$452.21	\$526.83	\$1,211.71	\$1,538.34	\$969.37
Preferred CoDeduct Value 750+35	\$425.08	\$495.22	\$1,139.00	\$1,446.03	\$911.20
Preferred CoDeduct Value 1000+35	\$401.53	\$467.78	\$1,075.90	\$1,365.92	\$860.72
Preferred CoDeduct Value 1500+35	\$373.92	\$435.62	\$1,001.92	\$1,272.00	\$801.53
Preferred CoDeduct Value 2000+35	\$342.78	\$399.33	\$918.47	\$1,166.05	\$734.77
Preferred CoDeduct Value 2500+35	\$319.76	\$372.52	\$856.80	\$1,087.76	\$685.44
Preferred CoDeduct Value 3000+35	\$305.62	\$356.05	\$818.91	\$1,039.66	\$655.13
Preferred CoDeduct Value 5000+35	\$270.11	\$314.68	\$723.77	\$918.87	\$579.02
Preferred CoDeduct Value 7500+35	\$240.04	\$279.65	\$643.19	\$816.58	\$514.56
Preferred CoDeduct Value 300+35/70%	\$462.14	\$538.39	\$1,238.30	\$1,572.10	\$990.64
Preferred CoDeduct Value 500+35/70%	\$432.16	\$503.46	\$1,157.97	\$1,470.11	\$926.37
Preferred CoDeduct Value 750+35/70%	\$405.48	\$472.38	\$1,086.48	\$1,379.36	\$869.19
Preferred CoDeduct Value 1000+35/70%	\$382.45	\$445.55	\$1,024.77	\$1,301.02	\$819.82
Preferred CoDeduct Value 1500+35/70%	\$357.03	\$415.94	\$956.67	\$1,214.55	\$765.33
Preferred CoDeduct Value 2000+35/70%	\$326.05	\$379.85	\$873.65	\$1,109.15	\$698.92
Preferred CoDeduct Value 2500+35/70%	\$303.09	\$353.10	\$812.12	\$1,031.04	\$649.69
Preferred CoDeduct Value 3000+35/70%	\$290.16	\$338.04	\$777.49	\$987.08	\$622.00
Preferred CoDeduct Value 5000+35/70%	\$257.64	\$300.15	\$690.33	\$876.43	\$552.27
Preferred CoDeduct Value 7500+35/70%	\$229.78	\$267.70	\$615.71	\$781.68	\$492.57
Preferred CoDeduct Value 300+50	\$474.49	\$552.78	\$1,271.40	\$1,614.12	\$1,017.12

Area 7 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Grandfathered Plans

PLAN	PMPM	EE Rate	EE +		
			Spouse	Family	Child(ren)
Preferred CoDeduct Value 500+50	\$442.65	\$515.69	\$1,186.08	\$1,505.81	\$948.86
Preferred CoDeduct Value 750+50	\$415.57	\$484.14	\$1,113.51	\$1,413.67	\$890.81
Preferred CoDeduct Value 1000+50	\$392.10	\$456.80	\$1,050.63	\$1,333.84	\$840.50
Preferred CoDeduct Value 1500+50	\$364.78	\$424.97	\$977.42	\$1,240.90	\$781.94
Preferred CoDeduct Value 2000+50	\$333.75	\$388.82	\$894.28	\$1,135.34	\$715.42
Preferred CoDeduct Value 2500+50	\$310.81	\$362.09	\$832.81	\$1,057.31	\$666.25
Preferred CoDeduct Value 3000+50	\$296.82	\$345.80	\$795.34	\$1,009.73	\$636.27
Preferred CoDeduct Value 5000+50	\$261.56	\$304.72	\$700.86	\$889.79	\$560.69
Preferred CoDeduct Value 7500+50	\$231.69	\$269.92	\$620.83	\$788.18	\$496.66
Preferred CoDeduct Value 300+50/70%	\$452.85	\$527.57	\$1,213.40	\$1,540.49	\$970.72
Preferred CoDeduct Value 500+50/70%	\$423.28	\$493.12	\$1,134.17	\$1,439.90	\$907.34
Preferred CoDeduct Value 750+50/70%	\$396.64	\$462.08	\$1,062.79	\$1,349.28	\$850.23
Preferred CoDeduct Value 1000+50/70%	\$373.68	\$435.33	\$1,001.27	\$1,271.17	\$801.01
Preferred CoDeduct Value 1500+50/70%	\$348.51	\$406.02	\$933.84	\$1,185.58	\$747.08
Preferred CoDeduct Value 2000+50/70%	\$317.62	\$370.03	\$851.06	\$1,080.47	\$680.85
Preferred CoDeduct Value 2500+50/70%	\$294.70	\$343.33	\$789.66	\$1,002.53	\$631.73
Preferred CoDeduct Value 3000+50/70%	\$281.92	\$328.44	\$755.40	\$959.03	\$604.32
Preferred CoDeduct Value 5000+50/70%	\$249.60	\$290.78	\$668.79	\$849.08	\$535.04
Preferred CoDeduct Value 7500+50/70%	\$221.91	\$258.52	\$594.60	\$754.89	\$475.68
Preferred \$15/50%	\$450.80	\$525.19	\$1,207.93	\$1,533.55	\$966.35
HSA-eligible plans					
Preferred FP 80+1150	\$403.11	\$469.62	\$1,080.13	\$1,371.29	\$864.10
Preferred FP 80+1150 +Rx	\$479.45	\$558.56	\$1,284.68	\$1,630.98	\$1,027.74
Preferred FP 80+1500	\$370.91	\$432.11	\$993.84	\$1,261.75	\$795.07
Preferred FP 80+1500 +Rx	\$440.47	\$513.15	\$1,180.23	\$1,498.38	\$944.19
Preferred FP 80+2000	\$341.15	\$397.44	\$914.11	\$1,160.52	\$731.29
Preferred FP 80+2000 +Rx	\$403.83	\$470.46	\$1,082.06	\$1,373.75	\$865.65
Preferred FP 80+3000	\$302.44	\$352.35	\$810.40	\$1,028.86	\$648.32
Preferred FP 80+3000 +Rx	\$356.08	\$414.84	\$954.12	\$1,211.32	\$763.30
Preferred FP 5000	\$287.49	\$334.93	\$770.34	\$978.00	\$616.27
Preferred FP 5000 +Rx	\$335.55	\$390.92	\$899.11	\$1,141.48	\$719.29

Area 1 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Non-Grandfathered Plans

PLAN	PMPM	EE Rate	EE + Spouse	EE + Family	EE + Child(ren)
Preferred 15/200D	\$733.37	\$854.38	\$1,965.08	\$2,494.79	\$1,572.06
Preferred 25/200D	\$682.18	\$794.74	\$1,827.91	\$2,320.65	\$1,462.33
Prime 15/200D	\$733.37	\$854.38	\$1,965.08	\$2,494.79	\$1,572.06
Prime 25/200D	\$683.95	\$796.80	\$1,832.65	\$2,326.67	\$1,466.12
Prime 500+25	\$516.38	\$601.58	\$1,383.63	\$1,756.61	\$1,106.90
Prime 1000+35	\$451.78	\$526.32	\$1,210.54	\$1,536.86	\$968.43
Choice 15/200D	\$733.37	\$854.38	\$1,965.08	\$2,494.79	\$1,572.06
Choice 25/200D	\$683.95	\$796.80	\$1,832.65	\$2,326.67	\$1,466.12
Prime 15/200D	\$740.78	\$863.01	\$1,984.93	\$2,519.99	\$1,587.94
Prime 25/200D	\$690.86	\$804.85	\$1,851.16	\$2,350.17	\$1,480.93
Prime 500+25	\$521.59	\$607.65	\$1,397.61	\$1,774.35	\$1,118.08
Prime 1000+35	\$456.34	\$531.64	\$1,222.77	\$1,552.38	\$978.21
Choice 15/200D	\$740.78	\$863.01	\$1,984.93	\$2,519.99	\$1,587.94
Choice 25/200D	\$690.86	\$804.85	\$1,851.16	\$2,350.17	\$1,480.93
Preferred 300+15	\$576.31	\$671.40	\$1,544.23	\$1,960.50	\$1,235.38
Preferred 500+15	\$529.45	\$616.81	\$1,418.67	\$1,801.10	\$1,134.94
Preferred 750+15	\$489.45	\$570.21	\$1,311.47	\$1,665.00	\$1,049.18
Preferred 1000+15	\$463.82	\$540.36	\$1,242.82	\$1,577.84	\$994.25
Preferred 300+25	\$562.18	\$654.95	\$1,506.37	\$1,912.44	\$1,205.10
Preferred 500+25	\$516.26	\$601.44	\$1,383.32	\$1,756.22	\$1,106.66
Preferred 750+25	\$476.74	\$555.40	\$1,277.43	\$1,621.78	\$1,021.94
Preferred 1000+25	\$451.36	\$525.83	\$1,209.42	\$1,535.43	\$967.53
Preferred 1500+25	\$422.70	\$492.45	\$1,132.63	\$1,437.94	\$906.10
Preferred 2000+25	\$392.07	\$456.76	\$1,050.55	\$1,333.75	\$840.44
Preferred 2500+25	\$367.63	\$428.29	\$985.07	\$1,250.61	\$788.06
Preferred 500+35	\$526.52	\$613.39	\$1,410.80	\$1,791.10	\$1,128.64
Preferred 750+35	\$468.81	\$546.16	\$1,256.17	\$1,594.79	\$1,004.94
Preferred 1000+35	\$443.48	\$516.66	\$1,188.31	\$1,508.64	\$950.65
Preferred 1500+35	\$415.06	\$483.55	\$1,112.16	\$1,411.96	\$889.73
Preferred 2000+35	\$384.51	\$447.96	\$1,030.30	\$1,308.04	\$824.24
Preferred 2500+35	\$360.14	\$419.57	\$965.00	\$1,225.13	\$772.00
Preferred 1000+50	\$434.03	\$505.65	\$1,162.99	\$1,476.49	\$930.39
Preferred 1500+50	\$405.87	\$472.84	\$1,087.53	\$1,380.69	\$870.02
Preferred 2000+50	\$375.33	\$437.25	\$1,005.68	\$1,276.78	\$804.55
Preferred 2500+50	\$350.97	\$408.88	\$940.42	\$1,193.92	\$752.33
Preferred 2000+35/30%	\$358.07	\$417.15	\$959.45	\$1,218.08	\$767.56
Preferred 3000+35/30%	\$321.59	\$374.65	\$861.70	\$1,093.99	\$689.36
Preferred 80+300	\$562.46	\$655.27	\$1,507.11	\$1,913.38	\$1,205.69
Preferred 80+500	\$516.29	\$601.48	\$1,383.40	\$1,756.31	\$1,106.72
Preferred 80+750	\$480.64	\$559.95	\$1,287.88	\$1,635.05	\$1,030.30
Preferred 80+1000	\$445.68	\$519.22	\$1,194.20	\$1,516.11	\$955.36
Preferred 80+1500	\$409.98	\$477.62	\$1,098.54	\$1,394.66	\$878.83
Preferred 80+2000	\$376.39	\$438.50	\$1,008.54	\$1,280.41	\$806.83
Preferred 80+2500	\$354.84	\$413.39	\$950.79	\$1,207.09	\$760.63
Preferred 70/3500	\$530.85	\$618.44	\$1,422.42	\$1,805.85	\$1,137.93
Preferred 50/3750	\$428.69	\$499.42	\$1,148.66	\$1,458.30	\$918.93
Preferred 50/5000	\$413.09	\$481.25	\$1,106.89	\$1,405.26	\$885.51
BHP	\$519.40	\$605.10	\$1,391.74	\$1,766.90	\$1,113.39
Preferred CoDeduct Value 300+35	\$474.88	\$553.24	\$1,272.45	\$1,615.45	\$1,017.96
Preferred CoDeduct Value 500+35	\$443.26	\$516.40	\$1,187.72	\$1,507.88	\$950.17
Preferred CoDeduct Value 750+35	\$416.84	\$485.62	\$1,116.92	\$1,418.01	\$893.54
Preferred CoDeduct Value 1000+35	\$393.90	\$458.89	\$1,055.45	\$1,339.97	\$844.36
Preferred CoDeduct Value 1500+35	\$366.87	\$427.41	\$983.04	\$1,248.03	\$786.43
Preferred CoDeduct Value 2000+35	\$336.54	\$392.07	\$901.76	\$1,144.84	\$721.41
Preferred CoDeduct Value 2500+35	\$314.12	\$365.95	\$841.69	\$1,068.59	\$673.36
Preferred CoDeduct Value 3000+35	\$300.28	\$349.83	\$804.60	\$1,021.49	\$643.68
Preferred CoDeduct Value 5000+35	\$265.54	\$309.36	\$711.52	\$903.33	\$569.22
Preferred CoDeduct Value 7500+35	\$236.14	\$275.10	\$632.73	\$803.29	\$506.18
Preferred CoDeduct Value 300+35/70%	\$453.00	\$527.74	\$1,213.81	\$1,541.01	\$971.05
Preferred CoDeduct Value 500+35/70%	\$423.60	\$493.50	\$1,135.05	\$1,441.02	\$908.04
Preferred CoDeduct Value 750+35/70%	\$397.64	\$463.25	\$1,065.47	\$1,352.68	\$852.37
Preferred CoDeduct Value 1000+35/70%	\$375.20	\$437.11	\$1,005.36	\$1,276.37	\$804.29
Preferred CoDeduct Value 1500+35/70%	\$350.29	\$408.09	\$938.60	\$1,191.61	\$750.88

Area 1 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Non-Grandfathered Plans

PLAN	PMPM	EE Rate	EE + Spouse	EE + Family	EE + Child(ren)
Preferred CoDeduct Value 2000+35/70%	\$320.13	\$372.95	\$857.79	\$1,089.02	\$686.23
Preferred CoDeduct Value 2500+35/70%	\$297.78	\$346.91	\$797.90	\$1,012.99	\$638.32
Preferred CoDeduct Value 3000+35/70%	\$285.11	\$332.15	\$763.94	\$969.87	\$611.15
Preferred CoDeduct Value 5000+35/70%	\$253.23	\$295.02	\$678.54	\$861.45	\$542.83
Preferred CoDeduct Value 7500+35/70%	\$225.96	\$263.25	\$605.47	\$768.68	\$484.37
Preferred CoDeduct Value 300+50	\$465.64	\$542.47	\$1,247.68	\$1,584.01	\$998.14
Preferred CoDeduct Value 500+50	\$434.44	\$506.12	\$1,164.07	\$1,477.86	\$931.26
Preferred CoDeduct Value 750+50	\$408.08	\$475.41	\$1,093.45	\$1,388.21	\$874.76
Preferred CoDeduct Value 1000+50	\$385.23	\$448.79	\$1,032.22	\$1,310.47	\$825.78
Preferred CoDeduct Value 1500+50	\$358.48	\$417.62	\$960.54	\$1,219.46	\$768.43
Preferred CoDeduct Value 2000+50	\$328.27	\$382.43	\$879.59	\$1,116.70	\$703.67
Preferred CoDeduct Value 2500+50	\$305.93	\$356.41	\$819.75	\$1,040.72	\$655.80
Preferred CoDeduct Value 3000+50	\$292.23	\$340.45	\$783.04	\$994.12	\$626.43
Preferred CoDeduct Value 5000+50	\$257.74	\$300.27	\$690.61	\$876.78	\$552.49
Preferred CoDeduct Value 7500+50	\$228.53	\$266.24	\$612.35	\$777.42	\$489.88
Preferred CoDeduct Value 300+50/70%	\$444.38	\$517.70	\$1,190.71	\$1,511.69	\$952.57
Preferred CoDeduct Value 500+50/70%	\$415.37	\$483.91	\$1,112.99	\$1,413.02	\$890.40
Preferred CoDeduct Value 750+50/70%	\$389.46	\$453.72	\$1,043.56	\$1,324.87	\$834.85
Preferred CoDeduct Value 1000+50/70%	\$367.11	\$427.68	\$983.66	\$1,248.82	\$786.93
Preferred CoDeduct Value 1500+50/70%	\$342.43	\$398.94	\$917.55	\$1,164.89	\$734.04
Preferred CoDeduct Value 2000+50/70%	\$312.38	\$363.92	\$837.02	\$1,062.65	\$669.62
Preferred CoDeduct Value 2500+50/70%	\$290.09	\$337.95	\$777.30	\$986.83	\$621.84
Preferred CoDeduct Value 3000+50/70%	\$277.55	\$323.34	\$743.68	\$944.16	\$594.95
Preferred CoDeduct Value 5000+50/70%	\$245.88	\$286.45	\$658.83	\$836.43	\$527.07
Preferred CoDeduct Value 7500+50/70%	\$218.77	\$254.87	\$586.20	\$744.22	\$468.96
Preferred \$15/50%	\$442.98	\$516.07	\$1,186.96	\$1,506.92	\$949.57
HSA-eligible plans					
Preferred FP 80+1150	\$394.90	\$460.06	\$1,058.14	\$1,343.38	\$846.51
Preferred FP 80+1150 +Rx	\$469.00	\$546.39	\$1,256.69	\$1,595.45	\$1,005.35
Preferred FP 80+1500	\$363.61	\$423.60	\$974.29	\$1,236.92	\$779.43
Preferred FP 80+1500 +Rx	\$431.11	\$502.24	\$1,155.16	\$1,466.55	\$924.13
Preferred FP 80+2000	\$334.37	\$389.54	\$895.95	\$1,137.47	\$716.76
Preferred FP 80+2000 +Rx	\$395.19	\$460.39	\$1,058.90	\$1,344.35	\$847.12
Preferred FP 80+3000	\$296.34	\$345.23	\$794.04	\$1,008.09	\$635.23
Preferred FP 80+3000 +Rx	\$348.36	\$405.84	\$933.43	\$1,185.05	\$746.74
Preferred FP 5000	\$280.87	\$327.21	\$752.58	\$955.45	\$602.07
Preferred FP 5000 +Rx	\$327.46	\$381.49	\$877.44	\$1,113.96	\$701.95

Area 2 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Non-Grandfathered Plans

PLAN	PMPM	EE Rate	EE + Spouse	EE + Family	EE + Child(ren)
Preferred 15/200D	\$696.34	\$811.23	\$1,865.83	\$2,368.79	\$1,492.66
Preferred 25/200D	\$647.73	\$754.60	\$1,735.59	\$2,203.44	\$1,388.47
Prime 15/200D	\$711.15	\$828.49	\$1,905.53	\$2,419.19	\$1,524.42
Prime 25/200D	\$663.23	\$772.66	\$1,777.11	\$2,256.16	\$1,421.69
Prime 500+25	\$500.73	\$583.35	\$1,341.70	\$1,703.38	\$1,073.36
Prime 1000+35	\$438.09	\$510.37	\$1,173.86	\$1,490.29	\$939.09
Choice 15/200D	\$711.15	\$828.49	\$1,905.53	\$2,419.19	\$1,524.42
Choice 25/200D	\$663.23	\$772.66	\$1,777.11	\$2,256.16	\$1,421.69
Preferred 300+15	\$547.21	\$637.49	\$1,466.24	\$1,861.49	\$1,172.99
Preferred 500+15	\$502.71	\$585.66	\$1,347.02	\$1,710.13	\$1,077.62
Preferred 750+15	\$464.73	\$541.41	\$1,245.24	\$1,580.91	\$996.19
Preferred 1000+15	\$440.40	\$513.06	\$1,180.05	\$1,498.15	\$944.04
Preferred 300+25	\$533.79	\$621.87	\$1,430.29	\$1,815.85	\$1,144.24
Preferred 500+25	\$490.19	\$571.07	\$1,313.46	\$1,667.52	\$1,050.76
Preferred 750+25	\$452.66	\$527.35	\$1,212.91	\$1,539.87	\$970.33
Preferred 1000+25	\$428.56	\$499.28	\$1,148.33	\$1,457.89	\$918.67
Preferred 1500+25	\$401.35	\$467.57	\$1,075.42	\$1,365.32	\$860.34
Preferred 2000+25	\$372.27	\$433.69	\$997.50	\$1,266.39	\$798.00
Preferred 2500+25	\$349.07	\$406.66	\$935.32	\$1,187.45	\$748.26
Preferred 500+35	\$499.92	\$582.41	\$1,339.55	\$1,700.64	\$1,071.64
Preferred 750+35	\$445.13	\$518.58	\$1,192.73	\$1,514.25	\$954.18
Preferred 1000+35	\$421.08	\$490.56	\$1,128.30	\$1,432.44	\$902.64
Preferred 1500+35	\$394.10	\$459.13	\$1,055.99	\$1,340.65	\$844.79
Preferred 2000+35	\$365.09	\$425.33	\$978.27	\$1,241.97	\$782.61
Preferred 2500+35	\$341.95	\$398.38	\$916.26	\$1,163.26	\$733.01
Preferred 1000+50	\$412.11	\$480.11	\$1,104.25	\$1,401.92	\$883.40
Preferred 1500+50	\$385.37	\$448.96	\$1,032.60	\$1,310.95	\$826.08
Preferred 2000+50	\$356.37	\$415.17	\$954.89	\$1,212.30	\$763.91
Preferred 2500+50	\$333.24	\$388.23	\$892.92	\$1,133.62	\$714.34
Preferred 2000+35/30%	\$339.99	\$396.08	\$910.99	\$1,156.57	\$728.79
Preferred 3000+35/30%	\$305.35	\$355.73	\$818.18	\$1,038.73	\$654.55
Preferred 80+300	\$534.05	\$622.17	\$1,431.00	\$1,816.74	\$1,144.80
Preferred 80+500	\$490.21	\$571.10	\$1,313.53	\$1,667.61	\$1,050.82
Preferred 80+750	\$456.37	\$531.67	\$1,222.84	\$1,552.47	\$978.27
Preferred 80+1000	\$423.17	\$492.99	\$1,133.88	\$1,439.54	\$907.11
Preferred 80+1500	\$389.27	\$453.50	\$1,043.05	\$1,324.23	\$834.44
Preferred 80+2000	\$357.38	\$416.35	\$957.61	\$1,215.74	\$766.09
Preferred 80+2500	\$336.92	\$392.51	\$902.77	\$1,146.12	\$722.21
Preferred 70/3500	\$504.04	\$587.21	\$1,350.58	\$1,714.65	\$1,080.46
Preferred 50/3750	\$407.04	\$474.20	\$1,090.65	\$1,384.65	\$872.52
Preferred 50/5000	\$392.23	\$456.95	\$1,050.98	\$1,334.29	\$840.79
BHP	\$493.17	\$574.54	\$1,321.45	\$1,677.66	\$1,057.16
Prime McKenzie 15/200D	\$684.91	\$797.92	\$1,835.21	\$2,329.92	\$1,468.17
Prime McKenzie 25/200D	\$643.29	\$749.43	\$1,723.69	\$2,188.34	\$1,378.95
Preferred CoDeduct Value 300+35	\$450.90	\$525.30	\$1,208.18	\$1,533.86	\$966.54
Preferred CoDeduct Value 500+35	\$420.87	\$490.32	\$1,127.73	\$1,431.73	\$902.19
Preferred CoDeduct Value 750+35	\$395.79	\$461.09	\$1,060.51	\$1,346.39	\$848.41
Preferred CoDeduct Value 1000+35	\$374.01	\$435.72	\$1,002.15	\$1,272.29	\$801.72
Preferred CoDeduct Value 1500+35	\$348.34	\$405.82	\$933.39	\$1,185.00	\$746.71
Preferred CoDeduct Value 2000+35	\$319.54	\$372.27	\$856.22	\$1,087.02	\$684.97
Preferred CoDeduct Value 2500+35	\$298.26	\$347.47	\$799.18	\$1,014.62	\$639.35
Preferred CoDeduct Value 3000+35	\$285.11	\$332.16	\$763.96	\$969.90	\$611.17
Preferred CoDeduct Value 5000+35	\$252.13	\$293.73	\$675.59	\$857.70	\$540.47
Preferred CoDeduct Value 7500+35	\$224.21	\$261.20	\$600.77	\$762.72	\$480.62
Preferred CoDeduct Value 300+35/70%	\$430.12	\$501.09	\$1,152.50	\$1,463.18	\$922.00
Preferred CoDeduct Value 500+35/70%	\$402.21	\$468.58	\$1,077.72	\$1,368.24	\$862.18
Preferred CoDeduct Value 750+35/70%	\$377.55	\$439.85	\$1,011.66	\$1,284.36	\$809.33
Preferred CoDeduct Value 1000+35/70%	\$356.25	\$415.04	\$954.58	\$1,211.90	\$763.67
Preferred CoDeduct Value 1500+35/70%	\$332.60	\$387.47	\$891.19	\$1,131.43	\$712.95
Preferred CoDeduct Value 2000+35/70%	\$303.96	\$354.12	\$814.47	\$1,034.02	\$651.57
Preferred CoDeduct Value 2500+35/70%	\$282.74	\$329.39	\$757.60	\$961.83	\$606.08
Preferred CoDeduct Value 3000+35/70%	\$270.71	\$315.37	\$725.36	\$920.89	\$580.29
Preferred CoDeduct Value 5000+35/70%	\$240.44	\$280.12	\$644.27	\$817.94	\$515.42

Area 2 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Non-Grandfathered Plans

PLAN	PMPM	EE Rate	EE + Spouse	EE + Family	EE + Child(ren)
Preferred CoDeduct Value 7500+35/70%	\$214.55	\$249.95	\$574.89	\$729.86	\$459.91
Preferred CoDeduct Value 300+50	\$442.12	\$515.07	\$1,184.66	\$1,504.00	\$947.73
Preferred CoDeduct Value 500+50	\$412.49	\$480.56	\$1,105.28	\$1,403.22	\$884.22
Preferred CoDeduct Value 750+50	\$387.47	\$451.40	\$1,038.23	\$1,318.10	\$830.58
Preferred CoDeduct Value 1000+50	\$365.77	\$426.13	\$980.09	\$1,244.29	\$784.07
Preferred CoDeduct Value 1500+50	\$340.37	\$396.53	\$912.02	\$1,157.88	\$729.62
Preferred CoDeduct Value 2000+50	\$311.69	\$363.12	\$835.17	\$1,060.30	\$668.13
Preferred CoDeduct Value 2500+50	\$290.48	\$338.41	\$778.35	\$988.16	\$622.68
Preferred CoDeduct Value 3000+50	\$277.47	\$323.26	\$743.49	\$943.91	\$594.79
Preferred CoDeduct Value 5000+50	\$244.72	\$285.10	\$655.73	\$832.50	\$524.59
Preferred CoDeduct Value 7500+50	\$216.99	\$252.79	\$581.42	\$738.15	\$465.14
Preferred CoDeduct Value 300+50/70%	\$421.94	\$491.56	\$1,130.58	\$1,435.34	\$904.46
Preferred CoDeduct Value 500+50/70%	\$394.40	\$459.47	\$1,056.78	\$1,341.65	\$845.43
Preferred CoDeduct Value 750+50/70%	\$369.79	\$430.81	\$990.86	\$1,257.96	\$792.68
Preferred CoDeduct Value 1000+50/70%	\$348.57	\$406.08	\$933.98	\$1,185.75	\$747.19
Preferred CoDeduct Value 1500+50/70%	\$325.14	\$378.79	\$871.21	\$1,106.06	\$696.97
Preferred CoDeduct Value 2000+50/70%	\$296.60	\$345.54	\$794.75	\$1,008.98	\$635.80
Preferred CoDeduct Value 2500+50/70%	\$275.44	\$320.89	\$738.04	\$936.99	\$590.43
Preferred CoDeduct Value 3000+50/70%	\$263.53	\$307.01	\$706.13	\$896.47	\$564.90
Preferred CoDeduct Value 5000+50/70%	\$233.46	\$271.98	\$625.56	\$794.19	\$500.45
Preferred CoDeduct Value 7500+50/70%	\$207.72	\$242.00	\$556.59	\$706.63	\$445.28
Preferred \$15/50%	\$420.61	\$490.01	\$1,127.01	\$1,430.82	\$901.61
HSA-eligible plans					
Preferred FP 80+1150	\$374.96	\$436.83	\$1,004.70	\$1,275.53	\$803.76
Preferred FP 80+1150 +Rx	\$445.31	\$518.79	\$1,193.22	\$1,514.87	\$954.58
Preferred FP 80+1500	\$345.24	\$402.21	\$925.08	\$1,174.45	\$740.06
Preferred FP 80+1500 +Rx	\$409.34	\$476.88	\$1,096.82	\$1,392.48	\$877.45
Preferred FP 80+2000	\$317.49	\$369.87	\$850.70	\$1,080.02	\$680.56
Preferred FP 80+2000 +Rx	\$375.23	\$437.14	\$1,005.42	\$1,276.45	\$804.34
Preferred FP 80+3000	\$281.37	\$327.80	\$753.94	\$957.17	\$603.15
Preferred FP 80+3000 +Rx	\$330.77	\$385.34	\$886.29	\$1,125.20	\$709.03
Preferred FP 5000	\$266.68	\$310.68	\$714.58	\$907.20	\$571.66
Preferred FP 5000 +Rx	\$310.92	\$362.23	\$833.12	\$1,057.70	\$666.50

Area 3 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Non-Grandfathered Plans

PLAN	PMPM	EE +			
		EE Rate	Spouse	Family	Child(ren)
Preferred 15/200D	\$740.78	\$863.01	\$1,984.93	\$2,519.99	\$1,587.94
Preferred 25/200D	\$689.07	\$802.77	\$1,846.37	\$2,344.09	\$1,477.10
Prime 15/200D	\$740.78	\$863.01	\$1,984.93	\$2,519.99	\$1,587.94
Prime 25/200D	\$690.86	\$804.85	\$1,851.16	\$2,350.17	\$1,480.93
Prime 500+25	\$521.59	\$607.65	\$1,397.61	\$1,774.35	\$1,118.08
Prime 1000+35	\$456.34	\$531.64	\$1,222.77	\$1,552.38	\$978.21
Choice 15/200D	\$740.78	\$863.01	\$1,984.93	\$2,519.99	\$1,587.94
Choice 25/200D	\$690.86	\$804.85	\$1,851.16	\$2,350.17	\$1,480.93
Preferred 300+15	\$582.13	\$678.19	\$1,559.83	\$1,980.30	\$1,247.86
Preferred 500+15	\$534.80	\$623.04	\$1,433.00	\$1,819.29	\$1,146.40
Preferred 750+15	\$494.39	\$575.97	\$1,324.72	\$1,681.82	\$1,059.78
Preferred 1000+15	\$468.51	\$545.81	\$1,255.37	\$1,593.77	\$1,004.30
Preferred 300+25	\$567.86	\$661.56	\$1,521.59	\$1,931.76	\$1,217.27
Preferred 500+25	\$521.48	\$607.52	\$1,397.29	\$1,773.96	\$1,117.83
Preferred 750+25	\$481.56	\$561.01	\$1,290.33	\$1,638.16	\$1,032.26
Preferred 1000+25	\$455.92	\$531.14	\$1,221.63	\$1,550.94	\$977.31
Preferred 1500+25	\$426.97	\$497.42	\$1,144.07	\$1,452.47	\$915.25
Preferred 2000+25	\$396.03	\$461.38	\$1,061.17	\$1,347.22	\$848.93
Preferred 2500+25	\$371.35	\$432.62	\$995.02	\$1,263.25	\$796.02
Preferred 500+35	\$531.83	\$619.59	\$1,425.05	\$1,809.19	\$1,140.04
Preferred 750+35	\$473.54	\$551.68	\$1,268.86	\$1,610.90	\$1,015.09
Preferred 1000+35	\$447.96	\$521.88	\$1,200.31	\$1,523.88	\$960.25
Preferred 1500+35	\$419.26	\$488.43	\$1,123.40	\$1,426.22	\$898.72
Preferred 2000+35	\$388.40	\$452.48	\$1,040.71	\$1,321.25	\$832.57
Preferred 2500+35	\$363.78	\$423.80	\$974.75	\$1,237.51	\$779.80
Preferred 1000+50	\$438.42	\$510.76	\$1,174.74	\$1,491.41	\$939.79
Preferred 1500+50	\$409.97	\$477.61	\$1,098.51	\$1,394.63	\$878.81
Preferred 2000+50	\$379.12	\$441.67	\$1,015.84	\$1,289.68	\$812.67
Preferred 2500+50	\$354.51	\$413.01	\$949.92	\$1,205.98	\$759.93
Preferred 2000+35/30%	\$361.69	\$421.37	\$969.14	\$1,230.39	\$775.31
Preferred 3000+35/30%	\$324.84	\$378.44	\$870.41	\$1,105.04	\$696.32
Preferred 80+300	\$568.14	\$661.89	\$1,522.34	\$1,932.71	\$1,217.87
Preferred 80+500	\$521.50	\$607.55	\$1,397.37	\$1,774.05	\$1,117.90
Preferred 80+750	\$485.50	\$565.60	\$1,300.89	\$1,651.56	\$1,040.71
Preferred 80+1000	\$450.18	\$524.46	\$1,206.26	\$1,531.43	\$965.01
Preferred 80+1500	\$414.12	\$482.45	\$1,109.63	\$1,408.75	\$887.71
Preferred 80+2000	\$380.19	\$442.93	\$1,018.73	\$1,293.34	\$814.98
Preferred 80+2500	\$358.42	\$417.56	\$960.39	\$1,219.28	\$768.31
Preferred 70/3500	\$536.21	\$624.69	\$1,436.78	\$1,824.09	\$1,149.43
Preferred 50/3750	\$433.02	\$504.46	\$1,160.27	\$1,473.03	\$928.21
Preferred 50/5000	\$417.27	\$486.12	\$1,118.07	\$1,419.46	\$894.45
BHP	\$524.65	\$611.22	\$1,405.80	\$1,784.75	\$1,124.64
Preferred CoDeduct Value 300+35	\$479.68	\$558.83	\$1,285.30	\$1,631.77	\$1,028.24
Preferred CoDeduct Value 500+35	\$447.74	\$521.61	\$1,199.71	\$1,523.12	\$959.77
Preferred CoDeduct Value 750+35	\$421.05	\$490.52	\$1,128.21	\$1,432.33	\$902.56
Preferred CoDeduct Value 1000+35	\$397.88	\$463.53	\$1,066.11	\$1,353.50	\$852.89
Preferred CoDeduct Value 1500+35	\$370.58	\$431.72	\$992.97	\$1,260.63	\$794.37
Preferred CoDeduct Value 2000+35	\$339.94	\$396.03	\$910.87	\$1,156.41	\$728.69
Preferred CoDeduct Value 2500+35	\$317.30	\$369.65	\$850.20	\$1,079.38	\$680.16
Preferred CoDeduct Value 3000+35	\$303.31	\$353.36	\$812.72	\$1,031.81	\$650.18
Preferred CoDeduct Value 5000+35	\$268.23	\$312.48	\$718.71	\$912.45	\$574.97
Preferred CoDeduct Value 7500+35	\$238.52	\$277.88	\$639.12	\$811.40	\$511.29
Preferred CoDeduct Value 300+35/70%	\$457.57	\$533.07	\$1,226.07	\$1,556.57	\$980.85
Preferred CoDeduct Value 500+35/70%	\$427.88	\$498.48	\$1,146.51	\$1,455.58	\$917.21
Preferred CoDeduct Value 750+35/70%	\$401.65	\$467.93	\$1,076.23	\$1,366.34	\$860.98
Preferred CoDeduct Value 1000+35/70%	\$378.99	\$441.53	\$1,015.51	\$1,289.26	\$812.41
Preferred CoDeduct Value 1500+35/70%	\$353.83	\$412.21	\$948.08	\$1,203.64	\$758.46
Preferred CoDeduct Value 2000+35/70%	\$323.36	\$376.72	\$866.45	\$1,100.02	\$693.16
Preferred CoDeduct Value 2500+35/70%	\$300.79	\$350.42	\$805.96	\$1,023.22	\$644.77
Preferred CoDeduct Value 3000+35/70%	\$287.99	\$335.50	\$771.66	\$979.67	\$617.33
Preferred CoDeduct Value 5000+35/70%	\$255.79	\$298.00	\$685.39	\$870.15	\$548.31
Preferred CoDeduct Value 7500+35/70%	\$228.25	\$265.91	\$611.58	\$776.44	\$489.27
Preferred CoDeduct Value 300+50	\$470.34	\$547.95	\$1,260.28	\$1,600.01	\$1,008.22

Area 3 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Non-Grandfathered Plans

PLAN	PMPM	EE Rate	EE + Spouse	EE + Family	EE + Child(ren)
Preferred CoDeduct Value 500+50	\$438.82	\$511.23	\$1,175.83	\$1,492.79	\$940.66
Preferred CoDeduct Value 750+50	\$412.20	\$480.22	\$1,104.50	\$1,402.23	\$883.60
Preferred CoDeduct Value 1000+50	\$389.12	\$453.33	\$1,042.65	\$1,323.71	\$834.12
Preferred CoDeduct Value 1500+50	\$362.10	\$421.84	\$970.24	\$1,231.78	\$776.19
Preferred CoDeduct Value 2000+50	\$331.58	\$386.29	\$888.48	\$1,127.98	\$710.78
Preferred CoDeduct Value 2500+50	\$309.02	\$360.01	\$828.03	\$1,051.24	\$662.42
Preferred CoDeduct Value 3000+50	\$295.19	\$343.89	\$790.95	\$1,004.16	\$632.76
Preferred CoDeduct Value 5000+50	\$260.34	\$303.30	\$697.59	\$885.63	\$558.07
Preferred CoDeduct Value 7500+50	\$230.84	\$268.93	\$618.53	\$785.27	\$494.83
Preferred CoDeduct Value 300+50/70%	\$448.87	\$522.93	\$1,202.74	\$1,526.96	\$962.19
Preferred CoDeduct Value 500+50/70%	\$419.57	\$488.80	\$1,124.24	\$1,427.29	\$899.39
Preferred CoDeduct Value 750+50/70%	\$393.39	\$458.30	\$1,054.10	\$1,338.25	\$843.28
Preferred CoDeduct Value 1000+50/70%	\$370.81	\$432.00	\$993.60	\$1,261.44	\$794.88
Preferred CoDeduct Value 1500+50/70%	\$345.89	\$402.97	\$926.82	\$1,176.66	\$741.46
Preferred CoDeduct Value 2000+50/70%	\$315.53	\$367.60	\$845.47	\$1,073.38	\$676.38
Preferred CoDeduct Value 2500+50/70%	\$293.02	\$341.37	\$785.15	\$996.80	\$628.12
Preferred CoDeduct Value 3000+50/70%	\$280.35	\$326.61	\$751.20	\$953.69	\$600.96
Preferred CoDeduct Value 5000+50/70%	\$248.36	\$289.34	\$665.49	\$844.88	\$532.39
Preferred CoDeduct Value 7500+50/70%	\$220.98	\$257.44	\$592.12	\$751.74	\$473.70
Preferred \$15/50%	\$447.45	\$521.28	\$1,198.95	\$1,522.15	\$959.16
HSA-eligible plans					
Preferred FP 80+1150	\$398.89	\$464.71	\$1,068.83	\$1,356.95	\$855.06
Preferred FP 80+1150 +Rx	\$473.74	\$551.91	\$1,269.38	\$1,611.56	\$1,015.51
Preferred FP 80+1500	\$367.28	\$427.88	\$984.13	\$1,249.41	\$787.30
Preferred FP 80+1500 +Rx	\$435.46	\$507.32	\$1,166.83	\$1,481.36	\$933.46
Preferred FP 80+2000	\$337.75	\$393.48	\$905.00	\$1,148.96	\$724.00
Preferred FP 80+2000 +Rx	\$399.18	\$465.04	\$1,069.60	\$1,357.93	\$855.68
Preferred FP 80+3000	\$299.33	\$348.72	\$802.06	\$1,018.27	\$641.65
Preferred FP 80+3000 +Rx	\$351.88	\$409.94	\$942.86	\$1,197.02	\$754.29
Preferred FP 5000	\$283.70	\$330.52	\$760.19	\$965.11	\$608.15
Preferred FP 5000 +Rx	\$330.77	\$385.35	\$886.30	\$1,125.21	\$709.04

Area 4 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Non-Grandfathered Plans

PLAN	PMPM	EE +			
		EE Rate	Spouse	Family	Child(ren)
Preferred 15/200D	\$770.41	\$897.53	\$2,064.32	\$2,620.79	\$1,651.46
Preferred 25/200D	\$716.64	\$834.88	\$1,920.23	\$2,437.85	\$1,536.18
Prime 15/200D	\$770.41	\$897.53	\$2,064.32	\$2,620.79	\$1,651.46
Prime 25/200D	\$718.50	\$837.05	\$1,925.21	\$2,444.18	\$1,540.17
Prime 500+25	\$542.46	\$631.96	\$1,453.51	\$1,845.32	\$1,162.81
Prime 1000+35	\$474.60	\$552.90	\$1,271.68	\$1,614.48	\$1,017.34
Choice 15/200D	\$770.41	\$897.53	\$2,064.32	\$2,620.79	\$1,651.46
Choice 25/200D	\$718.50	\$837.05	\$1,925.21	\$2,444.18	\$1,540.17
Preferred 300+15	\$605.42	\$705.31	\$1,622.22	\$2,059.52	\$1,297.78
Preferred 500+15	\$556.19	\$647.97	\$1,490.32	\$1,892.06	\$1,192.26
Preferred 750+15	\$514.17	\$599.00	\$1,377.71	\$1,749.09	\$1,102.17
Preferred 1000+15	\$487.25	\$567.65	\$1,305.59	\$1,657.53	\$1,044.47
Preferred 300+25	\$590.58	\$688.02	\$1,582.45	\$2,009.03	\$1,265.96
Preferred 500+25	\$542.33	\$631.82	\$1,453.19	\$1,844.91	\$1,162.55
Preferred 750+25	\$500.82	\$583.45	\$1,341.94	\$1,703.69	\$1,073.56
Preferred 1000+25	\$474.15	\$552.39	\$1,270.50	\$1,612.98	\$1,016.40
Preferred 1500+25	\$444.05	\$517.32	\$1,189.83	\$1,510.57	\$951.86
Preferred 2000+25	\$411.87	\$479.83	\$1,103.61	\$1,401.11	\$882.89
Preferred 2500+25	\$386.20	\$449.92	\$1,034.82	\$1,313.78	\$827.86
Preferred 500+35	\$553.11	\$644.37	\$1,482.05	\$1,881.56	\$1,185.64
Preferred 750+35	\$492.48	\$573.74	\$1,319.61	\$1,675.33	\$1,055.69
Preferred 1000+35	\$465.88	\$542.75	\$1,248.33	\$1,584.83	\$998.66
Preferred 1500+35	\$436.03	\$507.97	\$1,168.33	\$1,483.27	\$934.66
Preferred 2000+35	\$403.93	\$470.58	\$1,082.34	\$1,374.10	\$865.87
Preferred 2500+35	\$378.33	\$440.76	\$1,013.74	\$1,287.01	\$810.99
Preferred 1000+50	\$455.95	\$531.19	\$1,221.73	\$1,551.06	\$977.38
Preferred 1500+50	\$426.37	\$496.72	\$1,142.45	\$1,450.42	\$913.96
Preferred 2000+50	\$394.28	\$459.34	\$1,056.48	\$1,341.27	\$845.18
Preferred 2500+50	\$368.69	\$429.53	\$987.91	\$1,254.22	\$790.33
Preferred 2000+35/30%	\$376.15	\$438.22	\$1,007.91	\$1,279.60	\$806.33
Preferred 3000+35/30%	\$337.83	\$393.57	\$905.22	\$1,149.24	\$724.18
Preferred 80+300	\$590.87	\$688.36	\$1,583.23	\$2,010.01	\$1,266.58
Preferred 80+500	\$542.36	\$631.85	\$1,453.26	\$1,845.01	\$1,162.61
Preferred 80+750	\$504.92	\$588.23	\$1,352.92	\$1,717.63	\$1,082.34
Preferred 80+1000	\$468.19	\$545.44	\$1,254.51	\$1,592.68	\$1,003.61
Preferred 80+1500	\$430.68	\$501.75	\$1,154.02	\$1,465.10	\$923.21
Preferred 80+2000	\$395.40	\$460.64	\$1,059.48	\$1,345.08	\$847.58
Preferred 80+2500	\$372.76	\$434.26	\$998.81	\$1,268.05	\$799.05
Preferred 70/3500	\$557.66	\$649.68	\$1,494.26	\$1,897.06	\$1,195.40
Preferred 50/3750	\$450.34	\$524.64	\$1,206.68	\$1,531.96	\$965.34
Preferred 50/5000	\$433.96	\$505.56	\$1,162.79	\$1,476.24	\$930.23
BHP	\$545.63	\$635.66	\$1,462.03	\$1,856.14	\$1,169.62
Preferred CoDeduct Value 300+35	\$498.87	\$581.18	\$1,336.71	\$1,697.04	\$1,069.37
Preferred CoDeduct Value 500+35	\$465.65	\$542.48	\$1,247.70	\$1,584.04	\$998.16
Preferred CoDeduct Value 750+35	\$437.89	\$510.15	\$1,173.33	\$1,489.62	\$938.67
Preferred CoDeduct Value 1000+35	\$413.79	\$482.07	\$1,108.76	\$1,407.64	\$887.01
Preferred CoDeduct Value 1500+35	\$385.40	\$448.99	\$1,032.68	\$1,311.06	\$826.15
Preferred CoDeduct Value 2000+35	\$353.54	\$411.87	\$947.30	\$1,202.66	\$757.84
Preferred CoDeduct Value 2500+35	\$329.99	\$384.44	\$884.20	\$1,122.55	\$707.36
Preferred CoDeduct Value 3000+35	\$315.44	\$367.49	\$845.23	\$1,073.08	\$676.19
Preferred CoDeduct Value 5000+35	\$278.95	\$324.98	\$747.46	\$948.95	\$597.97
Preferred CoDeduct Value 7500+35	\$248.06	\$288.99	\$664.68	\$843.86	\$531.75
Preferred CoDeduct Value 300+35/70%	\$475.88	\$554.40	\$1,275.11	\$1,618.84	\$1,020.09
Preferred CoDeduct Value 500+35/70%	\$445.00	\$518.42	\$1,192.38	\$1,513.80	\$953.90
Preferred CoDeduct Value 750+35/70%	\$417.72	\$486.64	\$1,119.28	\$1,421.00	\$895.42
Preferred CoDeduct Value 1000+35/70%	\$394.15	\$459.19	\$1,056.13	\$1,340.83	\$844.91
Preferred CoDeduct Value 1500+35/70%	\$367.98	\$428.70	\$986.00	\$1,251.79	\$788.80
Preferred CoDeduct Value 2000+35/70%	\$336.30	\$391.79	\$901.11	\$1,144.02	\$720.89
Preferred CoDeduct Value 2500+35/70%	\$312.82	\$364.43	\$838.20	\$1,064.15	\$670.56
Preferred CoDeduct Value 3000+35/70%	\$299.51	\$348.92	\$802.52	\$1,018.86	\$642.02
Preferred CoDeduct Value 5000+35/70%	\$266.02	\$309.92	\$712.81	\$904.96	\$570.25
Preferred CoDeduct Value 7500+35/70%	\$237.38	\$276.54	\$636.05	\$807.50	\$508.84
Preferred CoDeduct Value 300+50	\$489.15	\$569.86	\$1,310.69	\$1,664.01	\$1,048.55

Area 4 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Non-Grandfathered Plans

PLAN	PMPM	EE Rate	EE + Spouse	EE + Family	EE + Child(ren)
Preferred CoDeduct Value 500+50	\$456.38	\$531.68	\$1,222.86	\$1,552.50	\$978.29
Preferred CoDeduct Value 750+50	\$428.69	\$499.43	\$1,148.68	\$1,458.32	\$918.94
Preferred CoDeduct Value 1000+50	\$404.69	\$471.46	\$1,084.35	\$1,376.66	\$867.48
Preferred CoDeduct Value 1500+50	\$376.58	\$438.72	\$1,009.05	\$1,281.05	\$807.24
Preferred CoDeduct Value 2000+50	\$344.85	\$401.75	\$924.01	\$1,173.10	\$739.21
Preferred CoDeduct Value 2500+50	\$321.38	\$374.41	\$861.15	\$1,093.29	\$688.92
Preferred CoDeduct Value 3000+50	\$306.99	\$357.65	\$822.59	\$1,044.33	\$658.07
Preferred CoDeduct Value 5000+50	\$270.76	\$315.43	\$725.49	\$921.06	\$580.39
Preferred CoDeduct Value 7500+50	\$240.07	\$279.68	\$643.27	\$816.68	\$514.62
Preferred CoDeduct Value 300+50/70%	\$466.82	\$543.85	\$1,250.85	\$1,588.04	\$1,000.68
Preferred CoDeduct Value 500+50/70%	\$436.35	\$508.35	\$1,169.21	\$1,484.38	\$935.36
Preferred CoDeduct Value 750+50/70%	\$409.13	\$476.64	\$1,096.27	\$1,391.78	\$877.01
Preferred CoDeduct Value 1000+50/70%	\$385.65	\$449.28	\$1,033.34	\$1,311.90	\$826.67
Preferred CoDeduct Value 1500+50/70%	\$359.73	\$419.08	\$963.90	\$1,223.73	\$771.12
Preferred CoDeduct Value 2000+50/70%	\$328.16	\$382.30	\$879.29	\$1,116.32	\$703.43
Preferred CoDeduct Value 2500+50/70%	\$304.74	\$355.02	\$816.55	\$1,036.67	\$653.24
Preferred CoDeduct Value 3000+50/70%	\$291.56	\$339.67	\$781.24	\$991.84	\$625.00
Preferred CoDeduct Value 5000+50/70%	\$258.30	\$300.92	\$692.11	\$878.67	\$553.69
Preferred CoDeduct Value 7500+50/70%	\$229.82	\$267.74	\$615.81	\$781.81	\$492.65
Preferred \$15/50%	\$465.35	\$542.13	\$1,246.91	\$1,583.03	\$997.53
HSA-eligible plans					
Preferred FP 80+1150	\$414.85	\$483.30	\$1,111.58	\$1,411.22	\$889.26
Preferred FP 80+1150 +Rx	\$492.69	\$573.98	\$1,320.16	\$1,676.03	\$1,056.13
Preferred FP 80+1500	\$381.97	\$445.00	\$1,023.49	\$1,299.39	\$818.79
Preferred FP 80+1500 +Rx	\$452.88	\$527.61	\$1,213.50	\$1,540.62	\$970.80
Preferred FP 80+2000	\$351.26	\$409.22	\$941.20	\$1,194.92	\$752.96
Preferred FP 80+2000 +Rx	\$415.15	\$483.65	\$1,112.38	\$1,412.24	\$889.91
Preferred FP 80+3000	\$311.31	\$362.67	\$834.14	\$1,059.00	\$667.31
Preferred FP 80+3000 +Rx	\$365.95	\$426.34	\$980.57	\$1,244.90	\$784.46
Preferred FP 5000	\$295.05	\$343.74	\$790.59	\$1,003.71	\$632.47
Preferred FP 5000 +Rx	\$344.00	\$400.76	\$921.75	\$1,170.22	\$737.40

Area 5 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Non-Grandfathered Plans

PLAN	PMPM	EE Rate	EE + Spouse	EE + Family	EE + Child(ren)
Preferred 15/200D	\$807.45	\$940.68	\$2,163.57	\$2,746.79	\$1,730.86
Preferred 25/200D	\$751.09	\$875.02	\$2,012.54	\$2,555.06	\$1,610.04
Prime 15/200D	\$807.45	\$940.68	\$2,163.57	\$2,746.79	\$1,730.86
Prime 25/200D	\$753.04	\$877.29	\$2,017.77	\$2,561.69	\$1,614.21
Prime 500+25	\$568.54	\$662.34	\$1,523.39	\$1,934.04	\$1,218.71
Prime 1000+35	\$497.41	\$579.49	\$1,332.82	\$1,692.10	\$1,066.25
Choice 15/200D	\$807.45	\$940.68	\$2,163.57	\$2,746.79	\$1,730.86
Choice 25/200D	\$753.04	\$877.29	\$2,017.77	\$2,561.69	\$1,614.21
Preferred 300+15	\$634.53	\$739.22	\$1,700.21	\$2,158.53	\$1,360.17
Preferred 500+15	\$582.93	\$679.12	\$1,561.97	\$1,983.03	\$1,249.58
Preferred 750+15	\$538.89	\$627.80	\$1,443.95	\$1,833.18	\$1,155.16
Preferred 1000+15	\$510.68	\$594.94	\$1,368.35	\$1,737.21	\$1,094.68
Preferred 300+25	\$618.97	\$721.10	\$1,658.53	\$2,105.62	\$1,326.83
Preferred 500+25	\$568.41	\$662.20	\$1,523.05	\$1,933.61	\$1,218.44
Preferred 750+25	\$524.90	\$611.50	\$1,406.46	\$1,785.59	\$1,125.17
Preferred 1000+25	\$496.95	\$578.95	\$1,331.58	\$1,690.53	\$1,065.26
Preferred 1500+25	\$465.40	\$542.19	\$1,247.03	\$1,583.19	\$997.63
Preferred 2000+25	\$431.67	\$502.90	\$1,156.67	\$1,468.47	\$925.34
Preferred 2500+25	\$404.77	\$471.55	\$1,084.58	\$1,376.94	\$867.66
Preferred 500+35	\$579.70	\$675.35	\$1,553.30	\$1,972.02	\$1,242.64
Preferred 750+35	\$516.16	\$601.33	\$1,383.06	\$1,755.88	\$1,106.44
Preferred 1000+35	\$488.28	\$568.84	\$1,308.34	\$1,661.03	\$1,046.67
Preferred 1500+35	\$456.99	\$532.39	\$1,224.50	\$1,554.58	\$979.60
Preferred 2000+35	\$423.35	\$493.21	\$1,134.37	\$1,440.16	\$907.50
Preferred 2500+35	\$396.52	\$461.95	\$1,062.48	\$1,348.88	\$849.98
Preferred 1000+50	\$477.87	\$556.72	\$1,280.47	\$1,625.63	\$1,024.37
Preferred 1500+50	\$446.87	\$520.60	\$1,197.38	\$1,520.15	\$957.90
Preferred 2000+50	\$413.24	\$481.42	\$1,107.27	\$1,405.75	\$885.81
Preferred 2500+50	\$386.42	\$450.18	\$1,035.41	\$1,314.52	\$828.33
Preferred 2000+35/30%	\$394.24	\$459.29	\$1,056.36	\$1,341.12	\$845.09
Preferred 3000+35/30%	\$354.07	\$412.50	\$948.74	\$1,204.49	\$758.99
Preferred 80+300	\$619.27	\$721.46	\$1,659.35	\$2,106.65	\$1,327.48
Preferred 80+500	\$568.44	\$662.23	\$1,523.13	\$1,933.72	\$1,218.51
Preferred 80+750	\$529.19	\$616.51	\$1,417.97	\$1,800.20	\$1,134.38
Preferred 80+1000	\$490.70	\$571.66	\$1,314.82	\$1,669.25	\$1,051.86
Preferred 80+1500	\$451.39	\$525.87	\$1,209.50	\$1,535.54	\$967.60
Preferred 80+2000	\$414.41	\$482.79	\$1,110.42	\$1,409.75	\$888.33
Preferred 80+2500	\$390.68	\$455.14	\$1,046.83	\$1,329.01	\$837.46
Preferred 70/3500	\$584.47	\$680.91	\$1,566.10	\$1,988.26	\$1,252.88
Preferred 50/3750	\$471.99	\$549.87	\$1,264.69	\$1,605.61	\$1,011.75
Preferred 50/5000	\$454.82	\$529.87	\$1,218.69	\$1,547.21	\$974.95
BHP	\$571.87	\$666.23	\$1,532.32	\$1,945.38	\$1,225.85
Preferred CoDeduct Value 300+35	\$522.85	\$609.12	\$1,400.98	\$1,778.63	\$1,120.78
Preferred CoDeduct Value 500+35	\$488.03	\$568.56	\$1,307.69	\$1,660.20	\$1,046.15
Preferred CoDeduct Value 750+35	\$458.95	\$534.67	\$1,229.74	\$1,561.24	\$983.80
Preferred CoDeduct Value 1000+35	\$433.69	\$505.25	\$1,162.07	\$1,475.32	\$929.65
Preferred CoDeduct Value 1500+35	\$403.93	\$470.58	\$1,082.33	\$1,374.09	\$865.87
Preferred CoDeduct Value 2000+35	\$370.53	\$431.67	\$992.85	\$1,260.48	\$794.28
Preferred CoDeduct Value 2500+35	\$345.85	\$402.92	\$926.71	\$1,176.52	\$741.37
Preferred CoDeduct Value 3000+35	\$330.61	\$385.16	\$885.87	\$1,124.67	\$708.70
Preferred CoDeduct Value 5000+35	\$292.37	\$340.61	\$783.40	\$994.57	\$626.72
Preferred CoDeduct Value 7500+35	\$259.99	\$302.89	\$696.64	\$884.43	\$557.31
Preferred CoDeduct Value 300+35/70	\$498.75	\$581.05	\$1,336.41	\$1,696.66	\$1,069.13
Preferred CoDeduct Value 500+35/70	\$466.39	\$543.35	\$1,249.70	\$1,586.58	\$999.76
Preferred CoDeduct Value 750+35/70	\$437.80	\$510.04	\$1,173.09	\$1,489.32	\$938.47
Preferred CoDeduct Value 1000+35/70	\$413.10	\$481.26	\$1,106.91	\$1,405.29	\$885.53
Preferred CoDeduct Value 1500+35/70	\$385.67	\$449.31	\$1,033.40	\$1,311.97	\$826.72
Preferred CoDeduct Value 2000+35/70	\$352.47	\$410.62	\$944.43	\$1,199.02	\$755.55
Preferred CoDeduct Value 2500+35/70	\$327.86	\$381.96	\$878.50	\$1,115.31	\$702.80
Preferred CoDeduct Value 3000+35/70	\$313.90	\$365.70	\$841.11	\$1,067.84	\$672.89
Preferred CoDeduct Value 5000+35/70	\$278.81	\$324.82	\$747.08	\$948.46	\$597.66
Preferred CoDeduct Value 7500+35/70	\$248.79	\$289.84	\$666.63	\$846.32	\$533.30
Preferred CoDeduct Value 300+50	\$512.67	\$597.26	\$1,373.70	\$1,744.01	\$1,098.96

Area 5 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Non-Grandfathered Plans

PLAN	PMPM	EE Rate	EE +	EE +	EE +
			Spouse	Family	Child(ren)
Preferred CoDeduct Value 500+50	\$478.32	\$557.24	\$1,281.65	\$1,627.14	\$1,025.32
Preferred CoDeduct Value 750+50	\$449.30	\$523.44	\$1,203.90	\$1,528.43	\$963.12
Preferred CoDeduct Value 1000+50	\$424.14	\$494.12	\$1,136.49	\$1,442.84	\$909.19
Preferred CoDeduct Value 1500+50	\$394.69	\$459.81	\$1,057.56	\$1,342.64	\$846.05
Preferred CoDeduct Value 2000+50	\$361.43	\$421.06	\$968.44	\$1,229.50	\$774.75
Preferred CoDeduct Value 2500+50	\$336.84	\$392.41	\$902.55	\$1,145.85	\$722.04
Preferred CoDeduct Value 3000+50	\$321.75	\$374.84	\$862.13	\$1,094.54	\$689.71
Preferred CoDeduct Value 5000+50	\$283.77	\$330.60	\$760.37	\$965.34	\$608.30
Preferred CoDeduct Value 7500+50	\$251.61	\$293.13	\$674.20	\$855.94	\$539.36
Preferred CoDeduct Value 300+50/70	\$489.27	\$569.99	\$1,310.99	\$1,664.39	\$1,048.79
Preferred CoDeduct Value 500+50/70	\$457.33	\$532.79	\$1,225.42	\$1,555.75	\$980.33
Preferred CoDeduct Value 750+50/70	\$428.80	\$499.55	\$1,148.97	\$1,458.69	\$919.18
Preferred CoDeduct Value 1000+50/70	\$404.19	\$470.88	\$1,083.02	\$1,374.97	\$866.42
Preferred CoDeduct Value 1500+50/70	\$377.02	\$439.23	\$1,010.24	\$1,282.56	\$808.19
Preferred CoDeduct Value 2000+50/70	\$343.93	\$400.68	\$921.57	\$1,169.99	\$737.25
Preferred CoDeduct Value 2500+50/70	\$319.39	\$372.09	\$855.81	\$1,086.51	\$684.65
Preferred CoDeduct Value 3000+50/70	\$305.58	\$356.00	\$818.80	\$1,039.53	\$655.04
Preferred CoDeduct Value 5000+50/70	\$270.72	\$315.38	\$725.38	\$920.92	\$580.31
Preferred CoDeduct Value 7500+50/70	\$240.87	\$280.61	\$645.41	\$819.39	\$516.33
Preferred \$15/50%	\$487.72	\$568.20	\$1,306.86	\$1,659.14	\$1,045.48
HSA-eligible plans					
Preferred FP 80+1150	\$434.79	\$506.53	\$1,165.02	\$1,479.07	\$932.02
Preferred FP 80+1150 +Rx	\$516.38	\$601.58	\$1,383.63	\$1,756.61	\$1,106.90
Preferred FP 80+1500	\$400.34	\$466.39	\$1,072.70	\$1,361.86	\$858.16
Preferred FP 80+1500 +Rx	\$474.66	\$552.97	\$1,271.84	\$1,614.68	\$1,017.47
Preferred FP 80+2000	\$368.15	\$428.89	\$986.45	\$1,252.37	\$789.16
Preferred FP 80+2000 +Rx	\$435.11	\$506.90	\$1,165.86	\$1,480.14	\$932.69
Preferred FP 80+3000	\$326.27	\$380.11	\$874.25	\$1,109.91	\$699.40
Preferred FP 80+3000 +Rx	\$383.55	\$446.83	\$1,027.72	\$1,304.75	\$822.17
Preferred FP 5000	\$309.24	\$360.26	\$828.60	\$1,051.97	\$662.88
Preferred FP 5000 +Rx	\$360.54	\$420.03	\$966.07	\$1,226.48	\$772.85

Area 6 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Non-Grandfathered Plans

PLAN	PMPM	EE Rate	EE + Spouse	EE + Family	EE + Child(ren)
Preferred 15/200D	\$763.01	\$888.90	\$2,044.47	\$2,595.59	\$1,635.58
Preferred 25/200D	\$709.75	\$826.85	\$1,901.76	\$2,414.41	\$1,521.41
Prime 15/200D	\$763.01	\$888.90	\$2,044.47	\$2,595.59	\$1,635.58
Prime 25/200D	\$711.59	\$829.00	\$1,906.70	\$2,420.67	\$1,525.36
Prime 500+25	\$537.24	\$625.88	\$1,439.53	\$1,827.58	\$1,151.63
Prime 1000+35	\$470.03	\$547.59	\$1,259.45	\$1,598.96	\$1,007.56
Choice 15/200D	\$763.01	\$888.90	\$2,044.47	\$2,595.59	\$1,635.58
Choice 25/200D	\$711.59	\$829.00	\$1,906.70	\$2,420.67	\$1,525.36
Preferred 300+15	\$599.60	\$698.53	\$1,606.62	\$2,039.71	\$1,285.30
Preferred 500+15	\$550.85	\$641.74	\$1,475.99	\$1,873.87	\$1,180.79
Preferred 750+15	\$509.22	\$593.24	\$1,364.46	\$1,732.28	\$1,091.57
Preferred 1000+15	\$482.56	\$562.19	\$1,293.03	\$1,641.59	\$1,034.43
Preferred 300+25	\$584.90	\$681.41	\$1,567.24	\$1,989.71	\$1,253.79
Preferred 500+25	\$537.12	\$625.74	\$1,439.21	\$1,827.17	\$1,151.37
Preferred 750+25	\$496.00	\$577.84	\$1,329.04	\$1,687.30	\$1,063.23
Preferred 1000+25	\$469.60	\$547.08	\$1,258.28	\$1,597.47	\$1,006.63
Preferred 1500+25	\$439.78	\$512.34	\$1,178.39	\$1,496.04	\$942.71
Preferred 2000+25	\$407.91	\$475.22	\$1,093.00	\$1,387.64	\$874.40
Preferred 2500+25	\$382.49	\$445.60	\$1,024.87	\$1,301.14	\$819.90
Preferred 500+35	\$547.79	\$638.17	\$1,467.80	\$1,863.47	\$1,174.24
Preferred 750+35	\$487.75	\$568.23	\$1,306.92	\$1,659.23	\$1,045.54
Preferred 1000+35	\$461.40	\$537.53	\$1,236.32	\$1,569.59	\$989.06
Preferred 1500+35	\$431.83	\$503.09	\$1,157.10	\$1,469.01	\$925.68
Preferred 2000+35	\$400.05	\$466.06	\$1,071.93	\$1,360.89	\$857.55
Preferred 2500+35	\$374.69	\$436.52	\$1,003.99	\$1,274.63	\$803.19
Preferred 1000+50	\$451.57	\$526.08	\$1,209.98	\$1,536.15	\$967.99
Preferred 1500+50	\$422.27	\$491.94	\$1,131.47	\$1,436.47	\$905.17
Preferred 2000+50	\$390.49	\$454.92	\$1,046.32	\$1,328.37	\$837.05
Preferred 2500+50	\$365.15	\$425.40	\$978.41	\$1,242.16	\$782.73
Preferred 2000+35/30%	\$372.54	\$434.01	\$998.22	\$1,267.30	\$798.57
Preferred 3000+35/30%	\$334.58	\$389.79	\$896.52	\$1,138.19	\$717.21
Preferred 80+300	\$585.19	\$681.74	\$1,568.01	\$1,990.69	\$1,254.41
Preferred 80+500	\$537.15	\$625.78	\$1,439.29	\$1,827.27	\$1,151.43
Preferred 80+750	\$500.06	\$582.57	\$1,339.92	\$1,701.11	\$1,071.93
Preferred 80+1000	\$463.69	\$540.19	\$1,242.45	\$1,577.37	\$993.96
Preferred 80+1500	\$426.54	\$496.92	\$1,142.92	\$1,451.01	\$914.34
Preferred 80+2000	\$391.60	\$456.21	\$1,049.29	\$1,332.14	\$839.43
Preferred 80+2500	\$369.17	\$430.09	\$989.20	\$1,255.86	\$791.36
Preferred 70/3500	\$552.30	\$643.43	\$1,479.89	\$1,878.81	\$1,183.91
Preferred 50/3750	\$446.01	\$519.60	\$1,195.07	\$1,517.23	\$956.06
Preferred 50/5000	\$429.78	\$500.70	\$1,151.61	\$1,462.04	\$921.29
BHP	\$540.39	\$629.55	\$1,447.97	\$1,838.29	\$1,158.38
Preferred CoDeduct Value 300+35	\$494.07	\$575.59	\$1,323.86	\$1,680.72	\$1,059.09
Preferred CoDeduct Value 500+35	\$461.17	\$537.26	\$1,235.71	\$1,568.81	\$988.56
Preferred CoDeduct Value 750+35	\$433.68	\$505.24	\$1,162.05	\$1,475.30	\$929.64
Preferred CoDeduct Value 1000+35	\$409.81	\$477.43	\$1,098.10	\$1,394.11	\$878.48
Preferred CoDeduct Value 1500+35	\$381.70	\$444.68	\$1,022.75	\$1,298.45	\$818.20
Preferred CoDeduct Value 2000+35	\$350.14	\$407.91	\$938.19	\$1,191.10	\$750.56
Preferred CoDeduct Value 2500+35	\$326.82	\$380.74	\$875.70	\$1,111.76	\$700.56
Preferred CoDeduct Value 3000+35	\$312.41	\$363.96	\$837.11	\$1,062.76	\$669.69
Preferred CoDeduct Value 5000+35	\$276.27	\$321.86	\$740.27	\$939.82	\$592.22
Preferred CoDeduct Value 7500+35	\$245.68	\$286.21	\$658.29	\$835.74	\$526.63
Preferred CoDeduct Value 300+35/70%	\$471.30	\$549.06	\$1,262.85	\$1,603.27	\$1,010.28
Preferred CoDeduct Value 500+35/70%	\$440.72	\$513.44	\$1,180.91	\$1,499.24	\$944.73
Preferred CoDeduct Value 750+35/70%	\$413.70	\$481.96	\$1,108.52	\$1,407.34	\$886.81
Preferred CoDeduct Value 1000+35/70%	\$390.36	\$454.77	\$1,045.98	\$1,327.94	\$836.78
Preferred CoDeduct Value 1500+35/70%	\$364.44	\$424.57	\$976.52	\$1,239.75	\$781.21
Preferred CoDeduct Value 2000+35/70%	\$333.06	\$388.02	\$892.45	\$1,133.02	\$713.96
Preferred CoDeduct Value 2500+35/70%	\$309.81	\$360.93	\$830.14	\$1,053.92	\$664.11
Preferred CoDeduct Value 3000+35/70%	\$296.63	\$345.57	\$794.81	\$1,009.06	\$635.85
Preferred CoDeduct Value 5000+35/70%	\$263.47	\$306.94	\$705.95	\$896.26	\$564.76
Preferred CoDeduct Value 7500+35/70%	\$235.09	\$273.88	\$629.93	\$799.74	\$503.94
Preferred CoDeduct Value 300+50	\$484.45	\$564.39	\$1,298.09	\$1,648.01	\$1,038.47

Area 6 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Non-Grandfathered Plans

PLAN	PMPM	EE Rate	EE + Spouse	EE + Family	EE + Child(ren)
Preferred CoDeduct Value 500+50	\$451.99	\$526.57	\$1,211.10	\$1,537.58	\$968.88
Preferred CoDeduct Value 750+50	\$424.57	\$494.62	\$1,137.63	\$1,444.30	\$910.11
Preferred CoDeduct Value 1000+50	\$400.79	\$466.93	\$1,073.93	\$1,363.42	\$859.14
Preferred CoDeduct Value 1500+50	\$372.96	\$434.50	\$999.35	\$1,268.74	\$799.48
Preferred CoDeduct Value 2000+50	\$341.53	\$397.88	\$915.13	\$1,161.82	\$732.10
Preferred CoDeduct Value 2500+50	\$318.29	\$370.81	\$852.87	\$1,082.77	\$682.30
Preferred CoDeduct Value 3000+50	\$304.04	\$354.21	\$814.68	\$1,034.29	\$651.74
Preferred CoDeduct Value 5000+50	\$268.15	\$312.40	\$718.52	\$912.20	\$574.81
Preferred CoDeduct Value 7500+50	\$237.76	\$277.00	\$637.09	\$808.83	\$509.67
Preferred CoDeduct Value 300+50/70%	\$462.33	\$538.62	\$1,238.82	\$1,572.77	\$991.06
Preferred CoDeduct Value 500+50/70%	\$432.16	\$503.46	\$1,157.96	\$1,470.11	\$926.37
Preferred CoDeduct Value 750+50/70%	\$405.20	\$472.05	\$1,085.72	\$1,378.40	\$868.58
Preferred CoDeduct Value 1000+50/70%	\$381.94	\$444.96	\$1,023.41	\$1,299.28	\$818.73
Preferred CoDeduct Value 1500+50/70%	\$356.27	\$415.06	\$954.63	\$1,211.96	\$763.70
Preferred CoDeduct Value 2000+50/70%	\$325.00	\$378.63	\$870.84	\$1,105.59	\$696.67
Preferred CoDeduct Value 2500+50/70%	\$301.81	\$351.61	\$808.70	\$1,026.70	\$646.96
Preferred CoDeduct Value 3000+50/70%	\$288.76	\$336.41	\$773.73	\$982.30	\$618.99
Preferred CoDeduct Value 5000+50/70%	\$255.81	\$298.02	\$685.45	\$870.23	\$548.36
Preferred CoDeduct Value 7500+50/70%	\$227.61	\$265.17	\$609.89	\$774.29	\$487.91
Preferred \$15/50%	\$460.88	\$536.92	\$1,234.92	\$1,567.81	\$987.94
HSA-eligible plans					
Preferred FP 80+1150	\$410.86	\$478.65	\$1,100.89	\$1,397.65	\$880.71
Preferred FP 80+1150 +Rx	\$487.95	\$568.46	\$1,307.46	\$1,659.91	\$1,045.97
Preferred FP 80+1500	\$378.30	\$440.72	\$1,013.65	\$1,286.90	\$810.92
Preferred FP 80+1500 +Rx	\$448.53	\$522.54	\$1,201.83	\$1,525.80	\$961.46
Preferred FP 80+2000	\$347.88	\$405.28	\$932.15	\$1,183.43	\$745.72
Preferred FP 80+2000 +Rx	\$411.15	\$478.99	\$1,101.69	\$1,398.66	\$881.35
Preferred FP 80+3000	\$308.31	\$359.18	\$826.12	\$1,048.82	\$660.90
Preferred FP 80+3000 +Rx	\$362.44	\$422.24	\$971.14	\$1,232.93	\$776.92
Preferred FP 5000	\$292.22	\$340.43	\$782.99	\$994.06	\$626.39
Preferred FP 5000 +Rx	\$340.69	\$396.91	\$912.89	\$1,158.97	\$730.31

Area 7 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Non-Grandfathered Plans

PLAN	PMPM	EE +			
		EE Rate	Spouse	Family	Child(ren)
Preferred 15/200D	\$755.60	\$880.27	\$2,024.63	\$2,570.39	\$1,619.70
Preferred 25/200D	\$702.85	\$818.83	\$1,883.30	\$2,390.97	\$1,506.64
Prime 15/200D	\$770.41	\$897.53	\$2,064.32	\$2,620.79	\$1,651.46
Prime 25/200D	\$718.50	\$837.05	\$1,925.21	\$2,444.18	\$1,540.17
Prime 500+25	\$542.46	\$631.96	\$1,453.51	\$1,845.32	\$1,162.81
Prime 1000+35	\$474.60	\$552.90	\$1,271.68	\$1,614.48	\$1,017.34
Choice 15/200D	\$770.41	\$897.53	\$2,064.32	\$2,620.79	\$1,651.46
Choice 25/200D	\$718.50	\$837.05	\$1,925.21	\$2,444.18	\$1,540.17
Preferred 300+15	\$593.78	\$691.75	\$1,591.02	\$2,019.91	\$1,272.82
Preferred 500+15	\$545.50	\$635.51	\$1,461.66	\$1,855.68	\$1,169.33
Preferred 750+15	\$504.28	\$587.49	\$1,351.22	\$1,715.46	\$1,080.97
Preferred 1000+15	\$477.88	\$556.73	\$1,280.48	\$1,625.65	\$1,024.38
Preferred 300+25	\$579.22	\$674.79	\$1,552.02	\$1,970.39	\$1,241.62
Preferred 500+25	\$531.90	\$619.67	\$1,425.24	\$1,809.43	\$1,140.19
Preferred 750+25	\$491.19	\$572.23	\$1,316.14	\$1,670.92	\$1,052.91
Preferred 1000+25	\$465.04	\$541.77	\$1,246.07	\$1,581.96	\$996.85
Preferred 1500+25	\$435.51	\$507.37	\$1,166.95	\$1,481.52	\$933.56
Preferred 2000+25	\$403.95	\$470.60	\$1,082.39	\$1,374.16	\$865.91
Preferred 2500+25	\$378.77	\$441.27	\$1,014.92	\$1,288.51	\$811.94
Preferred 500+35	\$542.47	\$631.98	\$1,453.55	\$1,845.38	\$1,162.84
Preferred 750+35	\$483.01	\$562.71	\$1,294.24	\$1,643.12	\$1,035.39
Preferred 1000+35	\$456.92	\$532.31	\$1,224.32	\$1,554.35	\$979.46
Preferred 1500+35	\$427.64	\$498.20	\$1,145.86	\$1,454.75	\$916.69
Preferred 2000+35	\$396.17	\$461.53	\$1,061.52	\$1,347.67	\$849.22
Preferred 2500+35	\$371.06	\$432.28	\$994.24	\$1,262.26	\$795.40
Preferred 1000+50	\$447.19	\$520.97	\$1,198.23	\$1,521.24	\$958.59
Preferred 1500+50	\$418.17	\$487.17	\$1,120.48	\$1,422.52	\$896.39
Preferred 2000+50	\$386.70	\$450.50	\$1,036.16	\$1,315.47	\$828.93
Preferred 2500+50	\$361.60	\$421.27	\$968.92	\$1,230.10	\$775.13
Preferred 2000+35/30%	\$368.92	\$429.79	\$988.52	\$1,255.00	\$790.82
Preferred 3000+35/30%	\$331.34	\$386.01	\$887.81	\$1,127.14	\$710.25
Preferred 80+300	\$579.50	\$675.12	\$1,552.78	\$1,971.36	\$1,242.23
Preferred 80+500	\$531.93	\$619.70	\$1,425.32	\$1,809.53	\$1,140.25
Preferred 80+750	\$495.21	\$576.92	\$1,326.91	\$1,684.60	\$1,061.53
Preferred 80+1000	\$459.18	\$534.95	\$1,230.38	\$1,562.05	\$984.31
Preferred 80+1500	\$422.40	\$492.10	\$1,131.82	\$1,436.93	\$905.46
Preferred 80+2000	\$387.80	\$451.78	\$1,039.10	\$1,319.21	\$831.28
Preferred 80+2500	\$365.59	\$425.91	\$979.60	\$1,243.66	\$783.68
Preferred 70/3500	\$546.94	\$637.18	\$1,465.52	\$1,860.57	\$1,172.42
Preferred 50/3750	\$441.68	\$514.55	\$1,183.47	\$1,502.50	\$946.78
Preferred 50/5000	\$425.61	\$495.84	\$1,140.43	\$1,447.85	\$912.34
BHP	\$535.14	\$623.44	\$1,433.91	\$1,820.44	\$1,147.13
Preferred CoDeduct Value 300+35	\$489.27	\$570.00	\$1,311.00	\$1,664.41	\$1,048.80
Preferred CoDeduct Value 500+35	\$456.69	\$532.05	\$1,223.71	\$1,553.58	\$978.97
Preferred CoDeduct Value 750+35	\$429.47	\$500.33	\$1,150.77	\$1,460.98	\$920.62
Preferred CoDeduct Value 1000+35	\$405.84	\$472.80	\$1,087.44	\$1,380.57	\$869.95
Preferred CoDeduct Value 1500+35	\$377.99	\$440.36	\$1,012.83	\$1,285.85	\$810.26
Preferred CoDeduct Value 2000+35	\$346.74	\$403.95	\$929.09	\$1,179.53	\$743.27
Preferred CoDeduct Value 2500+35	\$323.64	\$377.04	\$867.20	\$1,100.97	\$693.76
Preferred CoDeduct Value 3000+35	\$309.38	\$360.43	\$828.98	\$1,052.44	\$663.18
Preferred CoDeduct Value 5000+35	\$273.59	\$318.73	\$733.09	\$930.70	\$586.47
Preferred CoDeduct Value 7500+35	\$243.29	\$283.43	\$651.90	\$827.63	\$521.52
Preferred CoDeduct Value 300+35/70%	\$466.72	\$543.73	\$1,250.59	\$1,587.70	\$1,000.47
Preferred CoDeduct Value 500+35/70%	\$436.44	\$508.45	\$1,169.44	\$1,484.69	\$935.56
Preferred CoDeduct Value 750+35/70%	\$409.69	\$477.28	\$1,097.76	\$1,393.67	\$878.20
Preferred CoDeduct Value 1000+35/70%	\$386.57	\$450.36	\$1,035.82	\$1,315.05	\$828.66
Preferred CoDeduct Value 1500+35/70%	\$360.90	\$420.45	\$967.04	\$1,227.72	\$773.63
Preferred CoDeduct Value 2000+35/70%	\$329.83	\$384.25	\$883.78	\$1,122.02	\$707.03
Preferred CoDeduct Value 2500+35/70%	\$306.80	\$357.43	\$822.08	\$1,043.68	\$657.66
Preferred CoDeduct Value 3000+35/70%	\$293.75	\$342.21	\$787.09	\$999.26	\$629.67
Preferred CoDeduct Value 5000+35/70%	\$260.91	\$303.96	\$699.10	\$887.55	\$559.28
Preferred CoDeduct Value 7500+35/70%	\$232.81	\$271.22	\$623.81	\$791.97	\$499.05
Preferred CoDeduct Value 300+50	\$479.75	\$558.91	\$1,285.48	\$1,632.01	\$1,028.39

Area 7 Geographic Average Rates

Effective 4th Quarter 2010

Trended 0% from the effective date GARs
Non-Grandfathered Plans

PLAN	PMPM	EE Rate	EE + Spouse	EE + Family	EE + Child(ren)
Preferred CoDeduct Value 500+50	\$447.60	\$521.45	\$1,199.35	\$1,522.65	\$959.48
Preferred CoDeduct Value 750+50	\$420.45	\$489.82	\$1,126.59	\$1,430.28	\$901.27
Preferred CoDeduct Value 1000+50	\$396.90	\$462.39	\$1,063.50	\$1,350.18	\$850.80
Preferred CoDeduct Value 1500+50	\$369.34	\$430.28	\$989.64	\$1,256.42	\$791.72
Preferred CoDeduct Value 2000+50	\$338.21	\$394.02	\$906.25	\$1,150.54	\$725.00
Preferred CoDeduct Value 2500+50	\$315.20	\$367.21	\$844.59	\$1,072.26	\$675.67
Preferred CoDeduct Value 3000+50	\$301.09	\$350.77	\$806.77	\$1,024.24	\$645.41
Preferred CoDeduct Value 5000+50	\$265.55	\$309.37	\$711.54	\$903.35	\$569.23
Preferred CoDeduct Value 7500+50	\$235.46	\$274.31	\$630.90	\$800.97	\$504.72
Preferred CoDeduct Value 300+50/70%	\$457.85	\$533.39	\$1,226.80	\$1,557.50	\$981.44
Preferred CoDeduct Value 500+50/70%	\$427.96	\$498.57	\$1,146.72	\$1,455.84	\$917.38
Preferred CoDeduct Value 750+50/70%	\$401.26	\$467.47	\$1,075.18	\$1,365.02	\$860.15
Preferred CoDeduct Value 1000+50/70%	\$378.23	\$440.64	\$1,013.47	\$1,286.67	\$810.78
Preferred CoDeduct Value 1500+50/70%	\$352.81	\$411.03	\$945.36	\$1,200.19	\$756.29
Preferred CoDeduct Value 2000+50/70%	\$321.84	\$374.95	\$862.38	\$1,094.85	\$689.91
Preferred CoDeduct Value 2500+50/70%	\$298.88	\$348.20	\$800.85	\$1,016.73	\$640.68
Preferred CoDeduct Value 3000+50/70%	\$285.96	\$333.14	\$766.22	\$972.77	\$612.98
Preferred CoDeduct Value 5000+50/70%	\$253.33	\$295.13	\$678.80	\$861.78	\$543.04
Preferred CoDeduct Value 7500+50/70%	\$225.40	\$262.59	\$603.96	\$766.77	\$483.17
Preferred \$15/50%	\$456.40	\$531.71	\$1,222.93	\$1,552.59	\$978.34
HSA-eligible plans					
Preferred FP 80+1150	\$406.87	\$474.00	\$1,090.20	\$1,384.08	\$872.16
Preferred FP 80+1150 +Rx	\$483.21	\$562.94	\$1,294.77	\$1,643.80	\$1,035.82
Preferred FP 80+1500	\$374.63	\$436.44	\$1,003.81	\$1,274.40	\$803.05
Preferred FP 80+1500 +Rx	\$444.17	\$517.46	\$1,190.16	\$1,510.99	\$952.13
Preferred FP 80+2000	\$344.51	\$401.35	\$923.10	\$1,171.94	\$738.48
Preferred FP 80+2000 +Rx	\$407.16	\$474.34	\$1,090.99	\$1,385.09	\$872.79
Preferred FP 80+3000	\$305.32	\$355.70	\$818.10	\$1,038.63	\$654.48
Preferred FP 80+3000 +Rx	\$358.92	\$418.14	\$961.72	\$1,220.96	\$769.37
Preferred FP 5000	\$289.38	\$337.13	\$775.39	\$984.41	\$620.31
Preferred FP 5000 +Rx	\$337.39	\$393.05	\$904.03	\$1,147.72	\$723.22

Pharmacy Geographic Average Rates**Effective 4th Quarter 2010**

Trended 0% from the effective date GARs

PLAN	PMPM	EE Rate	EE + Spouse	EE + Family	EE + Child(ren)
Tiered Rx 10/20/40 SD Mac B	\$85.31	\$99.39	\$216.01	\$274.24	\$172.81
Tiered Rx 15/30/50 SD Mac B	\$64.73	\$75.41	\$163.89	\$208.07	\$131.11
RX \$15/50%/5000 Mac B	\$45.31	\$52.79	\$114.72	\$145.65	\$91.78
Rx \$200 Ded Tiered 15/30/50 SD Mac B	\$49.13	\$57.24	\$124.39	\$157.93	\$99.51
Tiered Value Rx 10/50/75 SD	\$42.46	\$49.47	\$107.51	\$136.49	\$86.01
Rx 50% Mac B	\$38.84	\$45.25	\$98.33	\$124.84	\$78.67

Area Factors and Plan Availability Matrix

Small Group Area/Network Factor Table

	AREA	Preferred PSN	Preferred WCN	Preferred CCN	Prime PSN	Prime WCN	Prime CCN	Prime MCN	Choice PSN	Choice WCN	Choice CCN
	1	0.990		0.990	0.990	1.000	0.990		0.990	1.000	0.990
	2	0.940			0.960			0.960	0.960		
	3	1.000			1.000				1.000		
	4	1.040			1.000				1.000		
	5	1.090			1.090				1.090		
	6	1.030			1.030				1.030		
	7	1.020			1.040				1.040		

Small Group Availability Matrix

Locations		Preferred PSN	Preferred WCN	Preferred CCN	Prime PSN	Prime WCN	Prime CCN	Prime MCN	Choice PSN	Choice WCN	Choice CCN
County	Area										
Baker	6	X									
Benton	2	X			X				X		
Clackamas	1	X		X	X	X	X		X	X	X
Clatsop	5	X			X				X		
Columbia	5	X			X				X		
Coos	5	X			X				X		
Crook	6				X				X		
Curry	5	X			X				X		
Deschutes	4	X			X				X		
Douglas	7	X			X				X		
Gilliam	6	X									
Grant	6	X			X				X		
Harney	6				X				X		
Hood River	6	X			X				X		
Jackson	7	X			X				X		
Jefferson	6				X				X		
Josephine	7	X			X				X		
Klamath	4	X									
Lake	4	X									
Lane	2	X			X			X	X		
Lincoln	5	X									
Linn	2	X			X				X		
Malheur	6	X			X				X		
Marion	3	X			X				X		
Morrow	6	X									
Multnomah	1	X		X	X	X	X		X	X	X
Polk	3	X			X				X		
Sherman	6	X			X				X		
Tillamook	5	X									
Umatilla	6	X									
Union	6	X									
Wallowa	6	X									
Wasco	6	X			X				X		
Washington	1	X		X	X	X	X		X	X	X
Wheeler	6				X				X		
Yamhill	1	X		X	X	X	X		X	X	X

Rate Tables and Factors

A distribution of rate increases is included in the Actuarial Memorandum. Base and geographic average rate tables, and rate tables by geographic area and family composition are attached for both the grandfathered and non-grandfathered plan versions.

Trend Factors

The quarterly trend factors are based off our filed annual medical and Rx trends of 13.0% and 11.5%, respectively. A quarterly trend factor will be applied to the base rate beginning with 1/1/2011 effective dates as follows:

Effective Dates	Medical Trend Factor	Rx Trend Factor
10/1/10 to 12/31/10	1.00000	1.00000
1/1/11 to 3/31/11	1.03103	1.02759
4/1/11 to 6/30/11	1.06302	1.05594
7/1/11 to 9/30/11	1.09601	1.08507

Age Factor

These are based on the age of the employee as follows:

Age Bucket	EE	ES	EF	EC
0 to 24	0.51520	1.16010	2.96520	1.76180
25 to 29	0.65880	1.40120	2.99480	1.77940
30 to 34	0.74400	1.68400	3.22300	1.91500
35 to 39	0.83800	1.83200	3.22300	1.91500
40 to 44	0.98700	2.12700	3.22300	1.91500
45 to 49	1.25000	2.59800	3.38800	1.99800
50 to 54	1.49000	3.05900	3.73100	2.18000
55 to 59	1.96200	3.87900	4.42700	2.91600
60 to 64	2.56940	4.93170	5.37140	3.49350
65+	3.03100	5.73400	5.92400	3.55100

Tier Factors

As discussed in the "Covered Benefit or Plan Design Changes" exhibit, the tier relativities are adjusted for the extension of coverage for dependents to age 26 as follows:

Tier	Old Factors	New Factors
EE	1.00	1.00
ES	2.30	2.30
EF	2.85	2.92
EC	1.75	1.84

Rate Bands

In accordance with HB 2002, the rate bands for groups of 2-25 and 26-50 will be adjusted effective January 1, 2011:

Effective Dates	SEHI (2-25)	HIPAA (26-50)
1/1/10 – 12/31/10	48.2% (2.861 to 1)	54.1% (3.357 to 1)
1/1/11 – 12/31/11	50.0% (3.000 to 1)	50.0% (3.000 to 1)

Employer Contribution

These factors are based on the employer's level of contribution to employee and dependent premium as follows:

Contribution	Employee Factor	Dependent Factor
0%	N/A	1.03
25%	N/A	1.00
50%	1.025	0.97
75%	1.005	0.945
90%	0.99	0.93
100%	0.98	0.92

Participation Level

These factors are based on the level of employee participation as follows:

Participation	Factor for 2-25 Groups	Factor for 26-50 Groups
90%	N/A	1.00
100%	1.00	0.920

Expected Experience

An expected experience factor of up to +/- 5% is applied on small employer quotes and renewals, in accordance with HB 2002. This factor is applied inside the rate band for groups of 2-25 and outside the rate band for groups of 26-50.

Group Size	Range
2 – 50 Employees	0.95 – 1.05

Plan Relativity Factors

The benefit relativities for each of PacificSource's medical plan offerings are listed below. The relativities were calculated using PacificSource's proprietary pricing model. This model is based on 2009 incurred claims data. The model uses historical unit cost and utilization data trended appropriately, and adjustments are made based on plan design.

The member cost-sharing is determined based on the deductible, copays, and coinsurance associated with each benefit plan. The ratios of the net plan cost PMPM of each benefit plan are then used to determine the benefit relativities.

The grandfathered plan relativities are based on current benefits. The non-grandfathered plan relativities include the elimination of member cost-sharing provisions on preventive care services and other new mandates in accordance with federal health care reform.

Non-area-adjusted, 10/1/2010 Plan Relativity Factors

	NETWORK	Current Relativity	New Relativity - Grandfathered	% Change vs. Current	New Relativity - Non-Grandfathered	% Change vs. Current
Preferred 300+15	PSN	0.847739	0.841419	-0.7%	0.844807	-0.3%
Preferred 500+15	PSN	0.778682	0.773036	-0.7%	0.776118	-0.3%
Preferred 750+15	PSN	0.719298	0.714429	-0.7%	0.717473	-0.3%
Preferred 1000+15	PSN	0.681275	0.676872	-0.6%	0.679912	-0.2%
Preferred 300+25	PSN	0.825109	0.820226	-0.6%	0.824098	-0.1%
Preferred 500+25	PSN	0.757531	0.753237	-0.6%	0.756778	-0.1%
Preferred 750+25	PSN	0.698847	0.695324	-0.5%	0.698847	0.0%
Preferred 1000+25	PSN	0.661157	0.658100	-0.5%	0.661640	0.1%
Preferred 1500+25	PSN	0.618594	0.616310	-0.4%	0.619629	0.2%
Preferred 2000+25	PSN	0.572218	0.571361	-0.1%	0.574730	0.4%
Preferred 2500+25	PSN	0.535876	0.535532	-0.1%	0.538908	0.6%
Preferred 500+35	PSN	0.748205	0.767809	2.6%	0.771811	3.2%
Preferred 750+35	PSN	0.685638	0.683214	-0.4%	0.687218	0.2%
Preferred 1000+35	PSN	0.648002	0.646053	-0.3%	0.650093	0.3%
Preferred 1500+35	PSN	0.605820	0.604619	-0.2%	0.608434	0.4%
Preferred 2000+35	PSN	0.559556	0.559763	0.0%	0.563652	0.7%
Preferred 2500+35	PSN	0.523306	0.524015	0.1%	0.527927	0.9%
Preferred 1000+50	PSN	0.631884	0.631462	-0.1%	0.636242	0.7%
Preferred 1500+50	PSN	0.590117	0.590409	0.0%	0.594957	0.8%
Preferred 2000+50	PSN	0.543842	0.545527	0.3%	0.550183	1.2%
Preferred 2500+50	PSN	0.507599	0.509773	0.4%	0.514478	1.4%
Preferred 2000+35/30%	PSN	0.522083	0.521137	-0.2%	0.524890	0.5%
Preferred 3000+35/30%	PSN	0.467576	0.467741	0.0%	0.471414	0.8%
Preferred 15/200D	PSN	1.074289	1.072862	-0.1%	1.075042	0.1%
Preferred 25/200D	PSN	1.000000	1.000000	0.0%	1.002594	0.3%
Prime 15/200D	PSN	1.062935	1.061625	-0.1%	1.075042	1.1%
Prime 25/200D	PSN	0.989929	0.989996	0.0%	1.002594	1.3%
Choice 15/200D	PSN	1.067476	1.066120	-0.1%	1.075042	0.7%
Choice 25/200D	PSN	0.993957	0.993997	0.0%	1.002594	0.9%
BHP	PSN	0.745663	0.753419	1.0%	0.761383	2.1%
Prime 500+25	PSN	0.742014	0.743972	0.3%	0.756947	2.0%
Prime 1000+35	PSN	0.648449	0.650318	0.3%	0.662255	2.1%
Preferred 80+300	PSN	0.818728	0.820050	0.2%	0.824502	0.7%
Preferred 80+500	PSN	0.747982	0.752810	0.6%	0.756819	1.2%
Preferred 80+750	PSN	0.686667	0.701144	2.1%	0.704565	2.6%
Preferred 80+1000	PSN	0.639831	0.649987	1.6%	0.653314	2.1%
Preferred 80+1500	PSN	0.584272	0.598016	2.4%	0.600980	2.9%
Preferred 80+2000	PSN	0.533068	0.549099	3.0%	0.551747	3.5%
Preferred 80+2500	PSN	0.494532	0.517908	4.7%	0.520150	5.2%
Preferred 70/3500	PSN	0.784888	0.772296	-1.6%	0.778167	-0.9%
Preferred 50/3750	PSN	0.617331	0.618703	0.2%	0.628404	1.8%
Preferred 50/5000	PSN	0.592803	0.595156	0.4%	0.605548	2.2%
Prime McKenzie 15/200D	MCN	1.023710	1.023710	0.0%	1.035370	1.1%
Prime McKenzie 25/200D	MCN	0.960170	0.960170	0.0%	0.972455	1.3%
Preferred CoDeduct Value 300+35	PSN	0.697709	0.689337	-1.2%	0.696121	-0.2%
Preferred CoDeduct Value 500+35	PSN	0.650821	0.643396	-1.1%	0.649769	-0.2%
Preferred CoDeduct Value 750+35	PSN	0.611327	0.604788	-1.1%	0.611039	0.0%
Preferred CoDeduct Value 1000+35	PSN	0.577090	0.571283	-1.0%	0.577411	0.1%
Preferred CoDeduct Value 1500+35	PSN	0.536502	0.532002	-0.8%	0.537793	0.2%
Preferred CoDeduct Value 2000+35	PSN	0.490891	0.487690	-0.7%	0.493329	0.5%

Plan Relativity Factors

Non-area-adjusted, 10/1/2010 Plan Relativity Factors

	NETWORK	Current Relativity	New Relativity - Grandfathered	% Change vs. Current	New Relativity - Non-Grandfathered	% Change vs. Current
Preferred CoDeduct Value 2500+35	PSN	0.457167	0.454946	-0.5%	0.460469	0.7%
Preferred CoDeduct Value 3000+35	PSN	0.436259	0.434829	-0.3%	0.440174	0.9%
Preferred CoDeduct Value 5000+35	PSN	0.383317	0.384310	0.3%	0.389256	1.5%
Preferred CoDeduct Value 7500+35	PSN	0.338155	0.341526	1.0%	0.346148	2.4%
Preferred CoDeduct Value 300+35/70%	PSN	0.646629	0.657517	1.7%	0.664042	2.7%
Preferred CoDeduct Value 500+35/70%	PSN	0.604311	0.614861	1.7%	0.620956	2.8%
Preferred CoDeduct Value 750+35/70%	PSN	0.566111	0.576905	1.9%	0.582890	3.0%
Preferred CoDeduct Value 1000+35/70%	PSN	0.533248	0.544137	2.0%	0.550005	3.1%
Preferred CoDeduct Value 1500+35/70%	PSN	0.496935	0.507975	2.2%	0.513481	3.3%
Preferred CoDeduct Value 2000+35/70%	PSN	0.452876	0.463893	2.4%	0.469274	3.6%
Preferred CoDeduct Value 2500+35/70%	PSN	0.420379	0.431221	2.6%	0.436511	3.8%
Preferred CoDeduct Value 3000+35/70%	PSN	0.401871	0.412836	2.7%	0.417932	4.0%
Preferred CoDeduct Value 5000+35/70%	PSN	0.354914	0.366556	3.3%	0.371211	4.6%
Preferred CoDeduct Value 7500+35/70%	PSN	0.314440	0.326931	4.0%	0.331235	5.3%
Preferred CoDeduct Value 300+50	PSN	0.681378	0.675092	-0.9%	0.682570	0.2%
Preferred CoDeduct Value 500+50	PSN	0.635220	0.629789	-0.9%	0.636833	0.3%
Preferred CoDeduct Value 750+50	PSN	0.595817	0.591256	-0.8%	0.598200	0.4%
Preferred CoDeduct Value 1000+50	PSN	0.561724	0.557867	-0.7%	0.564701	0.5%
Preferred CoDeduct Value 1500+50	PSN	0.521609	0.518996	-0.5%	0.525484	0.7%
Preferred CoDeduct Value 2000+50	PSN	0.478205	0.474847	-0.3%	0.481201	1.0%
Preferred CoDeduct Value 2500+50	PSN	0.442620	0.442210	-0.1%	0.448463	1.3%
Preferred CoDeduct Value 3000+50	PSN	0.421963	0.422310	0.1%	0.428380	1.5%
Preferred CoDeduct Value 5000+50	PSN	0.369435	0.372144	0.7%	0.377816	2.3%
Preferred CoDeduct Value 7500+50	PSN	0.324615	0.329648	1.6%	0.334999	3.2%
Preferred CoDeduct Value 300+50/70%	PSN	0.632052	0.644297	1.9%	0.651408	3.1%
Preferred CoDeduct Value 500+50/70%	PSN	0.590369	0.602225	2.0%	0.608890	3.1%
Preferred CoDeduct Value 750+50/70%	PSN	0.552198	0.564325	2.2%	0.570904	3.4%
Preferred CoDeduct Value 1000+50/70%	PSN	0.519424	0.531656	2.4%	0.538136	3.6%
Preferred CoDeduct Value 1500+50/70%	PSN	0.483502	0.495856	2.6%	0.501970	3.8%
Preferred CoDeduct Value 2000+50/70%	PSN	0.439576	0.451898	2.8%	0.457911	4.2%
Preferred CoDeduct Value 2500+50/70%	PSN	0.407162	0.419297	3.0%	0.425238	4.4%
Preferred CoDeduct Value 3000+50/70%	PSN	0.388866	0.401106	3.1%	0.406850	4.6%
Preferred CoDeduct Value 5000+50/70%	PSN	0.342230	0.355118	3.8%	0.360430	5.3%
Preferred CoDeduct Value 7500+50/70%	PSN	0.302013	0.315725	4.5%	0.320695	6.2%
Preferred \$15/50%	PSN	0.636577	0.641391	0.8%	0.649355	2.0%

HSA-eligible plans

Preferred FP 80+1150	PSN	0.586005	0.573529	-2.1%	0.578880	-1.2%
Preferred FP 80+1150 +Rx	PSN	0.695255	0.682143	-1.9%	0.687502	-1.1%
Preferred FP 80+1500	PSN	0.537136	0.527714	-1.8%	0.533006	-0.8%
Preferred FP 80+1500 +Rx	PSN	0.636463	0.626685	-1.5%	0.631956	-0.7%
Preferred FP 80+2000	PSN	0.490815	0.485376	-1.1%	0.490152	-0.1%
Preferred FP 80+2000 +Rx	PSN	0.579730	0.574558	-0.9%	0.579299	-0.1%
Preferred FP 80+3000	PSN	0.430444	0.430309	0.0%	0.434398	0.9%
Preferred FP 80+3000 +Rx	PSN	0.504700	0.506623	0.4%	0.510655	1.2%
Preferred FP 5000	PSN	0.405908	0.409039	0.8%	0.411719	1.4%
Preferred FP 5000 +Rx	PSN	0.471150	0.477413	1.3%	0.480022	1.9%

Rx Plans

	Rx Rel				
Tiered Rx 10/20/40 SD Mac B	1.318000	1.318000	0.0%	1.318000	0.0%
Tiered Rx 15/30/50 SD Mac B	1.000000	1.000000	0.0%	1.000000	0.0%
RX \$15/50%/5000 Mac B	0.700000	0.700000	0.0%	0.700000	0.0%
Rx \$200 Ded Tiered 15/30/50 SD Mac B	0.759000	0.759000	0.0%	0.759000	0.0%
Tiered Value Rx 10/50/75 SD	0.656000	0.656000	0.0%	0.656000	0.0%
Rx 50% Mac B	0.600000	0.600000	0.0%	0.600000	0.0%

Development of Rate Change

To determine the rate change, we analyze a one-year block of data – the “experience period.” First, we normalize premiums to the effective date of the previously filed rates (January 1, 2010) and determine a PMPM rate for SEHI and HIPAA based on a recent group census (March 2010). The current membership for the small employer block is 38,565. These premiums are also adjusted for any changes in rating methodology introduced in the current filing. Second, we calculate the incurred claims corresponding to the premiums earned during the experience period for each of the two pools. These claims are adjusted for the impact of benefit changes and demographic changes in the population. We pooled large claims at \$200,000 and applied a completion factor to the incurred claims to account for the run-out of claims. The incurred claims are then trended from the midpoint of the experience period to the midpoint of the new proposed rating period using an assumed medical trend rate based on historical trends and projected changes in utilization and provider reimbursement. Based on our target small employer loss ratio, the new required premium for the pool is calculated and the required rate change (from the previously filed rates) is determined from a comparison to the normalized premium. This rating calculation is based on generally accepted actuarial rating principles for rating blocks of business.

Overall, the projected combined medical and pharmacy loss ratio for small employer groups, when comparing normalized 1/1/2010 rates to the projected claims as of the midpoint of the upcoming rating period, is 92.6% versus a target medical loss ratio of 82.3%. As a result, the medical and pharmacy rates based on current benefits require a 12.90% increase effective October 1, 2010. We are requesting an increase of 9.47%, corresponding to a target medical loss ratio of 84.9%. This is equivalent to a trend increase. Part of this increase is captured through a change in plan relativities discussed in the Plan Relativities exhibit. The resulting requested increase to the base rate is 9.06%.

For detailed discussion of the impact of changes in covered benefits required under health care reform, please see the “Covered Benefit or Plan Design Changes” document. The aggregate impact of these changes is 2.20%, so the total combined requested rate increase vs. the 1/1/2010 approved rates is 11.88%.

Small Group Rate Filing for rates effective: October 2010

Method Used to Compute Rate Change

MEDICAL

(a)	Experience Period is February 2009 to January 2010	
(b)	Earned premium for experience period:	\$ 88,599,731
(c)	Adjusted earned premium for experience period:	\$ 99,746,955
	Premium was adjusted for changes in rating factors, and adjusted to the most recently approved rates (effective 10/1/2009).	
(d)	Raw incurred claims for experience period:	\$ 79,718,010
(e)	Adjusted Incurred claims for experience period:	\$ 75,182,918
	Claims adjusted for IBNR, demographic change, and benefit change.	
	Trend percentage:	13.0%
	Months of trend:	20
	Trend factor:	1.226
(f)	Trended claims for experience period:	\$ 92,168,655
	Administrative costs + Margin + Premium tax:	\$ 20,954,633
(g)	Sum of trended claims, administration, margin, and prem tax:	\$ 113,123,287
(h)	Loss Ratio with administration = g/c*100	113.41 %
(i)	Required percentage change in premium:	13.41 %
(j)	Requested percentage change in premium:	9.51 %
(k)	Total increase including impact of mandates and factor changes:	12.54 %

Small Group Rate Filing for rates effective: October 2010

Method Used to Compute Rate Change

PHARMACY

(a) Experience Period is February 2009 to January 2010

(b) Earned premium for experience period: \$ 14,851,194

(c) Adjusted earned premium for experience period: \$ 13,873,364

Premium was adjusted for changes in rating factors, and adjusted to the most recently approved rates (effective 10/1/2009).

(d) Raw incurred claims for experience period: \$ 12,169,566

(e) Adjusted Incurred claims for experience period: \$ 10,847,409

Claims adjusted for benefit change, demographic change, rebates, and expected pharmacy contract savings.

Trend percentage: 11.5%

Months of trend: 20

Trend factor: 1.199

(f) Trended claims for experience period: \$ 13,005,213

Administrative costs + Margin + Premium tax: \$ 1,676,635

(g) Sum of trended claims, administration, margin, and prem tax: \$ 14,681,848

(h) Loss Ratio with administration = $g/c \times 100$ 105.83 %

(i) Required percentage change in premium: 5.83 %

(j) Requested percentage change in premium: 5.83 %

(k) Total increase including impact of mandates and factor changes: 7.12 %

Small Group Rate Filing for rates effective: October 2010

Method Used to Compute Rate Change

COMBINED MEDICAL AND PHARMACY

(a) Experience Period is February 2009 to January 2010

(b) Earned premium for experience period: \$ 103,450,925

(c) Adjusted earned premium for experience period: \$ 113,620,319

(d) Raw incurred claims for experience period: \$ 91,887,577

(e) Adjusted Incurred claims for experience period: \$ 86,030,327

(f) Trended claims for experience period: \$ 105,173,868

Administrative costs + Margin + Premium Tax: \$ 22,631,268

(g) Sum of trended claims, administration, margin, and prem tax: \$ 127,805,136

(h) Loss Ratio with administration = $g/c \times 100$ 112.48 %

(i) Required percentage change in premium: 12.48 %

(j) Requested percentage change in premium: 9.06 %

(k) Total increase including impact of mandates and factor changes: 11.88 %

Trend Narrative

The 12-month rolling small group medical trend adjusted for benefit changes has been increasing over the last several months. The trend dipped during 2008 due to a high volume of large claims that were incurred during the fourth quarter of 2007 and possibly due to broader economic factors, but trends appear to be returning to more normal levels.

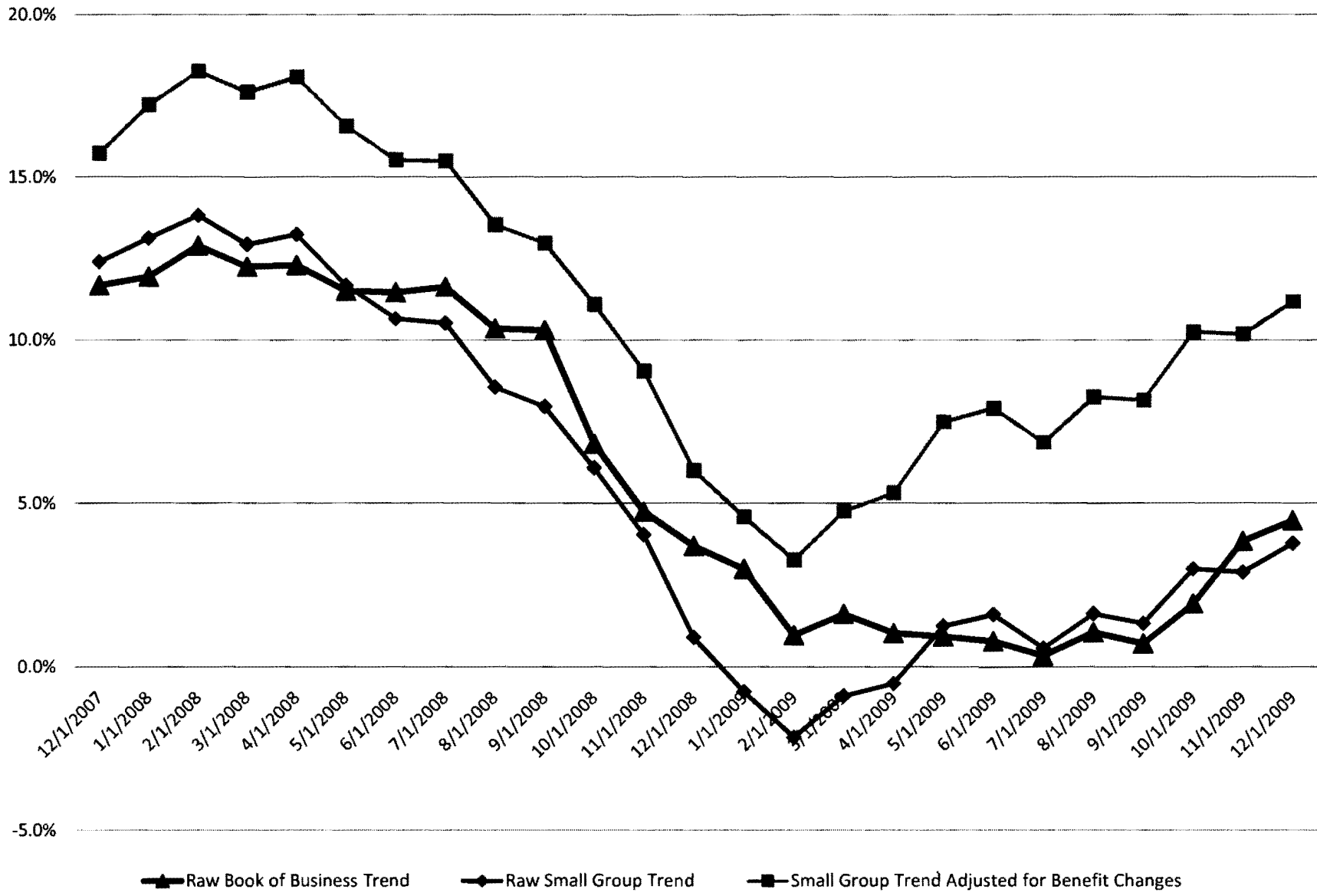
Analysis of provider contracts suggests that our cost per service trend is likely to increase slightly over the next year as providers pass on their additional costs due to new taxes and assessments. Our utilization trend is expected to remain consistent with prior years, with an increase in the use of preventive care services due to the elimination of member cost sharing brought about by health care reform.

Based on our current trends and projections for the coming year, we feel that our current filed trend of 13.0% continues to be appropriate.

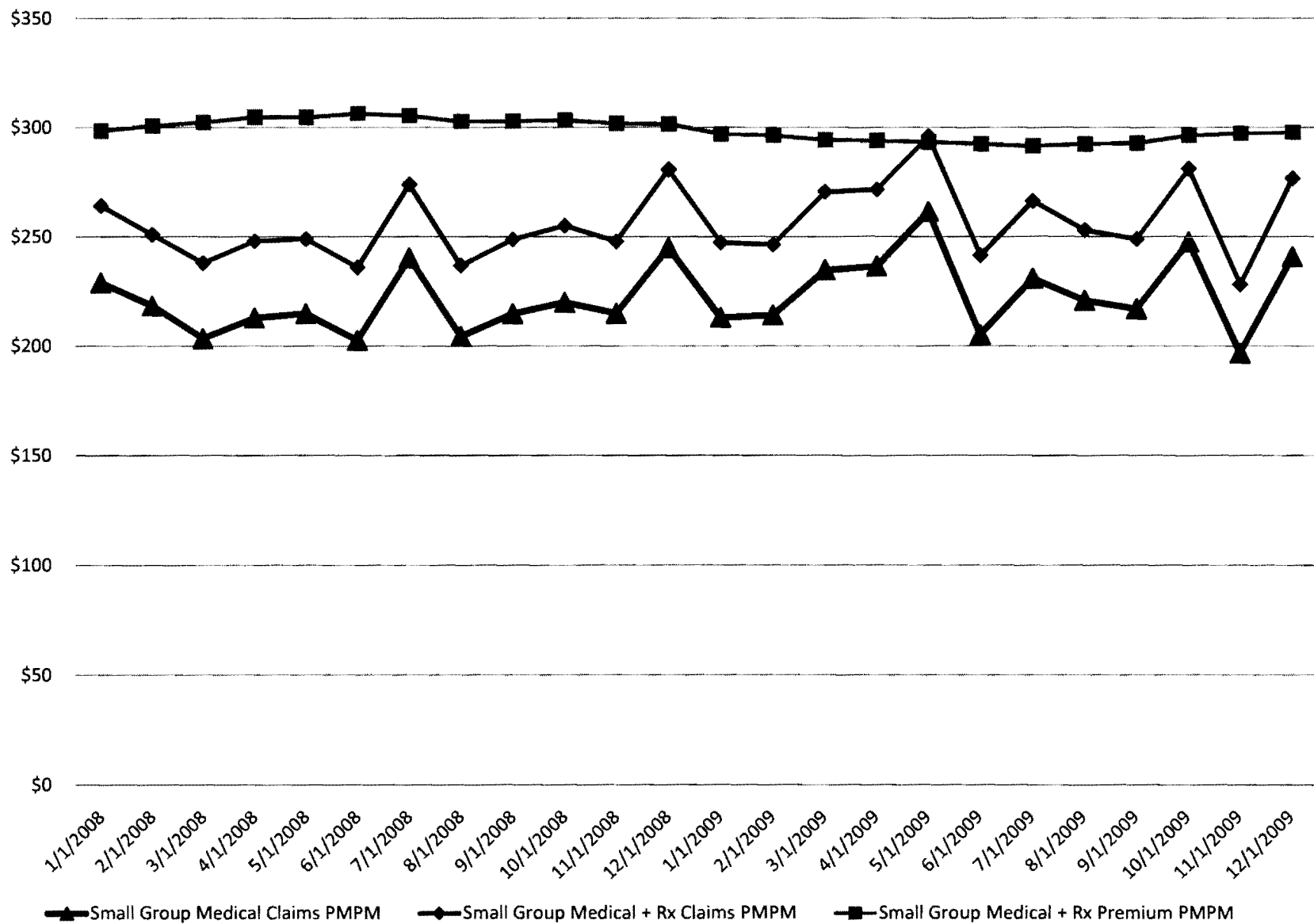
Historical pharmacy trends are not reflective of the underlying pharmacy trend because PacificSource has successfully negotiated several contract improvements with our pharmacy benefit manager over the last two years. We have consistently used an 11.5% trend in our filings and this continues to be appropriate, because we have passed on the expected contract savings to our members in the form of base rate reductions.

Note: Completion factors were used on the medical claims to account for claims runoff.

PacificSource Health Plans Rolling 12 Month Medical Trends



PacificSource Health Plans PMPM Claims and Premium



Premium Retention

Retention is defined as the amount to be retained by the insurer to cover all of the insurer's non-claim costs including expected contribution to surplus.

PacificSource's requested retention for the rating period effective October 1, 2010 is 15.1% of premium. This includes administrative expense, taxes and assessments, commissions, and margin.

SERFF Tracking Number: PCSR-126630156 State: Oregon
 Filing Company: PacificSource Health Plans State Tracking Number: GH 0177 09
 Company Tracking Number: S1010
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO
 Product Name: October 2010 Small Group Health Rate Filing
 Project Name/Number: 10/1/10 Oregon Small Group Health Rate Filing/

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: 4872 - Individual and Small Group Health Benefit Plan Rate Filings		
Bypass Reason: Checklist not required		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: HBP - Filing Description		
Comments: Filing description attached.		
Attachment: Filing Description 1010_Signed.pdf		

	Item Status:	Status Date:
Satisfied - Item: HBP- Actuarial Memorandum - Small Employer		
Comments: Actuarial memorandum complete with distribution of year over year rate impact by member is attached.		
Attachments: Actuarial Memorandum 1010_Signed.pdf Distribution of Rate Increases 1010.pdf		

	Item Status:	Status Date:
Bypassed - Item: HBP - Rate Data		
Bypass Reason: Listed documents are provided under the Rate/Rule Tab.		
Comments:		

	Item Status:	Status
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SERFF Tracking Number: PCSR-126630156 State: Oregon
 Filing Company: PacificSource Health Plans State Tracking Number: GH 0177 09
 Company Tracking Number: S1010
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO
 Product Name: October 2010 Small Group Health Rate Filing
 Project Name/Number: 10/1/10 Oregon Small Group Health Rate Filing/

Satisfied - Item: HBP-Covered Benefit or Plan Design Changes **Date:**

Comments:
 Covered Benefit or Plan Design Changes document attached.

Attachment:
 Covered Benefit or Plan Design Changes 1010.pdf

Item Status: **Status**
Date:

Satisfied - Item: HBP-Cost Containment and Quality Improvement Efforts

Comments:
 Cost Containment and Quality Improvement Efforts document attached.

Attachment:
 Cost Containment and Quality Improvement Efforts 1010.pdf

Item Status: **Status**
Date:

Satisfied - Item: HBP- Insurer's Financial Position

Comments:
 Insurer's Financial Position document complete with copies of exhibits from 2009 Annual Statement attached.

Attachments:
 Insurers Financial Position 1010.pdf
 2009 Annual Statement Financial Exhibit.pdf

Item Status: **Status**
Date:

Satisfied - Item: 3894 Certification of Compliance

Comments:
 Certification of Compliance attached.

Attachment:
 Cert of Comp 1010_Signed.pdf

Item Status: **Status**

SERFF Tracking Number: PCSR-126630156 State: Oregon
Filing Company: PacificSource Health Plans State Tracking Number: GH 0177 09
Company Tracking Number: S1010
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO
Product Name: October 2010 Small Group Health Rate Filing
Project Name/Number: 10/1/10 Oregon Small Group Health Rate Filing/

Bypassed - Item: Third party filers letter of authorization
Bypass Reason: Not a third party filing.
Comments:

Date:

Item Status:

**Status
Date:**

Satisfied - Item: Statement of Administrative Expenses
Comments: Statement of Administrative Expenses attached.
Attachments:
5 Year Administrative Costs Exhibit pg 1.pdf
5 Year Administrative Costs Exhibit pg 2.pdf

May 18, 2010

DCBS – Insurance Division
Rates & Forms
350 Winter Street NE, room 440
Salem, OR 97301-3883

Re: Oregon Small Employer Health Insurance
Geographic Average Rate Filing

Dear Rates and Forms Analyst:

This rate filing requests a 9.51% increase to the medical base rates filed effective 1/1/10, and a 5.83% increase to the pharmacy base rates filed effective 1/1/10. In addition, this filing requests changes to the medical plan relativities and tier relativities to account for the mandates associated with health care reform. In summary, this rate filing requests a trend increase of 9.47% from the 1/1/10 filed rates plus an additional increase of 2.20% for the impact of the health care reform mandates. The resulting overall increase vs. the 1/1/10 filed rates is 11.88%.

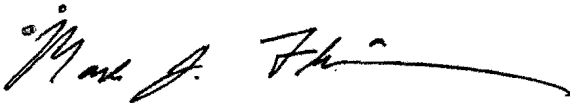
This filing includes plan relativities for both grandfathered and non-grandfathered plans. Company management has not yet made a decision regarding grandfathering of benefit plans. In the case that management chooses not to offer grandfathered plans, these plans will not be marketed. The medical plan relativities for the grandfathered plans were adjusted based on a refresh of our pricing model using calendar year 2009 incurred claims data. The relativities for the non-grandfathered plans were further adjusted by assuming zero member cost-sharing for preventive care services. This analysis is further explained in the "Covered Benefit or Plan Design Changes" exhibit.

We are requesting an adjustment to the tier relativities to account for the extension of dependent coverage to age 26. We are also requesting an adjustment to rate bands as of January 1, 2011 in accordance with HB 2002. The year over year rate impact of the requested rate change ranges between 6.6% and 33.0%, with an average of 15.4%. This range of impacts is based on the assumption that all groups select the new non-grandfathered plans. We do not anticipate a change in the number of enrollees if the proposed premium rate is approved.

Included are full rate tables detailing our geographic average rates (GARs) as well as an exhibit showing how these rates were calculated. The proposed medical and pharmacy rates are to be effective October 1, 2010 for new and renewing groups sold with effective dates during the fourth quarter of 2010.

In order to meet our deadline in producing quotes and renewals for groups with effective dates in October, 2010, we respectfully ask that the filing be reviewed and approved by July 9, 2010. If you need additional information or have any questions, please call me at (541) 684-5297 or e-mail me at mflorian@pacificsource.com. Otherwise, please forward this to Mr. Ball for his review.

Sincerely,



Mark Florian, A.S.A.
Associate Actuary
PacificSource Health Plans

Actuarial Memorandum

The only changes to the benefit plans included in the filing are those mandated by federal health care reform. The changes with rating impact are the extension of dependent coverage to age 26, the elimination of lifetime benefit limits and the prohibition of member cost-sharing provisions on preventive care services.

We estimate the aggregate impact of the extension of dependent coverage to age 26 to be approximately 1.1% on the medical and pharmacy benefits. This adjustment was applied by increasing the tier factors for employee family (EF) and employee child (EC). This factor change is shown in the "Rate Tables and Factor s" exhibit.

We estimate the impact of the elimination of lifetime benefit limits to be approximately 0.25% on medical benefits. This was applied through an increase to the medical base rate.

We estimate the aggregate impact of the elimination of member cost-sharing provisions on preventive care to be approximately 0.9% on medical benefits, varying by benefit design. The impact is higher on benefits that currently have a high level of member cost-sharing on preventive care, and lower on richer benefit plans.

We also refreshed our pricing model based on 2009 incurred claims experience. The aggregate impact of this refresh was a 0.7% increase to the aggregate medical rates. The requested base rate increase was reduced accordingly to normalize for the pricing model refresh. The relativities based on the pricing model refresh are provided in the "Plan Relativities" exhibit as the Grandfathered Plan Relativities. The relativities that include both the pricing model refresh and the adjustment for the prohibition of member cost-sharing on preventive care are shown in the exhibit as the Non-Grandfathered Plan Relativities.

In summary, this filing requests a trend increase to the medical/pharmacy rates plus the additional 0.25% for the elimination of lifetime benefit limits. Then, the rating impacts of the zero cost-share preventive care and dependent coverage to a ge 26 are applied through the plan relativity and tier relativity factor sets, respectively. The year over year rate impact of the requested rate change ranges between 6.6% and 33.0%, with an average of 15.4%. This range of impacts is based on the assumption that all groups select the new non-grandfathered plans. A distribution of the year over year rate impact on our current members is attached.

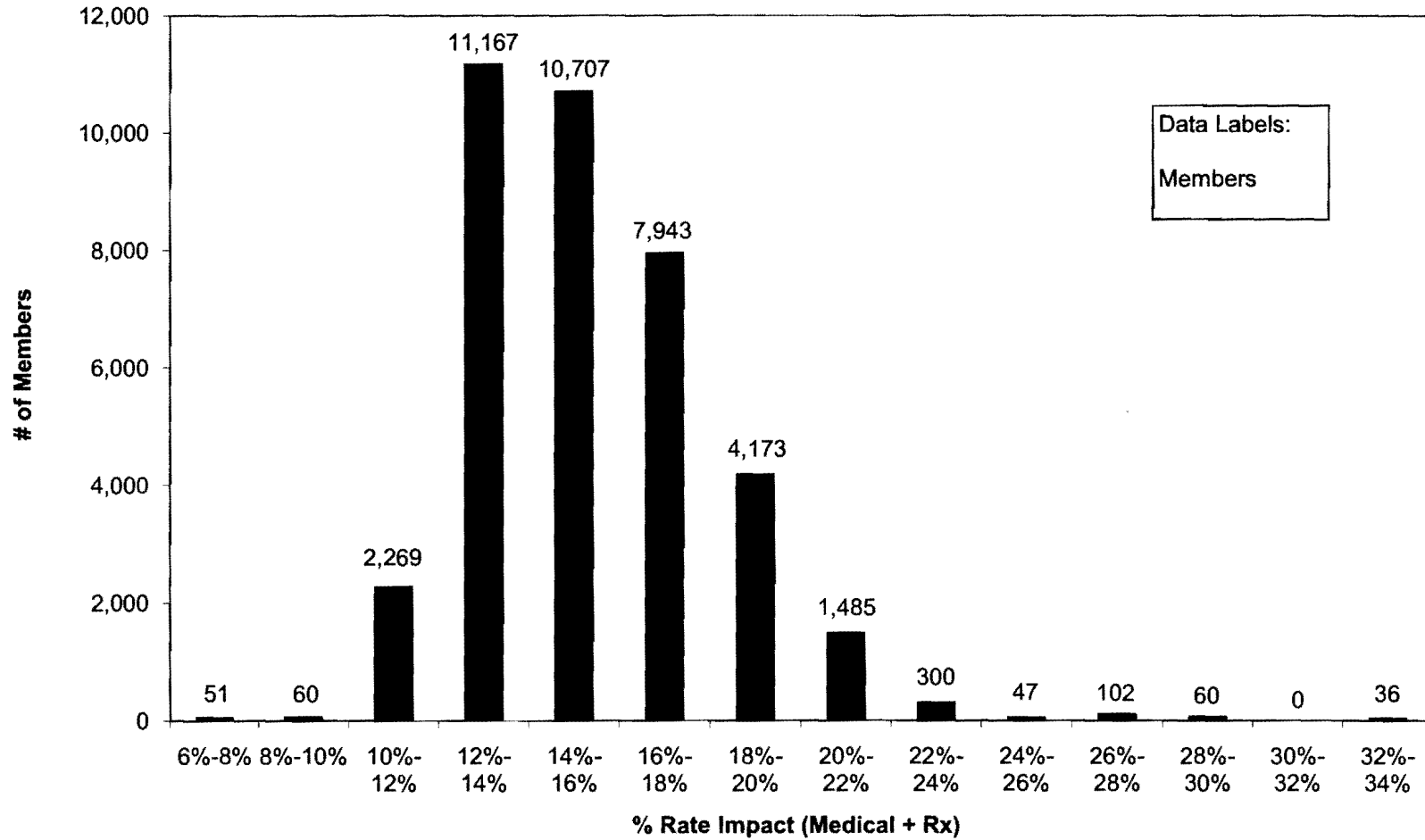
I, Mark Danburg-Wyld, FSA, am a member of the American Academy of Actuaries and an employee of PacificSource Health Plans. I have reviewed the pricing for PacificSource's small group coverage for a 10/1/10 effective date. My review relied upon work prepared by other employees, and included such review of the assumptions as I considered necessary.

In my opinion, the rates developed are reasonable in relation to the anticipated experience, and they meet the requirements in the applicable laws and regulations for the State of Oregon.



Mark Danburg-Wyld, FSA, MAAA
May 18, 2010

SEHI + HIPAA Year over Year Impact - Groups renewing 10/1/10 to 9/30/11



Covered Benefit or Plan Design Changes

PacificSource has identified three major benefit changes with appreciable cost impact that will take effect as groups renew beginning October 1, 2010 under the Patient Protection and Affordable Care Act (H.R. 3590) and the Health Care and Education Reconciliation Act of 2010 (H.R. 4872). These changes are based on our interpretation of the law and are outlined below:

1. **Prohibition of lifetime benefit limits:** Most of our benefit plans currently have a \$2 million lifetime limit, and we have estimated the impact of removal of this limit to be 0.25%. This impact will be passed through to the medical base rate.
2. **Prohibition of member cost-sharing on preventive services:** We are removing any member cost-sharing from the following (see H.R. 3590, Sec. 2713):
 - (1) services that have a rating of 'A' or 'B' from the United States Preventive Services Task Force
 - (2) immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention
 - (3) for infants, children, and adolescents, preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration
 - (4) for women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration

Our benefit plans currently have varying levels of member cost-sharing on these services, so the impact varies between 0.2% and 1.8%. We used our pricing model to re-price all of our medical benefit plans and will use these new plan relativities to account for this benefit change. The overall impact on the small employer block is 0.9%.

3. **Mandated coverage of dependents up to age 26:** Our current policy allows dependents to be covered up to age 23. We have actuarially estimated the impact of this change on our small employer block to be 1.1%. We are adjusting the tier relativities for employee-family and employee-child from 2.85 and 1.75 to 2.92 and 1.84, respectively.

Items 1 and 3 apply to both grandfathered and non-grandfathered plans. Item 2 applies only to the non-grandfathered versions, so we are submitting two sets of medical plan relativities. Aside from the relativity differences, the grandfathered and non-grandfathered plans will use the same base rates and other rating factors.

Certain particulars regarding health care reform are yet to be clarified by regulations from HHS. PacificSource has thus made assumptions about the eventual regulatory language when necessary. If the actual regulations vary substantially from those assumptions, PacificSource will file an amendment to this rate filing to account for the actual regulations.

Cost Containment and Quality Improvement Efforts

One example of cost containment efforts is our new pharmacy contract. The resulting drop in expected pharmacy claims cost has been passed on to our members through lower base rates. Our current contract continues to improve in the next two years, and we will continue to pass on this savings through rate adjustments. This improved contract has made pharmacy benefits more affordable to our small employer groups. The fact that our pharmacy base rates have increased only 0.4% from 10/1/09 to 10/1/10 demonstrates the cost savings realized through improved contracting.

Another example of continued cost containment efforts is our shift towards more DRG-based contracts and bundled payment systems. While we do not currently have a projected cost savings figure, these efforts should help limit the fees paid to providers for services. PacificSource also maintains several risk model arrangements with physician groups which incentivize providers to control cost.

In terms of quality improvement efforts, we have continued to improve our care management and disease management process and have performed systems upgrades to improve claims adjudication speed and accuracy.

Insurer's Financial Position

The 2009 Annual Statement reflects Net Income of \$4.3M on \$520M of Total Revenue. PacificSource reported admitted Capital and Surplus of \$110M for the year. For additional information about PacificSource's financial position including profitability, surplus, reserves, and investment earnings, please see the attached Statement of Revenue and Expenses exhibit from the 2009 Annual Statement.

PacificSource maintains a strong capital position in order to satisfy claims liabilities, provide capital necessary to maintain and grow its ability to serve member accounts and to offer competitively priced health policies to its members and to employers in the communities that it serves. PacificSource's goal is to manage its net income at a reasonable level, using earnings on its Reserve assets of \$100M to build its Capital position as the company grows its membership. In 2009, Net Income was approximately 1% of total Premium Revenue. Recognized Investment Income was \$500k for the year. A strong capital position has allowed the company to avoid large fluctuations in rate levels in the past. The proposed change in the premium rate is necessary to cover expenses, maintain an adequate Capital base and to prevent excessive rate increases for the small employer block in the future. This filing requests a medical care trend increase and it includes the estimated impact of federal health care reform mandates for the rated period. If we do not adjust rates in this filing, the changes required by health care reform will cause our experience to worsen, and a much larger rate increase will likely be required in the future to maintain profitability.

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE PACIFICSOURCE HEALTH PLANS

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	1,944,624	1,866,027
2. Net premium income (including \$ non-health premium income).....	XXX	520,645,087	512,341,466
3. Change in unearned premium reserves and reserve for rate credits.....	XXX		0
4. Fee-for-service (net of \$ medical expenses).....	XXX		0
5. Risk revenue.....	XXX		0
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0
8. Total revenues (Lines 2 to 7).....	XXX	520,645,087	512,341,466
Hospital and Medical:			
9. Hospital/medical benefits.....		296,061,214	327,775,560
10. Other professional services.....		41,319,929	18,067,113
11. Outside referrals.....		15,986,903	16,031,279
12. Emergency room and out-of-area.....		34,448,795	30,086,509
13. Prescription drugs.....		51,949,578	50,189,163
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		(91,991)	154,929
16. Subtotal (Lines 9 to 15).....	0	439,674,428	442,304,553
Less:			
17. Net reinsurance recoveries.....		472,241	180,092
18. Total hospital and medical (Lines 16 minus 17).....	0	439,202,187	442,124,461
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ 7,308,286 cost containment expenses.....		15,373,466	14,700,310
21. General administrative expenses.....		61,524,739	54,424,652
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	516,100,392	511,249,423
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	4,544,695	1,092,043
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		3,495,195	1,022,048
26. Net realized capital gains (losses) less capital gains tax of \$ (738,037).....		(2,952,146)	(8,794,900)
27. Net investment gains (losses) (Lines 25 plus 26).....	0	543,049	(7,772,852)
28. Net gain or (loss) from agents' or premium balances charged off ((amount recovered \$) (amount charged off \$)).....			0
29. Aggregate write-ins for other income or expenses.....	0	(505,962)	(464,664)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	4,581,782	(7,145,473)
31. Federal and foreign income taxes incurred.....	XXX	291,499	(3,512,482)
32. Net income (loss) (Lines 30 minus 31).....	XXX	4,290,283	(3,632,991)
DETAILS OF WRITE-INS			
0601.....	XXX		0
0602.....	XXX		0
0603.....	XXX		0
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX	0	0
0701.....	XXX		0
0702.....	XXX		0
0703.....	XXX		0
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX	0	0
1401.....			0
1402.....			0
1403.....			0
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0	0	0
2901. MISCELLANEOUS.....		(21,680)	(56,123)
2902. CHARITABLE CONTRIBUTIONS.....		(484,282)	(408,541)
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	(505,962)	(464,664)

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE PACIFICSOURCE HEALTH PLANS

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	96,198,488	127,484,217
34. Net income or (loss) from Line 32	4,290,283	(3,632,989)
35. Change in valuation basis of aggregate policy and claim reserves0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 3,166,000	5,110,853	(16,441,189)
37. Change in net unrealized foreign exchange capital gain or (loss)0
38. Change in net deferred income tax	(2,234,000)	5,370,000
39. Change in nonadmitted assets	9,950,036	(16,581,506)
40. Change in unauthorized reinsurance0
41. Change in treasury stock0
42. Change in surplus notes0
43. Cumulative effect of changes in accounting principles0
44. Capital Changes:		
44.1 Paid in0	.0
44.2 Transferred from surplus (Stock Dividend)0
44.3 Transferred to surplus0
45. Surplus adjustments:		
45.1 Paid in	(2,833,784)	.0
45.2 Transferred to capital (Stock Dividend)0
45.3 Transferred from capital0
46. Dividends to stockholders0
47. Aggregate write-ins for gains or (losses) in surplus		(45)
48. Net change in capital & surplus (Lines 34 to 47)	14,283,388	(31,265,729)
49. Capital and surplus end of reporting period (Line 33 plus 48)	110,481,876	96,198,488
DETAILS OF WRITE-INS		
4701. PRIOR PERIOD ADJUSTMENT (FROM PRIMARY HEALTH NETWORK)		(45)
4702.0
4703.0
4798. Summary of remaining write-ins for Line 47 from overflow page0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)		(45)

Department of Consumer & Business Services
Oregon Insurance Division - 5
350 Winter St. NE, Rm. 440
Salem, Oregon 97301-3883
Phone (503) 947-7983

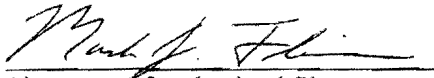
CERTIFICATE OF COMPLIANCE

I, the undersigned authorized filer, hereby certify that the filing submitted complies with the applicable Oregon laws, Oregon Administrative Rules, Oregon Insurance Bulletins and applicable filing requirements and product standards set forth on the Insurance Division's web site and that the filing is not false or misleading in any material respect. I further certify that I am authorized to sign and submit this certificate on behalf of the Company identified below (hereinafter Company).

I, the undersigned authorized officer, a duly authorized officer of Company, certify that the undersigned authorized filer is authorized to certify on behalf of Company that this filing complies with the Oregon laws, Oregon Administrative Rules, Oregon Insurance Bulletins and applicable filing requirements and product standards set forth on the Insurance Division's web site and that the filing is not false or misleading in any material respect. I understand that the Oregon Insurance Division will rely on this certificate and, should it be determined that this filing is materially false or misleading, appropriate corrective and disciplinary action including monetary penalties, as authorized by law, will be taken by the Oregon Insurance Division against the Company.

PacificSource Health Plans

Name of Company



Signature of authorized filer

Mark J Florian

Print name of authorized filer

Associate Actuary

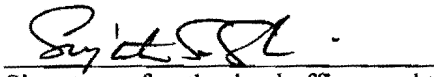
Title

(541) 684-5297

Direct telephone number of authorized filer

(800) 624-6052

Toll free or collect phone number



Signature of authorized officer and title

Sujata Sanghvi, Chief Operating Officer

Print name of authorized officer and title

Small Group Health Filing S1010

Company's filing number or the primary form number for the filing

5/19/10

Date

PO Box 7068

Address of Company or authorized filer

Eugene, OR 97401-0068

City State ZIP

mflorian@pacificsource.com

E-mail address of authorized filer

(541) 684-5561

Fax number of authorized filer

5/19/10

Date

Part A. Five Year Trend of Administrative Costs
Per member per month (PMPM)

Exhibit 3

Definition: General administrative expenses are expenses an insurer incurs to run its Oregon business.
General Administrative expenses are not directly related to paying claims.

EXPENSE	2004		2005		2006		2007		2008		2009	
	Claim Related	Non-claim related	Claim Related	Non-claim related	Claim Related	Non-claim related	Claim Related	Non-claim related	Claim Related	Non-claim related	Claim Related	Non-claim related
1. Salaries, Wages, Employment Taxes & Other Benefits	3.13	5.32	3.21	6.00	3.34	6.88	3.88	7.67	4.33	8.92	4.53	10.84
2. Commissions	-	6.99	-	7.21	-	7.75	-	8.41	-	6.81	-	7.85
3. Cost Depreciation: equipment, software, furniture, etc.	0.10	0.56	0.11	0.64	0.17	0.97	0.43	2.43	0.97	3.09	1.14	3.62
4. Rent (Occupancy)	0.11	0.67	0.10	0.69	0.10	0.70	0.10	0.78	0.16	0.76	0.23	0.72
5. Marketing & Advertising	-	0.86	-	0.92	-	1.22	-	1.25	-	0.76	-	0.98
6. General Office Expenses: sundries, supplies, telephone, printing, postage, etc.	0.25	1.66	0.26	1.78	0.26	1.88	0.30	2.25	0.44	1.97	0.45	1.83
7. Third Party Administration Expenses or Fees or Other Group Service Expense or Fees	-	(0.63)	-	(0.52)	-	(0.34)	-	(0.35)	-	(0.36)	-	(0.27)
8. Legal Fees and Expenses & Other Professional or Consulting Fees	0.67	2.04	0.81	0.51	0.69	0.68	1.58	2.12	1.41	1.35	1.56	1.53
9. Other Taxes, Licenses and Fees	0.00	0.91	0.01	2.92	0.01	1.91	-	2.79	-	3.16	-	4.65
10. Traveling Expenses	0.00	0.02	0.00	0.02	0.00	0.04	0.01	0.19	0.00	0.22	0.00	0.32
Total Expenses Incurred	4.26	18.39	4.50	20.18	4.58	21.69	6.30	27.53	7.31	26.67	7.91	32.06
Less Expenses unpaid December 31, current year	(0.60)	(2.88)	(0.65)	(2.87)	(0.62)	(2.11)	(0.78)	(3.08)	(0.65)	(3.07)	(0.56)	(4.42)
Add Expense unpaid December 31, prior year	0.54	2.26	0.58	2.76	0.66	2.92	0.60	2.08	0.75	2.97	0.62	2.95
TOTAL Expenses Paid	4.21	17.77	4.44	20.07	4.62	22.51	6.12	26.53	7.41	26.58	7.97	30.58

Part B. Explanation of the basis for any proposed premium rate increase or decrease related to changes in the administrative expenses:

The proposed premium change is not driven by changes in administrative expenses. Administrative expenses, as a percentage of Total Premium Revenue, are budgeted to approximate or decline compared to the last approved filing (1/1/2010).

Part C. Explanation of how administrative expenses are allocated for the filed line of business:

PacificSource calculates applicable PMPM administrative charges to include in premiums based on the annual budget. As membership has grown, the required PMPM administrative charge is projected to drop slightly, because the fixed dollar costs associated with setting up new groups and maintaining existing business can be spread over a larger membership population. However, there are new administrative costs associated with regulatory requirements, including Federal health Reform that will mitigate this decrease.

Part D. General Comments:

Administrative costs are driven by a fixed and a variable component. PacificSource actively manages both of these components with the goal of lessening the impact of administrative costs on member premium. PacificSource has been growing its membership in 2009 and 2010 with the goal of spreading the fixed cost of its operations across a larger membership.

Example of Oregon Rate Review Plain Language Decision Summary:

New filing requirements became effective April 1, 2010 for insurers to submit additional detail with each rate filing, including a 5-year history of administrative expenses. Since this requirement is so new and because insurers have been delaying submission of rate filings pending additional guidance on implementation of PPACA, at this time the department has no decision summaries on completed rate increase filings to include as examples with this application.

Instead we are including an example of a Regence decision summary written prior to April 1, 2010. As all rate filings are posted online for consumers to view, you can find the rate filing for this decision summary at:

<http://www4.cbs.state.or.us/ex/ins/filing/index.cfm?B64=ZnVzZWFjdGlvbj1ob211LnNob3dfcGRmJnBkZj01MDE%3D>

**Rate Filing Decision Summary
February 8, 2010**

Regence BlueCross BlueShield of Oregon
Individual Health Plans

Basic Features of this Rate Filing

- Effective Date: April 1, 2010
- Requested Annual Increase: 25.3%
- Approved Annual Increase: 16%
- Number of Members Impacted this Quarter: Approximately 5,064
- Number of Members Impacted on an Annual Basis: Approximately 73,271

These Requested/Approved increase numbers are averages. Your plan's rate may change by a different percentage. Your insurer will notify you in writing of your plan's specific rate change.

Summary of Rate Filing Decision

DCBS approved a 16 percent annual increase for the individual health plans instead of the 25.3 percent annual increase requested. DCBS does not believe a rate increase of 25.3 percent for this group of policyholders, who experienced an average rate increase of 26.5 percent in 2009, is appropriate. Although the level of company losses shown below clearly illustrates Regence's need for a substantial increase, the department prefers to work with this insurer to gradually adjust the rates over time in order to lessen the financial burden on consumers.

Between 2007 and 2008, medical claims costs for the individual health plans offered by Regence increased 12.6 percent and prescription drug costs were up 12.6 percent. These higher claims costs reflect increases in both the use of health care and the costs for that care.

Even with significant rate increases implemented for these policies over the past two years, Regence experienced an 8.9 percent loss of \$14,379,572 on these policies over the period of August 1, 2008 through July 31, 2009. With the 16 percent increase, Regence is anticipating a 5.9 percent loss over the next year.

With each rate filing the department asks insurers to disclose changes they've made in health care cost containment and quality improvement efforts since the insurer's last rate filing for the same category of insurance. Regence reported that it is more aggressively monitoring expenses and has reduced its operating expenses through consolidation of departments and information technology infrastructure, and reduction of the scope of major projects planned for 2010. In 2009 the company instituted furloughs, froze salaries, cut executive compensation, and left open positions unfilled. Regence also laid off 400 employees across its four-state region encompassing Oregon, Washington, Idaho and Utah.

Public comments submitted to DCBS related to rate filings indicate consumers are concerned about the impact of insurers' top management compensation on premium costs. Regence's response to the department's request for comment on this topic indicates the total compensation of this insurer's top management, including all type of compensation, represents less than 0.15 percent of member premium, which is approximately a cost of 28 cents per member per month.

This Rate Filing Decision Summary is intended to be a tool for consumers and others to help explain the rate filing and the decision made by the Oregon Insurance Division and is not intended to describe or include all factors and information considered as part of the Oregon Insurance Division's rate review process.

The Department of Consumer and Business Services approves health insurance rates in the individual and small group markets. Under Oregon law, the department considers actuarial documentation to ensure that rate increases are reasonable in relation to the benefits provided under the policy and that the rate requested is fairly allocated among the ratepayers. In that light, the department reviews multiple factors related to proposed rate changes including the insurer's revenues, medical and prescription costs, administrative costs, actual and projected profits, and past rate changes as well as the impact the change will have on Oregon consumers.

Insurers request rate changes periodically. An insurer cannot increase rates of your health benefits plan more than once in a 12-month period. When an insurer requests a rate change quarterly, new customers pay the new rate immediately and the change accumulates over a 12-month period. Specific rate changes may vary from this summary, in part because insurers offer different benefit plans.

Glossary of Terms:

- **Administrative costs:** Expenses the insurance company pays to operate this insurance plan. This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability, the Oregon Medical Insurance Pool, and taxes.

Medical and prescription costs: The portion of the premium that pays for medical services and prescriptions.

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

SERFF Tracking Number: RGAC-126409093 State: Oregon
Filing Company: Regence BlueCross BlueShield of Oregon State Tracking Number: HL 0260 08
Company Tracking Number:
TOI: H161 Individual Health - Major Medical Sub-TOI: H161.005A Individual - Preferred Provider
(PPO)
Product Name: Oregon Individual 2nd Quarter Filing; Effective April 1, 2010
Project Name/Number: /

<i>SERFF Tracking Number</i>	<i>RGAC-126409093</i>	<i>State</i>	<i>Oregon</i>
<i>Filing Company</i>	<i>Regence Blue Cross BlueShield of Oregon</i>	<i>State Tracking Number</i>	<i>HL 0260 08</i>
<i>Company Tracking Number</i>			
<i>TOI</i>	<i>H161 Individual Health - Major Medical</i>	<i>Sub-TOI</i>	<i>H161 005.A Individual - Preferred Provider (PPO)</i>
<i>Product Name</i>	<i>Oregon Individual 2nd Quarter Filing, Effective April 1, 2010</i>		
<i>Project Name/Number</i>			

Disposition

Disposition Date: 02/08/2010

Implementation Date: 04/01/2010

Status: Approved

Comment: Approved annual increase is 16% (described below as the "impact").

This increase is 2.8% over rates approved last quarter.

The company asserted they could justify an annual increase of 25.3% (described below as the "indicated").

Department of Consumer and Business Services
Oregon Insurance Division

Quality of service from the Oregon Insurance Division

We strive to provide excellent customer service at all times. Our performance objective is to complete the review process for rate and form filings within 30 calendar days of receipt. In order to meet this goal, we need your help.

Instructions for submitting a filing are on our Web site. Filings that contain errors may be returned without having been accepted for review. If we contact you about compliance-related concerns or correction that need to be made to the accepted filings, we must receive your complete response within 10 calendar days.

Any disapprovals for reasons other than filing errors must be supported by our product standards unless accompanied by written Insurance Division

SERFF Tracking Number: RGAC-126409093 **State:** Oregon
Filing Company: Regence BlueCross BlueShield of Oregon **State Tracking Number:** HL 0260 08
Company Tracking Number:
TOI: H161 Individual Health - Major Medical **Sub-TOI:** H161.005A Individual - Preferred Provider (PPO)
Product Name: Oregon Individual 2nd Quarter Filing, Effective April 1, 2010
Project Name Number:

management authorization.

If you believe we have failed to meet our performance objectives, please let us know how. We value your comments and will use this information to improve our service.

You may request that your comments be kept confidential; however, be aware that confidential feedback limits our ability to follow up, as your concerns cannot be shared with staff.

Please include the filing number with your response. Thank you.

Rhonda.I.Saunders-Ricks
 Oregon Insurance Division
 Manager, Rates and Forms
 Telephone: 503-947-7983
 Fax: 503-378-4351

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Regence BlueCross BlueShield of Oregon	25.300%	16.000%	\$21,400,000	73,271	\$21,400,000	23.300%	15.100%

SERFF Tracking Number: RGAC-126409093 State: Oregon
 Filing Company: Regence BlueCross BlueShield of Oregon State Tracking Number: HL 0260 08
 Company Tracking Number:
 TOI: H161 Individual Health - Major Medical Sub-TOI: H161.005A Individual - Preferred Provider (PPO)
 Product Name: Oregon Individual 2nd Quarter Filing; Effective April 1, 2010
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (<i>revised</i>)	Rate Filing Summary	Approved	Yes
Supporting Document	Rate Filing Summary	Replaced	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Third party filers' letter of authorization	Approved	Yes
Supporting Document	Certification of Compliance	Approved	Yes
Supporting Document	3146 Standards for Individual Health Major Medical	Reviewed-No Action	Yes
Supporting Document	Actuarial Memorandum - Individual Health Policy	Approved	Yes
Supporting Document	3147 Appendix B	Approved	Yes
Supporting Document (<i>revised</i>)	Supporting Documentation	Approved	No
Supporting Document	Supporting Documentation	Replaced	No
Rate (<i>revised</i>)	Oregon Q2 2010 Proposed Rates	Approved	Yes
Rate	Oregon Q2 2010 Proposed Rates	Replaced	Yes



Oregon

Theodore R. Kulongoski, Governor

Department of Consumer and Business Services

Insurance Division
350 Winter St. NE, Room 440
PO Box 14480
Salem, OR 97301-0405
(503) 947-7980
FAX (503) 378-4351
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www.oregoninsurance.org

February 4, 2010

Lisa T. Murphy
Senior Associate General Counsel and
Assistant Director
The Regence Group
PO Box 1271 m/s E12B
Portland, OR 97207-1271

Re: Party: Regence BlueCross BlueShield of Oregon
SERFF Filing No.: RGAC-126409093
Health Ins. Type: Individual
Effective Date: April 1, 2010

Dear Ms. Murphy:

The Oregon Insurance Division (Division) has reviewed your request to exempt from public disclosure certain information in the above health insurance rate filing pursuant to Oregon Revised Statutes (ORS) 743.018(3) and OAR 836-053-0910(7)(b).

Insurers requesting exemption must provide "a clear and detailed explanation of the following: (A) How the part or parts of the filing meet the requirements of a trade secret; and (B) How public disclosure of a trade secret would harm competition in the Oregon health insurance market, with particular attention to the effects of disclosure on Oregon consumers, along with evidence that demonstrates likely consequences" (OAR 836-053-0910(7)(b)).

The Division has reviewed your request and finds that the explanation and evidence submitted fails to demonstrate likely consequences of harm to the Oregon insurance market. Accordingly, we are denying your request to exempt from public disclosure certain information contained in Exhibit A and Appendix B.

Pursuant to ORS 183.415, Regence may request a hearing by sending to us a written request for a hearing so that we *receive* it by **February 11, 2010**. Regence may send the request to us by sending it to me at the address above, or at the fax number or e-mail address below. If we receive the request by the above due date, then we will refer the request to the Office of Administrative Hearings to schedule and conduct the hearing. Otherwise, the information requested to be exempt from public disclosure will be made available for public inspection and posted on the Insurance Division's website after the above date pursuant to ORS 743.018(2) and OAR 836-053-0910(8).

If Regence is willing to conclude this matter without a hearing, then the party must contact us before the above due date. Nevertheless, Regence must request a hearing by the above due date to retain the right to a hearing.

If you have any questions or I can be of any other assistance, please contact me.

Sincerely,
Rachel Oh, JD
Consumer Liaison
Voice: 503-947-7238; Fax: 503-378-4351; E-mail: rachel.k.oh@state.or.us

CONFIDENTIAL - NOT FOR PUBLIC DISCLOSURE
Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Proposed Monthly Rates Effective April 1, 2010

Exhibit A

Development of Rate Change

	From	To	Mid Point	Run Out Through		
Experience Period	August 1, 2008	July 31, 2009	January 30, 2009	October 31, 2009		
Rating Period	April 1, 2010	March 31, 2011	September 30, 2010			
NOTE: The figures that follow were calculated on a spreadsheet using Full Precision. Differences may occur in trying to replicate calculations using the figures given due to differences in the displayed precision (four decimal places or less) and the full precision used in the spreadsheet calculations.						
				Actual Experience from Experience Period		
				Total	Loss Ratio	Total PMPM
(A) Member Months				943,036		
(B) Earned Premium				\$162,126,221		\$171.92
(C) Adjustments for Rate Changes				\$42,117,815		\$44.66
(D) Demographic Factor/Family Structure Adjustment				(\$2,918,272)		(\$3.09)
(E) Projection of Benefit Buydowns				(\$10,287,880)		(\$10.91)
(F) Premium Tax Adjustment				\$1,910,379		
(G) Adjusted Earned Premium				\$192,948,262		\$204.60
(H) Completed Incurred Claims				\$141,617,654		\$150.17
(I) Prescription Drug Rebates				(\$846,963)		(\$0.90)
(J) Oregon Mandates (Telemedical Services, Hearing Aids, & Tobacco Cessation Programs)				\$925,949		\$0.98
(K) Adjusted Incurred Claims = (H) + (I)				\$141,696,641		\$150.26
(L) Experience Period Incurred Loss Ratio = ((K) - (J)) / (B)					87.9%	
(M) Assumed Annual Claims Trend				12.6%		
(N) Months of Trend = Midpoint (Renew Period) - Midpoint (Exper. Period)				20		
(O) Trend Factor = [1 - (M) / 12] ^ (N)				1.232		
(P) Adjustment due to Benefit Buydowns				0.95		
(Q) Projected Incurred Claims				\$166,499,617		\$176.56
(R) Required Revenue				\$225,039,478	74.0%	\$238.63
(S) Required Quarterly Increase to January 2010 Effective Rates = [(R) - (G)] / 4				16.6%		
(T) Required Annualized Rate Increase				30.2%		
(U) Proposed Quarterly Rate Change for April 01, 2010				11.1%		
(V) Proposed Annualized Rate Change for April 01, 2010				24.1%		
(W) Proposed Income = (G) x [1 + (U)]				\$214,365,510		\$227.31
(X) Proposed Loss Ratio = (Q) / (W)					77.7%	\$176.56

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Appendix B

Worksheet for Individual Health Benefit Plan Rates as defined at 743.730(18).

(Appendix to form 440-3143 and 440-3146)

Company name Regence BlueCross BlueShield of Oregon

Approved policy or riders form number(s) 10-RHSAHP-OR, 10-RHSAHP-OR-D, 10-BlueSel-OR-B, 10-BlueSel-OR-BD, 10-BlueSel-OR-PL, 10-BlueSel-OR-PL-D, 10-BlueSel-OR-PR, 10-BlueSel-OR-PRD, 08-IHSA-OR, 08-IHSA-OR-D, 000110PPLUI, 000110PCORI, 000110PHSAI, (X)00110P1001

Requested effective date April 1, 2010

Rate Change Requested 11.1 % (Percentage + or -)

Reserve interest rate used for your calculation N/A

Rates for new individual health benefit plans: Project the expected experience for a 10-year period

Rates to revised current approved rates: Project the actual experience from the policy inception *plus* projections for a 10-year period. Experience more than five years old may be aggregated. Submit separate sheets for Oregon experience and your company's national experience

Rates for riders: Any rider complete and submit this Appendix B with and without the rider

Calendar Year	Number of Lives	Lapse Rates	Premiums Earned	Claims Incurred	Change in Active Lives Policy Reserves	Annual Loss Ratio	Accumulated Loss Ratio
2004	293,658	N/A	\$41,566,431	\$27,621,787	N/A	66%	66%
2005	652,043	N/A	\$97,930,508	\$65,737,593	N/A	67%	67%
2006	780,851	N/A	\$112,588,009	\$96,868,716	N/A	86%	75%
2007	998,668	N/A	\$136,261,989	\$133,137,723	N/A	98%	83%
2008	1,023,753	N/A	\$160,431,639	\$151,314,449	N/A	94%	86%
Projected							
2009	973,297	N/A	\$179,752,782	\$149,284,890	N/A	83%	86%
2010	871,927	N/A	\$173,666,798	\$141,094,519	N/A	81%	85%
2011	915,523	N/A	\$201,982,256	\$159,941,830	N/A	79%	84%
2012	961,299	N/A	\$252,527,680	\$189,099,226	N/A	75%	82%
2013	1,009,364	N/A	\$292,430,995	\$223,572,015	N/A	76%	81%
2014	1,059,833	N/A	\$343,263,514	\$264,329,193	N/A	77%	80%
2015	1,112,824	N/A	\$402,221,490	\$312,516,405	N/A	78%	80%
2016	1,168,466	N/A	\$471,859,061	\$369,488,146	N/A	78%	80%
2017	1,226,889	N/A	\$553,739,105	\$436,845,835	N/A	79%	80%
2018	1,288,233	N/A	\$650,213,554	\$516,482,830	N/A	79%	80%

* Include deaths in total lapse rates

List the rate changes and effective dates for the past three rate periods:

1/1/2010 6.9%

10/1/2009 4.5%

7/1/2009 1.0%

Identify the portion of the requested increase attributed to each cause:

- | | | |
|--|---|---|
| <input type="checkbox"/> 11.1% Cost inflation | <input type="checkbox"/> Changing benefits | <input type="checkbox"/> Cost shifting |
| <input type="checkbox"/> Increase utilization | <input type="checkbox"/> Replenishment of surplus | <input type="checkbox"/> Catastrophes |
| <input type="checkbox"/> Expected experience | <input type="checkbox"/> Change in loss ratio | <input type="checkbox"/> Medical technology |
| <input type="checkbox"/> Geographic average rates | <input type="checkbox"/> Conversion | <input type="checkbox"/> Trend factor |
| <input type="checkbox"/> Number of existing lives | | <input type="checkbox"/> Weighted Average % |
| <input type="checkbox"/> Health reform (be specific) | | |
| <input type="checkbox"/> Mandated benefits (be specific) | | |

This information must be accompanied by an actuarial memorandum explaining the source of the data, the grouping of policy forms, information on any new or experimental benefit, and any concerns about the reliability of projections

Exhibit 1
OAR 836-053-0471

Rate Filing Summary
(Company Name)
New (Individual/Small Employer) Health Benefit Plan

The Oregon Insurance Division approves rates of all health benefits plans in the individual and small employer markets. This plan will be available:

- Effective date: mm/dd/yy

The monthly health insurance premium that you pay is made up of three pieces: the claims costs, administrative costs, and profit.

- **Claims costs:** Claims costs are # percent of premium.
- **Administrative costs:** Administrative costs are # percent of premium.
- **Profit or margin:** Profit is # percent of premium.

Glossary

• **Administrative costs:** Expenses the insurance company pays to operate this insurance plan. This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability and the Oregon Medical Insurance Pool, and taxes.

Medical and prescription costs: The portion of the premium that pays for medical services and prescriptions. In some policies, prescription costs are shown as a separate item.

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Exhibit 2
OAR 836-053-0471

**Rate Filing Summary
(Insurance Company)
(Individual/Group) Health Benefit Plan Renewal**

° The Oregon Insurance Division must approve the rates of all health benefits plans in the individual, small employer and portability markets.

Rate request:

- Proposed rate (increase/decrease): # percent from one year earlier.*
- Effective date: mm/dd/yy
- Oregonians impacted: #####

*This does not mean that your rates will increase/decrease by this average amount. Rates are affected by the ages of the people covered, where they live, whether family members are covered and the date your policy renews.

Basis for rate request

- Medical and prescription costs: Medical costs (increased/decreased) by # percent since (time period) and prescription costs increased by # percent during the same period.
- Medical and prescription benefits: Changes have been made to benefits. **(Describe changes)** As a result, medical rates (increased/decreased) by # percent. Prescription rates (increased/decreased) by # percent.

Premiums vs. claims

- Individual/group health plan premiums received: \$\$\$\$
- Individual/group health plan claims paid: \$\$\$\$
- Individual/group health plan medical loss/profit: \$\$\$\$

Projected results of the proposed rate

A health insurance premium is made up of three pieces: the claims costs, administrative costs, and profit. If the requested rate change is approved, (company) projects:

- **Claims costs:** Will change from # percent to # percent.
- **Administrative costs:** Will change from # percent to # percent.
- **Profit/loss:** Will change from # percent to # percent.

Five-year rate history

- 2005: X% Increase/decrease
- 2006: X% Increase/decrease
- 2007: X% Increase/decrease
- 2008: X% Increase/decrease
- 2009: X% Increase/decrease (requested)

Comments:

Glossary

Administrative costs: Expenses the insurance company pays to operate this insurance plan. This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability and the Oregon Medical Insurance Pool, and taxes.

Medical and prescription costs: The portion of the premium that pays for medical services and prescriptions. In some policies, prescription costs are shown as a separate item.

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Part A. Five Year Trend of Administrative Costs
Per member per month (PMPM)

Definition: General administrative expenses are expenses an insurer incurs to run its Oregon business.
General Administrative expenses are **not directly related to paying claims**.

EXPENSE	2004		2005		2006		2007		2008		Current Filing Period	
	Claim Related	Non-claim Related	Claim Related	Non-claim Related	Claim Related	Non-claim Related	Claim Related	Non-claim Related	Claim Related	Non-claim Related	Claim Related	Non-claim Related
1. Salaries, Wages, Employment Taxes & Other Benefits												
2. Commissions												
3. Cost Depreciation: equipment, software, furniture, etc.												
4. Rent (Occupancy)												
5. Marketing & Advertising												
6. General Office Expenses: sundries, supplies, telephone, printing, postage, etc.												
7. Third Party Administration Expenses or Fees or Other Group Service Expense or Fees												
8. Legal Fees and Expenses & Other Professional or Consulting Fees												
9. Other Taxes, Licenses and Fees												
10. Traveling Expenses												
Total Expenses Incurred												
Less Expenses unpaid December 31, current year												
Add Expenses unpaid December 31, prior year												
TOTAL Expenses Paid												

Part B. Explanation of the basis for any proposed premium rate increase or decrease related to changes in the administrative expenses:

• • •

Part C. Explanation of how administrative expenses are allocated for the filed line of business:

Part D. General Comments:

Appendix B

Worksheet for Individual Health Benefit Plan Rates as defined at 743.730(19).

(Appendix to form 440-4872)

Company name: _____

Policy or rider form number(s): _____

Requested effective date: _____ to _____ Rate change requested: _____% (Percentage + or -)

Reserve interest rate used for your calculation. _____

Rates for new individual health benefit plans: Project the expected experience for a 10-year period.

Rates to revised current approved rates: Project the actual experience from the policy inception *plus* projections for a 10-year period. Experience more than five years old may be aggregated. Submit separate sheets for Oregon experience and your company's national experience.

Rates for riders: Any rider complete and submit this Appendix A with and without the rider.

Duration	Number of Lives	Lapse Rates	Premiums Earned	Claims Incurred	Change in Active Lives Policy Reserves	Annual Loss Ratio	Accumulated Loss Ratio
0						0.00%	0.00%
1						0.00%	0.00%
2						0.00%	0.00%
3						0.00%	0.00%
4						0.00%	0.00%
5						0.00%	0.00%
6						0.00%	0.00%
7						0.00%	0.00%
8						0.00%	0.00%
9						0.00%	0.00%
10						0.00%	0.00%

**Include deaths in total lapse rates.*

List the rate changes and effective dates for the past three rate periods:

_____, _____, _____

Identify the portion of the requested increase attributed to each cause:

- | | | |
|--|--------------------------------|--------------------------|
| _____ Cost inflation | _____ Changing benefits | _____ Cost shifting |
| _____ Increase utilization | _____ Replenishment of surplus | _____ Catastrophes |
| _____ Expected experience | _____ Change in loss ratio | _____ Medical technology |
| _____ Geographic average rates | _____ Conversion | _____ Trend factor |
| _____ Number of existing lives | | _____ Weighted Average % |
| _____ Health reform (be specific): _____ | | |
| _____ Mandated benefits (be specific): _____ | | |

This information must be accompanied by an actuarial memorandum explaining the source of the data, the grouping of policy forms, information on any new or experimental benefit, and any concerns about the reliability of projections.

Instructions for Appendix B

A completed Appendix B must be filed with all rate filings for individual health benefit plans as defined at ORS 743.730(19). If this component is not completed and submitted with your rate filing, the filing will be disapproved as incomplete and returned to you. To assist you in completing Appendix B we offer these instructions:

POLICY YEAR – For new health benefit plans start with duration 0.

LIVES - For a projection of future experience, the initial number of lives (at duration 0) should be written in just beneath the "Lives" column heading, above line 1, so that line 1 will show the lives left after one year. A defined number of lives (example 1000 lives) should be assumed for the projection, for which the number of lives steadily diminishes.

LAPSE RATES – Include deaths in total lapse rates.

PREMIUMS EARNED – Must be based on actuarial memorandum and all assumptions included in this rate filing.

CLAIMS INCURRED – Must be based on actuarial memorandum and all assumptions included in this rate filing.

POLICY RESERVE – Must show changes in active lives policy reserves by policy year, and are based on the statutory reserving method actually used. This is generally 2-year preliminary term.

ANNUAL LOSS RATIO – Is the sum of claims incurred divided by premiums earned per policy year.

ACCUMULATED LOSS RATIO – Is a retrospective accumulation, carried out from duration 0, of the sum of claims incurred and changes in active lives policy reserves, divided by premium earned. The accumulation should employ the reserve interest rate.

TARGET LOSS RATIO –

For other health forms, defined in the NAIC "Guidelines for Filing of Rates for Individual Health Insurance Forms" (1984).

For a "low average premium form" or a "high average premium form" as described in the NAIC Guidelines; the target loss ratio must be recalculated accordingly.

The target loss ratio must be equaled or exceeded by the accumulated loss ratio within the 10-year period of the chart. The exceptions are Medicare Supplement, specified disease and health products written on a guaranteed issue basis or with very little health underwriting. This may vary depending on the structure of the product.

At the duration where the target loss ratio meets or exceeds the accumulated loss ratio, at least half the original lives (at duration 0) must still be in force.

FILING TO REVISE RATES (INCREASE OR DECREASE) CURRENT APPROVED RATES:

A rate filing to change a current approved rate must include two complete Appendix B's.

Oregon past experience by calendar year and
Your company's national past experience by calendar year.

OR

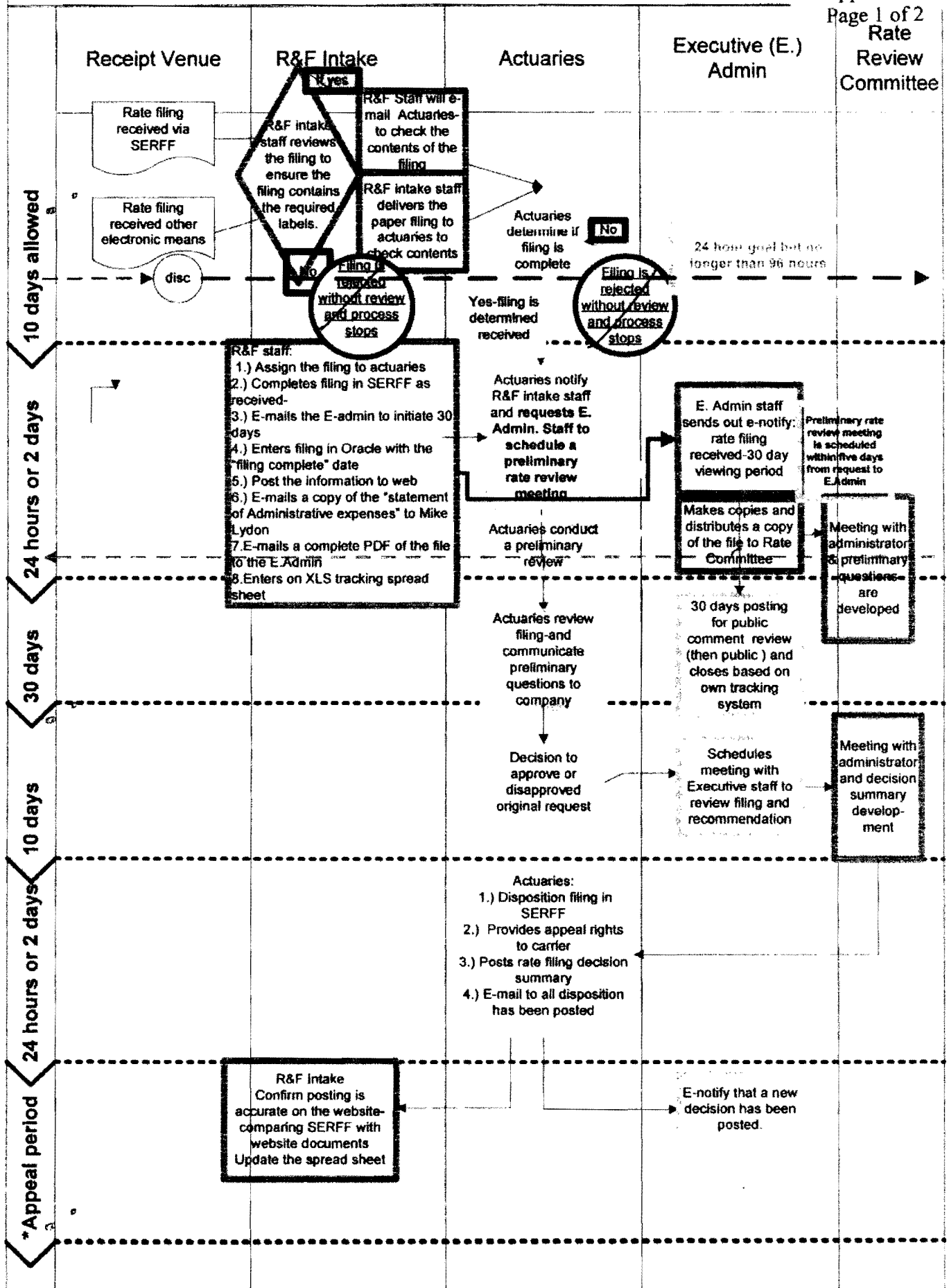
Oregon past experience by policy year and
Your company's national past experience by policy year.

FILINGS FOR NEW AND REVISED RATES FOR RIDERS:

Rider premiums that exceed 25% of the premiums for the base policy must submit a completed Appendix B with and without the rider.

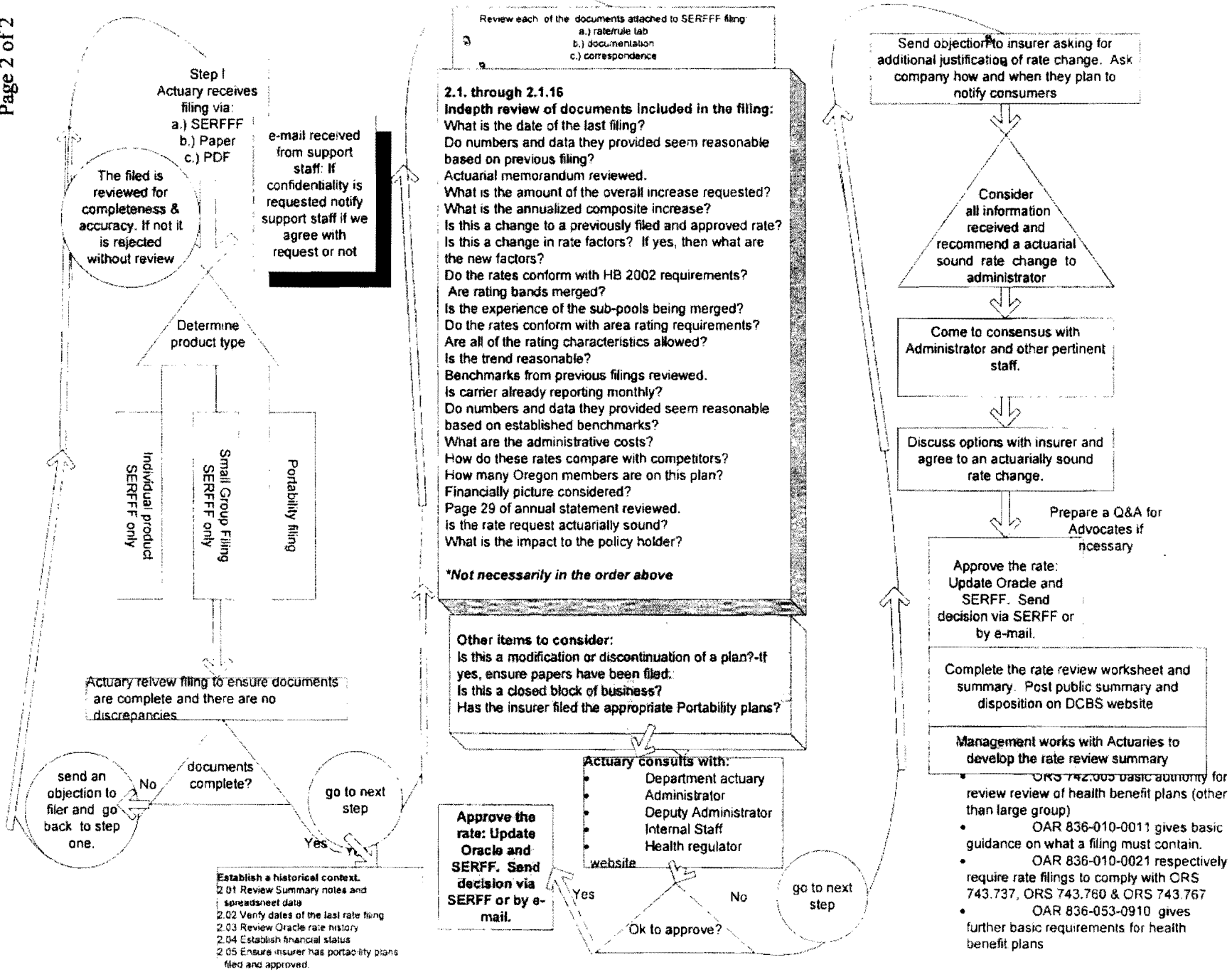
This applies especially to return of premium riders.

If limited pay options are available, do not include them in the charts.



Rev. 6-1-10

DRAFT Flow Chart of Rate Review Process 11.06 rrr



Work Plan and Timeline

Activity/ Improvement	Objective/Goal	Milestone	Timeframe	Person Responsible
Expanding scope of rate review and data collection	To further expand our rate review process as required by federal law, as well as collect new data on the large group market.	Develop a process for reviewing large group rates to satisfy federal requirements. Create and implement new data collection procedures.	September 2010 – June 2011.	Gayle Woods, Operations Manager & Steve Jackson, Application Systems Manager
Improving rate filing requirements (MLR)	Enhance consumers understanding of premium increases, while improving transparency efforts.	Work with consumers, insurers and other state agencies to develop administrative rules and an exhibit with an easy to read chart displaying MLR trends.	September 2010- September 2011.	Jeannette Holman, Senior Policy Analyst & Steve Jackson, Application Systems Manager
Bolster consumer input	Improve the review of rate filings by increasing the number of public comments received to review as part of the actuarial process.	Within 3-9 months, the department will contract with a consumer advocacy group to provide regular public comment. Contract will require semi-annual review, to ensure the consumer group is providing regular, in-depth comments.	September 2010 – June 2011, with semi-annual review upon the establishment of the contract.	Rachel Oh, Consumer Liaison & Gayle Woods, Operations Manager
Study regarding provider costs within the rate review process	To explore whether there are opportunities within the rate review process to affect medical cost trends, improve the delivery system (i.e., payment reform) and control the growth of health care costs.	Contract with a consultant to conduct the study within 4 months of receiving grant funds. Upon final review of study, we will use the findings to evaluate future rate review enhancements.	September 2010 – January 2011.	Triz delaRosa, Deputy Administrator & future project manager

Activity/ Improvement.	Objective/Goal	Milestone	Timeframe	Person Responsible
Transparency and efficiency enhancements	Make our rate review Web site easier for consumers to navigate and export data, thereby reducing the number of phone calls we receive relating to Web site navigation and health insurance rates. Automate SERFF downloads to eliminate manual processes. Create systems enhancements to improve efficiency and reduce processing times.	Implement new system requirements to reduce the manual entry of downloaded SERFF information to Oracle. Allow custom reports of data, reducing the time spent manipulating data fields.	September 2010 – September 2011.	Steve Jackson, Application Systems Manager & Gayle Woods, Operations Manager
Expanded Actuarial Scrutiny - Actuary	Hire an additional actuary to perform a second tier review of rates, paying specific attention to the rate of impact of the rate filing on the entire block of business.	Hire a third health actuary within 6 months of receiving grant funds. Actuary will increase scrutiny, without lengthening review time.	September 2010 – March 2011.	Triz delaRosa, Deputy Administrator & Gayle Woods, Operations Manager
Communications and outreach - Project coordinator	Hire a project coordinator to organize all rate review related activities, including implementation processes, department responses for information, and the expansion of plain language decision summaries.	Hire a project coordinator within 3 months of receiving grant funds to coordinate all rate review efforts.	September 2010 – December 2010.	Triz delaRosa, Deputy Administrator
Ensuring accurate data- Market Analyst	Hire a market analyst to ensure that insurers report accurate data in rate filings, which will help actuaries decide if rates filed are appropriate.	Hire a market analyst to begin auditing rate information submitted by insurers within 3 months of receiving grant funds.	September 2010 – December 2010.	Triz delaRosa, Deputy Administrator & Michael Lydon, Market Regulations Manager
Efficiency improvements – rate filing intake coordinator	Hire a rate review intake coordinator to establish a more efficient intake process, freeing up time from actuaries to further scrutinize rates.	Hire an intake coordinator within 3 months of receiving grant funds. Create a checklist for the administrative specialist to use when reviewing filings received.	September 2010 – December 2011.	Gayle Woods, Operations Manager

INSURANCE DIVISION

Insurance Administrator
Teresa Miller
0003.001 Z7012 (38x)
Principal Exec. Mgr. G

Deputy Administrator
Triz de laRosa
0003.066 Z7010 (35x)
Principal Exec. Mgr F

Executive Assistant
Sue Munson
0003.582 C0107 (17)
Admin. Specialist I

Executive Assistant
Brenda Myers
0003.652 Z0119 (19)
Exec. Support Spec. 2

Senior Policy Analyst
Anthony Behrens 0003.672
Joyce Patton 0003.018
Jeannette Holman 0003.041
X0873 (32)
Operations & Policy Analyst 4

Public Information Officer
Cheryl Martinis¹
0003.199 X0865 (29)
Public Affairs Specialist 2

Administrative Services
Margarita Nunez, Manager
0003.083 X0833 (26)
Supervising Executive Assistant

Web Coding Technician
David Mohrman
0003.021 C2510 (17)
Elec. Pub Design Spec. 1

Policy Analyst
John Atkins
0003.084 X0872 (30)
Operations & Policy Analyst 3

Chief Enforcement Officer
Mitch Curzon
0003.034 C5248 (29)
Compliance Spec. 3

Consumer Liaison
Rachel Oh
0003.606 X0872 (30)
Operations & Policy Analyst 3

Law Clerk
LaRae Felton²
0003.582 C1520 (16)
Law Clerk

User Support Analyst
Terri Bang
0003.388 C1483 (241)
Info Systems Spec 3

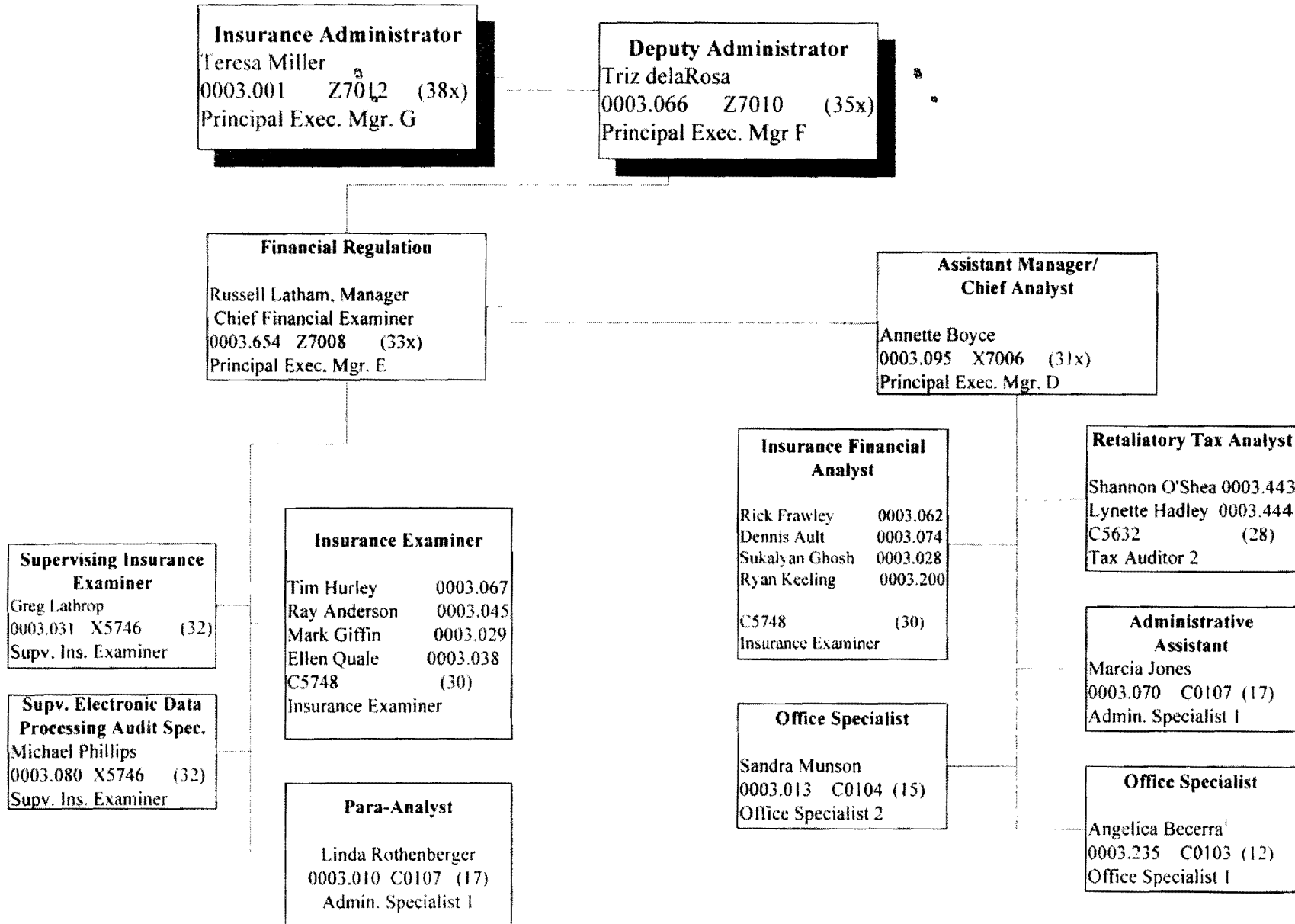
Executive Assistant
Sue Munson
0003.582 C0107 (17)
Admin. Specialist 1

Project Coordinator
TBD
0003.XXX C0856 (31)
Project Manager**

Purchasing Coordinator
Brooke Sheehan
0003.614 C0435 (19)
Procurement & Contract Asst.

Administrative Assistant
Vacant
0003.058 C0104 (15)
Office Specialist 2

** indicates Rate Review, 100% dedicated



1= part-time

Insurance Administrator
Teresa Miller
0003.001 Z7012 (38x)
Principal Exec. Mgr. G

Deputy Administrator
Triz delaRosa
0003.066 Z7010 (35x)
Principal Exec. Mgr F

Operations Manager
Gayle Woods, Manager
0003.069 X7006 (31x)
Principal Exec. Mgr D*

Rates & Forms
Rhonda Saunders-Ricks,
Manager
0003.674 X7006 (31x)
Principal Exec. Mgr D

Operations Specialist
Tamra Vance
0003.036 C0108 (19)
Admin Spec 2

Actuary
Rae Taylor (P/C) 0003.017
Dave Dahl (P/C) 0003.061
David Ball (L/H)* 0003.673
Scott Fitzpatrick (L/H)* 0003.668
TBD (Health)** 0003.xxx
X1190 (32)
Actuary

Property/Casualty Technician
Cece Newell
0003.053 C5248 (29)
Compliance Specialist 3

**Rates and Forms Analyst
(Property/Casualty)**
Jan Vitus 0003.050
Vacant 0003.049

C5248 (29)
Compliance Specialist 3

Office Specialist
Lorna Keyes 0003.007
Mary Ellen Hayes 0003.011
Elizabeth McMahon 0003.003
Malecia Pruitt 0003.612

C0104
Office Specialist 2 (15)

**Rates & Forms Analyst
(Health)**
Vacant 0003.270
Carolyn Hancock 0003.019
Maurice Marquez 0003.043

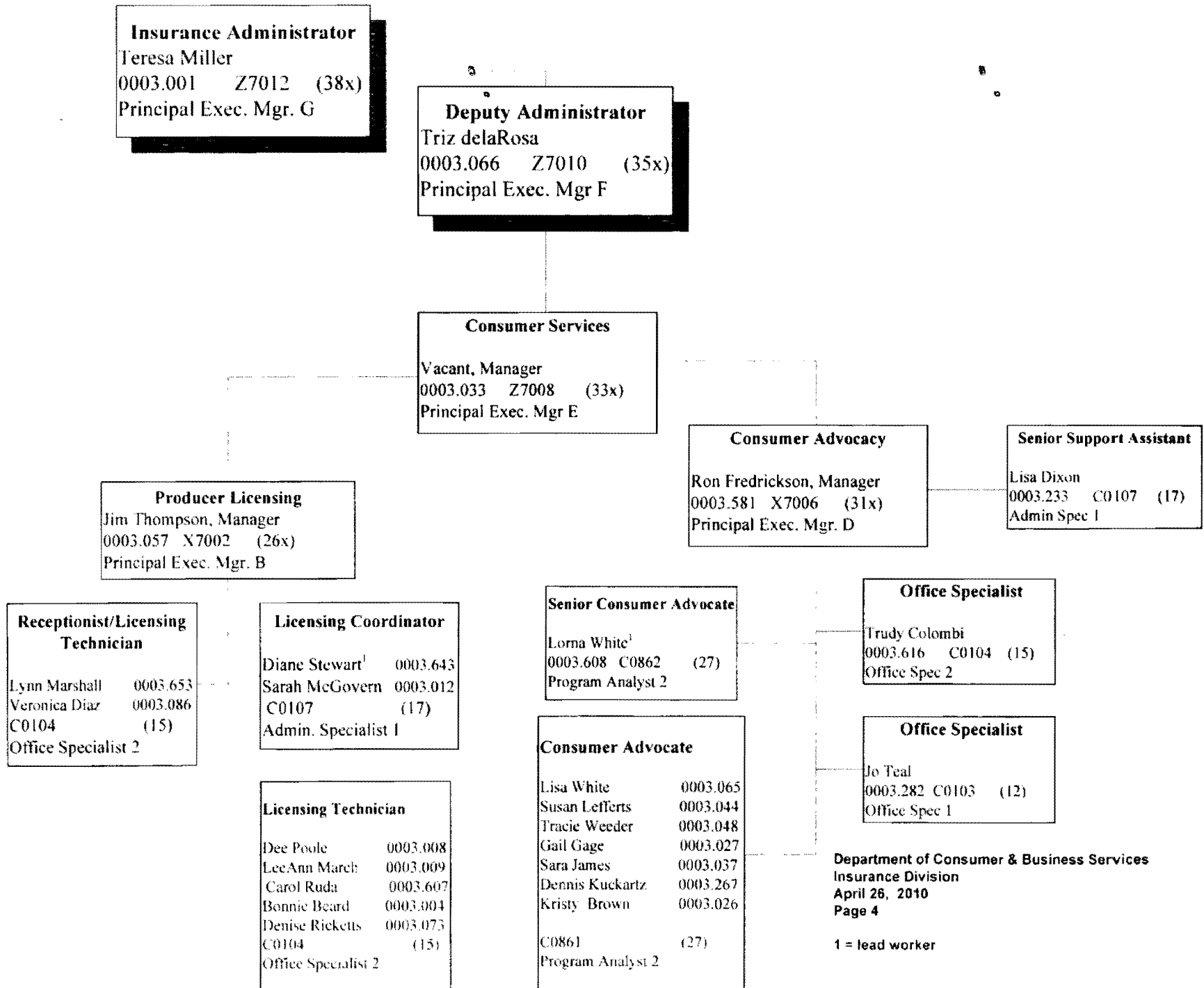
C5248 (29)
Compliance Specialist 3

**Rates & Forms Analyst
(Life/Annuities)**
Rolf Junge 0003.278
Janice Hart 0003.329
David Bolton 0003.268

C5248 (29)
Compliance Specialist 3

**Rate Filing Intake
Coordinator**
TBD**
0003.xxx C0108 (19)
Admin Spec 2

** indicates Rate Review, 100% dedicated
* Current Actuary Staff, dedicated 60% or more



Insurance Administrator
Teresa Miller
0003.001 Z7012 (38x)
Principal Exec. Mgr. G

Deputy Administrator
Triz delaRosa
0003.066 Z7010 (35x)
Principal Exec. Mgr F

Consumer Services
Vacant, Manager
0003.033 Z7008 (33x)
Principal Exec. Mgr E

Market Surveillance
Mike Lydon, Manager
0003.096 X7006 (31x)
Principal Exec. Mgr D

Chief Investigator
Dale White 0003.396
C5248 (29)
Compliance Specialist 3

Market Analyst
Doug Beck 0003.006
John Hardiman 0003.059
Cliff Nolen 0003.686
Gary Holliday¹ 0003.022
Russel Kennel 0003.655
Katleen Kalk 0003.605
Elizabeth Klicker 0003.078
C5748 (30)
Insurance Examiner

Rate Review Mkt Analyst
TBD 0003.xxx
C5748 (30)
Insurance Examiner**

Investigator
Clifford Cummins 0003.684
Rebecca Flores 0003.025
Stephanie Noren 0003.533
Investigator 3 C5233 (25)

Administrative Specialist
Laura Janssens 0003.657
RaNae Baker² 0903.004
C0167 (17)
Admin Specialist 1

Market Regulation Coordinator
Carla Wagner
0003.002 C0324 (19)
Public Serv Rep 4

** indicates Rate Review, 100% dedicated

1 = lead worker
2 = Limited duration



State of Oregon
Department of Administrative Services

Position Description

*** PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM ***

SECTION 1. POSITION INFORMATION

Effective Date: September 1, 2010	Agency Name: Dept. of
Working Title: Life and Health Actuary	Consumer and Business
Work Unit: Insurance Division	Services
Work Location (City-County): Salem-Marion	

SECTION 2. PROGRAM/POSITION INFORMATION

- a. Describe the program in which this job exists. Include program purpose, who's affected, size, and scope. Include relationship to agency mission.

The **Insurance Division** is charged with protecting the insurance-buying public by ensuring the financial soundness of insurers, the availability and affordability of insurance, and the fair treatment of insureds and claimants. The Division collects and audits taxes of licensed insurance companies and surplus line businesses. Functions include licensing, regulating, and monitoring the conduct of insurance companies, health care service contractors, fraternal benefit societies, and the agents of these entities, and providing insurance consumer services and information to individuals and consumer groups. All types of insurance are covered including life, health, property, casualty, and title. The division has a biennial budget of \$18.8 million and a staff of 93.5 FTE.

The **Market Regulation Section** assesses the effectiveness of insurance markets and monitors the individual companies comprising that market, taking appropriate action when problems are identified. The Section investigates allegations of violations of Oregon law against insurers and agents; performs market conduct exams on domestic and foreign insurers; analyzes and evaluates filings of insurers and their rating organization to promote the affordability and availability of insurance products within the protection of the Insurance Code; develops policy recommendations for legislative and administrative actions to correct inequities in the insurance marketplace; provides broad surveillance of the insurance marketplace through market analysis; and takes other actions necessary to protect the insurance-buying public.

- b. Describe the purpose of this position, and how it functions within this program, by completing this statement.

The purpose of this job/position is to . . .

Through actuarial analysis, the actuary assists the division in formulating and carrying out management decisions related to the area of health insurance. Based upon actuarial analysis, the actuary effectively recommends Division and Department policy.



State of Oregon
Department of Administrative Services

Position Description

***** PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM *****

SECTION 1. POSITION INFORMATION

Effective Date: September 1, 2010

Working Title: Project Coordinator

Work Unit: Insurance Division

Work Location (City-County): Salem/Marion

Agency Name: DCBS

SECTION 2. PROGRAM/POSITION INFORMATION

a. Describe the program in which this job exists. Include program purpose, who's affected, size, and scope. Include relationship to agency mission.

The **Insurance Division** is charged with protecting the insurance-buying public by ensuring the financial soundness of insurers, the availability and affordability of insurance, and the fair treatment of insureds and claimants. The division collects and audits taxes of licensed insurance companies and surplus line businesses. Functions include licensing, regulating, and monitoring the conduct of insurance companies, health care service contractors, fraternal benefit societies, and the agents of these entities, and providing insurance consumer services and information to individuals and consumer groups. All types of insurance are covered including life, health, property, casualty, and title. The division has a biennial budget of \$18.8 million and a staff of 93.5 FTE.

b. Describe the purpose of this position, and how it functions within this program, by completing this statement:

The purpose of this job/position is to . . .

Serve as a project manager on rate review enhancements. Researches, analyzes and evaluates policy and insurance issues having statewide impact. This position is key to division long-range policy planning and development and plays a vital role in the development of legislation and policy direction related to federal health reform. Additionally, this position will coordinate preparation of all reports and publications providing information about health insurance rates and ensure information presented on our Web site is timely, accurate and consumer friendly.

SECTION 3. DESCRIPTION OF DUTIES

List major duties. Note percentage of time duties is performed. If this is an existing position, mark "N" for new duties or "R" for revised duties.

% of Time	N/R	DUTIES
50	R	<p>Project management Develops, plans, manages, and monitors special projects that impact one or more of the division's various programs or stakeholders. These programs are broad in scope and may impact other state agencies and boards. These duties may include: conducting independent research, analyzing and documenting results; meeting with stakeholders, survey and focus groups; coordinating summit forums; coordinating with other Oregon agencies and other jurisdictions; meeting and discussing projects with key legislators and policy makers; preparing project reports and recommendations for policy positions, new legislation and administrative rules. Plan operational improvement projects and comprehensive research studies. Participates in division activities that seek to improve communications, work processes, customer service, and outcomes supporting the division's mission and strategic goals.</p>
30	R	<p>Policy analysis and development Researches, analyzes, and develops recommendations for policy positions and program priorities on various insurance topics affecting Oregonians, specifically related to federal health reform. Meets</p>

	<p>with internal and external stakeholders to gather and discuss issues related to division programs, policies and practices. Evaluate statutes, legislative and executive intent, and operating procedures; develop comprehensive evaluation of affect to agency action based on probable political and public reaction to changes in policy. Formulates policy and designs operational systems to support policy direction. Advises agency management on benefits and risks of different projects or direction of implementation. Writes or revises policy to mitigate operational risk. Provide input and propose changes to administrative rules based on changes in statute or policy direction.</p> <p>Participates in NAIC projects and interacts with NAIC staff, keeping informed on changes and resources available at the NAIC and nationally.</p>
10	<p>Reviews and analyzes state and federal legislation to determine impact on Division and the insurance industry in Oregon. Submits opinions and analysis to Administrator and Director regarding Division and Department positions on legislation.</p> <p>Evaluates and makes recommendations on proposals for legislative changes affecting agency programs.</p> <p>Writes reports outlining impact of legislative proposals. Write suggested draft language for legislative bills and amendments. Coordinates projects generated as a result of inquiries made.</p> <p>Assists in determining needed policies and rules to implement new legislation and comply with legislative and executive intent.</p>
10	<p>Outreach</p> <p>Analyzes and interprets insurance statutes, rules, case law and legal and technical information in order to answer questions raised by insurers, agents, consultants, attorneys, consumers, and other sections and agencies. Conducts and answers surveys. Participates in seminars and workshops designed to educate the industry and the consumer in insurance coverage and the regulatory authority of the Insurance Division. Attends educational courses to keep abreast of the industry and keeps current on issues needed to evaluate products.</p>
Ongoing	<p>Performs position duties in a manner that promotes customer service and harmonious working relationships, including treating all persons courteously and respectfully. Engages in effective team participation through willingness to assist and support co-workers, supervisors and other work-related associations. Develop good working relationships with division and agency staff through active participation in accomplishing group projects and in identifying and resolving problems in a constructive manner. Demonstrates openness of constructive feedback/criticism and suggestions in an effort to strengthen work performance. Contributes to a positive, respectful and productive work place. Regular attendance is an essential function of this position.</p>
100%	

SECTION 5. GUIDELINES

- a. List any established guidelines used to do this job, such as state or federal laws or regulations, policies, manuals or desk procedures.
Oregon Insurance Code, other related Oregon Statues (e.g. DMV, Property Law, Workers' Compensation), Administrative Rules, Division Bulletins, Federal publications from Center for Medicare and Medicaid Services, NAIC Model Regulations and Guidelines, Division interpretation files, various weekly and monthly industry publications, DAS, DCBS & Insurance Division policies and procedures
- b. How are these guidelines used to perform the job?
To interpret and explain laws and rules. To explain and be in compliance with all policies and procedures.

SECTION 6. JOB-RELATED DECISION MAKING

Describe the kinds of decisions likely to be made by this position. Indicate effect of these decisions where possible. This position makes recommendations about implementation of federal health reform projects. Recommends potential legislation and rules. Must favorably represent the Department to consumers, stakeholders, legislators, national organizations, and other states' insurance departments. Any lack of attention to detail can result in the improper

application of the law, causing detriment to consumers, regulated entities and the Department. Exercises independent decision making authority.

SECTION 7. REVIEW OF WORK

Who reviews the work of this position? (List classification title and position number.) How? How often? Purpose of the review?

Principal Executive Manager F (0003.066); regular meetings, annual review, and as needed to stay informed on issues, provide guidance, and to evaluate performance.

SECTION 8. ADDITIONAL JOB-RELATED INFORMATION

Any other comments that would add to an understanding of this position:

Position requires excellent oral and written communication and inter-personal skills, ability to work alone and as a team member and to be a strong self-starter.

SPECIAL REQUIREMENTS: List any special mandatory recruiting requirements for this position:

Requires knowledge of industry patterns and trends in regard to products, marketing practices, pricing structures and investment practices, and a basic understanding of insurance regulation.

Ability to draft rules and legislation

Ability to facilitate meetings and committees and work with people who have diverse interests.

Policy development and the ability to understand and communicate how policy changes may affect the insurance market.

Employee Signature

Date

Supervisor Signature

Date

Appointing Authority Signature

Date



State of Oregon
Department of Administrative Services

Position Description

*** PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM ***

SECTION 1. POSITION INFORMATION

Effective Date: September 1, 2010	Agency Name: Dept. of
Working Title: Market Analyst	Consumer and Business
Work Unit: Insurance Division	Services
Work Location (City-County): Salem-Marion	

SECTION 2. PROGRAM/POSITION INFORMATION

- a. Describe the program in which this job exists. Include program purpose, who's affected, size, and scope. Include relationship to agency mission.

The **Insurance Division** is charged with protecting the insurance-buying public by ensuring the financial soundness of insurers, the availability and affordability of insurance, and the fair treatment of insureds and claimants. The Division collects and audits taxes of licensed insurance companies and surplus line businesses. Functions include licensing, regulating, and monitoring the conduct of insurance companies, health care service contractors, fraternal benefit societies, and the agents of these entities, and providing insurance consumer services and information to individuals and consumer groups. All types of insurance are covered including life, health, property, casualty, and title. The division has a biennial budget of \$18.8 million and a staff of 93.5 FTE.

The **Market Regulation Section** assesses the effectiveness of insurance markets and monitors the individual companies comprising that market, taking appropriate action when problems are identified. The Section investigates allegations of violations of Oregon law against insurers and agents; performs market conduct exams on domestic and foreign insurers; analyzes and evaluates filings of insurers and their rating organization to promote the affordability and availability of insurance products within the protection of the Insurance Code; develops policy recommendations for legislative and administrative actions to correct inequities in the insurance marketplace; provides broad surveillance of the insurance marketplace through market analysis; and takes other actions necessary to protect the insurance-buying public.

The **Market Analysis Unit** is part of the Market Regulation Section. This unit provides broad market surveillance of the insurance industry and is charged with identifying and monitoring market problems as soon as possible, assisting with the coordination of the division's internal market regulation functions, and facilitating development of an integrated system of proportional responses to market problems. The market analysts provide a framework for collaboration among state and federal regulators.

- b. Describe the purpose of this position, and how it functions within this program, by completing this statement:

The purpose of this job/position is to . . .

The position performs market surveillance on foreign and domestic insurance companies doing business under the provisions of ORS 731.300 and 733.170. Specifically this position audits companies by verifying the data submitted with rate requests is supported by company records using established audit techniques.

SECTION 3. DESCRIPTION OF DUTIES

List major duties. Note percentage of time duties are performed. Percentage of time column must equal 100%. If this is an existing position, mark "N" for new duties or "R" for revised duties.

% of Time	N/R	DUTIES
45	R	Develop, implement, maintain and query databases used in market analysis to identify companies that are not meeting reporting requirements; providing accurate data. Maintain and analyze the data collected in the market conduct annual statement program. Perform Market Conduct examination of insurance company records. Obtain an understanding of the company to be examined by reviewing corporate records, previous examination reports, Insurance Division records and NAIC databases;

		prepare an overall examination plan and design specific procedures and tests to be accomplished in order to achieve examination objectives; contacts management of the company under examination to discuss the scope of the examination, work space, access to records and staff and answer questions about the examination process. Confer with and advise insurance companies to ensure proper use of rates, policy forms, endorsements, sales and marketing material. Review internal controls and operational procedures of the company under examination; prepare written workpapers to illustrate and document work accomplished and demonstrate achievement of the audit objectives; write findings and conclusions stating condition, criteria, cause, effect and recommendation for improvement. Conduct or participate in the exit conference with the company under examination, discuss unresolved issues and present summaries of conclusions drawn in the course of the examination. Monitor changes to existing laws and propose changes to the market analysis handbook.
20	R	Monitor insurance industry trends, analyze the impacts those trends will have on consumers and the insurance marketplace and coordinate the necessary efforts within the division to monitor and manage the identified trends.
20	R	Perform specialized analysis of insurance companies by reviewing various factors including but not limited to: a.) complaint trends b.) NAIC databases c.) Financial trends d.) Rates filings e.) Investigations and the unfair claims databases f.) Other states' market conduct examinations g.) Underwriting guidelines h.) Regulatory alerts & legal actions i.) Claim files & payments Document all aspects of the analysis in Teammate files maintained by the analyst. Prepare summaries of important findings and make recommendations resulting from the analysis to the Manager of Market Analysis.
5	R	Participate with supervising insurance examiners in the planning of financial and market conduct examinations. Coordinate follow up on the insurer's corrective action plan.
10	R	Other duties as assigned by the Manager of Market Analysis.
Ongoing		Perform position duties in a manner which promotes customer service and harmonious working relationships, including treating all persons courteously and respectfully. Engage in effective team participation through willingness to assist and support co-workers, supervisors and other work-related associations. Develop good working relationships with division and agency staff through active participation in accomplishing group projects and in identifying and resolving problems in a constructive manner. Demonstrate openness of constructive feedback/criticism and suggestions in an effort to strengthen work performance. Contribute to a positive, respectful and productive work place. Regular attendance is an essential function of this position.

SECTION 4. GUIDELINES

- a. List any established guidelines used to do this job, such as state or federal laws or regulations, policies, manuals or desk procedures.
- Oregon Insurance Code, ORS chapters 731 through 752
 - Oregon Administrative Procedures and Rules, ORS Chapter 183
 - Oregon Corporation Laws, ORS Chapters 60 and 65
 - Oregon Administrative Rules, OAR 836
 - Oregon Examination Procedures Manuals
 - NAIC Examiners' Handbook
 - EDP Manuals for mainframe and PCs
 - NAIG SDN Users Guide
 - Market Analysis Handbook

SECTION 5. JOB-RELATED DECISION MAKING

Describe the kinds of decisions likely to be made by this position. Indicate effect of these decisions where possible.

Whether or not documents reviewed comply with Oregon Laws, Rules and Procedures. Persons being reviewed may be determined to be found in violation.

SECTION 6. REVIEW OF WORK

Who reviews the work of this position? (List classification title and position number.) How? How often? Purpose of the review?

Manager of Market Analysis, position # 0003.096, in person and by phone, daily or as needed. To facilitate communication and to ensure quality of work product.

SECTION 7. ADDITIONAL JOB-RELATED INFORMATION

Any other comments that would add to an understanding of this position:

SPECIAL REQUIREMENTS: List any special mandatory recruiting requirements for this position:

Employee Signature

Date

Supervisor Signature

Date

Appointing Authority Signature

Date



State of Oregon
Department of Administrative Services

Position Description

***** PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM *****

SECTION 1. POSITION INFORMATION

Effective Date: September 1, 2010	Agency Name: Dept. of Consumer and Business Services
Working Title: Rate Filing Intake Coordinator	
Work Unit: Insurance Division Rates and Forms Unit	
Work Location (City-County): Salem/Marion	

SECTION 2. PROGRAM/POSITION INFORMATION

- a. Describe the program in which this job exists. Include program purpose, who's affected, size, and scope. Include relationship to agency mission.

The **Insurance Division** is charged with protecting the insurance-buying public by ensuring the financial soundness of insurers, the availability and affordability of insurance, and the fair treatment of insureds and claimants. The Division collects and audits taxes of licensed insurance companies and surplus line businesses. Functions include licensing, regulating, and monitoring the conduct of insurance companies, health care service contractors, fraternal benefit societies, motor clubs and the agents of these entities, and providing insurance consumer services and information to individuals and consumer groups. All types of insurance are covered including life, health, property, casualty, and title. The division has a biennial budget of \$18.8 million and a staff of 93.5 FTE.

The **Market Regulation Section** assesses the effectiveness of insurance markets and monitors the individual companies comprising that market, taking appropriate action when problems are identified. The Section investigates allegations of violations of Oregon law against insurers and agents; performs market conduct exams on domestic and foreign insurers; analyzes and evaluates filings of insurers and their rating organization to promote the affordability and availability of insurance products within the protection of the Insurance Code; develops policy recommendations for legislative and administrative actions to correct inequities in the insurance marketplace; provides broad surveillance of the insurance marketplace through market analysis; and takes other actions necessary to protect the insurance-buying public.

The **Rates and Forms Unit** analyzes and evaluates filings of insurers and their rating organizations, and the cooperative activities among rating organizations and insurers to promote the affordability and availability of insurance products within the protection of the Insurance Code. The unit develops supporting information for preparing administrative rules, bulletins and positions for fair and equitable treatment of the Insurance buying Public

- b. Describe the purpose of this position, and how it functions within this program, by completing this statement:

The purpose of this job/position is to . . .

This position serves as health rate request support to the Rates section. This position functions as primary individual receiving health rate filing requests to determine compliance with rules, regulations, and any other guidelines.

SECTION 3. DESCRIPTION OF DUTIES

List major duties. Note: Percentages of time duties are performed. Percentage of time column must equal 100%. If this is an existing position, mark "N" for new duties or "R" for revised duties.

% of Time	N/R	DUTIES
45		<p>Coordinate the efficient workflow of Health Rate Requests and maintain procedures and forms necessary to ensure efficient flow of information within the unit and with the Insurance Division.</p> <p>Make recommendations to manager for program and process improvements.</p> <p>Coordinate and participate in special projects to evaluate program activities and resolve compliance</p>

		<p>and other program-related issues, requiring applying and interpreting, laws rules, regulations, or other guidelines; conduct program-related research to assist manager. Research information and respond to inquiries from regulated persons, the public, or other governmental agencies, explain filing policies and procedures.</p> <p>Develop and present seminars and workshops to educate the industry in insurance coverage and the regulatory authority of the Insurance Division. Attend educational courses to keep abreast of the industry and keep current on issues needed to evaluate internal processes.</p> <p>Assist rates staff with data entry concerns; provide back up for incoming phone, mail, case file assignment, and other duties as needed.</p>
40	R	<p>Review and audit company filings to determine whether filings are complete and compliant with insurance laws and regulations. Intake processing, tracking and initial compliance review. Backup intake of audit small group individual and portability rate filings for compliance with HB 3103 disclosure requirements. Obtain necessary information from company officers, actuaries, and filers in order to determine compliance. Interpret and apply ORS/ OAR laws and rules to compliance situations and resolve compliance issues through education and negotiation</p>
15	R	<p>Create and edit documents for the rates website. Format documents in appropriate electronic format and makes forms intelligent for web posting. Enters and publishes on website Health Rate Data collected from industry.</p>
Ongoing		<p>Perform position duties in a manner, which promotes customer service and harmonious working relationships, including treating all persons courteously and respectfully. Engage in effective team participation through willingness to assist and support co-workers, supervisors, managers, and other work-related associations. Develop good working relationships with division and agency staff through active participation in accomplishing group projects and in identifying and resolving problems in a constructive manner. Demonstrate openness of constructive feedback/criticism and suggestions, in an effort to strengthen work performance. Contribute to a positive, respectful and productive work place. Regular attendance is an essential function of this position.</p>

SECTION 4. GUIDELINES

a. List any established guidelines used to do this job, such as state or federal laws or regulations, policies, manuals or desk procedures.

- Desk Manual
- Oregon Insurance Code
- Oregon Administrative Rules
- Department Policies and Procedures

b. How are these guidelines used to perform the job?

Use manual until familiar with duties and procedures, and as reference. Uses regulations to assist in responding to telephone inquiries from industry and consumers

SECTION 5. JOB-RELATED DECISION MAKING

Describe the kinds of decisions likely to be made by this position. Indicate effect of these decisions where possible
 This position independently determines compliance of insurance filings with program-related laws, rules, and regulations, resolves issues with insurers requiring negotiation, and recommends corrective actions and suspensions. This position makes Independent decisions associated with the development of data base tracking systems, website, and work flow processes to ensure protection of the insurance buying public; and recommends changes to systems, processes, and procedures.

SECTION 6. REVIEW OF WORK

Who reviews the work of this position? (List classification title and position number.) How? How often? Purpose of the review?

Operations Manager Principal Exec Mgr. E (0003.069), as needed to ensure effectiveness and quality. Annual performance appraisal.

SECTION 7. ADDITIONAL JOB-RELATED INFORMATION

Any other comments that would add to an understanding of this position:

SPECIAL REQUIREMENTS: List any special mandatory recruiting requirements for this position. Requires knowledge of industry patterns and trends in regard to products, marketing practices, pricing structures and investment practices.

Must become proficient with the System for Electronic Rate and Form Filing (SERFF).

Must have typing speed of at least 40 wpm.

Must have excellent spelling and grammar skills.

Must be well organized and have initiative.

Knowledge of Excel and Word.

Employee Signature

Date

Supervisor Signature

Date

Appointing Authority Signature

Date

ORSON

Gavle L. Woods



(b)(6)

SUMMARY OF QUALIFICATIONS

- Thirty-five years insurance industry experience with extensive knowledge of insurance company and regulatory operations
- Experienced life and health underwriter
- Excellent leadership, communication and organizational skills
- Flexible, resourceful, and collaborative
- Motivated and self-directed

EMPLOYMENT HISTORY AND PROFESSIONAL EXPERIENCE

- *State of Oregon, Department of Consumer and Business Services, Salem, Oregon*
 - *December 2008 to Present - Operations Manager*
Assists Insurance Division Administrator and Deputy Administrator in coordination of division activities to ensure all division activities are in compliance with the law. Serves as member of the executive team and senior policy team and assists with policy development and operational planning. Participates in developing long and short-range goals and objectives. Prepares narrative and statistical reports and action plans. Manages division actuaries as well as Producer Licensing and Rates and Forms units through unit supervisors. Active participant in health insurance rate review process. Leads division initiatives and special projects, at times as project sponsor or as project manager.

Other positions held with Oregon Insurance Division:

- September 2006 - Assistant Manager, Market Regulation
- November 2003 - Rates and Forms Manager
- May 2002 - Market Surveillance Manager
- August 2001 - Supervising Market Examiner
- July 2005 - Market Conduct Examiner
- August 2004 – Contract Rates and Forms Analyst

- *Pacific Northwest Life Insurance Company, Portland, Oregon*
 - *1988-1993 –Assistant Vice President, Administration*
Staffed, trained and managed all personnel in these departments:

Claims	Policy Service	Underwriting
Compliance	Reinsurance	Policy Issue
Data Processing	Human Resources	Administrative services

Underwrote all life and health cases submitted
Responded to legal and insurance department inquiries
Assisted with product development
Responsible for corporate compliance with new regulations
Assistant Secretary of Corporation

Other positions held at Pacific Northwest Life:

- 1981 -1984 – Manager of Policy Administration
- 1977 -1981 – Supervisor of Administrative Services
- 1974-1977 – Claims Analyst and various other clerical positions

References upon Request

Beatriz "Triz" delaRosa

(b)(6)

Cell:

(b)(6)

EXECUTIVE MANAGEMENT

Senior level manager with more than 10 years of broad based and progressively responsible experience in management. Proven ability to work with senior management teams to integrate all organizational functions into the overall business operating strategy. Experience in department start-ups, high growth operations, restructuring, and collective bargaining agreements. Areas of expertise include: employee relations, recruitment, policy design, benefit and compensation design, training & development, budget administration and policy making.

PROFESSIONAL EXPERIENCE

Diverse experience featuring achievements in business administration and management, with key strengths including:

- Project management • Human Resource Management
- Administrative operations • Benefits administration
- Policy/procedural formulation • Oral/written communications
- Negotiation and mediation
- Research and problem solving
- Strategic planning/forecasting
- Focused and adaptable under pressure
- Versatile, resourceful, and self-directed, with a reputation for innovation and persistence; accustomed to managing multiple tasks in fast-paced settings.

EXPERIENCE HIGHLIGHTS

State of Oregon, Department of Consumer & Business Services, Salem, Oregon

November 10, 2008 to Present

Deputy Administrator, Insurance Division

Direct work flow to other sections of the division; handles inquiries from industry, legislature, Governor's office, and other state agencies and other state insurance departments. Advise Administrator, Director and Deputy Director on insurance policy issues. Research and resolve statutory and regulatory issues. Make recommendations to the Administrator and Director on technical and policy issues related to other sections of the Division's management team. Participate in discussion of problems and development of solutions as part of the Division's management team. Develop and/or review legislation and administrative rules. Serve on the agency Director's executive management team and participate in developing and implementing agency-wide operational goals and objectives.

State of Oregon, Department of Consumer & Business Services, Salem, Oregon

June 18, 2007 to November 9, 2008

Human Resources Assistant Manager

Assist the HR Manager with the day-to-day operational functions of the HR office, including safety, recruitment, and training and organizational development. Develop and implement HR goals, objectives, policies, procedures and strategic initiatives. Serve as agency appointing authority to approve personnel actions. Evaluate effectiveness and efficiency of HR, safety and risk management, and training services to ensure quality control and process improvement in these services to eleven (10) divisions. Serve on the agency Director's executive management team and participate in developing and implementing agency-wide operational goals and objectives.

State of Oregon, Department of Consumer & Business Services, Salem, Oregon

July 2005 to June 18, 2007

Senior Human Resources Analyst

Provide HR generalist assistance to agency managers, administrators, and the general employee population. Provide assistance on a wide range of HR issues (not typically payroll or benefits related). Interpret laws, rules, policies and the Collective Bargaining Agreement (CBA) which is relevant to any given situation. Provide counsel to management and employees through the disciplinary process. Assist with classification requests and studies. Coordinate with the Safety and Risk Manager regarding workers' compensation claims/incidents. Participate in manager forums to provide managers/administrators with tools for assisting them in daily management of staff.

- Conduct new employee and new manager orientation
- Orchestrate discussions regarding organizational development
- Conduct training sessions on numerous topics
- Conduct investigatory interviews when researching potential violations of laws, rules, policies or the CBA

Presidio Excess Insurance Services, San Francisco, CA

November 2004 to July 2005

Sr. Human Resources Manager/Underwriter

Responsible for the management of corporate human resources programs, such as the performance management program providing consultation to line managers. Coordination of HR communication, provision of management information, and evaluation of HR programs. Duties included the development and coordination of all components of performance management, corporate planning; the evaluation of alternative methods of providing training; and the development and implementation of HR strategies to meet the future needs of the organization.

- Responsible for the benefit policy communication, plan design and administration
- Monitor, evaluate and counsel staff of 23 employees
- Designed and implemented employee incentive programs to increase productivity and customer satisfaction
- Research and evaluate management practices, training and development programs, leadership principles and employee relations

Underwriting:

Work with clients interested in health insurance and reinsurance solutions, products and services throughout North America and the Caribbean. Products reviewed and analyzed included HMO reinsurance, provider excess of loss, employer excess of loss, medical reinsurance – excess as well as proportional, and other specialty condition specific insurance and reinsurance products. Clients included insurance companies, HMOs/health plans, health care provider groups, employers and other medical risk-bearing entities.

LeapFrog Enterprises, Inc., Emeryville, CA

March 2001 to November 2004

Sr. Human Resources Manager

Manage all operational activities. HR representative for headquartered departments and field offices. Employment Manager for over 3 years, working with all levels of positions and candidates. Responsible for overall benefits administration and plan design for the entire organization. Managed a total team of seven (7) employees.

- Responsible for the benefit policy communication, plan design and administration
- Managed specialty incentive payment and performance evaluation programs
- Developed and interpreted company policies and procedures
- Conducted detailed exit interviews/briefings
- Counseled employees, addressing issues & conflict resolution when necessary
- Managed the employment, termination and salary adjustment processes

- Authorized all leaves of absence in accordance with Company policy
- Authored employee handbook and organizational charts
- Managed staffing for domestic and international locations
- Managed corporate sponsorship of H1-B visa and green card applicants

NewHouse Consulting, San Rafael, CA

December 1999 to March 2001

Recruiting Manager

Managed a team of six (6) recruiters and the full lifecycle recruiting efforts for multiple client sites.

References upon request

NEGOTIATED COST ALLOCATION PLAN STATE AND LOCAL GOVERNMENTS

STATE AGENCY:

Oregon Department of Consumer and
Business Services
350 Winter St. NE
Salem, Oregon 97309-0405

DATE: June 22, 2009

**FILE REF: This replaces the
negotiation agreement dated
July 26, 2007**

Pursuant to OMB Circular No. A-87, the Department of Labor approves the cost allocation plan cited in this agreement for the Oregon Department of Consumer and Business Services. This approval is subject to the conditions contained below.

SECTION I: COSTS DISTRIBUTED THROUGH CENTRAL SERVICE COST ALLOCATION

The Department has chosen not to employ an indirect cost rate, but to quarterly allocate actual central service costs listed in Exhibit A in accordance with the Cost Allocation Plan. The allocation methodologies delineated in your Cost Allocation Plan (Plan) are hereby approved on a final basis for fiscal years ending June 30, 2007 and 2008, and on a provisional basis for fiscal years ending June 30, 2009 and 2010.

SECTION II: COSTS DISTRIBUTED THROUGH BILLING MECHANISMS

In addition to the costs distributed through agency-wide cost allocations cited in Section I, the costs of the central services listed below may be billed directly to user departments/agencies:

- Communication Center
- Research & Analysis
- Information & Technology

Budgeted costs directly charged to the OSHA and BLS grants are included on Exhibit A.

SECTION III: GENERAL

A. LIMITATIONS:

Use of the amounts contained in this agreement are subject to any statutory or administrative limitations and when ultimately allocated to individual grants or contracts through the indirect cost rates of each State/local department/agency, are applicable only to the extent that funds are available. Acceptance of the amounts agreed to herein is predicated on the conditions:

1. That no costs other than those incurred by the grantee/contractor or allocated to the grantee/contractor via an approved central service cost allocation plan were included in its indirect cost pool as finally accepted and that such incurred costs are legal obligations of the grantee/contractor and are allowable under the governing cost principles;
2. That the same costs that have been treated as indirect costs have not been claimed as direct costs;
3. That similar types of costs have been accorded consistent treatment, and
4. That the information provided by the grantee/contractor which was used as a basis for acceptance of the rate(s) agreed to herein is not subsequently found to be materially inaccurate.

Also, the allocations cited in this Agreement are subject to audit.

B. CHANGES:

The grantee/contractor is required to provide **written notification** to the indirect cost negotiator **prior to** implementing any changes which could affect the applicability of the approved rates. Changes in the indirect cost recovery plan, which may result from changes such as the method of accounting or organizational structure, require the prior written approval of the Division of Cost Determination (DCD). Failure to obtain such prior written approval may result in cost disallowance.

C. BILLED COSTS:

Changes for the services cited in Section II will be billed in accordance with rates established by the State/locality and recorded on the books of the operating department/agency responsible for providing the services. Such charges will be based on the actual, allowable costs, as defined in OMB A-87, incurred by the operating department/agency responsible for providing the services. Variances resulting from differences between billed allowable costs and the actual allowable costs for a particular accounting period will be compensated for by adjusting the rates in a subsequent accounting period.

D. NOTIFICATION TO FEDERAL AGENCIES:

Copies of this document may be provided to other Federal agencies as a means of notifying them of the agreement contained herein.

E. SPECIAL REMARKS:

1. Contracts/grants providing for ceilings as to the indirect amounts will be subject to the ceilings stipulated in the contract or grant agreements. The contractual ceilings or the amounts cited in this Agreement, whichever is lower, will be used to determine the maximum allowable indirect cost on the contract or grant agreement.
2. Indirect costs allocable to a particular award or other cost objective may not be shifted to other Federal awards to overcome funding deficiencies, or to avoid restrictions imposed by law or by terms of the award.
3. Administrative costs consist of all **Direct** and **Indirect** costs associated with the management of an organization's programs. Organizations should refer to their contracts/grants terms and specific program legislation for the applicable definition of "Administrative Costs" and any related limitations.

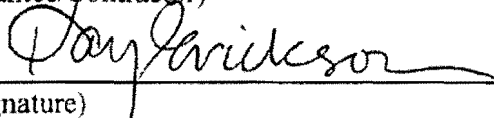
ACCEPTANCE

BY THE ORGANIZATION:

BY THE COGNIZANT AGENCY
ON BEHALF OF THE
FEDERAL GOVERNMENT:

OREGON DEPT. OF CONSUMER AND
BUSINESS SERVICES

(Grantee/Contractor)



(Signature)

Kay Erickson

(Name)

Administrator, FABS

(Title)

June 26, 2009

(Date)

U.S. DEPARTMENT OF LABOR

(Government Agency)



(Signature)

 Victor M. López

(Name)

Chief, Division of Cost Determination

(Title)

June 22, 2009

(Date)

DOL Representative: Arthur Campbell

Telephone No: 425-271-3848

STATE OF OREGON
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
CENTRAL SERVICE COST ALLOCATION PLAN
FOR THE FISCAL YEAR ENDING JUNE 30, 2009

09FF14.xls

Section 1 Costs

	OSHA 23(g)	OSHA 21(d)	BLS Grant	Total
<u>Indirect Services</u>				
Director's Office	143,440	4,276	3,665	151,381
Human Resources Services	205,505	6,126	5,251	216,882
Admin/Budget/Fiscal	256,408	8,271	15,317	279,996
Program Support	69,402	1,483	2,119	73,004
Total Indirect Services	674,755	20,156	26,352	721,263
Total FY 2009 Amount *	674,755	20,156	26,352	721,263

Section 2 Costs

	OSHA 23(g)	OSHA 21(d)	BLS Grant	Total
<u>Direct Services</u>				
Communication Center	13,249	0	0	13,249
Research & Analysis	0	0	0	0
Information & Technology	771,519	23,489	20,779	815,787
Total Direct Services	784,768	23,489	20,779	829,036

* Amounts show reflect total grant charges. Federal portion is 50% for OSHA 23(g) and BLS grant; 90% for OSHA 21(d).

STATE OF OREGON
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
CENTRAL SERVICE COST ALLOCATION PLAN
FOR THE FISCAL YEAR ENDING JUNE 30, 2010

File 10FF14.XLS

Section 1 Costs

	OSHA 23(g)	OSHA 21(d)	BLS Grant	SHIBA Grant	Total
<u>Indirect Services</u>					
Director's Office	142,457	4,150	3,477	3,589	150,084
Human Resources Services	202,958	5,913	4,954	5,114	213,825
Admin/Budget/Fiscal	195,679	5,745	16,222	16,560	217,646
Program Support	42,287	809	2,311	6,817	45,407
Total Indirect Services	583,381	16,617	26,964	32,080	626,962
Total FY 2009 Amount *	583,381	16,617	26,964	32,080	626,962

Section 2 Costs

	OSHA 23(g)	OSHA 21(d)	BLS Grant	SHIBA Grant	Total
<u>Direct Services</u>					
Communication Center	13,596	0	0	79	13,596
Research & Analysis	8,915	0	0	307	8,915
Information & Technology	900,556	22,713	22,713	20,441	945,982
Total Direct Services	923,067	22,713	22,713	20,827	968,493

* Amounts show reflect total grant charges. Federal portion is 50% for OSHA 23(g) and BLS grant, 90% for OSHA 21(d), 100% for SHIBA

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006
Expiration Date 07/30/2010

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. Activity 1. Expanding Scope of Rate review and Data Collection	93.551	\$ []	\$ []	\$ 387,495.00	\$ []	\$ 387,495.00
2. Activity 2. Improving rate filing requirements	93.551	[]	[]	254,505.00	[]	254,505.00
3. Activity 3. Bolster Consumer Input	93.551	[]	[]	100,000.00	[]	100,000.00
4. Activity 4. Study regarding provider costs.	93.551	[]	[]	150,000.00	[]	150,000.00
5. Totals		\$ []	\$ []	\$ 892,000.00	\$ []	\$ 892,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Activity 1. Expanding Scope of Rate review and Data Collection	(2) Activity 2. Improving rate filing requirements	(3) Activity 3. Bolster Consumer Input	(4) Activity 4. Study regarding provider costs.	
a. Personnel	\$ 172,362.00	\$ 84,846.00	\$	\$	\$ 257,208.00
b. Fringe Benefits	66,181.88	39,709.12			105,891.00
c. Travel	2,500.00	1,500.00			4,000.00
d. Equipment	12,798.12	7,678.88			20,477.00
e. Supplies	15,327.50	9,196.50			24,524.00
f. Contractual			100,000.00	150,000.00	250,000.00
g. Construction					
h. Other	98,400.00	91,649.00			190,049.00
i. Total Direct Charges (sum of 6a-6h)	367,569.50	234,579.50	100,000.00	150,000.00	\$ 852,149.00
j. Indirect Charges	19,925.50	19,925.50			\$ 39,851.00
k. TOTALS (sum of 6i and 6j)	\$ 387,495.00	\$ 254,505.00	\$ 100,000.00	\$ 150,000.00	\$ 892,000.00
7. Program Income	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Activity 1 Expanding Scope of Rate review and Data Collection	\$	\$	\$	\$	
9. Activity 2. Improving rate filing requirements					
10. Activity 3 Bolster Consumer Input					
11. Activity 4 Study regarding provider costs.					
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	\$	\$	\$	\$	\$
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$
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. Activity 1. Expanding Scope of Rate review and Data Collection	\$ 387,495.00	\$	\$	\$	
17. Activity 2. Improving rate filing requirements	254,505.00				
18. Activity 3. Bolster Consumer Input	100,000.00				
19. Activity 4. Study regarding provider costs.	150,000.00				
20. TOTAL (sum of lines 16 - 19)	\$ 892,000.00	\$	\$	\$	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks:					

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BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4049-0006
Expiration Date 07/30/2010

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. Activity 5 Transparency and Efficiency Enhancements	93.551	\$ 108,000.00	\$	\$ 108,000.00	\$	\$ 108,000.00
2.						
3.						
4.						
5. Totals		\$ 108,000.00	\$	\$ 108,000.00	\$	\$ 108,000.00

SECTION 6 - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Activity 5 Transparency and Efficiency Enhancements				
a. Personnel	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
b. Fringe Benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Travel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Supplies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Contractual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Construction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Other	108,000.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	108,000.00
i. Total Direct Charges (sum of 6a-6h)	108,000.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ 108,000.00
j. Indirect Charges	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
k. TOTALS (sum of 6i and 6j)	\$ 108,000.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ 108,000.00
7. Program Income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Activity 5 Transparency and Efficiency Enhancements	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
9. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
12. TOTAL (sum of lines 8-11)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 1,000,000.00	\$ 269,291.70	\$ 225,400.62	\$ 335,666.08	\$ 169,641.60
14. Non-Federal	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. TOTAL (sum of lines 13 and 14)	\$ 1,000,000.00	\$ 269,291.70	\$ 225,400.62	\$ 335,666.08	\$ 169,641.60
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. Activity 5 Transparency and Efficiency Enhancements	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
17. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
18. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
19. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
20. TOTAL (sum of lines 16 - 19)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges: <input type="text" value="3,400"/>	22. Indirect Charges: <input type="text" value="36,451"/>				
23. Remarks: <input type="text"/>					

INSURANCE DIVISION

Insurance Administrator
Teresa Miller
0003.001 Z7012 (38x)
Principal Exec. Mgr. G

Deputy Administrator
Triz delaRosa
0003.066 Z7010 (35x)
Principal Exec. Mgr F

Executive Assistant
Sue Munson
0003.582 C0107 (17)
Admin. Specialist I

Executive Assistant
Brenda Myers
0003.652 Z0119 (19)
Exec. Support Spec. 2

Senior Policy Analyst
Anthony Behrens 0003.672
Joyce Patton 0003.018
Jeannette Holman 0003.041
X0873 (32)
Operations & Policy Analyst 4

Public Information Officer
Cheryl Martinis¹
0003.199 X0865 (29)
Public Affairs Specialist 2

Web Coding Technician
David Mohrman
0003.021 C2510 (17)
Elec. Pub Design Spec. 1

Policy Analyst
John Atkins
0003.084 X0872 (30)
Operations & Policy Analyst 3

Chief Enforcement Officer
Mitch Curzon
0003.034 C5248 (29)
Compliance Spec. 3

Administrative Services
Margarita Nunez, Manager
0003.083 X0833 (26)
Supervising Executive Assistant

Consumer Liaison
Rachel Oh
0003.606 X0872 (30)
Operations & Policy Analyst 3

Law Clerk
LaRee Felton²
0003.582 C1520 (16)
Law Clerk

User Support Analyst
Terri Bang
0003.388 C1483 (241)
Info Systems Spec 3

Executive Assistant
Sue Munson
0003.582 C0107 (17)
Admin. Specialist 1

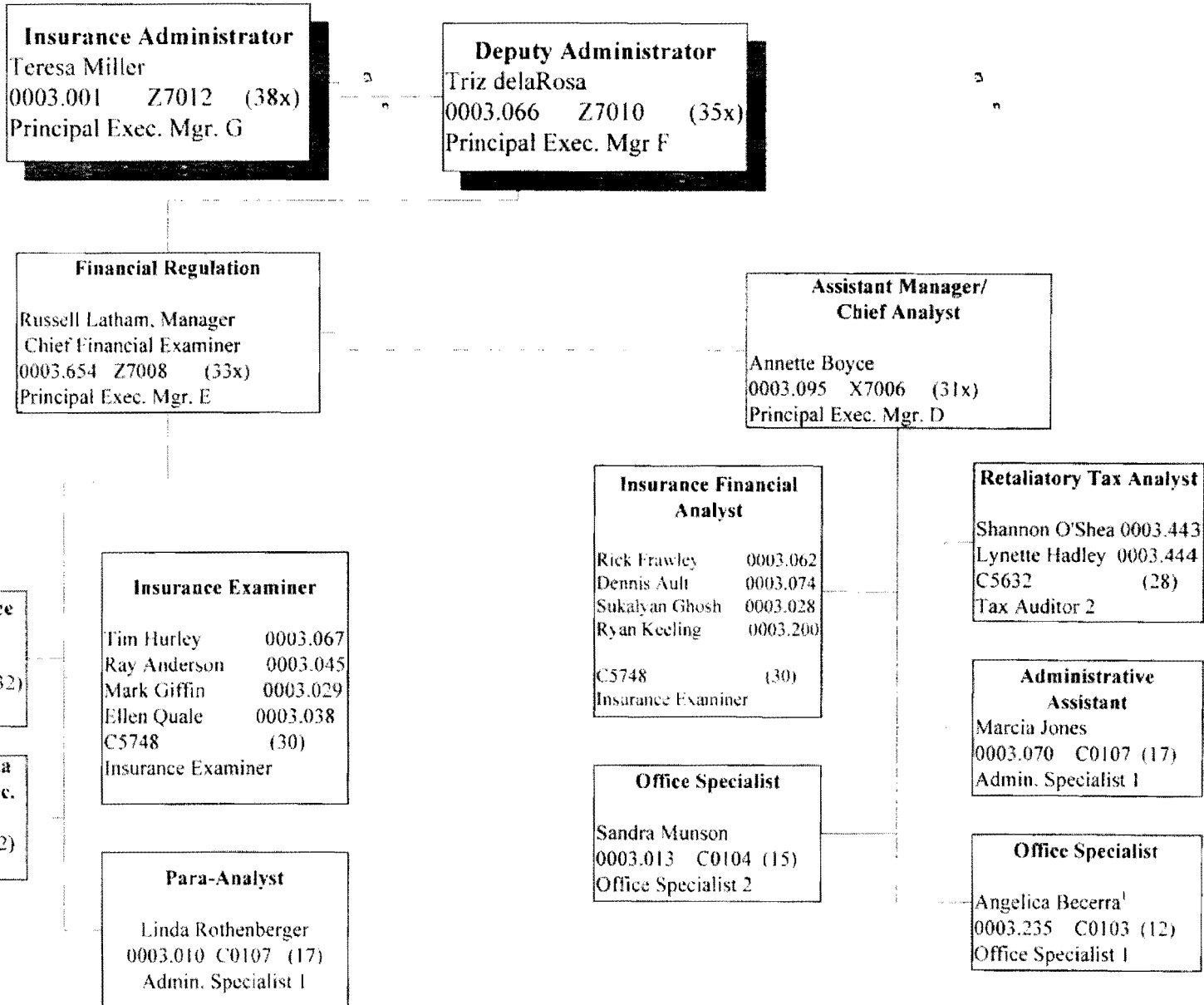
Project Coordinator
TBD
0003.XXX C0856 (31)
Project Manager**

Purchasing Coordinator
Brooke Sheehan
0003.614 C0435 (19)
Procurement & Contract Asst

Administrative Assistant
Vacant
0003.058 C0104 (15)
Office Specialist 2

** indicates Rate Review, 100% dedicated

1 = direct supervision by DCBS Communications Director
2 = LD doublefill



Insurance Administrator
Teresa Miller
0003.001 Z7012 (38x)
Principal Exec. Mgr. G

Deputy Administrator
Triz delaRosa
0003.066 Z7010 (35x)
Principal Exec. Mgr F

Operations Manager
Gayle Woods, Manager
0003.069 X7006 (31x)
Principal Exec. Mgr D*

Rates & Forms
Rhonda Saunders-Ricks,
Manager
0003.674 X7006 (31x)
Principal Exec. Mgr D

Operations Specialist
Tamra Vance
0003.036 C0108 (19)
Admin Spec 2

Actuary
Rae Taylor (P/C) 0003.017
Dave Dahl (P/C) 0003.061
David Ball (L/H) * 0003.673
Scott Fitzpatrick (L/H)* 0003.068
TBD (Health)** 0003.xxx
X1190 (32)
Actuary

Property/Casualty Technician
Cece Newell
0003.053 C5248 (29)
Compliance Specialist 3

**Rates and Forms Analyst
(Property/Casualty)**
Jan Vitus 0003.050
Vacant 0003.049

C5248 (29)
Compliance Specialist 3

Office Specialist
Lorna Keyes 0003.007
Mary Ellen Hayes 0003.011
Elizabeth McMahon 0003.003
Malecia Pruitt 0003.612

C0104
Office Specialist 2 (15)

**Rates & Forms Analyst
(Health)**
Vacant 0003.270
Carolyn Hancock 0003.019
Maurice Marquez 0003.043

C5248 (29)
Compliance Specialist 3

**Rates & Forms Analyst
(Life/Annuities)**
Rolf Junge 0003.278
Janice Hart 0003.329
David Bolton 0003.268

C5248 (29)
Compliance Specialist 3

**Rate Filing Intake
Coordinator**
TBD**
0003.xxx C0108 (19)
Admin Spec 2

** indicates Rate Review, 100% dedicated
* Current Actuary Staff, dedicated 60% or more

Insurance Administrator
Teresa Miller
0003.001 Z7012 (38x)
Principal Exec. Mgr. G

Deputy Administrator
Triz delaRosa
0003.066 Z7010 (35x)
Principal Exec. Mgr F

Consumer Services
Vacant, Manager
0003.033 Z7008 (33x)
Principal Exec. Mgr E

Consumer Advocacy
Ron Fredrickson, Manager
0003.581 X7006 (31x)
Principal Exec. Mgr. D

Senior Support Assistant
Lisa Dixon
0003.233 C0107 (17)
Admin Spec 1

Producer Licensing
Jim Thompson, Manager
0003.057 X7002 (26x)
Principal Exec. Mgr. B

Receptionist/Licensing Technician
Lynn Marshall 0003.653
Veronica Diaz 0003.086
C0104 (15)
Office Specialist 2

Licensing Coordinator
Diane Stewart¹ 0003.643
Sarah McGovern 0003.012
C0107 (17)
Admin. Specialist 1

Licensing Technician
Dee Poole 0003.008
LeeAnn March 0003.009
Carol Ruda 0003.607
Bonnie Beard 0003.004
Denise Ricketts 0003.073
C0104 (15)
Office Specialist 2

Senior Consumer Advocate
Lorna White¹
0003.608 C0862 (27)
Program Analyst 2

Consumer Advocate
Lisa White 0003.065
Susan Lefferts 0003.044
Tracie Weeder 0003.048
Gail Gage 0003.027
Sara James 0003.037
Dennis Kuckartz 0003.267
Kristy Brown 0003.026

C0861 (27)
Program Analyst 2

Office Specialist
Trudy Colombi
0003.616 C0104 (15)
Office Spec 2

Office Specialist
Jo Teal
0003.282 C0103 (12)
Office Spec 1

Insurance Administrator
Teresa Miller
0003.001 Z7012 (38x)
Principal Exec. Mgr. G

Deputy Administrator
Triz delaRosa
0003.066 Z7010 (35x)
Principal Exec. Mgr F

Consumer Services
Vacant, Manager
0003.033 Z7008 (33x)
Principal Exec. Mgr E

Market Surveillance
Mike Lydon, Manager
0003.096 X7006 (31x)
Principal Exec. Mgr D

Chief Investigator
Dale White 0003.396
C5248 (29)
Compliance Specialist 3

Investigator
Clifford Cummins 0003.684
Rebecca Flores 0003.025
Stephanie Noren 0003.533
Investigator 3 C5233 (25)

Administrative Specialist
Laura Lanssens 0003.657
RaNac Baker² 0903.004
C0107 (17)
Admin. Specialist I

Market Analyst
Doug Beck 0003.006
John Hardiman 0003.059
Cliff Nolen 0003.686
Gary Holliday¹ 0003.022
Russel Kennel 0003.655
Kathleen Kalk 0003.605
Elizabeth Klicker 0003.078
C5748 (30)
Insurance Examiner

Rate Review Mkt Analyst
TBD 0003.xxx
C5748 (30)
Insurance Examiner**

**Market Regulation
Coordinator**
Carla Wagner
0003.002 C0324 (19)
Public Serv Rep 4

** indicates Rate Review, 100% dedicated



State of Oregon
Department of Administrative Services

Position Description

*** PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM ***

SECTION 1. POSITION INFORMATION

Effective Date: September 1, 2010	Agency Name: Dept. of
Working Title: Life and Health Actuary	Consumer and Business
Work Unit: Insurance Division	Services
Work Location (City-County): Salem-Marion	

SECTION 2. PROGRAM/POSITION INFORMATION

- a. Describe the program in which this job exists. Include program purpose, who's affected, size, and scope. Include relationship to agency mission.

The **Insurance Division** is charged with protecting the insurance-buying public by ensuring the financial soundness of insurers, the availability and affordability of insurance, and the fair treatment of insureds and claimants. The Division collects and audits taxes of licensed insurance companies and surplus line businesses. Functions include licensing, regulating, and monitoring the conduct of insurance companies, health care service contractors, fraternal benefit societies, and the agents of these entities, and providing insurance consumer services and information to individuals and consumer groups. All types of insurance are covered including life, health, property, casualty, and title. The division has a biennial budget of \$18.8 million and a staff of 93.5 FTE.

The **Market Regulation Section** assesses the effectiveness of insurance markets and monitors the individual companies comprising that market, taking appropriate action when problems are identified. The Section investigates allegations of violations of Oregon law against insurers and agents; performs market conduct exams on domestic and foreign insurers; analyzes and evaluates filings of insurers and their rating organization to promote the affordability and availability of insurance products within the protection of the Insurance Code; develops policy recommendations for legislative and administrative actions to correct inequities in the insurance marketplace; provides broad surveillance of the insurance marketplace through market analysis; and takes other actions necessary to protect the insurance-buying public.

- b. Describe the purpose of this position, and how it functions within this program, by completing this statement:

The purpose of this job/position is to . . .

Through actuarial analysis, the actuary assists the division in formulating and carrying out management decisions related to the area of health insurance. Based upon actuarial analysis, the actuary effectively recommends Division and Department policy.

SECTION 3. DESCRIPTION OF DUTIES

List major duties. Note percentage of time duties are performed. Percentage of time column must equal 100%. If this is an existing position, mark "N" for new duties or "R" for revised duties.

% of Time	N/R	DUTIES
70	R	<p>Conducts analysis of and, based on that analysis, effectively recommends policy decision in the area of health insurance to both Division and Department management.</p> <p>Analyzes insurance rates, dividends, loss and loss adjustment expense reserves, commission scales and settlement options as they relate to health insurance products and make recommendations to management. Analyzes methodology of health rate filings. Portability – thoroughly determines companies' compliance with portability rating requirements.</p> <p>Provides technical actuarial assistance to insurance examiners and rates and forms analysts.</p>
10	R	<p>Reviews annual statements of domestic health companies. Includes evaluation of required reserves and evaluation for adequacy of premiums and surplus.</p> <p>Assists in field examination work by analyzing dividends, loss, loss expense reserves, post retirement benefits and related balance sheet items.</p>
10	R	<p>Reads and stays familiar with Oregon laws and regulations related to professional responsibilities. Keep current on NAIC issues that relate to Oregon and/or participates in NAIC working groups and conference calls. Participates in development of new statutes and rules for health insurance. Serves on division's health team.</p> <p>Responds to inquiries regarding various statutory reserving bases and other insurance issues from consumers.</p> <p>Projects fiscal impact of and provide input on legislative proposals related to health insurance.</p> <p>Analyzes changes needed regarding rates and forms standards and regulations and develop new ones as needed.</p> <p>Assists with the maintenance of data for a consumer that is placed on the Insurance external Web Site.</p>
10	R	<p>Other special projects assigned by the Administrator, Deputy Administrator, Director, or Manager.</p>
Ongoing		<p>Performs duties in a manner that promotes customer service and harmonious working relationships, including treating all persons courteously and respectfully. Engages in effective team participation through willingness to assist and support co-workers, supervisors and other work-related associations. Develops good working relationships with division and agency staff through active participation in accomplishing group projects and in identifying and resolving problems in a constructive manner. Demonstrates openness of constructive feedback and criticism and suggestions in an effort to strengthen work performance. Contributes to a positive, respectful and productive work place. Regular attendance is an essential requirement of this position.</p>
100%		<p>Fosters and promotes the importance and value of a diverse, discrimination- and harassment-free workplace. Respects diversity of opinions, ideas and cultural differences. Supports outreach and diversity-related efforts in order to diversify the workforce.</p>

SECTION 4. GUIDELINES

a. List any established guidelines used to do this job, such as state or federal laws or regulations, policies, manuals or desk procedures.

- Oregon Insurance Code
 - Oregon Administrative Rules
 - Division Bulletins
 - Numerous publications of claim experience, morbidity and mortality rates
 - Division procedure guidelines
- NAIC Model Laws used as guides

b. How are these guidelines used to perform the job?

Used to assist with interpretation and analysis. Claim experience, morbidity and mortality used when needed to review rate and nonforfeiture filings.

SECTION 5. JOB-RELATED DECISION MAKING

Describe the kinds of decisions likely to be made by this position. Indicate effect of these decisions where possible.

Based upon expertise, this position makes recommendations about policy affecting the State of Oregon. Exercises independent decision making authority. Evaluates whether or not a rate filing is justified and should be approved. Such decisions are crucial to the statutorily-required competitive marketplace and economic fabric of the State, as well as affect business indicators that drive business decisions. Participates in national policy discussions where decisions made impact the Oregon insurance business. Exercises discretionary decision making to implement division policy.

SECTION 6. REVIEW OF WORK

Who reviews the work of this position? (List classification title and position number.) How? How often? Purpose of the review?

Principle Exec Manager E (0003.069) - periodic and at annual performance appraisal

SECTION 7. ADDITIONAL JOB-RELATED INFORMATION

Any other comments that would add to an understanding of this position:

Hiring preference is given to a Fellow of the Society of Actuaries.

SPECIAL REQUIREMENTS: List any special mandatory recruiting requirements for this position.

Employee Signature	Date	Supervisor Signature	Date
Appointing Authority Signature	Date		



State of Oregon
Department of Administrative Services

Position Description

*** PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM ***

SECTION 1. POSITION INFORMATION

Effective Date: September 1, 2010
 Working Title: Project Coordinator
 Work Unit: Insurance Division
 Work Location (City-County): Salem/Marion
 Agency Name: DCBS

SECTION 2. PROGRAM/POSITION INFORMATION

- a. Describe the program in which this job exists. Include program purpose, who's affected, size, and scope. Include relationship to agency mission.
 The **Insurance Division** is charged with protecting the insurance-buying public by ensuring the financial soundness of insurers, the availability and affordability of insurance, and the fair treatment of insureds and claimants. The division collects and audits taxes of licensed insurance companies and surplus line businesses. Functions include licensing, regulating, and monitoring the conduct of insurance companies, health care service contractors, fraternal benefit societies, and the agents of these entities, and providing insurance consumer services and information to individuals and consumer groups. All types of insurance are covered including life, health, property, casualty, and title. The division has a biennial budget of \$18.8 million and a staff of 93.5 FTE.
- b. Describe the purpose of this position, and how it functions within this program, by completing this statement:
The purpose of this job/position is to . . .
 Serve as a project manager on rate review enhancements. Researches, analyzes and evaluates policy and insurance issues having statewide impact. This position is key to division long-range policy planning and development and plays a vital role in the development of legislation and policy direction related to federal health reform. Additionally, this position will coordinate preparation of all reports and publications providing information about health insurance rates and ensure information presented on our Web site is timely, accurate and consumer friendly.

SECTION 3. DESCRIPTION OF DUTIES

List major duties. Note percentage of time duties is performed. If this is an existing position, mark "N" for new duties or "R" for revised duties.

% of Time	N/R	DUTIES
50	R	Project management Develops, plans, manages, and monitors special projects that impact one or more of the division's various programs or stakeholders. These programs are broad in scope and may impact other state agencies and boards. These duties may include: conducting independent research, analyzing and documenting results; meeting with stakeholders, survey and focus groups; coordinating summit forums; coordinating with other Oregon agencies and other jurisdictions; meeting and discussing projects with key legislators and policy makers; preparing project reports and recommendations for policy positions, new legislation and administrative rules. Plan operational improvement projects and comprehensive research studies. Participates in division activities that seek to improve communications, work processes, customer service, and outcomes supporting the division's mission and strategic goals.
30	R	Policy analysis and development Researches, analyzes, and develops recommendations for policy positions and program priorities on various insurance topics affecting Oregonians, specifically related to federal health reform. Meets

	<p>with internal and external stakeholders to gather and discuss issues related to division programs, policies and practices. Evaluate statutes, legislative and executive intent, and operating procedures; develop comprehensive evaluation of affect to agency action based on probable political and public reaction to changes in policy. Formulates policy and designs operational systems to support policy direction. Advises agency management on benefits and risks of different projects or direction of implementation. Writes or revises policy to mitigate operational risk. Provide input and propose changes to administrative rules based on changes in statute or policy direction.</p> <p>Participates in NAIC projects and interacts with NAIC staff, keeping informed on changes and resources available at the NAIC and nationally.</p>
10	<p>Reviews and analyzes state and federal legislation to determine impact on Division and the insurance industry in Oregon. Submits opinions and analysis to Administrator and Director regarding Division and Department positions on legislation.</p> <p>Evaluates and makes recommendations on proposals for legislative changes affecting agency programs.</p> <p>Writes reports outlining impact of legislative proposals. Write suggested draft language for legislative bills and amendments. Coordinates projects generated as a result of inquiries made.</p> <p>Assists in determining needed policies and rules to implement new legislation and comply with legislative and executive intent.</p>
10	<p>Outreach</p> <p>Analyzes and interprets insurance statutes, rules, case law and legal and technical information in order to answer questions raised by insurers, agents, consultants, attorneys, consumers, and other sections and agencies. Conducts and answers surveys. Participates in seminars and workshops designed to educate the industry and the consumer in insurance coverage and the regulatory authority of the Insurance Division. Attends educational courses to keep abreast of the industry and keeps current on issues needed to evaluate products.</p>
Ongoing	<p>Performs position duties in a manner that promotes customer service and harmonious working relationships, including treating all persons courteously and respectfully. Engages in effective team participation through willingness to assist and support co-workers, supervisors and other work-related associations. Develop good working relationships with division and agency staff through active participation in accomplishing group projects and in identifying and resolving problems in a constructive manner. Demonstrates openness of constructive feedback/criticism and suggestions in an effort to strengthen work performance. Contributes to a positive, respectful and productive work place. Regular attendance is an essential function of this position.</p>
100%	

SECTION 5. GUIDELINES

- a. List any established guidelines used to do this job, such as state or federal laws or regulations, policies, manuals or desk procedures.
Oregon Insurance Code, other related Oregon Statutes (e.g. DMV, Property Law, Workers' Compensation), Administrative Rules, Division Bulletins, Federal publications from Center for Medicare and Medicaid Services, NAIC Model Regulations and Guidelines, Division interpretation files, various weekly and monthly industry publications, DAS, DCBS & Insurance Division policies and procedures
- b. How are these guidelines used to perform the job?
To interpret and explain laws and rules. To explain and be in compliance with all policies and procedures

SECTION 6. JOB-RELATED DECISION MAKING

Describe the kinds of decisions likely to be made by this position. Indicate effect of these decisions where possible. This position makes recommendations about implementation of federal health reform projects. Recommends potential legislation and rules. Must favorably represent the Department to consumers, stakeholders, legislators, national organizations, and other states' insurance departments. Any lack of attention to detail can result in the improper

application of the law, causing detriment to consumers, regulated entities and the Department. Exercises independent decision making authority.

SECTION 7. REVIEW OF WORK

Who reviews the work of this position? (List classification title and position number.) How? How often? Purpose of the review?

Principal Executive Manager F (0003.066); regular meetings, annual review, and as needed to stay informed on issues, provide guidance, and to evaluate performance.

SECTION 8. ADDITIONAL JOB-RELATED INFORMATION

Any other comments that would add to an understanding of this position:

Position requires excellent oral and written communication and inter-personal skills, ability to work alone and as a team member and to be a strong self-starter.

SPECIAL REQUIREMENTS: List any special mandatory recruiting requirements for this position:

Requires knowledge of industry patterns and trends in regard to products, marketing practices, pricing structures and investment practices, and a basic understanding of insurance regulation.

Ability to draft rules and legislation

Ability to facilitate meetings and committees and work with people who have diverse interests.

Policy development and the ability to understand and communicate how policy changes may affect the insurance market.

_____ Employee Signature	_____ Date	_____ Supervisor Signature	_____ Date
_____ Appointing Authority Signature	_____ Date		



State of Oregon
Department of Administrative Services

Position Description

***** PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM *****

SECTION 1. POSITION INFORMATION

Effective Date: September 1, 2010	Agency Name: Dept. of
Working Title: Market Analyst	Consumer and Business
Work Unit: Insurance Division	Services
Work Location (City-County): Salem-Marion	

SECTION 2. PROGRAM/POSITION INFORMATION

- a. Describe the program in which this job exists. Include program purpose, who's affected, size, and scope. Include relationship to agency mission.

The **Insurance Division** is charged with protecting the insurance-buying public by ensuring the financial soundness of insurers, the availability and affordability of insurance, and the fair treatment of insureds and claimants. The Division collects and audits taxes of licensed insurance companies and surplus line businesses. Functions include licensing, regulating, and monitoring the conduct of insurance companies, health care service contractors, fraternal benefit societies, and the agents of these entities, and providing insurance consumer services and information to individuals and consumer groups. All types of insurance are covered including life, health, property, casualty, and title. The division has a biennial budget of \$18.8 million and a staff of 93.5 FTE.

The **Market Regulation Section** assesses the effectiveness of insurance markets and monitors the individual companies comprising that market, taking appropriate action when problems are identified. The Section investigates allegations of violations of Oregon law against insurers and agents; performs market conduct exams on domestic and foreign insurers; analyzes and evaluates filings of insurers and their rating organization to promote the affordability and availability of insurance products within the protection of the Insurance Code; develops policy recommendations for legislative and administrative actions to correct inequities in the insurance marketplace; provides broad surveillance of the insurance marketplace through market analysis; and takes other actions necessary to protect the insurance-buying public.

The **Market Analysis Unit** is part of the Market Regulation Section. This unit provides broad market surveillance of the insurance industry and is charged with identifying and monitoring market problems as soon as possible, assisting with the coordination of the division's internal market regulation functions, and facilitating development of an integrated system of proportional responses to market problems. The market analysts provide a framework for collaboration among state and federal regulators.

- b. Describe the purpose of this position, and how it functions within this program, by completing this statement:

The purpose of this job/position is to . . .

The position performs market surveillance on foreign and domestic insurance companies doing business under the provisions of ORS 731.300 and 733.170. Specifically this position audits companies by verifying the data submitted with rate requests is supported by company records using established audit techniques.

SECTION 3. DESCRIPTION OF DUTIES

List major duties. Note percentage of time duties are performed. Percentage of time column must equal 100%. If this is an existing position, mark "N" for new duties or "R" for revised duties.

% of Time	N/R	DUTIES
45	R	Develop, implement, maintain and query databases used in market analysis to identify companies that are not meeting reporting requirements; providing accurate data. Maintain and analyze the data collected in the market conduct annual statement program. Perform Market Conduct examination of insurance company records. Obtain an understanding of the company to be examined by reviewing corporate records, previous examination reports, Insurance Division records and NAIC databases;

		prepare an overall examination plan and design specific procedures and tests to be accomplished in order to achieve examination objectives; contacts management of the company under examination to discuss the scope of the examination, work space, access to records and staff and answer questions about the examination process. Confer with and advise insurance companies to ensure proper use of rates, policy forms, endorsements, sales and marketing material. Review internal controls and operational procedures of the company under examination; prepare written workpapers to illustrate and document work accomplished and demonstrate achievement of the audit objectives; write findings and conclusions stating condition, criteria, cause, effect and recommendation for improvement. Conduct or participate in the exit conference with the company under examination, discuss unresolved issues and present summaries of conclusions drawn in the course of the examination. Monitor changes to existing laws and propose changes to the market analysis handbook.
20	R	Monitor insurance industry trends, analyze the impacts those trends will have on consumers and the insurance marketplace and coordinate the necessary efforts within the division to monitor and manage the identified trends.
20	R	Perform specialized analysis of insurance companies by reviewing various factors including but not Limited to: a.) complaint trends b.) NAIC databases c.) Financial trends d.) Rates filings e.) Investigations and the unfair claims databases f.) Other states' market conduct examinations g.) Underwriting guidelines h.)Regulatory alerts & legal actions i.) Claim files & payments Document all aspects of the analysis in Teammate files maintained by the analyst. Prepare summaries of important findings and make recommendations resulting from the analysis to the Manager of Market Analysis.
5	R	Participate with supervising insurance examiners in the planning of financial and market conduct examinations. Coordinate follow up on the insurer's corrective action plan.
10	R	Other duties as assigned by the Manager of Market Analysis.
Ongoing		Perform position duties in a manner which promotes customer service and harmonious working relationships, including treating all persons courteously and respectfully. Engage in effective team participation through willingness to assist and support co-workers, supervisors and other work-related associations. Develop good working relationships with division and agency staff through active participation in accomplishing group projects and in identifying and resolving problems in a constructive manner. Demonstrate openness of constructive feedback/criticism and suggestions in an effort to strengthen work performance. Contribute to a positive, respectful and productive work place. Regular attendance is an essential function of this position.

SECTION 4. GUIDELINES

- a. List any established guidelines used to do this job, such as state or federal laws or regulations, policies, manuals or desk procedures.
- Oregon Insurance Code, ORS chapters 731 through 752
 - Oregon Administrative Procedures and Rules, ORS Chapter 183
 - Oregon Corporation Laws, ORS Chapters 60 and 65
 - Oregon Administrative Rules, OAR 836
 - Oregon Examination Procedures Manuals
 - NAIC Examiners' Handbook
 - EDP Manuals for mainframe and PCs
 - NAIC SDN Users Guide
 - Market Analysis Handbook

SECTION 5. JOB-RELATED DECISION MAKING

Describe the kinds of decisions likely to be made by this position. Indicate effect of these decisions where possible

Whether or not documents reviewed comply with Oregon Laws, Rules and Procedures. Persons being reviewed may be determined to be found in violation.

SECTION 6. REVIEW OF WORK

Who reviews the work of this position? (List classification title and position number.) How? How often? Purpose of the review?

Manager of Market Analysis, position # 0003.096, in person and by phone, daily or as needed. To facilitate communication and to ensure quality of work product.

SECTION 7. ADDITIONAL JOB-RELATED INFORMATION

Any other comments that would add to an understanding of this position:

SPECIAL REQUIREMENTS: List any special mandatory recruiting requirements for this position.

Employee Signature

Date

Supervisor Signature

Date

Appointing Authority Signature

Date



State of Oregon
Department of Administrative Services

Position Description

*** PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM ***

SECTION 1. POSITION INFORMATION

Effective Date: September 1, 2010
Working Title: Rate Filing Intake Coordinator
Work Unit: Insurance Division Rates and Forms Unit
Work Location (City-County): Salem/Marion

Agency Name: Dept. of
Consumer and Business
Services

SECTION 2. PROGRAM/POSITION INFORMATION

- a. Describe the program in which this job exists. Include program purpose, who's affected, size, and scope. Include relationship to agency mission.

The **Insurance Division** is charged with protecting the insurance-buying public by ensuring the financial soundness of insurers, the availability and affordability of insurance, and the fair treatment of insureds and claimants. The Division collects and audits taxes of licensed insurance companies and surplus line businesses. Functions include licensing, regulating, and monitoring the conduct of insurance companies, health care service contractors, fraternal benefit societies, motor clubs and the agents of these entities, and providing insurance consumer services and information to individuals and consumer groups. All types of insurance are covered including life, health, property, casualty, and title. The division has a biennial budget of \$18.8 million and a staff of 93.5 FTE.

The **Market Regulation Section** assesses the effectiveness of insurance markets and monitors the individual companies comprising that market, taking appropriate action when problems are identified. The Section investigates allegations of violations of Oregon law against insurers and agents; performs market conduct exams on domestic and foreign insurers; analyzes and evaluates filings of insurers and their rating organization to promote the affordability and availability of insurance products within the protection of the Insurance Code; develops policy recommendations for legislative and administrative actions to correct inequities in the insurance marketplace; provides broad surveillance of the insurance marketplace through market analysis; and takes other actions necessary to protect the insurance-buying public.

The **Rates and Forms Unit** analyzes and evaluates filings of insurers and their rating organizations, and the cooperative activities among rating organizations and insurers to promote the affordability and availability of insurance products within the protection of the Insurance Code. The unit develops supporting information for preparing administrative rules, bulletins and positions for fair and equitable treatment of the Insurance buying Public.

- b. Describe the purpose of this position, and how it functions within this program, by completing this statement:

The purpose of this job/position is to . . .

This position serves as health rate request support to the Rates section. This position functions as primary individual receiving health rate filing requests to determine compliance with rules, regulations, and any other guidelines.

SECTION 3. DESCRIPTION OF DUTIES

List major duties. Note: Percentages of time duties are performed. Percentage of time column must equal 100%. If this is an existing position, mark "N" for new duties or "R" for revised duties.

% of Time	N/R	DUTIES
45		Coordinate the efficient workflow of Health Rate Requests and maintain procedures and forms necessary to ensure efficient flow of information within the unit and with the Insurance Division. Make recommendations to manager for program and process improvements. Coordinate and participate in special projects to evaluate program activities and resolve compliance

		<p>and other program-related issues, requiring applying and interpreting, laws rules, regulations, or other guidelines; conduct program-related research to assist manager. Research information and respond to inquiries from regulated persons, the public, or other governmental agencies, explain filing policies and procedures.</p> <p>Develop and present seminars and workshops to educate the industry in insurance coverage and the regulatory authority of the Insurance Division. Attend educational courses to keep abreast of the industry and keep current on issues needed to evaluate internal processes.</p> <p>Assist rates staff with data entry concerns; provide back up for incoming phone, mail, case file assignment, and other duties as needed.</p>
40	R	<p>Review and audit company filings to determine whether filings are complete and compliant with insurance laws and regulations. Intake processing, tracking and initial compliance review. Backup intake of audit small group individual and portability rate filings for compliance with HB 3103 disclosure requirements. Obtain necessary information from company officers, actuaries, and filers in order to determine compliance. Interpret and apply ORS/ OAR laws and rules to compliance situations and resolve compliance issues through education and negotiation.</p>
15	R	<p>Create and edit documents for the rates website. Format documents in appropriate electronic format and makes forms intelligent for web posting. Enters and publishes on website Health Rate Data collected from industry.</p>
Ongoing		<p>Perform position duties in a manner, which promotes customer service and harmonious working relationships, including treating all persons courteously and respectfully. Engage in effective team participation through willingness to assist and support co-workers, supervisors, managers, and other work-related associations. Develop good working relationships with division and agency staff through active participation in accomplishing group projects and in identifying and resolving problems in a constructive manner. Demonstrate openness of constructive feedback/criticism and suggestions, in an effort to strengthen work performance. Contribute to a positive, respectful and productive work place. Regular attendance is an essential function of this position.</p>

SECTION 4. GUIDELINES

a. List any established guidelines used to do this job, such as state or federal laws or regulations, policies, manuals or desk procedures.

- Desk Manual
- Oregon Insurance Code
- Oregon Administrative Rules
- Department Policies and Procedures

b. How are these guidelines used to perform the job?

Use manual until familiar with duties and procedures, and as reference. Uses regulations to assist in responding to telephone inquiries from industry and consumers

SECTION 5. JOB-RELATED DECISION MAKING

Describe the kinds of decisions likely to be made by this position. Indicate effect of these decisions where possible. This position independently determines compliance of insurance filings with program-related laws, rules, and regulations, resolves issues with insurers requiring negotiation, and recommends corrective actions and suspensions. This position makes independent decisions associated with the development of data base tracking systems, website, and work flow processes to ensure protection of the insurance buying public; and recommends changes to systems, processes, and procedures.

SECTION 6. REVIEW OF WORK

Who reviews the work of this position? (List classification title and position number.) How? How often? Purpose of the review?

Operations Manager Principal Exec Mgr. E (0003.069), as needed to ensure effectiveness and quality. Annual performance appraisal.

SECTION 7. ADDITIONAL JOB-RELATED INFORMATION

Any other comments that would add to an understanding of this position:

SPECIAL REQUIREMENTS: List any special mandatory recruiting requirements for this position. Requires knowledge of industry patterns and trends in regard to products, marketing practices, pricing structures and investment practices.

Must become proficient with the System for Electronic Rate and Form Filing (SERFF).

Must have typing speed of at least 40 wpm.

Must have excellent spelling and grammar skills.

Must be well organized and have initiative.

Knowledge of Excel and Word.

Employee Signature

Date

Supervisor Signature

Date

Appointing Authority Signature

Date

NEGOTIATED COST ALLOCATION PLAN STATE AND LOCAL GOVERNMENTS

STATE AGENCY:

Oregon Department of Consumer and
Business Services
350 Winter St. NE
Salem, Oregon 97309-0405

DATE: June 22, 2009

FILE REF: This replaces the
negotiation agreement dated
July 26, 2007

Pursuant to OMB Circular No. A-87, the Department of Labor approves the cost allocation plan cited in this agreement for the Oregon Department of Consumer and Business Services. This approval is subject to the conditions contained below.

SECTION I: COSTS DISTRIBUTED THROUGH CENTRAL SERVICE COST ALLOCATION

The Department has chosen not to employ an indirect cost rate, but to quarterly allocate actual central service costs listed in Exhibit A in accordance with the Cost Allocation Plan. The allocation methodologies delineated in your Cost Allocation Plan (Plan) are hereby approved on a final basis for fiscal years ending June 30, 2007 and 2008, and on a provisional basis for fiscal years ending June 30, 2009 and 2010.

SECTION II: COSTS DISTRIBUTED THROUGH BILLING MECHANISMS

In addition to the costs distributed through agency-wide cost allocations cited in Section I, the costs of the central services listed below may be billed directly to user departments/agencies:

Communication Center
Research & Analysis
Information & Technology

Budgeted costs directly charged to the OSHA and BLS grants are included on Exhibit A.

SECTION III: GENERAL

A. LIMITATIONS:

Use of the amounts contained in this agreement are subject to any statutory or administrative limitations and when ultimately allocated to individual grants or contracts through the indirect cost rates of each State/local department/agency, are applicable only to the extent that funds are available. Acceptance of the amounts agreed to herein is predicated on the conditions:

1. That no costs other than those incurred by the grantee/contractor or allocated to the grantee/contractor via an approved central service cost allocation plan were included in its indirect cost pool as finally accepted and that such incurred costs are legal obligations of the grantee/contractor and are allowable under the governing cost principles;
2. That the same costs that have been treated as indirect costs have not been claimed as direct costs;
3. That similar types of costs have been accorded consistent treatment, and
4. That the information provided by the grantee/contractor which was used as a basis for acceptance of the rate(s) agreed to herein is not subsequently found to be materially inaccurate.

Also, the allocations cited in this Agreement are subject to audit.

B. CHANGES:

The grantee/contractor is required to provide **written notification** to the indirect cost negotiator **prior to** implementing any changes which could affect the applicability of the approved rates. Changes in the indirect cost recovery plan, which may result from changes such as the method of accounting or organizational structure, require the prior written approval of the Division of Cost Determination (DCD). Failure to obtain such prior written approval may result in cost disallowance.

C. BILLED COSTS:

Changes for the services cited in Section II will be billed in accordance with rates established by the State/locality and recorded on the books of the operating department/agency responsible for providing the services. Such charges will be based on the actual, allowable costs, as defined in OMB A-87, incurred by the operating department/agency responsible for providing the services. Variances resulting from differences between billed allowable costs and the actual allowable costs for a particular accounting period will be compensated for by adjusting the rates in a subsequent accounting period.

D. NOTIFICATION TO FEDERAL AGENCIES:

Copies of this document may be provided to other Federal agencies as a means of notifying them of the agreement contained herein.

E. SPECIAL REMARKS:

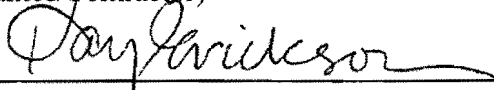
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2. Indirect costs allocable to a particular award or other cost objective may not be shifted to other Federal awards to overcome funding deficiencies, or to avoid restrictions imposed by law or by terms of the award.
3. Administrative costs consist of all **Direct** and **Indirect** costs associated with the management of an organization's programs. Organizations should refer to their contracts/grants terms and specific program legislation for the applicable definition of "Administrative Costs" and any related limitations.

ACCEPTANCE

BY THE ORGANIZATION:

OREGON DEPT. OF CONSUMER AND
BUSINESS SERVICES

(Grantee/Contractor)



(Signature)

Kay Erickson

(Name)

Administrator, FABS

(Title)

June 26, 2009

(Date)

BY THE COGNIZANT AGENCY
ON BEHALF OF THE
FEDERAL GOVERNMENT:

U.S. DEPARTMENT OF LABOR

(Government Agency)



(Signature)

 Victor M. López

(Name)

Chief, Division of Cost Determination

(Title)

June 22, 2009

(Date)

DOL Representative:

Arthur Campbell

Telephone No:

425-271-3848

STATE OF OREGON
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
CENTRAL SERVICE COST ALLOCATION PLAN
FOR THE FISCAL YEAR ENDING JUNE 30, 2009

09FF14.xls

Section 1 Costs

	OSHA 23(g)	OSHA 21(d)	BLS Grant	Total
<u>Indirect Services</u>				
Director's Office	143,440	4,276	3,665	151,381
Human Resources Services	205,505	6,126	5,251	216,882
Admin/Budget/Fiscal	256,408	8,271	15,317	279,996
Program Support	69,402	1,483	2,119	73,004
Total Indirect Services	674,755	20,156	26,352	721,263
Total FY 2009 Amount *	674,755	20,156	26,352	721,263

Section 2 Costs

	OSHA 23(g)	OSHA 21(d)	BLS Grant	Total
<u>Direct Services</u>				
Communication Center	13,249	0	0	13,249
Research & Analysis	0	0	0	0
Information & Technology	771,519	23,489	20,779	815,787
Total Direct Services	784,768	23,489	20,779	829,036

* Amounts shown reflect total grant charges. Federal portion is 50% for OSHA 23(g) and BLS grant; 90% for OSHA 21(d).

STATE OF OREGON
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
CENTRAL SERVICE COST ALLOCATION PLAN
FOR THE FISCAL YEAR ENDING JUNE 30, 2010

File 10FF14.XLS

Section 1 Costs

	OSHA 23(g)	OSHA 21(d)	BLS Grant	SHIBA Grant	Total
<i>Indirect Services</i>					
Director's Office	142,457	4,150	3,477	3,589	150,084
Human Resources Services	202,958	5,913	4,954	5,114	213,825
Admin/Budget/Fiscal	195,679	5,745	16,222	16,560	217,646
Program Support	42,287	809	2,311	6,817	45,407
Total Indirect Services	583,381	16,617	26,964	32,080	626,962
Total FY 2009 Amount *	583,381	16,617	26,964	32,080	626,962

Section 2 Costs

	OSHA 23(g)	OSHA 21(d)	BLS Grant	SHIBA Grant	Total
<i>Direct Services</i>					
Communication Center	13,596	0	0	79	13,596
Research & Analysis	8,915	0	0	307	8,915
Information & Technology	900,556	22,713	22,713	20,441	945,982
Total Direct Services	923,067	22,713	22,713	20,827	968,493

* Amounts show reflect total grant charges. Federal portion is 50% for OSHA 23(g) and BLS grant, 90% for OSHA 21(d), 100% for SHIBA

NEGOTIATED COST ALLOCATION PLAN STATE AND LOCAL GOVERNMENTS

STATE AGENCY:

Oregon Department of Consumer and
Business Services
350 Winter St. NE
Salem, Oregon 97309-0405

DATE: June 22, 2009

FILE REF: This replaces the
negotiation agreement dated
July 26, 2007

Pursuant to OMB Circular No. A-87, the Department of Labor approves the cost allocation plan cited in this agreement for the Oregon Department of Consumer and Business Services. This approval is subject to the conditions contained below.

SECTION I: COSTS DISTRIBUTED THROUGH CENTRAL SERVICE COST ALLOCATION

The Department has chosen not to employ an indirect cost rate, but to quarterly allocate actual central service costs listed in Exhibit A in accordance with the Cost Allocation Plan. The allocation methodologies delineated in your Cost Allocation Plan (Plan) are hereby approved on a final basis for fiscal years ending June 30, 2007 and 2008, and on a provisional basis for fiscal years ending June 30, 2009 and 2010.

SECTION II: COSTS DISTRIBUTED THROUGH BILLING MECHANISMS

In addition to the costs distributed through agency-wide cost allocations cited in Section I, the costs of the central services listed below may be billed directly to user departments/agencies:

Communication Center
Research & Analysis
Information & Technology

Budgeted costs directly charged to the OSHA and BLS grants are included on Exhibit A.

SECTION III: GENERAL

A. LIMITATIONS:

Use of the amounts contained in this agreement are subject to any statutory or administrative limitations and when ultimately allocated to individual grants or contracts through the indirect cost rates of each State/local department/agency, are applicable only to the extent that funds are available. Acceptance of the amounts agreed to herein is predicated on the conditions:

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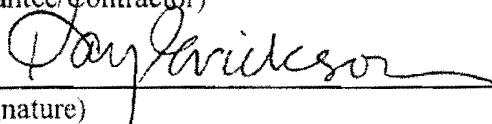
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ACCEPTANCE

BY THE ORGANIZATION:

OREGON DEPT. OF CONSUMER AND
BUSINESS SERVICES

(Grantee/Contractor)



(Signature)

Kay Erickson

(Name)

Administrator, FABS

(Title)

June 26, 2009

(Date)

BY THE COGNIZANT AGENCY
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(Signature)

 Victor M. López

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Chief, Division of Cost Determination

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June 22, 2009

(Date)

DOL Representative: Arthur Campbell

Telephone No: 425-271-3848

STATE OF OREGON
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
CENTRAL SERVICE COST ALLOCATION PLAN
FOR THE FISCAL YEAR ENDING JUNE 30, 2009

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STATE OF OREGON
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
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* Amounts show reflect total grant charges. Federal portion is 50% for OSHA 23(g) and BLS grant, 90% for OSHA 21(d), 100% for SHIBA

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006
Expiration Date 07/30/2010

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. Activity 1. Expanding Scope of Rate review and Data Collection	93.551	\$	\$	387,495.00	\$	\$ 387,495.00
2. Activity 2 Improving rate filing requirements	93.551			254,505.00		254,505.00
3. Activity 3. Bolster Consumer Input	93.551			100,000.00		100,000.00
4. Activity 4. Study regarding provider costs.	93.551			150,000.00		150,000.00
5. Totals		\$	\$	892,000.00	\$	\$ 892,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM FUNCTION OR ACTIVITY				Total (5)
	(1) Activity 1. Expanding Scope of Rate review and Data Collection	(2) Activity 2. Improving rate filing requirements	(3) Activity 3. Bolster Consumer Input	(4) Activity 4. Study regarding provider costs.	
a. Personnel	\$ 172,362.00	\$ 84,846.00	\$	\$	\$ 257,208.00
b. Fringe Benefits	66,181.88	39,709.12			105,891.00
c. Travel	2,500.00	1,500.00			4,000.00
d. Equipment	12,798.12	7,678.88			20,477.00
e. Supplies	15,327.50	9,196.50			24,524.00
f. Contractual			100,000.00	150,000.00	250,000.00
g. Construction					
h. Other	98,400.00	91,649.00			190,049.00
i. Total Direct Charges (sum of 6a-6h)	367,569.50	234,579.50	100,000.00	150,000.00	\$ 852,149.00
j. Indirect Charges	19,925.50	19,925.50			\$ 39,851.00
k. TOTALS (sum of 6i and 6j)	\$ 387,495.00	\$ 254,505.00	\$ 100,000.00	\$ 150,000.00	\$ 892,000.00
7. Program Income	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Activity 1. Expanding Scope of Rate review and Data Collection	\$	\$	\$	\$	
9. Activity 2. Improving rate filing requirements					
10. Activity 3. Bolster Consumer Input					
11. Activity 4. Study regarding provider costs					
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	\$	\$	\$	\$	\$
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$
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. Activity 1. Expanding Scope of Rate review and Data Collection	\$ 387,495.00	\$	\$	\$	
17. Activity 2. Improving rate filing requirements	254,505.00				
18. Activity 3. Bolster Consumer Input	100,000.00				
19. Activity 4. Study regarding provider costs.	150,000.00				
20. TOTAL (sum of lines 16 - 19)	\$ 892,000.00	\$	\$	\$	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks:					

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BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006

Expiration Date 07/30/2010

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. Activity 5 Transparency and Efficiency Enhancements	93.551	\$ 108,000.00		\$ 108,000.00		\$ 108,000.00
2.						
3.						
4.						
5. Totals		\$ 108,000.00		\$ 108,000.00		\$ 108,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Activity 5 Transparency and Efficiency Enhancements				
a. Personnel	\$	\$	\$	\$	\$
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other	108,000.00				108,000.00
i. Total Direct Charges (sum of 6a-6h)	108,000.00				\$ 108,000.00
j. Indirect Charges					\$
k. TOTALS (sum of 6i and 6j)	\$ 108,000.00	\$	\$	\$	\$ 108,000.00
7. Program Income	\$	\$	\$	\$	\$

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Prescribed by OMB (Circular A-102) Page 1A

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Activity 5 Transparency and Efficiency Enhancements	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
9. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
12. TOTAL (sum of lines 8-11)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 1,000,000.00	\$ 269,291.70	\$ 225,400.62	\$ 335,666.08	\$ 169,641.60
14. Non-Federal	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. TOTAL (sum of lines 13 and 14)	\$ 1,000,000.00	\$ 269,291.70	\$ 225,400.62	\$ 335,666.08	\$ 169,641.60
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. Activity 5 Transparency and Efficiency Enhancements	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
17. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
18. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
19. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
20. TOTAL (sum of lines 16 - 19)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges: <input type="text" value="3,400"/>	22. Indirect Charges: <input type="text" value="36,451"/>				
23. Remarks: <input type="text"/>					

Oregon Department of Consumer and Business Services
Oregon Insurance Division

Appendix Table of Contents

Grant Opportunity: HHS Health Insurance Rate Review Grants – Cycle I
CFDA Number: 93.511
Opportunity Number: RFA-FD-10-999

Oregon Revised Statutes and Administrative Rules.....	Appendix A
Example Rate Filing.....	Appendix B
Example Plain Language Summary.....	Appendix C
Required Rate Filing Exhibits.....	Appendix D
Oregon Rate Filing Transparency Process Flow Charts.....	Appendix E
Work Plan and Timeline.....	Appendix F
Insurance Division Organizational Chart.....	Appendix G
Position Descriptions of Employees Hired with Grant Award.....	Appendix H
Negotiated Cost Allocation Plan.....	Appendix I
SF – 424 A Form.....	Appendix J

*A complete SF-424 A: Budget Information form has been completed, scanned and attached, as the 5 activities we detail in our budget required more than one form to complete.

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 #: 809579451 Grant Award: \$1 million

Applicant: Oregon Department of Consumer and Business Services, Insurance Division

Primary Contact Person, Name: Rachel Oh

Telephone Number: 503-947-7238 Fax number: 503-378-4351

Email address: rachel.k.oh@state.or.us

APPLICATION COVER SHEET AND CHECK-OFF LIST

Page 2 of 2

REQUIRED CONTENTS

A complete proposal consists of the following material organized in the sequence below: Please ensure that the project narrative is page-numbered. The sequence is:

- Cover Sheet
- Forms/Mandatory Documents (Grants.gov).

The following forms must be completed with an original signature and enclosed as part of the proposal:

- SF-424: Application for Federal Assistance
- SF-424A: Budget Information
- SF-424B: Assurances-Non-Construction Programs
- SF-LLL: Disclosure of Lobbying Activities
- Additional Assurance Certifications
- Required Letter of support and Memorandum of Agreement
- Applicant's Application Cover Letter
- Project Abstract
- Project Narrative
- Work plan and Time Line
- Proposed Budget (Narrative/Justifications)
- Required Appendices
- Resume/Job Description for Project Director and Assistant Director

BUDGET NARRATIVE

The Oregon Insurance Division, Department of Consumer and Business Services (department), is requesting \$1,000,000 in federal funds for proposed enhancements to our rate review process for grant cycle 1. The department currently spends approximately \$474,958 each year on rate review.

Grant Funded Subcontracts & Other Activity Costs - Total Federal Funds: \$548,049, including:

Activity 1: Expanding Scope of Rate Review and Data Collection. Grant funds will be used to expand the rate review process to include review of unreasonable large group rates, as well as collect new data on the large group market. Expanded staff workload and infrastructure developments, as well as IT systems changes are expected to cost \$98,400.

Activity 2: Improving rate filing requirements. The department plans to work with various stakeholder groups to develop administrative rules and exhibits regarding the public disclosure of medical loss ratio details as a part of each rate filing. This budget for development of this process includes: \$91,649 to establish administrative rules and transparency efforts.

Activity 3: Bolster Consumer Input. Grant funds will support a consumer advocacy organization that would regularly provide meaningful comments to the department on rate filings. Funding to establish a contract will be \$100,000.

Activity 4: Study regarding provider costs. Grant funds will be used to hire a consulting firm to conduct a study to explore whether there are opportunities within the rate review process to control the growth of health care costs or improve the delivery system (i.e., payment reform). Funding for the study will be up to \$150,000. (Through the procurement process any unused funding would be applied to activity 1.)

Activity 5: Transparency and Efficiency Enhancements. Grant funds will be used to develop and implement various changes to our rate review systems capacity. This activity includes \$108,000 to support IT staff development and system upgrades, based on estimates provided to the OID for similar initiatives.

Grant Funded Personnel and Related Direct/Indirect Costs - Total Federal Funds: \$451,951, including:

Personnel salaries for four full time employees: Federal Funds - \$257,208

Expanded Actuarial Scrutiny - Actuary: This additional actuary will review all filings with a goal of performing a more meticulous review and paying special attention to the range of impact of the rate filing on the entire block of business. **Base salary is \$109,116.**

Communication and Outreach - Project Coordinator: The project coordinator will be directly responsible for implementation of the proposed grant activities and coordinating department responses to all inquiries and requests for information about health insurance rates, including expanding the scope of our plain language summaries for consumers after a rate decision has been made. **Base salary is \$61,812.**

Ensuring Accurate Data - Market Analyst: The market analyst will determine data collection and information system needs, as well as audit companies by verifying the data submitted is supported by company records using established audit techniques. **Base salary is \$53,940.**

Efficiency Improvements – Rate Filing Intake Coordinator: The intake coordinator will handle the intake process for all health rate filings and further scrutinize documents to ensure that filings are in compliance with required regulations. **Base salary is \$32,340.**

Fringe Benefit Expenses: Federal Funds - \$105,891. Payroll taxes are 7.65% of salary. Medical, dental, life and disability insurance are \$12,840 per employee. Employment Relation Board and Worker's Compensation is \$52.20 per FTE. Retirement is 8.22% of salary, and Mass Transit Tax is 0.6% of salary.

New FTE-related Local Travel: Federal Funds - \$4,000. Local travel includes mileage at \$0.50 per mile, with an estimated 100 hours of travel per month expected for meetings throughout the state.

New FTE-related Supplies: Federal Funds - \$45,001. The supplies estimate includes: Office supplies - \$3,348; Telecommunications supplies and services - \$6,568; Other miscellaneous office supplies - \$6,408; Expendable Property - \$3,200; Computers, Printers, & Software - \$7,125; Facilities expense - \$8,800; Employee Training - \$6,000; Office Furniture - \$1,352; Training Materials - \$2,200.

Other New FTE-related Direct/Indirect Costs: Federal Funds - \$39,851. The department uses an indirect cost (assessed against personnel costs only) rate for all grants. The amount is what is considered allowable under approved federal grant cost allocation plans. These costs are for contractual services, legal fees, budget management services, grants management services, employment related services and financial services.

Health Insurance Premium Review – Cycle I Cover Letter

Eligible Entity: Oregon Department of Consumer and Business Services
Oregon Insurance Division
350 Winter St. NE
Salem, OR 97301-3875

Title: Grants to States for Health Insurance Premium Review – Cycle I
Project Director: Triz delaRosa, Insurance Division Deputy Administrator
Office: (503) 947-7226, FAX: (503) 378-4351, triz.delrosa@state.or.us

The Department of Consumer and Business Services, Oregon Insurance Division (department), is requesting \$1,000,000 in federal funds for proposed enhancements to our rate review process for grant cycle I. While Oregon has made recent improvements to bring additional transparency and stronger standards to our rate review process, we are excited by the opportunity to further improve and expand our rate review process. The department has the authority to oversee and coordinate all proposed enhancements established in the project narrative, including the ability to seek statutory and administrative rule changes for expanded review if necessary, establish a contractual relationship with a consumer advocacy group to solicit greater consumer input, engage consultants to conduct a study on provider costs within the rate review process, create systems and web advancements for better data collection and website navigation and hire four new employees.

Upon receiving grant funds, the department will work to implement our enhancement plan, convening all necessary staff members. In addition, we will work with external stakeholders including consumers, insurers, and other state agencies throughout this project. By accepting grant funds, the department agrees to comply with all reporting requirements set forth in Section 2794 of the Patient Protection and Affordable Care Act of 2010.

Please note in our application that we have filled out two Sf-242 A forms in order to detail our complete budget in accordance with our proposed activities. For the complete set of forms, please see the scanned and attached version in Appendix J.

Opportunity Title:	"Grants to States for Health Insurance Premium Review-C
Offering Agency:	Ofc of Consumer Information & Insurance Oversight
CFDA Number:	93.511
CFDA Description:	Affordable Care Act (ACA) Grants to States for Health I
Opportunity Number:	RFA-FD-10-999
Competitor ID:	ADOBE-FORMS-B
Opportunity Open Date:	06/07/2010
Opportunity Close Date:	07/07/2010
Agency Contact:	Gladys Melendez-Bohler Grant Specialist E-mail: Gladys.Melendez-Bohler@fda.hhs.gov Phone: 301-827-7168

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name:

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

Optional Documents

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

Instructions

- 1** Enter a name for the application in the Application Filing Name field.

 - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
 - You can save your application at any time by clicking the "Save" button at the top of your screen.
 - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

 - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
 - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
 - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
 - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- 3** Click the "Save & Submit" button to submit your application to Grants.gov.

 - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
 - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
 - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
 - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

ERROR!

This application package has been opened and saved with a version of Adobe Acrobat or Adobe Reader that is not compatible with Grants.gov.

THIS PACKAGE IS NO LONGER VALID AND CANNOT BE SUBMITTED.

To download the Grants.gov required version visit:

http://www.grants.gov/help/download_software.jsp#adobe811

For more information: http://grants.gov/help/general_faqs.jsp#adobe

Also the Contact Center is available for further assistance. The Contact Center hours of operation are Monday-Friday, 7 a.m. to 9 p.m., Eastern Time; closed on Federal Holidays.

Email: support@grants.gov

Phone: 1-800-518-4726

ERROR!

You have attempted to open this document with a version of Adobe Acrobat or Adobe Reader that is not compatible with Grants.gov.

YOU CANNOT PROCEED WITH THIS DOCUMENT!

You are using the incorrect version: 9.304

Install the required version and try again.

To download the Grants.gov required version visit:

http://www.grants.gov/help/download_software.jsp#adobe811

For more information: http://grants.gov/help/general_faqs.jsp#adobe

Also the Contact Center is available for further assistance. The Contact Center hours of operation are Monday-Friday, 7 a.m. to 9 p.m., Eastern Time; closed on Federal Holidays.

Email: support@grants.gov

Phone: 1-800-518-4726

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
--	--	--

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____
---	-----------------------------------

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____
---	--

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
----------------------------------	--

8. APPLICANT INFORMATION:

* a. Legal Name: Oregon Department of Consumer and Business Services

* b. Employer/Taxpayer Identification Number (EIN/TIN): 930952020	* c. Organizational DUNS: 8095794510000
--	--

d. Address:

* Street1: 350 Winter St. NE
Street2: _____
* City: Salem
County/Parish: _____
* State: OR: Oregon
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 97301-3875

e. Organizational Unit:

Department Name: _____	Division Name: Oregon Insurance Division
---------------------------	---

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

Prefix: _____ * First Name: Rachel
Middle Name: _____
* Last Name: Oh
Suffix: _____

Title: Consumer Liaison

Organizational Affiliation:
DCBS, Oregon Insurance Division

* Telephone Number: 503-947-7238 Fax Number: (503) 378-4351

* Email: rachel.k.oh@state.or.us

Application for Federal Assistance SF-424

*** 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:**

Ofc of Consumer Information & Insurance Oversight

11. Catalog of Federal Domestic Assistance Number:

93.511

CFDA Title:

Affordable Care Act (ACA) Grants to States for Health Insurance Premium Review

*** 12. Funding Opportunity Number:**

RFA-FD-10-999

* Title:

"Grants to States for Health Insurance Premium Review-Cycle 1" Office of Consumer Information and Insurance Oversight (OCIIO)

13. Competition Identification Number:

ADOBE-FORMS-B

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Premium Review Grant

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,000,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,000,000.00"/>

*** 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 in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Key Contacts Form

*** Applicant Organization Name:**

Oregon Department of Consumer and Business Services

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

*** Contact 1 Project Role:** Project Leader/ Deputy Administrator

Prefix:

*** First Name:** Triz

Middle Name:

*** Last Name:** delaRosa

Suffix:

Title: Deputy Administrator

Organizational Affiliation:

DCBS, Oregon Insurance Division

*** Street1:** 350 Winter St. NE

Street2:

*** City:** Salem

County:

*** State:** OR: Oregon

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 97301-3875

*** Telephone Number:** 503-947-7226

Fax: 503-378-4351

*** Email:** triz.delarosa@state.or.us

Delete Entry

Previous Person

Next Person

Key Contacts Form

*** Applicant Organization Name:**

Oregon Department of Consumer and Business Services

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

*** Contact 2 Project Role:** Project Assistant Leader

Prefix:

*** First Name:** Gayle

Middle Name:

*** Last Name:** Woods

Suffix:

Title: Operations Manager

Organizational Affiliation:

DCBS, Oregon Insurance Division

*** Street1:** 350 Winter St. NE

Street2:

*** City:** Salem

County:

*** State:** OR: Oregon

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 97301-3875

*** Telephone Number:** 503-947-7217

Fax:

*** Email:** gayle.woods@state.or.us

Delete Entry

Previous Person

Next Person

Key Contacts Form

*** Applicant Organization Name:**

Oregon Department of Consumer and Business Services

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

*** Contact 3 Project Role:** Project Financial Officer

Prefix:

*** First Name:** Patricia

Middle Name:

*** Last Name:** Spece

Suffix:

Title: Manager, Central Accounting Services

Organizational Affiliation:

DCBS, Fiscal and Business Services

*** Street1:** 350 Winter St. NE

Street2:

*** City:** Salem

County:

*** State:** OR: Oregon

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 97301-3875

*** Telephone Number:** 503-947-7906

Fax:

*** Email:** patricia.m.spece@state.or.us

Delete Entry

Previous Person

Next Person

Project/Performance Site Location(s)

Project/Performance Site Primary Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Oregon Department of Consumer & Business Services

DUNS Number: 8095794510000

* Street1: 350 Winter St. NE

Street2:

* City: Salem County:

* State: OR: Oregon

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 97301-3875 * Project/ Performance Site Congressional District: OR-005

Project/Performance Site Location 1 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s)

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

Objective Work Plan

Project:
 Premium Review Grant

*** Year:** 1 *** Funding Agency Goal:**
 The Oregon Department of Consumer and Business Services, Insurance Division (department) plans to spend \$98,400 of the \$1,000,000 grant on this goal.

*** Objective:**
 Expand the scope of rate review to include review of unreasonable large group rates, as well as collect new data on the large group market.

*** Results or Benefits Expected:**
 We will develop a process for reviewing large group rates to satisfy federal requirements. IT systems enhancements will be established for reporting.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Develop the process to review large group rates.	Gayle Woods, Operations Manager	09/01/2010	06/30/2011	80
Create and implement new data collection procedures. Display new data on our Web site.	Steve Jackson, Application Systems Manager	09/01/2010	09/01/2011	0

Objective Work Plan

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours

*** Criteria for Evaluating Results or Benefits Expected:**

It is expected that within one year of being awarded grant funding, the department will have the infrastructure to review unreasonable large group rates. The collection of new data will allow for the sharing of rate review information with HHS, as well as give the department the ability to create more in-depth reports and brochures on newly collected rate review data. Evaluations will be based on increased data collection and production.

Objective Work Plan

You may attach up to 17 additional Objective Work Plan forms here. To extract, fill and attach each additional form, follow these steps:

- Select the "Select to Extract the Objective Work Plan Attachment" button below.
- Save the file using a descriptive name to help you remember the content of the supplemental form that you are creating. When assigning a name to the file, please remember to give it the extension ".pdf" (for example, "Objective_1.pdf"). If you do not name your file with the ".pdf" extension you will be unable to open it later, using Adobe Reader.
- Use the "Open Form" tool on Adobe Reader to open the new form you just saved.
- Enter your additional Objective information in this supplemental form, similar to the Objective Work Plan form that you see in the main body of your application.
- When you have completed entering information in the supplemental form, save and close it.
- Return to this page and attach the saved supplemental form you just filled in, to one of the blocks provided on this "attachments" form.

Important: Attach additional Objective Work Plan forms, using the blocks below. Please remember that the files you attach must be Objective Work Plan PDF forms that were previously extracted using the process outlined above. Attaching any other type of file may result in the inability to submit your application to Grants.gov. Note: It is important to attach completed forms only. Attach ONLY PDF (.pdf) forms where ALL required fields are filled out. Incomplete or missing data will cause your application to be rejected.

Select to extract the Objective Work Plan Attachment

1) Please attach Attachment 1		Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2		Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3		Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment
16) Please attach Attachment 16		Add Attachment	Delete Attachment	View Attachment
17) Please attach Attachment 17		Add Attachment	Delete Attachment	View Attachment

Project Abstract

The Project Abstract must not exceed one page and must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This Abstract must not include any proprietary/confidential information.

* Please click the add attachment button to complete this entry.

Add Attachment

Delete Attachment

View Attachment

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File

Delete Optional Project Narrative File

View Optional Project Narrative File

Budget Narrative File(s)

* Mandatory Budget Narrative Filename:

[Add Mandatory Budget Narrative](#)

[Delete Mandatory Budget Narrative](#)

[View Mandatory Budget Narrative](#)

To add more Budget Narrative attachments, please use the attachment buttons below.

[Add Optional Budget Narrative](#)

[Delete Optional Budget Narrative](#)

[View Optional Budget Narrative](#)

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006
Expiration Date 07/30/2010

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. Activity 1. Expanding Scope of Rate review and Data Collection	93.551	\$	\$	\$ 387,495.00	\$	\$ 387,495.00
2. Activity 2. Improving rate filing requirements	93.551			254,505.00		254,505.00
3. Activity 3. Bolster Consumer Input	93.551			100,000.00		100,000.00
4. Activity 4. Study regarding provider costs.	93.551			150,000.00		150,000.00
5. Totals		\$	\$	\$ 892,000.00	\$	\$ 892,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Activity 1. Expanding Scope of Rate review and Data Collection	(2) Activity 2. Improving rate filing requirements	(3) Activity 3. Bolster Consumer Input	(4) Activity 4. Study regarding provider costs.	
a. Personnel	\$ 172,362.00	\$ 84,846.00	\$	\$	\$ 257,208.00
b. Fringe Benefits	66,181.88	39,709.12			105,891.00
c. Travel	2,500.00	1,500.00			4,000.00
d. Equipment	12,798.12	7,678.88			20,477.00
e. Supplies	15,327.50	9,196.50			24,524.00
f. Contractual			100,000.00	150,000.00	250,000.00
g. Construction					
h. Other	98,400.00	91,649.00			190,049.00
i. Total Direct Charges (sum of 6a-6h)	367,569.50	234,579.50	100,000.00	150,000.00	\$ 852,149.00
j. Indirect Charges	19,925.50	19,925.50			\$ 39,851.00
k. TOTALS (sum of 6i and 6j)	\$ 387,495.00	\$ 254,505.00	\$ 100,000.00	\$ 150,000.00	\$ 892,000.00
7. Program Income	\$	\$	\$	\$	\$

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Activity 1. Expanding Scope of Rate review and Data Collection	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
9. Activity 2. Improving rate filing requirements	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Activity 3. Bolster Consumer Input	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Activity 4. Study regarding provider costs.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. TOTAL (sum of lines 8-11)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
14. Non-Federal	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. TOTAL (sum of lines 13 and 14)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

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. Activity 1. Expanding Scope of Rate review and Data Collection	\$ 387,495.00	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
17. Activity 2. Improving rate filing requirements	254,505.00	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. Activity 3. Bolster Consumer Input	100,000.00	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. Activity 4. Study regarding provider costs.	150,000.00	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. TOTAL (sum of lines 16 - 19)	\$ 892,000.00	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: <input type="text"/>	22. Indirect Charges: <input type="text"/>
23. Remarks: <input type="text"/>	

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>Completed on submission to Grants.gov</p>	<p>* TITLE</p> <p>Consumer Liaison</p>
<p>* APPLICANT ORGANIZATION</p> <p>Oregon Department of Consumer and Business Services</p>	<p>* DATE SUBMITTED</p> <p>Completed on submission to Grants.gov</p>

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" 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 type="checkbox"/> a. bid/offer/application <input checked="" 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
--	--	--

4. Name and Address of Reporting Entity:

Prime SubAwardee

* Name: Oregon Department of Consumer and Business Services

* Street 1: 350 Winter St. NE Street 2: _____

* City: Salem State: OR: Oregon Zip: 97301

Congressional District, if known: OR-005

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: Department of Health and Human Services	7. * Federal Program Name/Description: Affordable Care Act (ACA) Grants to States for Health Insurance Premium Review CFDA Number, if applicable: 93.511
---	---

8. Federal Action Number, if known: _____	9. Award Amount, if known: \$ _____
---	---

10. a. Name and Address of Lobbying Registrant:

Prefix _____ * First Name: Cory Middle Name: _____

* Last Name: Streisinger Suffix: _____

* Street 1: 350 Winter St. NE Street 2: _____

* City: Salem State: OR: Oregon Zip: 97301

b. Individual Performing Services (including address if different from No. 10a)

Prefix _____ * First Name: Cory Middle Name: _____

* Last Name: Streisinger Suffix: _____

* Street 1: 350 Winter St. NE Street 2: _____

* City: Salem State: OR: Oregon Zip: 97301

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 the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and 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: Completed on submission to Grants.gov

* Name: Prefix _____ * First Name: Rachel Middle Name: _____

* Last Name: Oh Suffix: _____

Title: Consumer Liaison Telephone No.: 503-947-7238 Date: Completed on submission to Grants.gov

Basic Work Plan

1. Estimated date of established funding agreement with State:

Note: Tasks starting before this date are not eligible for funding, and cannot be counted toward matching funds.

Describe the tasks in the work plan:

2 a. Describe this task or milestone:

b. Name of person or organization responsible for carrying out task:

c. How long will this task take to complete? months

d. Justify how this project task contributes to project completion: (800 character limit - about 133 words)

Project Abstract Summary

Program Announcement (CFDA)

93.511

*** Program Announcement (Funding Opportunity Number)**

RFA-FD-10-999

*** Closing Date**

07/07/2010

*** Applicant Name**

Oregon Department of Consumer and Business Services

*** Length of Proposed Project**

Application Control No.

Federal Share Requested (for each year)

*** Federal Share 1st Year**

\$

*** Federal Share 2nd Year**

\$

*** Federal Share 3rd Year**

\$

*** Federal Share 4th Year**

\$

*** Federal Share 5th Year**

\$

Non-Federal Share Requested (for each year)

*** Non-Federal Share 1st Year**

\$

*** Non-Federal Share 2nd Year**

\$

*** Non-Federal Share 3rd Year**

\$

*** Non-Federal Share 4th Year**

\$

*** Non-Federal Share 5th Year**

\$

*** Project Title**

Premium Review Grant

Project Abstract Summary

*** Project Summary**

[Empty text area for project summary]

*** Estimated number of people to be served as a result of the award of this grant.**

Other Attachment File(s)

* Mandatory Other Attachment Filename:

Add Mandatory Other Attachment

Delete Mandatory Other Attachment

View Mandatory Other Attachment

To add more "Other Attachment" attachments, please use the attachment buttons below.

Add Optional Other Attachment

Delete Optional Other Attachment

View Optional Other Attachment

50	R	<p>Manages and supervises professional staff (actuaries) and ensures their determinations are in compliance with all related laws, rules and policies.</p> <p>Researches, analyzes, and evaluates public policy and program issues; formulates policy direction on programs and services; works with stakeholders and consumers on policy issues; coordinates with DCBS divisions and other state agencies in coordinating insurance issues of statewide importance and public consequences.</p> <p>Provides leadership in project management, performance measurement, and performance management. Monitor work performed by subordinates in order to meet established goals, objectives and target dates.</p> <p>Recommends revisions to agency policy and procedures by evaluating their impact on program or section activities in order to increase the effectiveness of program or section operational work flow, policies and procedures. Develops goals and standards to coordinate front and back end rate filing review.</p> <p>Performs supervisory functions by interviewing and recommending or hiring new staff members. Provides training for subordinates; establishes expectations and goals, evaluates subordinates' performance; resolves disputes, recommends or initiates disciplinary action when appropriate. Conducts effective staff meetings and prepares written instructions for work assignments.</p> <p>Provides technical assistance in implementing, communicating, and monitoring insurance reforms to other units within the Insurance Division. Analyze and interpret new legislation, new administrative rules, established statutes, and established rules to develop work flow processes and direction for industry.</p>
35		<p>Assists the Administrator and Deputy Administrator in coordination of division activities to ensure all program activities are carried out within the framework of the law. Assist in the following areas:</p> <ul style="list-style-type: none"> ▪ developing policy direction ▪ developing long and short-range goals and objectives ▪ preparing narrative and statistical reports, action plans, policy memorandum and recommendations pertaining to unit programs ▪ identifying trends in the insurance marketplace in order to analyze effects on insurance consumers and proposed resolutions. ▪ developing and implementing policies, procedures, and programs to carry out agency goals and objectives. <p>Provides fiscal analysis each legislative session to determine how the division would be affected by the passage of applicable house and senate bills. Monitors related insurance house and senate bills. Participates in budget development by projecting resource needs and preparing required documentation.</p> <p>Serves on the Division Executive Team and the Senior Policy Team and participates in strategic planning and policy development.</p>
15		<p>Leads division initiatives and special projects, sometimes serving as project sponsor and sometimes as project manager. As sponsor, secure resources for the project, initiate project proposal process, champion project in the division. Provides support for the project manager, approve major deliverables, and sign off on approvals to proceed to each succeeding project phase. As project manager, ensures that the project team completes the project.</p>
ongoing		<p>Perform position duties in a manner that promotes customer service and harmonious working relationships, including treating all persons courteously and respectfully. Engage in effective team participation through willingness to assist and support co-workers, supervisors and other work-related associations. Develop good working relationships with division and agency staff through active participation in accomplishing group projects and in identifying and resolving problems in a constructive manner. Demonstrate openness of constructive feedback/criticism and suggestions in an effort to strengthen work performance. Contribute to a positive, respectful and productive work place. Regular attendance is an essential requirement of this position.</p> <p>Foster and promote the importance and value of a diverse, discrimination- and harassment-free workplace. Respects diversity of opinions, ideas and cultural differences. Support outreach and diversity-related efforts in order to diversify the workforce.</p>
100		

SECTION 4. WORKING CONDITIONS

Describe special working conditions, if any that are a regular part of this job. Include frequency of exposure to these conditions.

Open office environment.

SECTION 5. GUIDELINES

a. List any established guidelines used to do this job, such as state or federal laws or regulations, policies, manuals or desk procedures.

Insurance Code and Administrative Rules
Dept. of Administrative Services Administrative Rules
Bargaining Unit contract
Department policies/procedures
Committee minutes and charters

b. How are these guidelines used to perform the job?

Appropriate action of regulated entity.
Referred to in answering questions from employees, supervisors
To verify procedures and used to determine appropriate actions.

SECTION 6. WORK CONTACTS

With whom outside of co-workers in this work unit must this position regularly come in contact?

<u>Who Contacted</u>	<u>How</u>	<u>Purpose</u>	<u>How Often?</u>
Division Employees	In person, by phone	Obtain/provide information	Daily
Insurance Industry	By phone/letter/in person	Discuss issues	As needed
Consumers	By phone/letter/in person	Assist with issues	Occasionally
Other agencies	By phone/letter/in person	Coordinate activities	As needed
DCBS Office of Personnel Services, Business Administration, Program Support Services	By phone/in person/by memo	Procedures	Daily

SECTION 7. JOB-RELATED DECISION MAKING

Describe the kinds of decisions likely to be made by this position. Indicate effect of these decisions where possible. Determines work priorities and assigns resources to accomplish work. Determines whether the policies and administrative procedures of insurance carriers comply with Oregon rate and form laws and rules. Consumers may be harmed if improper policies are issued; civil penalties may be assessed when a determination is made of non-compliance. Determines work procedures and personnel management issues to achieve effective, efficient operations. Inappropriate decisions could put the division and department in a bad light and risk damage to legislative and public support.

Managerial Data Stewardship:

Decides/approves who should have access to data, what changes should be made to data system(s), what training and processes should be in place to ensure data quality and internal controls, etc. Poor decisions can have significant impact to the department's business operations, its liability exposure, and its reputation.

SECTION 8. REVIEW OF WORK

Who reviews the work of this position? (List classification title and position number.) How? How often? Purpose of the review?

Principal Executive Manager F, (0003.066), General supervision, policy guidance.

SECTION 9. SUPERVISORY DUTIES TO BE COMPLETED ONLY FOR POSITIONS IN MANAGEMENT SERVICE

a. How many employees are directly supervised by this position? 5 Through Subordinate Supervisors? 14

b. Which of the following supervisory/management activities does this job perform?

- Plans Work
- Assigns Work
- Approves Work
- Responds to Grievances
- Disciplines/Rewards
- Hires/Fires (or Effectively Recommends)
- Prepares and Signs Performance Appraisals

SECTION 10. ADDITIONAL JOB-RELATED INFORMATION

Any other comments that would add to an understanding of this position:

Basic knowledge of Insurance law.

Must have knowledge of state government personnel rules and procedures and SEIU/OPEU contract provisions.

Per ORS 731.228 No Insurance Division Employee shall be a director, officer, or employee of or be financially interested in any person regulated by the insurance code, except as a policyholder or claimant under an insurance policy or by rights vested in commission, fees, or retirement benefits prior to being employed with the division.

AS AN EMPLOYEE, YOU MUST COMPLY WITH THE OREGON GOVERNMENT ETHICS LAWS, ORS 244.010 – 244.280, AND EMP-01, ETHICS AND CONFLICT OF INTEREST.

SPECIAL REQUIREMENTS: List any special mandatory recruiting requirements for this position:
This position is subject to a fingerprinted criminal background check.

BUDGET AUTHORITY: If this position has authority to commit agency operating money, indicate in what area, how much (biennially) and type of funds:
N/A

SECTION 11. ORGANIZATIONAL CHART

Attach a current organizational chart. See instructions for detail to be included on the chart.

Employee Signature	Date	Supervisor Signature	Date
--------------------	------	----------------------	------

Appointing Authority Signature	Date
--------------------------------	------



State of Oregon
Department of Administrative Services

Position Description

This Position is:

- Mgmt Service-Supervisory
- Mgmt Service-Managerial
- Mgmt Service-Confidential
- Classified
- Unclassified
- Executive Service

*** PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM *** New Revised

SECTION 1. POSITION INFORMATION

- a. Class Title: Principal Executive Manager F
- b. Class No.: MESN Z7010
- c. Effective Date: March 9, 2010
- d. Position No.: 0003.066
- e. Working Title: Deputy Administrator
- f. Work Unit: Insurance Division
- g. Agency No.: 44000
- h. Agency Name: DCBS
- i. Employee Name: Beatriz delaRosa
- j. Work Location (City-County): Salem/Marion

- k. Position: Permanent Seasonal Limited Duration Academic Year
- Full Time Part Time Intermittent Job Share

- l. FLSA: Exempt Non-Exempt
- If Exempt: Exec Prof Admin
- m. Eligible for Overtime: Yes No

SECTION 2. PROGRAM/POSITION INFORMATION

- a. Describe the program in which this job exists. Include program purpose, who's affected, size, and scope. Include relationship to agency mission.

The **Insurance Division** is charged with protecting the insurance-buying public by ensuring the financial soundness of insurers, the availability and affordability of insurance, and the fair treatment of insureds and claimants. The Division collects and audits taxes of licensed insurance companies and surplus line businesses. Functions include licensing, regulating, and monitoring the conduct of insurance companies, health care service contractors, fraternal benefit societies, and the agents of these entities, and providing insurance consumer services and information to individuals and consumer groups. All types of insurance are covered including life, health, property, casualty, and title. The division has a biennial budget of \$18.8 million and a staff of 93.5 FTE.

- b. Describe the purpose of this position, and how it functions within this program, by completing this statement:
The purpose of this job/position is to . . .

This position serves as the Deputy Administrator by assisting the Administrator in the oversight of daily operations of the division.

SECTION 3. DESCRIPTION OF DUTIES

List major duties. Note percentage of time duties is performed. If this is an existing position, mark "N" for new duties or "R" for revised duties.

% of Time	N/R	DUTIES
45		On behalf of the Administrator, directs work flow to other sections of the division; handles inquiries from industry, legislature, Governor's office, and other state agencies and other state insurance departments; advises Administrator, Director and Deputy Director on insurance policy issues. Works on projects as assigned by Administrator and acts on behalf of the Administrator in his/her absence.

20	Researches and resolves statutory and regulatory issues. Makes recommendations to the Administrator and Director on technical and policy issues related to other sections of the Division's management team. Participates in discussion of problems and development of solutions as part of the Division's management team. Develops and/or reviews legislation and administrative rules.
15	Supervises the senior policy analysts, the policy and legislative analyst, the financial regulation, market regulation and administrative services managers, the chief enforcement officer, and the executive assistant.
20	Meets with company and industry representatives, consumers, legislators and state and federal agency staff to resolve regulatory issues and develop policy proposals.
Ongoing	Performs position duties in a manner which promotes customer service and harmonious working relationships, including treating all persons courteously and respectfully. Engages in effective team participation through willingness to assist and support co-workers, supervisors and other work-related associations. Develops good working relationships with division and agency staff through active participation in accomplishing group projects and in identifying and resolving problems in a constructive manner. Demonstrates openness of constructive feedback/criticism and suggestions in an effort to strengthen work performance. Contributes to a positive, respectful and productive work place. Regular attendance is an essential requirement of this position. Fosters and promotes the importance and value of a diverse, discrimination- and harassment-free workplace. Respects diversity of opinions, ideas and cultural differences. Supports outreach and diversity-related efforts in order to diversify the workforce.

SECTION 4. WORKING CONDITIONS

Describe special working conditions, if any, that are a regular part of this job. Include frequency of exposure to these conditions.

Travel, both in and out of state, occasionally during the year.

SECTION 5. GUIDELINES

- a. List any established guidelines used to do this job, such as state or federal laws or regulations, policies, manuals or desk procedures.

Oregon Insurance Code
Oregon Administrative Procedures and Rules, ORS Chapter 183
Oregon Administrative Rules, OAR Chapter 836
Division Bulletins and interpretation files
NAIC Model Acts and Regulations
Various federal regulations relating to ERISA and health insurance reform

- b. How are these guidelines used to perform the job?

Used to analyze unusual or complex filing issues, resolve compliance questions and to guide policy development.
Used to determine compliance and legality.

SECTION 6. WORK CONTACTS

With whom outside of co-workers in this work unit must this position regularly come in contact?

<u>Who Contacted</u>	<u>How</u>	<u>Purpose</u>	<u>How Often?</u>
Department Staff	By phone, in writing, in person	Discuss/resolve policy and compliance issues	Daily
Insurers and industry representatives	By phone, in writing, in person	Discuss/resolve policy and compliance issues	Daily
Consumers	By phone, in writing, in person	Discuss/resolve policy and compliance issues	Daily
Other state and federal agency personnel	By phone, in writing, in person	Discuss/resolve policy and compliance issues	Daily

Legislators and staff	By phone, in writing, in person	Discuss/resolve policy and compliance issues	Daily
Health Insurance Reform Advisory Committee	By phone, in writing, in person	Discuss/resolve policy and compliance issues	Daily

SECTION 7. JOB-RELATED DECISION MAKING

Describe the kinds of decisions likely to be made by this position. Indicate effect of these decisions where possible.

Identifies and recommends statutory provisions and administrative rules; interprets regulatory provisions; prioritizes policy development activities; resolves compliance disputes related to rates and forms; decides staffing and organizational issues.

SECTION 8. REVIEW OF WORK

Who reviews the work of this position? (List classification title and position number.) How? How often? Purpose of the review?

Deputy Director, Division Administrator (0003.001) ; via regular discussion of issues, review of recommendations and general management oversight.

SECTION 9. SUPERVISORY DUTIES TO BE COMPLETED ONLY FOR POSITIONS IN MANAGEMENT SERVICE

a. How many employees are directly supervised by this position? 9 Through Subordinate Supervisors? 88

b. Which of the following supervisory/management activities does this job perform?

- Plans Work
- Responds to Grievances
- Hires/Fires (or Effectively Recommends)
- Assigns Work
- Disciplines/Rewards
- Prepares and Signs Performance Appraisals
- Approves Work

SECTION 10. ADDITIONAL JOB-RELATED INFORMATION

Any other comments that would add to an understanding of this position:

Per ORS 731.228 no Insurance Division employee shall be a director, officer, or employee of or be financially interested in any person regulated by the insurance code, except as a policyholder or claimant under an insurance policy or by rights vested in commission, fees, or retirement benefits prior to being employed with the division.

As an employee, you must comply with the Oregon government ethics laws, **ORS 244.010 – 244.280**, and **DCBS Policy EMP-01**, Ethics and Conflict of Interest.

SPECIAL REQUIREMENTS: List any special mandatory recruiting requirements for this position:

This position is subject to a fingerprinted criminal background check.

BUDGET AUTHORITY: If this position has authority to commit agency operating money, indicate in what area, how much (biennially) and type of funds:

Has signature authority for INS program. Budget is approximately 16 million per biennium. Specific signature authority is in DCBS signature authority data base.

SECTION 11. ORGANIZATIONAL CHART

Attach a current organizational chart. See instructions for detail to be included on the chart.

Employee Signature _____ Date _____ Supervisor Signature _____ Date _____

Appointing Authority Signature _____ Date _____

Objective Work Plan

Project: #
 Rate Review Grant - cycle I

*** Year:** 1 *** Funding Agency Goal:**
 The Oregon Department of Consumer and Business Services, Insurance Division (department) plans to spend \$100,000 of the \$1,000,000 grant on this goal.

*** Objective:**
 To bolster consumer input in the rate review process.

*** Results or Benefits Expected:**
 We will improve the review of rate filings by supporting a consumer advocacy group that will submit regular, in-depth public comments for each rate filing. The consumer group's comments will be posted online.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
The department will support a consumer advocacy group to provide regular public comments for rate filings.	Gayle Woods, Operations Manager	09/01/2010	06/30/2011	0
Create long-term strategy to boost consumer input in the rate review process.	Rachel Oh, Consumer Liaison	09/01/2010	07/01/2011	0

Objective Work Plan

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours

*** Criteria for Evaluating Results or Benefits Expected:**

The department will conduct a review of all submitted comments on a regular basis to ensure the consumer group is providing in-depth comments for rate filings posted on the department's website. Efforts to increase public comments can be measured by google analytics website measurements.

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Email: support@grants.gov

Phone: 1-800-518-4726

Objective Work Plan

Project:

Rate Review Grant - cycle I

*** Year:** *** Funding Agency Goal:**

1	The Oregon Department of Consumer and Business Services, Insurance Division (department) plans to spend \$150,000 of the \$1,000,000 grant on this goal.
---	--

*** Objective:**

Engage a consulting firm to conduct a study to explore whether there are opportunities within the rate review process to affect medical cost trends, improve the delivery system (i.e., payment reform) and control the growth of health care costs.

*** Results or Benefits Expected:**

The study will be used to determine enhancements for our rate review process in future grant cycles.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
The department will seek out a consulting firm to conduct a study.	Triz delaRosa, Deputy Administrator	09/01/2010	01/31/2011	0
Track progress and assist the consulting firm, if needed.	Triz delaRosa, Deputy Administrator or Future Project Coordinator	09/01/2010	09/30/2011	0

Objective Work Plan

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours

*** Criteria for Evaluating Results or Benefits Expected:**

The department will review the study and share the results with consumers, insurers, and other state officials. As a result, the department plans on actively discussing next steps with stakeholders, potentially leading to future rate review enhancements.

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Email: support@grants.gov

Phone: 1-800-518-4726

Objective Work Plan

Project:

Rate Review Grant - cycle I

*** Year:** *** Funding Agency Goal:**

1	The Oregon Department of Consumer and Business Services, Insurance Division (department) plans to spend \$108,000 of the \$1,000,000 grant on this goal.
---	--

*** Objective:**

To develop and implement various changes to our rate review systems capacity, with a focus on transparency and efficiency enhancements.

*** Results or Benefits Expected:**

Web site improvements will make it easier to navigate and export data. Systems enhancements will allow us to automate SERFF downloads, as well as collect additional data for reports and improve production efficiency.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Link the Oregon Insurance Division Web site with the new federal portal site.	Rachel Oh, Consumer Liaison	09/01/2010	09/30/2010	1
Currently we have searchable pdf formats for all rate review files. We will create systems enhancements to take some of this information and put it in exportable fields for consumers to manipulate for their specific interests.	Steve Jackson, Application Systems Manager	09/01/2010	09/01/2011	0
Create new systems for future data collection efforts, work on the automation of complete SERFF downloads, and create various other systems enhancements to improve efficiency.	Steve Jackson, Application Systems Manager	09/01/2010	09/01/2011	0

Objective Work Plan

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours

*** Criteria for Evaluating Results or Benefits Expected:**

The department will evaluate the number of phone calls we receive asking for various sources of data and how to manipulate it. It is expected that through our changes, consumers will not need to call as frequently with navigational questions, freeing up time staff can spend on getting better information to consumers.

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Objective Work Plan

Project:

Rate Review Grant - cycle I

*** Year:** *** Funding Agency Goal:**

1

The Oregon Department of Consumer and Business Services, Insurance Division (department) plans to spend \$109,116 of the \$1,000,000 grant to hire a new actuary.

*** Objective:**

To expand actuarial scrutiny with the addition of a third health actuary.

*** Results or Benefits Expected:**

An additional actuary will review all filings with a goal of performing a second tier of review, paying special attention to the range of impact of the rate filing on the entire block of business.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
The department will hire an actuary within six months of receiving grant funds.	Triz delaRosa, Deputy Administrator and Gayle Woods, Operations Manager	09/01/2010	03/31/2011	0

Objective Work Plan

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours

*** Criteria for Evaluating Results or Benefits Expected:**

At the end of one year, the department will evaluate if having a simultaneous second-tier review helps to provide greater scrutiny without delaying the average time it takes to review a filing.

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Objective Work Plan

Project:

Rate Review Grant - cycle I

*** Year:** *** Funding Agency Goal:**

1	The Oregon Department of Consumer and Business Services, Insurance Division (department) plans to spend \$61,812 of the \$1,000,000 grant to hire a project coordinator.
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*** Objective:**

To increase communication efforts with consumers and other stakeholders, as we expand our outreach efforts.

*** Results or Benefits Expected:**

The project coordinator will organize future grant reporting efforts and coordinate department responses to all inquiries and requests for rate filing information. This position will expand the scope of plain language decision summaries.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
The department will hire a project coordinator within three months of receiving grant funds.	Triz delaRosa, Deputy Administrator	09/01/2010	12/31/2010	0

Objective Work Plan

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours

*** Criteria for Evaluating Results or Benefits Expected:**

The department will regularly review plain language summaries written by the project coordinator to ensure that new data is explained and our reasoning is thoroughly detailed. Improved organizational processes will be evaluated on production increases for providing information to consumers.

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Objective Work Plan

Project:

Rate Review Grant - cycle I

*** Year: * Funding Agency Goal:**

1	The Oregon Department of Consumer and Business Services, Insurance Division (department) plans to spend \$53,940 of the \$1,000,000 grant to hire a market analyst.
---	---

*** Objective:**

To ensure insurance companies are reporting accurate data in rate filings.

*** Results or Benefits Expected:**

The auditing results of the market analyst will help actuaries decide if the information provided as part of a rate filing is accurate.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
The department will hire a market analyst within three months of receiving grant funds.	Triz delaRosa, Deputy Administrator Mike Lydon, Market Surveillance Manager	09/01/2010	12/31/2010	0

Objective Work Plan

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours

*** Criteria for Evaluating Results or Benefits Expected:**

The department will match auditing results to various reports and filings insurers submit to see if insurers are accurately filling out their rate filing submittals. Auditing results statistics will measure effectiveness.

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Objective Work Plan

Project:

Rate Review Grant - cycle I

*** Year:** *** Funding Agency Goal:**

1

The Oregon Department of Consumer and Business Services, Insurance Division (department) plans to spend \$32,340 of the \$1,000,000 grant to hire a rate filing intake coordinator.

*** Objective:**

To improve intake efficiencies, which will free up time for the actuaries to focus on scrutinizing data.

*** Results or Benefits Expected:**

The intake coordinator will ensure that all rate filings are in compliance with required regulations.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
The department will hire a rate filing intake coordinator within three months of receiving grant funds.	Triz delaRosa, Deputy Administrator	09/01/2010	12/31/2010	0

Objective Work Plan

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours

*** Criteria for Evaluating Results or Benefits Expected:**

Actuaries will work to train the intake coordinator to check filings to ensure they meet regulatory requirements. The department will conduct regular reviews of the intake coordinator's work, making sure regulatory checklists are properly filled out. The efficiency of this process will be evaluated after one year by comparing production levels to previous years work.



THEODORE R. KULONGOSKI
GOVERNOR

July 7, 2010

The Honorable Kathleen Sebelius
Secretary, Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Sebelius:

I strongly support the program enhancements contained within Oregon's application for a Health Insurance Premium Review (HIPR) grant and designate the Department of Consumer and Business Services (DCBS) as the state agency responsible for carrying out statewide insurance rate review activities.

This grant is offered at a critical time and is necessary to strengthen Oregon's efforts to pilot strategies that provide greater transparency, accountability and consumer access to rate information. Oregon, like most states, is concerned with the rising cost of health insurance and health care.

In 2009, the Oregon Legislature passed broad health care reforms that anticipated many of the changes in the Affordable Care Act as it outlined ways to contain costs and expand coverage. That bill strengthened the state's rate review process, to include public comment and to give regulators the ability to consider such factors as an insurer's investment income, surplus, overall profitability and cost containment and quality improvement efforts. Additionally, the Oregon reforms provide authority to separately review administrative expenses by line of business, specifying a breakdown of key expenditures such as salaries, commissions, marketing and advertising.

The program enhancements identified in Oregon's grant proposal can serve as a model for other states and the federal government as we strive to put in place a comprehensive, transparent rate review process.

The Honorable Kathleen Sebelius
Secretary, Department of Health & Human Services
July 7, 2010
Page Two

Thank you for your consideration of our application. On behalf of the State of Oregon, I look forward to working with the HIPR team in the future.

Sincerely,

A handwritten signature in black ink, reading "Theodore R. Kulongoski". The signature is written in a cursive style with a large initial 'T'.

THEODORE R. KULONGOSKI
Governor

Rate Review Grant Cycle I Project Abstract

Applicant: Oregon Department of Consumer and Business Services, Oregon Insurance Division

Project Director: Triz delaRosa, Deputy Administrator

Contact: (503) 947-7226, triz.delarosa@state.or.us

The Oregon Insurance Division, Department of Consumer and Business Services (department), is requesting \$1,000,000 in federal funds for proposed enhancements to our rate review process for grant cycle 1. Oregon has recently made changes to bring additional transparency and stronger standards to our rate review process. However, it is our goal to use grant funding to further scrutinize actuarial data, and work to give consumers a better understanding of the costs of medical care and how premium dollars are spent. Further, we will use the grant award to seek out additional consumer comments on rate filings and study how we might use the rate review process to possibly control the growth of health care costs. Finally, it is our goal to use this money to grow our IT capacity, allowing the department to collect, organize, and report in-depth information to HHS and consumers.

Below are the major projects that the department is proposing for the use of the grant funds:

Activity 1: Expand the Scope of Rate Review and Data Collection. Grant funds will be used to expand the rate review process to include review of unreasonable large group rates, as well as collect new data on the large group market.

Activity 2: Improve rate filing requirements. The department plans to work with various stakeholder groups to develop administrative rules and exhibits regarding the public disclosure of medical loss ratio details as a part of each rate filing.

Activity 3: Bolster Consumer Input. Provide grant funds to support a consumer advocacy organization that would regularly provide meaningful comments to the department on rate filings.

Activity 4: Study regarding provider costs. Grant funds will be used to hire a consulting firm to conduct a study to explore whether there are opportunities within the rate review process to control the growth of health care costs or improve the delivery system (i.e., payment reform).

Activity 5: Transparency and Efficiency Enhancements. Grant funds will be used to develop and implement various changes to our rate review systems capacity. This activity includes support for IT staff development and system upgrades, based on estimates provided to the OID for similar initiatives.

In order to carry out the increased workload, the department will use funds to hire four additional employees, whose work will focus on expanded actuarial scrutiny, communication efforts, and consumer outreach. The department plans to hire an additional health actuary to provide a second tier of rate filing review, with a specific focus on the rate of impact the rate filing has on the entire block of business. We will hire a project coordinator, responsible for coordinating department responses to all inquiries and requests for information about health insurance rates, as well as drafting expanded plain language summaries for consumers after a rate decision has been made. Additionally, we will hire a market analyst to audit companies to verify that data submitted is supported by company records using established audit techniques and, finally, we will hire a rate filing intake coordinator to assist in all transparency initiatives and improve our intake efficiency.

In total, the department plans on using \$451,951 of grant funds on new personnel, including all related direct/indirect costs. The remaining, \$548,049 will be spent on subcontracts and other activity costs. In total, the Cycle I grants will use \$1,000,000 in federal funds.

The department will systematically evaluate our rate review enhancements over the course of a year. Much of our success will be based on getting greater information out to consumers to ensure they understand all elements of the rate review process. With grant funds, we expect to grow our transparency efforts, while gaining a better understanding of how the rate review process itself can be used to control health care costs. Our enhancements will allow us to utilize new data, providing for greater review, as well as provide greater information to HHS and consumers.

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Health Insurance Premium Rate Review Grant Cycle I

Oregon Department of Consumer and Business Services, Insurance Division

Project Narrative

a) CURRENT HEALTH INSURANCE RATE REVIEW CAPACITY AND PROCESS

General Health Insurance Rate Regulation Information:

- The Oregon Department of Consumer and Business Services, through its Insurance Division (department), must approve all rates for individual, small employer and portability health insurance before they can be used in this state. The department currently does not review or regulate rates in the large group health insurance market.

In Oregon, we are among a handful of states that use modified community rating in the individual and small group markets. In the individual market, rates must not vary from the individual geographic average rate except that rates can be adjusted based on age, family composition, and benefit design. The rates can't vary based on an individual's health or claims history, or any other characteristics of the individual (i.e., gender). (ORS 743.767 and OAR 836-053-0465). In the small group market, rates can vary from the geographic average rate by 50 percent (a three-to-one rate band) based only on one or more of the following factors: the age of employees and their covered dependents, family composition, benefit design, employer contributions, participation rates, employee and dependent tobacco use, participation in wellness programs, customer loyalty, and expected claims experience not to exceed 5 percent. (ORS 743.737 and OAR 836-053-0065). Portability plan rates are reviewed to ensure the insurer followed the statutory formula for developing portability rates, which are based on the insurer's small and large group rates. (ORS 743.760 and OAR 836-053-0780).

Health Insurance Rate Review and Filing Requirements:

As evidenced in appendix A, the department requires all rate filings for individual and small group health plans to include: a filing description, rate filing summary, actuarial memorandum,

rate tables and factors, plan relativities, developments of rate change or base rate, trend information and projections, premium retention, worksheet for individual health benefit plan rates, covered benefit or plan design changes, cost containment and quality improvement efforts, insurer's financial position, certification of compliance, third-party authorization, and a statement of administrative expenses.

All individual, small-employer, and portability health rates are subject to approval by the department before they can be used in this state. Our review process begins after the department receives a rate filing submission, at which point, a rates and forms staff member reviews the filing to ensure the filing contains the required documentation to be considered complete. The rate filing is then sent to our health insurance actuarial staff, who scrutinize data and communicate follow-up questions with insurers to ensure the data received is accurate and justifies the proposed rate change.

Concurrent with this effort, administrative staff post the completed rate filing on our web site and send e-mail notification to those subscribed to our rate review tracking system. Once the entire filing is posted, a 30-day public comment period begins and all comments received are also posted to the website. After the public comment period ends, the insurance administrator convenes the rate review committee, consisting of five staff members. Those staff include: the insurance administrator, deputy administrator, operations manager, and two health actuaries. After committee review and discussion of the filing, the insurance administrator makes a final decision on rate approval, modification, or disapproval. Once a determination has been made, the department publishes a rate decision summary explaining in plain language the reasons for the department's decision. Finally, administrative support staff post the final decision and summary on our website and e-mail subscribers that a new decision has been posted.

Oregon rate review statutes require the department to ensure that the proposed rates are reasonable and not excessive, inadequate, or unfairly discriminatory, as authorized by ORS

742.005 and 743.018. Department actuaries ask two fundamental questions about each rate filing: Is the aggregate rate request justified? Is the request fairly allocated among rate payers? The department has explicit authority to consider: historical and projected loss ratios, historical and projected trend, historical and projected administrative costs, net income targets, as well as an insurer's investment income, surplus, and cost containment and quality improvement efforts. The department considers an insurer's overall profitability rather than just the profitability of a particular line of insurance. Additionally, the department separately reviews changes in administrative expenses by line of business.

In addition to the factors explicitly listed in the statute, the department also considers whether the request is for a closed block of business, previous rate changes and anticipated changes in the number of enrollees. For example, in order to lessen the financial burden on consumers, the department has denied rate requests for very small closed blocks of business and modified (reduced) requests for significant rate increases when those requests came on the heels of previous large rate increases to lessen the financial burden on consumers.

All individual health, portability, and small employer rates are reviewed prospectively. We do not retrospectively review rates or require rebates.

As we have increased the transparency of our rate review process and worked to provide more consumer-friendly information on each rate filing, one of the challenges we have encountered is the difficulty in ensuring that the data initially submitted by carriers (and posted on our website) is accurate and consistent throughout the rate filing. The other major challenge we face is translating technical rate filing information into language easy for consumers to understand and further explaining the necessity of rate increases as well as the resulting impact of a given rate filing on consumers.

As we have made more information available through our rate review process, the demand for an even more detailed explanation of the filing is growing. For example, consumers are

expecting that as part of the information we make available regarding each rate filing, we discuss not only the general rate impact of each rate filing but also changes in benefit design and changes in the application of rate factors that may impact consumers in different ways. For example, recently a few Oregon carriers changed the way they rate families with children, resulting in families with more than one child receiving higher-than-average increases in rates and families with only one child receiving lower-than-average increases (or even decreases) in rates.

Understandably, consumers receiving a larger than average rate increase wanted an explanation.

Resources: Information and Technology and Systems Capacity:

Oregon receives a majority of its rate filings through SERFF (System for Electronic Rate and Form Filing), although the department does accept paper filings as well. Once a rate filing is submitted via SERFF, department staff download the filing on a per-case basis to an Oracle system. In addition, staff manually enter data to the Oracle system that is specifically designed to display pertinent information to consumers on our website. With our current system capacity, downloaded information must be maintained in both SERFF and Oracle, causing a duplication of work. Future enhancements to our IT infrastructure include plans to reduce the duplication of data entry by staff and provide more efficient methods to display data to consumers. For example, we do not currently have the systems capacity to post rate schedules (charts of approved rates) to allow rate comparison between carriers in one common place on our website. Additionally, we want to enhance our capacity to extract data from our system to ensure we are able to respond to particular inquiries about our rate review process or approval of rate requests.

Resources: Budget and Staffing Capacity:

The Department of Consumer and Business Services regulates commercial health insurance in Oregon, through its Insurance Division (OID). OID has an annual budget of \$9,461,444, to support all administrative, financial regulation, and market regulation activities. The OID has an annual projected revenue of \$11,455,822 and is financed from other funds,

primarily fees and assessments paid by insurance companies and producers as follows:

Insurance premium assessments; license fees and charges for services; company examination fees; investment income and workers' compensation premium assessment. Of the annual budget, the department spends approximately \$474,958 each year on rate review. Included in this allocation are salaries and benefits for two full time actuaries and a portion of an administrative specialist. The insurance administrator and deputy administrator each dedicate a quarter of their time to rate review related activities, and the operations manager currently spends half of her time on the rate review process. In total, \$349,566 is spent on salaries, \$111,384 is spent on Other Payroll Expenses (fringe benefits), \$1,600 is spent on equipment, \$462.50 is spent on supplies, and \$11,945.50 is spent on travel.

Currently, five staff members are responsible for the department's rate review process.

Administrator: Teresa Miller has a strong background in legislative and policy issues, serving as legislative director, a lobbyist for several businesses and organizations, and an attorney for the Oregon Department of Justice. Ms. Miller has a law degree from Willamette University College of Law and a bachelor's degree in political science and psychology from Pacific Lutheran University. Ms. Miller has been leading the 90-employee OID as administrator since July 8, 2009. Ms. Miller has helped move rate review to the forefront here in Oregon and plays a leadership role in each rate request.

Deputy Administrator: Triz delaRosa has more than 15 years of human resources experience. Ms. delaRosa's focus as deputy administrator has allowed her to use her expertise in dealing with budgets and other internal operational issues that arise in the division. Since joining the OID in November 2008, Ms. delaRosa has worked closely with the Rates and Forms unit, as well with the division's policy analyst team to implement Oregon's health reform bill, including rate review reforms (House Bill 2009).

Operations Manager: Gayle Woods has more than 35 years of insurance experience. Prior to joining the insurance division in 1995, Ms. Woods served as assistant vice president of administration for Pacific Northwest Life Insurance Company; her primary focus was on life and health insurance. Ms. Woods has been serving as the operations manager for the division since 2008, while previously managing the market conduct, market surveillance, and rates and forms units.

Actuary, David Ball is a member of the American Academy of Actuaries, with more than 30 years of experience as an actuary in both the private and public sectors. Mr. Ball received his Bachelor of Arts in Economics from Princeton University. Prior to joining the department in 2001, Mr. Ball spent 14 years with Financial Data Planning Corporation (FDP), consulting with insurance company clients in the US, Britain and the Netherlands. He also worked with several other insurance carriers throughout the United States before landing with the division. Mr. Ball is the lead actuary on health rates, often presenting to the review committee.

Actuary, Scott Fitzpatrick has been a fellow with the Society of Actuaries since 1998, with a Bachelor of Science Degree in Physics from the United States Naval Academy. Prior to joining the department in 2001, Mr. Fitzpatrick spent almost 16 years as an actuary with Standard Insurance, in Portland, Oregon. Upon joining the department, Mr. Fitzpatrick worked with other division staff to aggressively address a backlog of health rate filings.

Administrative Specialist (Support Staff): Mary Ellen Hayes has been with the OID since 1988 and holds an Associate of Arts degree in Business Administration. She has held numerous clerical roles with the department; however, over the course of the last several years, Ms. Hayes' focus has been specifically addressing issues around rate requests and transparency. Ms. Hayes initially receives the rate requests and begins the rate review process, assigning requests or filings to the actuaries. She often provides guidance to those filing requests to ensure the correct information is provided to the department.

Over the last year, the department has reviewed 69 rate filings in the portability, individual and small group markets. Of the 69 total filings, 14 were portability filings, 35 individual filings, and 20 small group filings. The average amount of time it takes to complete a review is 12 hours.

Consumer Protections:

As authorized by ORS 743.018(3) and OAR 836-053-0471 (See appendix A), the department posts rate filings for individual, portability, and small employer health benefit plans on its website once they are deemed complete. All information submitted as part of an insurance company's rate request is posted (no rate filing information is kept confidential). Consumers can sign up on the department's website to receive an e-mail when an insurer files a rate request and again when the department makes a decision. Additionally, a dedicated public workstation is available to consumers who wish to visit the department's office to review rate filing information.

Once a determination has been made, the department posts the decision along with a rate filing decision summary that describes in plain language the key factors underlying each rate filing action.

Once rate filing information is posted on our website, a 30-day public comment period begins and all comments received are also posted to the website.

The department has the authority to convene a public meeting or a public hearing regarding a particular rate filing if warranted.

The department's Consumer Advocacy Unit staffs a free hotline to answer consumer questions and take complaints. Over the past two years, this unit has received approximately 1,600 phone calls about rate increases. These inquiries typically relate to concerns about the affordability of coverage, particular rate increases, and changes to plan benefits.

Examination and Oversight:

No formal enforcement action has been taken against insurance companies over the past two plan years regarding health insurance rates.

In July, 2008, a consumer made a formal request for a hearing challenging a particular health rate filing decision. Following a two-day administrative hearing, the Oregon Office of Administrative Hearings recommended upholding the department's decision. This case is currently being appealed.

b) PROPOSED RATE REVIEW ENHANCEMENTS FOR HEALTH INSURANCE

Oregon has recently made changes to bring additional transparency and stronger standards to our rate review process. However, there is still work to be done to improve and expand consumer representation within the rate review process, further scrutinize actuarial data, and work to give consumers a better understanding of the costs of medical care and how premium dollars are spent. The State of Oregon will not use grant funds to supplant existing state expenditures; all grant funds will be utilized for rate review enhancements. The department has the capacity to implement the proposed enhancements, as well as manage funds according to our corresponding budget narrative.

Expanding Scope of Review and the Collection of Data:

Currently, the department does not review large group rates. As part of federal reforms, it is expected that the department will begin review of unreasonable large group rates as well as collect information on the large group market to report to HHS. We propose using grant funds to develop a process to implement review of large group markets and set up the required database infrastructure. Upon completion, staff will focus on the actual data collection required by HHS. Dedicated staff will be responsible for displaying new information we collect on the website in an organized and easy-to-understand format for consumers. Information gathered will be published in future reports and on our website. As a result of the work produced by this undertaking, the department can efficiently produce required information for HHS, as well as

present relevant information to the public, increasing our transparency efforts. The department estimates that the new systems can be in place within nine months of receiving grant money, with a total budget of \$98,400.

Improving Rate Filing Requirements:

In order to improve consumers' understanding of premium increases, we plan to expand the information available to consumers by detailing how premium dollars are spent on medical procedures and services (disclose medical loss ratio detail). In Oregon insurers are not currently required to categorize claims costs. Rather, insurers provide information about how much money is spent paying claims in total. In comparison, we do require insurers to provide detailed information about how the portion of premium allocated to administrative expenses breaks down (i.e., salaries, commissions, marketing, advertising, etc). The department plans to work with various stakeholder groups, including consumers, insurers and other state agencies to develop administrative rules and exhibits regarding the public disclosure of medical loss ratio details as a part of each rate filing. The goal of this process is to create an easy-to-read chart that allows consumers to see how insurers spend a majority of their premium dollar. Potential medical loss ratio categories include: hospital inpatient care, hospital outpatient care, prescription drugs, physician services, laboratory tests, as well as other ancillary services. By further identifying how premium dollars are spent on medical procedures, both the department and consumers will have a better understanding of health care costs and the effectiveness of insurers' cost containment efforts. The department estimates that administrative rules and transparency efforts could be complete in 12 months, with a total project budget of \$91,649.

Bolster Consumer Input:

As part of new health care reforms, Oregon has implemented a 30-day public comment period for all individual, portability, and small employer rate filings. However, since implementation of this process began in October 2009, the department has only received 62

public comments on 35 filings. In order to bolster consumer input in the rate review process, we propose to support a consumer advocacy organization with funding to enable the organization to regularly provide meaningful comments to the department on rate filings. To ensure proper consumer representation, we propose to support a consumer advocacy group with a membership base of at least 5,000 members, representing geographic areas from around the state. In addition to providing consumer input, the funding would enable the selected consumer advocacy group to work with the department's consumer liaison to create long-term strategies for the solicitation of individual public comments. Over a period of three to nine months, the department will identify a consumer group to support, with a total budget of \$100,000. The department will conduct a review of all submitted comments on a regular basis to ensure the consumer group is providing in depth comments for rate filings posted on the department's website.

Study Regarding Provider Costs within the Rate Review Process:

We propose engaging a consulting firm to conduct a study to assist the division in identifying ways in which commercial health insurers could potentially facilitate delivery system improvement. As we work to increase the awareness and discussion of the drivers of health insurance premiums, this study will allow the department to explore whether there are opportunities within the rate review process to control the growth of health care costs or improve the delivery system (i.e., payment reform). The department estimates that a consulting firm could be hired in four months, with a total project budget of \$150,000. The study could be complete in one year and will be used to determine enhancement proposals for other grant cycles.

Transparency and Efficiency Enhancements – IT Capacity:

Equally important to soliciting consumer input is the need to provide accessible and relevant information to consumers. Currently our rate review web page offers access to searchable pdf versions of rate filings where consumers can search for information under

individual filings. However, consumers often find this process difficult to navigate. We propose using grant funds to organize data formats so that consumers can search tables of key rate filing information, such as administrative and medical loss ratio data, through exportable data fields that a consumer may manipulate to fulfill their specific interest. Further, we plan to connect the rate filing page with the federal portal website, as well as improve the rate information posted to allow consumers to easily compare rates. Through the enhancements made to our consumer web page, the department should receive a reduced number of phone calls from consumers and media. As a result, staff will be able to spend more time allocated to the rate review process. The department estimates web design changes could be complete within one year of implementation, with a total budget of \$54,000.

The Insurance Division currently manages the rate review process primarily through the combined use of the SERFF system and an internal data system, Oracle. Grant funds will be used to eliminate barriers and inefficiencies in the filing and rate review process, as well as expand access to searchable data fields, making information more readily available to consumers and HHS. Through the development of various changes to our rate review systems capacity, the department can meet our goals of collecting all the required reporting data for HHS, with a focus on the process of collecting previously unsolicited data, work on the automation of complete SERFF downloads to eliminate manual processes and create system enhancements to improve efficiency and reduce processing times in the collection of additional data from insurers. Throughout this process, our goal will be to make data enhancements that organize information in a manner that makes rate review data easier for consumers to understand. The department estimates data systems and web design changes could be complete within one year of implementation, with a total budget of \$54,000.

Enhancing Rate Review Process – Staffing

Expanded Actuarial Scrutiny - Actuary: We propose adding an additional health actuary to our staff whose role would be to provide a second tier of rate filing review. Simultaneous to the actuarial review we currently conduct, this additional actuary will review all filings with a goal of performing a more meticulous review and paying special attention to the range of impact of the rate filing on the entire block of business. This will enable the department to furnish to consumers a clear and comprehensive explanation of how the rate filing will affect various categories of policyholders (not just average policyholders). With the addition of a concurrent second-tier review, the department can further achieve our goals of providing additional extensive review of actuarial data, while not lengthening the review time required. The department estimates that an actuary can be hired within 6 months of receiving grant money, with a total salary of \$109,116.

Communication and Outreach - Project Coordinator: We propose hiring a project coordinator to be responsible for coordinating department responses to all inquiries and requests for information about health insurance rates. The project coordinator will also be responsible for ensuring we fulfill responsibilities associated with rate review grant funds received, as well as drafting plain language summaries for consumers after a rate decision has been made. While Oregon currently publishes plain language summaries for consumers, the project coordinator will greatly expand the scope of the information presented in the summaries to include a breakdown of medical loss ratio expenses in language appropriate for consumers. The project coordinator will work to identify potential statutory and administrative rule changes that may be needed to implement this legislation. For all rate review rulemaking, the project coordinator will act as a point person, with a focus on recruiting consumer representation for advisory committee meetings. In addition, the project coordinator will work with staff to coordinate preparation of all reports and publications providing information about health insurance rates and ensure information presented on our Web site is timely, accurate and consumer friendly. By hiring a

project coordinator, the department will improve our overall process by coordinating internal procedures, so that consumers have a much needed point of contact for all rate review related questions. The department estimates that the project coordinator can be hired within three months of receiving grant money, with a total salary of \$61,812.

Ensuring Accurate Data - Market Analyst (Insurance Examiner): In adding a market analyst position, the rate review process will be greatly enhanced by having a person solely focused on making sure insurers are reporting accurate data in rate filings. Currently, Oregon receives actuarial data from our rate review process, as well as supplemental data from health benefit plan reports, company financial reports, and quarterly enrollment reports. Much of the data collected in a rate review filing should match with data from these other reports, although history has shown that discrepancies often emerge. We propose having a market analyst staff member audit companies by verifying the data submitted is supported by company records using established audit techniques. By hiring a market analyst, the department can achieve its goal of ensuring that insurer's rates are appropriate. This individual will need access to software typically used for this purpose and while we anticipate some of this audit work could be done electronically, travel to insurance company offices throughout the state will be required in order to accomplish this goal. The department estimates that a market analyst can be hired within three months of receiving grant money, with a total salary of \$53,940.

Efficiency Improvements – Rate Filing Intake Coordinator: To streamline administrative processes within an expanded rate review system, the intake coordinator will handle all logistical arrangements for rate review staff, including arranging project meetings, contacting workgroup participants, and compiling information for grant progress reports. In addition, the intake coordinator will work to ensure we keep pace with the potential of increased rate filings received as a result of federal reform. Currently, one administrative specialist intakes filings for multiple lines of coverage, confirming whether documents are properly submitted and

labeled before transferring files to the actuaries. The new intake coordinator will handle the intake process for all health rate filings and further scrutinize documents to ensure that a filing not only contains the required documentation to be considered complete, but that the data included in the rate filing is in compliance with required regulations by completing a checklist to be developed. One of the primary goals of the checklist will be to review the filing for inconsistencies and common filing mistakes. In this new role, the intake coordinator will perform much of the compliance work actuaries currently perform, which will free up actuaries to spend more of their time evaluating filings in even greater detail. The department estimates that an intake coordinator can be hired within three months of receiving grant money, with a total salary of \$32,340.

c) REPORTING TO SECRETARY ON RATE INCREASE PATTERNS

The State of Oregon will comply with all reporting requirements set forth by Section 2794 of the Patient Protection and Affordable Care Act of 2010. Research services of the department currently generate periodic publications that summarize and analyze a variety of data pertaining to oversight of the insurance industry. This includes a comprehensive annual report on Oregon's commercial health insurance market that incorporates in-depth interpretive analysis by the department. The availability of additional detailed data on health rates will enrich our annual analysis. When appropriate source data becomes available, the research staff will enhance research products to provide added value for the industry and consumers, and prepare a specific, targeted report for the Secretary addressing the required data outlined in the grant. The data will be aggregated and summarized in statistically meaningful ways, with appropriate analysis and qualifications.

As noted previously, the department does not currently retain all source data required to meet the requirements of this grant in electronic form. Notable omissions are enrollment and rate (premium) detail data. This information can be collected and made more readily available

for analysis and reporting by downloading additional information from external data sources such as SERFF and the NAIC, and by enhancing existing online reporting systems such as IREG. The requirements for aggregation of the rate filing data can also be met for individual and small group segments, once the necessary detail data is collected and stored in corporate (internal) data systems. After the data systems are enhanced, the department will be able to submit the required data through the designated uniform reporting template.

Using existing database query, analysis, and reporting tools, additional reports can be developed from these systems that show rate trends by several variables, such as market segment or type of insurer. Other reports could show the trends, if any, in enrollment in different market segments. Research staff may be able to use forecasting and modeling techniques to study the relationship between rates and demographic variables, such as average age, urban/rural distributions, or wages.

With expanded data available on rate filings and other health insurance activities, the department would generate new analyses and either publish a new annual report focused on rate filings, or enhance the existing reports to incorporate the new information. Additional data would also allow more comprehensive and timely responses to requests for information used to assess the impacts of legislation and policy changes.