COLORADO

GRANTS.GOV

Grant Application Package

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
Competition 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:** Premium Review Grant Colorado

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.

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

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: Colorado Division of Insurance

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
84-0644739	1421245070000

d. Address:

* Street1:	1560 Broadway
Street2:	Suite 850
* City:	Denver
County/Parish:	Denver
* State:	CO: Colorado
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	80202-4910

e. Organizational Unit:

Department Name:	Division Name:
Department Regulatory Agencies	Division of Insurance

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

Prefix:	Ms.	* First Name:	Kelli
Middle Name:	Verna		
* Last Name:	Cheshire		
Suffix:			

Title: Office Manager

Organizational Affiliation:
Office Manager, Division of Insurance

* Telephone Number:	303-894-2158	Fax Number:	303-869-0228

* Email: Kelli.Cheshire@dora.state.co.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 I" 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: CO-001 | b. Program/Project: CO-all

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/09/2010 | * b. End Date: 09/30/2011

18. Estimated Funding ($):

* a. Federal	1,000,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	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:	Ms.
* First Name:	Kelli
Middle Name:	Verna
* Last Name:	Cheshire
Suffix:	
* Title:	office Manager
* Telephone Number:	303-894-2158
Fax Number:	303-869-0228
* Email:	Kelli.Cheshire@dora.state.co.us
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

OMB Number: 4040-0003
Expiration Date: 7/30/2011

Key Contacts Form

*** Applicant Organization Name:**

Colorado Division of Insurance

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

*** Contact 1 Project Role:** Project Manager

Prefix: Ms.

* First Name: Kelli

Middle Name:

* Last Name: Cheshire

Suffix:

Title: Office Manager

Organizational Affiliation:

Division of Insurance, Department of Regulatory Agencies

* Street1: 1560 Broadway

Street2: Suite 850

* City: Denver

County:

* State: CO: Colorado

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 80202-4910

* Telephone Number: 303-894-2158

Fax: 303-869-0228

* Email: Kelli.Cheshire@dora.state.co.us

Delete Entry | Previous Person | Next Person

OMB Number: 4040-0003
Expiration Date: 7/30/2011

Key Contacts Form

*** Applicant Organization Name:**

Colorado Division of Insurance

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

*** Contact 2 Project Role:** Assistant Project Director

Prefix:	Mr.
* First Name:	John
Middle Name:	
* Last Name:	Postolowski
Suffix:	
Title:	Deputy Commissioner of Finance and Admin

Organizational Affiliation:

Division of Insurance, Department of Regulatory Agencies

* Street1:	1560 Broadway
Street2:	Suite 850
* City:	Denver
County:	
* State:	CO: Colorado
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	80202-4910
* Telephone Number:	303-894-7455
Fax:	303-894-7455
* Email:	John.Postolowski@dora.state.co.us

Delete Entry | Previous Person | Next Person

OMB Number: 4040-0003
Expiration Date: 7/30/2011

Key Contacts Form

*** Applicant Organization Name:**

Colorado Division of Insurance

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

*** Contact 3 Project Role:** Financial Officer, financial reporting

Prefix:	Ms.
* First Name:	Mariam
Middle Name:	
* Last Name:	Habtemariam
Suffix:	
Title:	Department Controller

Organizational Affiliation:

Colorado Department of Regulatory Agencies

* Street1:	1560 Broadway
Street2:	Suite 1550
* City:	Denver
County:	
* State:	CO: Colorado
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	80202-5152
* Telephone Number:	303-894-2967
Fax:	303-894-7885
* Email:	Mariam.Habtemariam@dora.state.co.us

Delete Entry | Previous Person | Next Person

OMB Number: 4040-0010
Expiration Date: 08/31/2011

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: Division of Insurance, Department of Regulatory Agencies

DUNS Number: 1421245070000

* Street1: 1560 Broadway

Street2: Suite 850

* City: Denver County: Denver

* State: CO: Colorado

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 80202-4910 * Project/ Performance Site Congressional District: CO-001

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) Add Attachment Delete Attachment View Attachment

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	CoverLtr_CoverSheets.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	LettersSupportandAgreement.pd	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	StatutoryProvisionsArticle16	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	Regulation_4_2_11_FilingRequ	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	Regulation_4_6_7_SmallGroups	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	RateSummary.pdf	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	TimeLine.pdf	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	COFRSGrantSubsystemOverview.p	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	RolesAndResponsibilities.pdf	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	JobDescriptionProject Direct	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

Dora
Department of Regulatory Agencies

Division of Insurance
Marcy Morrison
Commissioner of Insurance

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

July 6, 2010

Office of Consumer Information and Insurance Oversight

Department of Health and Human Services

RE: Grants to States for Health Insurance Premium Review-Cycle I

Dear Sirs and Madams;

The Colorado Division of Insurance, Department of Regulatory Agencies has the existing legal authority to regulate insurance rates and has the authority to oversee and coordinate the proposed activities and the ability to convene a relevant working group.

The Division of Insurance wishes to apply for the grant, "Grants to States for Health Insurance Premium Review-Cycle I". The Cover Form from page 25 of the announcement is attached to this letter. The principal director of the project is Kelli Cheshire, Office Manager. Her contact information is:

1560 Broadway, Suite 850, Denver, CO 80202-4910

Phone: 303-894-2158

The Division of Insurance wishes to thank you for this opportunity and wishes to assure you that the grant will be used in accordance with the grant application.

Sincerely,

John Postolowski

Deputy Commissioner

ATTACHMENT C

APPLICATION COVER SHEET AND CHECK-OFF LIST

Indentifying Information:

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

DUNS #: 142124507 Grant Award: $1 million

Applicant: Colorado Division of Insurance, Department of Regulatory Agencies

Primary Contact Person, Name: Kelli Cheshire

Telephone Number: 303-894-2158 Fax number: 303-869-0228

Email address: Kelli.Cheshire@dora.state.co.us

APPLICATION COVER SHEET AND CHECK-OFF LIST

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:

- X☐ Cover Sheet
- X☐ Forms/Mandatory Documents (Grants.gov).
  The following forms must be completed with an original signature and enclosed as part of the proposal:
- X☐ SF-424: Application for Federal Assistance
- X☐ SF-424A: Budget Information
- X☐ SF-424B: Assurances-Non-Construction Programs
- X☐ SF-LLL: Disclosure of Lobbying Activities
- X☐ Additional Assurance Certifications
- X☐ Required Letter of support and Memorandum of Agreement
- X☐ Applicant's Application Cover Letter
- X☐ Project Abstract
- X☐ Project Narrative
- X☐ Work plan and Time Line
- X☐ Proposed Budget (Narrative/Justifications)
- X☐ Required Appendices
- X☐ Resume/Job Description for Project Director and Assistant Director

STATE OF COLORADO

OFFICE OF THE GOVERNOR
136 State Capitol Building
Denver, Colorado 80203
(303) 866 - 2471
(303) 866 - 2003 fax

Bill Ritter, Jr.
Governor

June 29, 2010

Secretary Kathleen Sebelius
Office of the Secretary
Health and Human Services Department
200 Independence Ave. S.W.
Washington, D.C. 20201

Dear Secretary Sebelius,

Please accept this letter as a statement of my full support for Colorado's *Grants to States for Health Insurance Premium Review* application, submitted by the Department of Regulatory Affairs Division of Insurance. Over the past two years, the Division of Insurance has diligently implemented a prior approval process for health insurance rate increases, as required by legislation passed by the Colorado General Assembly and signed into law in 2008.

This new rate review grant opportunity will help expand and improve the Division's efforts. Additional staff resources, training opportunities, technology improvements, outreach, and consumer education projects will make a significant difference in helping the Division be more comprehensive in its rate review efforts.

With a mission of consumer protection, the Division of Insurance will be an effective steward of the federal funds and put them to use where they will have the largest impact. I appreciate your consideration of Colorado's grant application and strongly believe this funding will help Colorado consumers receive fair rates and better understand their insurance coverage.

Sincerely,

Bill Ritter, Jr.
Governor

Dora
Department of Regulatory Agencies

Division of Insurance
Marcy Morrison
Commissioner of Insurance

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

June 29, 2010

This document certifies that the Colorado Division of Insurance in the Department of Regulatory Agencies will use any federal grant funds distributed as part of the Grants to States for Health Insurance Premium Review for the purposes outlined in its proposal. No funds will be used to supplant existing state expenditures.

Marcy Morrison

Marcy Morrison
Commissioner of Insurance

1560 Broadway, Suite 850 Denver, Colorado 80202 Phone 303.894.7499
Fax 303.894.7455 Toll Free 800.930.3745 www.dora.state.co.us V/TDD 711

Consumer Protection

10-16-105. Small group sickness and accident insurance - guaranteed issue - mandated provisions for basic health benefit plans - rules - benefit design advisory committee - repeal.

(1) Notwithstanding any other provision of this article, the mandatory coverage provision for mental health coverage as specified in section 10-16-104 (5) shall not apply to any small employer who has not provided group sickness and accident insurance to employees after July 1, 1989, or to any small employer who has provided group sickness and accident insurance from a person or entity licensed pursuant to section 10-3-903.5 that did not include mental health coverage after July 1, 1989; except that any small employer who is not required to provide the mental health coverage specified in section 10-16-104 (5) shall be offered the opportunity to purchase such coverage.

(2) (a) Where a small group sickness and accident insurer subject to the provisions of part 2 of this article or an entity subject to the provisions of part 3 or 4 of this article elects not to provide mandatory coverage provisions pursuant to subsection (1) of this section such insurer or entity shall disclose to an insured, in a form and manner prescribed by the commissioner, the services and benefits not covered as a result of this election and the estimated amount of premium reduced by eliminating such coverage.

(b) Such disclosure notice shall be given in writing to all interested policyholders and certificate holders as part of the sales and marketing materials before the insurer or entity approves an application for insurance from an insured and shall contain the following statement: "Interested policyholders, certificate holders, and enrollees are hereby given notice that this small group policy does not cover all the health services and benefits which the Colorado Revised Statutes usually require group plans to cover."

(c) Such disclosure notice shall reproduce the exact language of the Colorado Revised Statutes with which the policy does not comply and specify what the small group policy does cover, if anything, in lieu of the mandatory coverage provisions.

(3) A small group sickness and accident insurance plan, small group plan, or small group policy shall be renewable to all eligible employees and dependents at the option of the small employer, except as allowed pursuant to section 10-16-201.5.

(4) (Deleted by amendment, L. 97, p. 633, § 4, effective May 1, 1997.)

(5) Each small group sickness and accident insurer or other entity shall make reasonable disclosure in solicitation and sales materials provided to small employers the following information in a form and manner prescribed by the commissioner and upon request of any such small employer shall provide such information in detail:

(a) How premium rates for a specific employer are established or adjusted;

(b) The provisions concerning the insurer's or other entity's right to, and the frequency with which the insurer or other entity may, change premium rates and the factors, including case

characteristics, which affect changes in premium rates;

(c) (Deleted by amendment, L. 2004, p. 981, § 5, effective August 4, 2004.)

(d) The provisions relating to renewability of coverage;

(e) The provisions of such coverage relating to any preexisting condition exclusion;

(f) How to access the benefits and premiums available under all health benefit plans for which the employer is qualified; and

(g) (I) That the small employer purchasing any health benefit plan other than a basic plan pursuant to subparagraph (I), (III), or (IV) of paragraph (b) of subsection (7.2) of this section must pay for all of the mandated benefits pursuant to section 10-16-104 and that these mandates include mandatory, nonwaivable coverages for newborn, maternity, pregnancy, childbirth, complications from pregnancy and childbirth, early intervention services, therapies for congenital defects and birth abnormalities, low-dose mammography, mental illness, biologically-based mental illness, the availability of alcoholism treatment, the availability of hospice care, prostate cancer screening, child health supervision, hospitalization and general anesthesia for dental procedures for dependent children, diabetes, and prosthetic devices.

(II) That a small employer purchasing a basic health benefit plan described in subparagraph (I), (III), or (IV) of paragraph (b) of subsection (7.2) of this section is waiving coverage for low-dose mammography screening, mental illness, prostate screening, hospitalization and general anesthesia for dental procedures for children, and the availability of treatment for alcoholism.

(6) Each small group sickness and accident insurer or other entity shall file with the commissioner a complete and detailed description of its rating practices and renewal underwriting practices in a form and manner prescribed by the commissioner, and each such insurer shall maintain information and documentation that demonstrates that its rating methods and practices are based upon commonly accepted actuarial assumptions and are in accordance with sound actuarial principles. This subsection (6) shall not apply to nondeveloped rates, including, but not limited to, rates for medicaid, medicare, and the children's basic health plan, as defined by the commissioner.

(6.5) Each small employer carrier shall file with the commissioner annually, on or before March 1, an actuarial certification certifying that the small employer carrier is in compliance with the provisions of subsections (8), (8.5), and (13) to (15) of this section and that the rating methods of the small employer carrier are actuarially sound. Such certification shall be in a form and manner, and shall contain such information, as specified by the commissioner. A copy of the certification shall be retained by the small employer carrier at its principal place of business.

(6.6) The information and documentation described in subsection (6) of this section shall be confidential as determined by the commissioner. Any information not determined confidential shall be public when filed.

(7) An individual, corporation, association, partnership, or any other entity engaged in the health insurance business subject to this section shall not request or require from a small group applying for coverage, or from an individual in a small group applying for coverage, medical

information going back more than five years before the date of application. Medical information that is more than five years old on any of the enrollee members of a small group shall not be used by the insurer in underwriting or setting premiums for the group. Nothing in this subsection (7) shall preclude a small group health insurer subject to the provisions of part 2 of this article from asking about the current health status of any of the individuals in a group applying for coverage or from using such information on current health status to underwrite or set premiums for the group as provided by law.

(7.2) The commissioner shall promulgate rules to implement a basic health benefit plan and a standard health benefit plan to be offered by each small employer carrier as a condition of transacting business in this state. The commissioner shall survey small group carriers annually to determine the range of health benefit plans available. The commissioner shall implement a basic plan that approximates the lowest level of coverage offered in small group health benefit plans. A basic health benefit plan may be based on the latest medical evidence. The commissioner shall implement a standard plan that approximates the average level of coverage offered in small group health benefit plans. In determining levels of coverage, the commissioner shall consider factors such as coinsurance, copayments, deductibles, out-of-pocket maximums, and covered benefits. The commissioner shall amend the rules as necessary to implement the basic and standard health benefit plans. The rules shall be in conformity with article 4 of title 24, C.R.S., and shall incorporate the following standard health benefit plan design described in paragraph (a) of this subsection (7.2) and the various options for the basic health benefit plan design described in paragraph (b) of this subsection (7.2):

(a) The standard health benefit plan shall reflect the benefit design of common plan offerings in the small group market and may reflect a plan design that has a deductible amount of two thousand five hundred dollars for which the covered person is responsible after the first one thousand dollars of coverage has been provided by an employer in a manner similar to a personal care account.

(b) (I) A basic health benefit plan may reflect a basic health benefit plan that does not include coverage pursuant to the mandatory coverage provisions of section 10-16-104 (4), (5), (9), (10), (12), and (18).

Editor's note: This version of subparagraph (I) is effective until January 1, 2010.

(I) A basic health benefit plan may reflect a basic health benefit plan that does not include coverage pursuant to the mandatory coverage provisions of section 10-16-104 (5), (9), (10), (12), and (18).

Editor's note: This version of subparagraph (I) is effective January 1, 2010.

(II) A basic health benefit plan may reflect a health benefit plan that is a high deductible plan that would qualify for a health savings account pursuant to 26 U.S.C. sec. 223. A carrier may apply deductible amounts for mandatory health benefits for mammography, prostate screening, child supervision services, or prosthetic devices pursuant to section 10-16-104 (4), (10), (11), and (14) if such mandatory benefits are not considered by the federal department of treasury to be preventive or to have an acceptable deductible amount.

Editor's note: This version of subparagraph (II) is effective until January 1, 2010.

(II) A basic health benefit plan may reflect a health benefit plan that is a high deductible plan that would qualify for a health savings account pursuant to 26 U.S.C. sec. 223. A carrier may apply deductible amounts for mandatory health benefits for mammography, prostate screening, child supervision services, or prosthetic devices pursuant to section 10-16-104 (10), (11), (14), and (18) (b) (III) if such mandatory benefits are not considered by the federal department of treasury to be preventive or to have an acceptable deductible amount.

Editor's note: This version of subparagraph (II) is effective January 1, 2010.

(III) A basic health benefit plan may reflect a basic health benefit plan that does not include coverage pursuant to the mandatory coverage provisions of section 10-16-104 (4), (5), (9), (10), (12), and (18) and is a high deductible plan that would qualify for a health savings account pursuant to 26 U.S.C. sec. 223. A carrier may apply deductible amounts for mandatory health benefits for child supervision services or prosthetic devices pursuant to section 10-16-104 (11) and (14) if such mandatory benefits are not considered by the federal department of treasury to be preventive or to have an acceptable deductible amount.

Editor's note: This version of subparagraph (III) is effective until January 1, 2010.

(III) A basic health benefit plan may reflect a basic health benefit plan that does not include coverage pursuant to the mandatory coverage provisions of section 10-16-104 (5), (9), (10), (12), and (18) and is a high deductible plan that would qualify for a health savings account pursuant to 26 U.S.C. sec. 223. A carrier may apply deductible amounts for mandatory health benefits for child supervision services or prosthetic devices pursuant to section 10-16-104 (11) and (14) if such mandatory benefits are not considered by the federal department of treasury to be preventive or to have an acceptable deductible amount.

Editor's note: This version of subparagraph (III) is effective January 1, 2010.

(IV) On and after January 1, 2009, a basic health benefit plan may reflect a medical evidence-based health benefit plan that:

(A) Does not include coverage pursuant to the mandatory coverage provisions of section 10-16-104 (5), (9), (10), (12), and (18);

Editor's note: This version of sub-subparagraph (A) is effective until January 1, 2010.

(A) Does not include coverage pursuant to the mandatory coverage provisions of section 10-16-104 (5), (9), (10), (12), and (18); except that a basic health benefit plan issued pursuant to this subparagraph (IV) shall include coverage for mammography as specified in section 10-16-104 (18) (b) (III);

Editor's note: This version of sub-subparagraph (A) is effective January 1, 2010.

(B) Is a high deductible plan that would qualify for a health savings account pursuant to 26 U.S.C. sec. 223;

(C) Covers limited prevention and screening based on the latest medical evidence embodied in recommendations of an independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services; except that a carrier may apply deductible amounts for mandatory health

benefits for mammography, child supervision services, or prosthetic devices pursuant to section 10-16-104 (4), (11), and (14) if such mandatory benefits are not considered by the federal department of treasury to be preventive or to have an acceptable deductible amount;

Editor's note: This version of sub-subparagraph (C) is effective until January 1, 2010.

(C) Covers limited prevention and screening based on the latest medical evidence embodied in recommendations of an independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services; except that a carrier may apply deductible amounts for mandatory health benefits for mammography, child supervision services, or prosthetic devices pursuant to section 10-16-104 (11), (14), and (18) (b) (III) if such mandatory benefits are not considered by the federal department of treasury to be preventive or to have an acceptable deductible amount;

Editor's note: This version of sub-subparagraph (C) is effective January 1, 2010.

(D) Covers limited elective inpatient and surgical care;

(E) Covers limited medications used primarily for cost-effective chronic disease management;

(F) Covers maternity care.

(c) Notwithstanding any provision of law to the contrary, a small employer carrier may offer and a small employer may accept or reject coverage for employees' domestic partners and their dependents or for employees' designated beneficiaries and their dependents under a standard or basic health benefit plan.

(7.3) (a) Except as otherwise provided in this subsection (7.3), effective January 1, 1995, every small employer carrier shall, as a condition of transacting business in this state with small employers, actively offer to such small employers the choice of a basic health benefit plan or a standard health benefit plan. Effective July 1, 1997, every small employer carrier shall also offer to small employers a choice of all the other small group plans the carrier markets in Colorado; except that this requirement shall not apply to a health benefit plan offered by a carrier if such plan is made available in the small group market only through one or more bona fide association plans and except as provided in paragraph (i) of this subsection (7.3).

(b) (I) to (III) (Deleted by amendment, L. 2004, p. 981, § 5, effective August 4, 2004.)

(IV) (Deleted by amendment, L. 2001, p. 1167, § 1, effective July 1, 2001.)

(V) Notwithstanding the provisions of paragraph (a) of this subsection (7.3), no small employer carrier is required to offer coverage or accept applications pursuant to this section from business groups of one if the commissioner finds that acceptance of an application would place the small employer carrier in a financially impaired condition. In addition, a small employer carrier that has not offered coverage or accepted applications pursuant to this subparagraph (V) shall not offer coverage or accept applications until a determination by the commissioner that the small employer carrier is no longer financially impaired.

(c) (I) A small employer carrier shall issue a basic health benefit plan or a standard health benefit plan, except as provided in paragraph (i) of this subsection (7.3), to any eligible small employer

that applies for such health benefit plan and agrees to make the required premium payments and to satisfy the other reasonable provisions of the health benefit plan that are consistent with this article. A small employer carrier shall also issue any of its other small employer plans to any small employer that applies for such a plan; except that this requirement shall not apply to a business group of one where the business group of one does not meet the carrier's normal and actuarially-based underwriting criteria. The requirements of this paragraph (c) shall not apply to a health benefit plan offered by a carrier if such plan is made available in the small group market only through one or more bona fide association plans.

(II) and (III) (Deleted by amendment, L. 2004, pp. 762, 981, §§ 1, 5, effective July 1, 2004, and August 4, 2004.)

(IV) If a small employer carrier offers a health benefit plan with a deductible of at least one thousand five hundred dollars, the small employer carrier shall provide to each covered person a clear and understandable disclosure in the health benefit plan contract or materials indicating:

(A) The amount of the deductible;

(B) The policies related to copayments, deductibles, and cost-sharing arrangements.

(d) Notwithstanding the requirements of paragraph (c) of this subsection (7.3), no small employer carrier is required to offer coverage or accept applications pursuant to this section if the commissioner finds that acceptance of an application would place the small employer carrier in a financially impaired condition. In addition, a small employer carrier that has not offered coverage or accepted applications pursuant to this paragraph (d) shall not offer coverage or accept applications until a determination by the commissioner that the small employer carrier is no longer financially impaired.

(d.5) and (e) (Deleted by amendment, L. 97, p. 633, § 4, effective May 1, 1997.)

(f) Basic and standard health benefit plans offered by a small employer carrier shall be subject to the certification requirements of section 10-16-107.2.

(g) The commissioner may, at any time after providing notice and an opportunity for a hearing to a small employer carrier, disapprove the continued use by the small employer carrier of the basic health benefit plan and the standard health benefit plan on the grounds that such plans do not meet the requirements of this article.

(h) (Deleted by amendment, L. 97, p. 633, § 4, effective May 1, 1997.)

(i) In lieu of accepting applications from and guarantee issuing the basic and standard plans to business groups of one year round, small employer carriers may limit their issuance of coverage as provided in this paragraph (i). A small employer carrier may establish open enrollment periods for guarantee issued basic or standard plan applications from business groups of one for a period of thirty-one days following the birth date of the person qualifying as a business group of one. A small employer carrier may establish annual open enrollment periods for business groups of one for thirty-one days following the birth date of the applicant and may limit issuance of a basic health benefit plan and a standard health benefit plan to such thirty-one-day period. Carrier marketing and sales materials for business groups of one shall clearly disclose the open

enrollment period. If a person qualifying as a business group of one applies for coverage under a plan other than the basic or standard plan, and if the business group of one is denied coverage as provided by law, then the small employer carrier shall offer the business group of one a choice of coverage under the basic or standard plan during the applicant's appropriate open enrollment period. A small employer carrier shall accept applications from business groups of one for a basic or standard plan through the thirty-first day after the birth date of the person qualifying as a business group of one. The date upon receipt of the signed application and the applicant's birth date shall be used in determining whether the thirty-one day open enrollment applies to a particular person qualifying as a business group of one. Eligible dependents of such person may also be covered at the same time as the applicant. Small employer carriers that use open enrollment periods shall also accept applications from business groups of one and issue a basic or standard plan as provided by law if such applications are submitted within thirty-one days of any one of the following events:

(I) A person qualifying as a business group of one exhausts state or federal continuation coverage;

(II) The date a person initially meets the requirements of section 10-16-102 (6) and whose birth date is more than thirty-one days after so doing; or

(III) A person qualifying as a business group of one involuntarily loses other creditable coverage. This subparagraph (III) shall not apply in cases of failure to pay premium, fraud, or a voluntary decision on the part of such person to terminate other creditable coverage.

(7.4) (a) Except as provided in paragraph (d) of this subsection (7.4), the requirements used by a small employer carrier to determine whether to provide coverage to a small employer, including requirements for minimum participation of eligible employees and minimum employer contributions, shall be applied uniformly among all small employers with the same number of eligible employees applying for coverage or receiving coverage from the small employer carrier.

(b) A small employer carrier may vary the application of minimum participation requirements and minimum employer contribution requirements by the size of the small employer group and by product.

(c) In applying minimum participation requirements with respect to an employer, a small employer carrier shall not consider employees or dependents who have creditable group coverage or individual coverage that has been consistently maintained and that was in force prior to the individual's eligibility for group coverage under an existing group plan when determining whether the applicable percentage of participation is met. However, a small employer carrier may consider employees or dependents of such employer who have coverage under another health benefit plan that is sponsored by such small employer.

(d) A small employer carrier shall not increase any requirement for minimum employee participation or for minimum employer contribution with respect to a small employer at any time after such employer has been accepted for coverage.

(7.5) (a) Effective January 1, 2004, if a small employer carrier offers coverage to a small employer, such small employer carrier shall offer the group coverage to all of the eligible employees of the small employer and their dependents. A small employer carrier shall not offer

coverage to only certain eligible individuals in a small employer group or to only part of the group, except in the case of late enrollees as provided in section 10-16-118 (1) (c).

(b) A small employer carrier shall not modify a basic health benefit plan or a standard health benefit plan with respect to a small employer or any eligible employee or dependent through a rider, endorsement, or otherwise, if the effect of such modification is to restrict or exclude coverage for certain diseases or medical conditions that are otherwise covered by such plan.

(7.6) (a) No small employer carrier is required to accept applications from or offer coverage pursuant to paragraph (a) of subsection (7.3) of this section:

(I) To a small employer, where the employer is not physically located in the small employer carrier's established geographic service area, except as provided in section 10-16-704 (2);

(II) To an employee, when the employee does not work or reside within the small employer carrier's established geographic area; or

(III) Within an area where the small employer carrier reasonably anticipates and demonstrates to the satisfaction of the commissioner that it does not have the capacity within its established geographic service area to deliver service adequately to the members of such groups because of its obligations to existing group policyholders and enrollees.

(b) A small employer carrier that cannot offer coverage pursuant to subparagraph (III) of paragraph (a) of this subsection (7.6) may not offer coverage in the applicable area to any new employer group with more than fifty employees or to any small employer group until the later of one hundred eighty days after each such refusal or the date on which the small employer carrier notifies the commissioner that it has regained capacity to offer health benefit plans to small employer groups.

(8) (a) The premium rate charged during a rating period to small employers shall be based on a single, same index rate, applicable to all small employers, adjusted for case characteristics and coverage.

(b) (Deleted by amendment, L. 2004, p. 981, § 5, effective August 4, 2004.)

(c) (I) Small employer carriers shall apply rating factors, including case characteristics, consistently with respect to all small employers.

(II) A small employer carrier shall treat all health benefit plans issued or renewed in the same calendar month as having the same rating period.

(d) For the purposes of this subsection (8), a health benefit plan that contains a restricted network provision shall not be considered similar coverage to a health benefit plan that does not contain such a provision if the restriction of benefits to network providers results in substantial differences in claim costs.

(e) The small employer carrier shall not use case characteristics other than age, geographic area, and family size, nor shall it use any other rating factors except as provided in this subsection (8) and subsections (13) to (15) of this section.

(f) The commissioner may establish rules to implement the provisions of this subsection (8) and to assure that rating practices used by small employer carriers are consistent with the purposes of this subsection (8) and subsections (13) to (15) of this section, including rules that:

(I) Assure that differences in rates charged for health benefit plans by small employer carriers are reasonable and reflect objective differences in plan design, not including differences due to the nature of the groups assumed to select particular health benefit plans; and

(II) Prescribe the manner in which case characteristics that are consistent with section 10-16-104.9 may be used by small employer carriers.

(8.1) and (8.2) (Deleted by amendment, L. 2004, p. 981, § 5, effective August 4, 2004.)

(8.5) (a) For small group health benefit plans issued to or renewed for a small employer on or after January 1, 2009:

(I) (A) An adjustment in rates for standard industrial classification may be made but shall not be charged to the individuals under the plan;

(B) A carrier may adjust rates uniformly for all individuals under a small employer policy based on tobacco use. A small employer carrier may apply an increase or decrease of up to fifteen percent rating adjustment to particular individuals related to tobacco use. Any individual who does not qualify for a lower rate may be offered the option of participating in a bona fide wellness program as defined under the federal "Health Insurance Portability and Accountability Act of 1996", as amended. Any individual who participates in a bona fide wellness program may be allowed the lower rate. The availability of a tobacco rating adjustment and any bona fide wellness program shall be disclosed to each potential insured. The provisions of this sub-subparagraph (B) shall only be applicable if allowed under federal law.

(II) For a small employer's policy, adjustments made pursuant to sub-subparagraph (A) of subparagraph (I) of this paragraph (a) may be made but shall not result in a rate for the small employer that deviates from the carrier's filed rate by more than the amounts set forth in the following schedule:

(A) On and after September 1, 2003, until September 29, 2004, decreases more than fifteen percent from the carrier's filed rate;

(B) On and after September 30, 2004, increases more than ten percent from or decreases more than twenty-five percent from the carrier's filed rate;

(C) Repealed.

(III) Any adjustments pursuant to sub-subparagraph (A) of subparagraph (I) of this paragraph (a) shall be applied uniformly to the rates charged for all individuals under the small employer policy, and any adjustments pursuant to sub-subparagraph (B) of subparagraph (I) of this paragraph (a) may be applied to individuals within the small group;

(IV) A small employer carrier shall not increase or decrease rates based on the size of a small employer group; and

(V) A small employer carrier may make an upward adjustment to a small business group's renewal premium, not to exceed fifteen percent annually, due to standard industrial classification or tobacco use for all individuals under the small employer policy pursuant to subparagraph (I) of this paragraph (a).

(b) A small employer carrier offering a health benefit plan to a small employer pursuant to paragraph (a) of this subsection (8.5) shall be required to demonstrate to the commissioner in rate filings that premium rates are not excessive, inadequate, or unfairly discriminatory.

(c) The small employer carrier shall not use case characteristics other than age, geographic area, family size, smoking status, and standard industrial classification on that small employer carrier's health benefit plan, industry, and plan design.

(8.7) (a) The commissioner shall evaluate how subsection (8.5) of this section affects the small group market. Specifically, the commissioner shall evaluate the impact of the following:

(I) Rating flexibility based on application of rating flexibility on small business groups of one to small employers with no more than fifteen employees, as compared to the impact on small employers with sixteen or more employees;

(II) Rating flexibility on the size and stability of the small group market; and

(III) (Deleted by amendment, L. 2007, p. 1752, § 2, effective January 1, 2009.)

(IV) The number of small employer groups whose premiums are at or below the index rate and the number of small employer groups whose premiums are above the index rate.

(b) The commissioner shall submit a report of the evaluation pursuant to this subsection (8.7) to the business affairs and labor committee of the house of representatives and the business, labor, and technology committee of the senate, or their successor committees, no later than March 15, 2011. The commissioner shall consult with interested parties, including but not limited to employers and employees in the small group market, and survey the small employer carriers authorized to conduct business in Colorado. The report, to the greatest extent practicable, shall include an analysis of:

(I) The small group insurance market with trend information, availability of coverage, average cost of coverage, and number of lives covered in the small group market;

(II) Any cost-shifting that may occur because of reimbursement rates from publicly funded health coverage plans; and

(III) Any other factor affecting the growth or decline of the small group market.

(9) and (10) Repealed.

(11) (Deleted by amendment, L. 2006, p. 1075, §2, effective July 1, 2006.)

(12) In the case of an employer that was not in existence throughout the preceding calendar quarter, the determination of whether such employer is a small or large employer shall be based on the average number of employees that is reasonably expected such employer will employ on business days in the current calendar year.

(13) (a) (I) On and after January 1, 2004, a small employer may be subject to premium adjustments for health status up to thirty-five percent above the modified community rate for a period no greater than twelve months if the small employer has, at any time during the past twelve months, purchased health benefit coverage as a small employer that is either self-funded or insured through a health benefit plan that is not a small group plan, except for health benefit plans sponsored by an employee leasing company, as defined in section 8-70-114 (2) (a) (V), C.R.S., pursuant to sub-subparagraphs (D) to (F) of this subparagraph (I). The provisions of this subparagraph (I) shall not apply to:

(A) A small employer that has not previously sponsored a health benefit plan for its employees;

(B) A self-employed person who has not previously qualified as a business group of one;

(C) A small employer that meets the criteria of paragraph (b) of this subsection (13);

(D) A small employer that had previously participated in a health benefit plan through an employee leasing company, as defined in section 8-70-114 (2) (a) (V), C.R.S., if the small employer's coverage through the employee leasing company was subject to the small group laws;

(E) A small employer that had previously participated in a health benefit plan sponsored by an employee leasing company, as defined in section 8-70-114 (2) (a) (V), C.R.S., and the small employer is no longer a party to an employee leasing company;

(F) A small employer that is currently using the services of an employee leasing company, as defined in section 8-70-114 (2) (a) (V), C.R.S., that does not offer a health benefit plan as part of its employee leasing services or, because of an action by an insurer, has ceased offering a health benefit plan to employees assigned to client locations pursuant to an employee leasing contract; or

(G) A small employer that, due to a change in employment status within the state or a change in corporate structure motivated by a change in business purpose that is unrelated to health care, is no longer eligible to participate in a multiple employer welfare arrangement, and that, currently or immediately prior to seeking coverage in the small group market, participates or participated in a multiple employer welfare arrangement pursuant to part 9 of this article and that is fully insured by a licensed insurer as defined by section 10-16-901 (2).

(II) For the purposes of determining whether the small employer is eligible for the premium adjustment, the carrier may require that the small employer submit either of the following:

(A) Evidence of the most recent health benefit coverage; or

(B) In the circumstances in which the small employer does not currently sponsor a small group plan, a signed affidavit confirming that the small employer has never sponsored a group policy at any time during the past twelve months prior to applying for small group coverage, and acknowledging that failure to report such previous group coverage may result in the application of a premium adjustment for health status of up to thirty-five percent above the modified community rate for a small employer carrier.

(b) A small employer who had purchased health benefit coverage from a small employer carrier and who discontinued health benefit coverage as a small employer prior to January 1, 2004, may obtain health benefit coverage from a small employer carrier without being subject to premium adjustments for health status prior to July 1, 2004.

(c) Small employer carriers may offer small group policies that include a premium discount not to exceed ten percent for those individuals that have refrained from smoking for more than twelve consecutive months prior to the effective date or renewal of the small group nonsmoker policy. Such nonsmoker discounts shall be for the subsequent policy year period. Proof of nonsmoking status may be requested by the carrier when the policy is issued or renewed.

(d) The premium adjustment for health status allowed pursuant to this subsection (13) shall only be used for the calculation of premium amounts and shall not be used by a small employer carrier as a basis of acceptance or rejection of health benefit coverage for a small employer. The premium adjustment for health status shall not apply to a group of more than fifty employees that subsequently becomes subject to small group coverage if such group has had no lapse of coverage greater than ninety days.

(14) (a) A small employer group whose small group insurance has been discontinued because of nonpayment of premiums or fraud may be subject to premium adjustments for health status of no more than thirty-five percent above the modified community rate for a small employer carrier when the small business group reapplies for coverage in the small group market. A small employer carrier may require the increased premium to apply to the small business group for a period no greater than twelve months.

(b) The premium adjustment for health status allowed pursuant to this subsection (14) shall only be used for the calculation of premium amounts and shall not be used by a small employer carrier as a basis of acceptance or rejection of health benefit coverage for a business group of one.

(15) On and after January 1, 2004, small employer groups who have not previously sponsored health benefit coverage shall not be subject to premium adjustments for health status pursuant to subsection (13) of this section.

(16) (a) The commissioner shall appoint a benefit design advisory committee to provide recommendations on the development of the medical evidence-based health benefit plan described in subparagraph (IV) of paragraph (b) of subsection (7.2) of this section. The advisory committee shall consist of actuaries; for-profit and nonprofit health insurers; health insurance brokers; health care consumers; representatives of health care providers; health care professionals; small business owners, including owners of business groups of one; and persons having expertise in health care finance, policy, and evidence-based medicine. The commissioner shall appoint the members of the advisory committee by July 1, 2006.

(b) The division may accept gifts, grants, and donations made for the purpose of funding the functions of the benefit design advisory committee. Members of the advisory committee shall serve without compensation and shall not be reimbursed for expenses incurred while serving on the advisory committee.

(c) This subsection (16) is repealed, effective July 1, 2011. Prior to such repeal, the advisory

committee shall be reviewed pursuant to section 2-3-1203, C.R.S.

10-16-107. Rate regulation - rules - approval of policy forms - benefit certificates - evidences of coverage - benefits ratio - disclosures on treatment of intractable pain.

(1) Rates for any sickness, accident, or health insurance policy, contract, certificate, or other evidence of coverage issued or delivered to any policyholder, enrollee, subscriber, or member in Colorado, by an insurer subject to the provisions of part 2 of this article or an entity subject to the provisions of part 3 or 4 of this article shall not be excessive, inadequate, or unfairly discriminatory. To assure compliance with the requirements of this section that rates are not excessive in relation to benefits, the commissioner shall promulgate rules to require rate filings and, as part thereof, may require the submission of adequate documentation and supporting information including actuarial opinions or certifications and set expected benefits ratios. Expected rate increases shall be submitted to the commissioner at least sixty days prior to the proposed implementation of the rates. If the commissioner does not approve or disapprove the rate filings within a sixty-day period, the carrier may implement and reasonably rely upon the rates on the condition that the commissioner may require correction of any deficiencies in the rate filing upon later review if the rate charged is excessive, inadequate, or unfairly discriminatory. A prospective rate adjustment shall be the sole remedy for rate deficiencies pursuant to this subsection (1). If the commissioner finds deficiencies in the rate filing after a sixty-day period, the commissioner shall provide notice to the carrier and the carrier shall correct the rate on a prospective basis. Expected rate filing increases filed with the commissioner on or after June 5, 2008, may be reviewed by the commissioner and shall be disapproved and resubmitted for approval if any of the provisions of subsection (1.6) of this section apply. Rate filings that do not involve a requested rate increase, or a requested rate increase of less than five percent for dental insurance, shall not require preapproval and may be implemented upon filing with the commissioner. The filing requirements of this subsection (1) shall not apply to nondeveloped rates, including, but not limited to, rates for medicaid, medicare, and the children's basic health plan, as defined by the commissioner. Failure to supply the information required by this section will render the filing incomplete. The commissioner shall make a determination of completeness no later than thirty days following submission of the filing for review. All filings not returned on or before the thirtieth day after receipt will be considered complete. Filings may be reviewed for substantive content, and if reviewed, any deficiency shall be identified and communicated to the filing carrier on or before the forty-fifth day after receipt. Correction of any deficiency, including deficiencies identified after the forty-fifth day, shall be on a prospective basis, and no penalty shall be applied for a violation identified that was not willful. Rate filings for insurance regulated under parts 1 to 4 of this article shall be filed electronically in a format made available by the division, unless exempted by rule for an emergency situation as determined by the commissioner. A rate filing summary for insurance regulated under parts 1 to 4 of this article shall be posted on the division's internet site in order to provide notice to the public. Nothing in this section shall be construed to limit the right of the public to inspect a rate filing and any supporting information pursuant to part 2 of article 72 of title 24, C.R.S., nor to impair the commissioner's ability to review rates and determine that the rates are not excessive, inadequate, or unfairly discriminatory.

(1.5) Rates for an individual sickness, accident, or health insurance policy, contract, certificate, or other evidence of coverage issued or delivered to any policyholder, enrollee, subscriber, or member in Colorado by an insurer subject to the provisions of part 2 of this article or an entity subject to the provisions of part 3 or 4 of this article shall not be excessive, inadequate, or unfairly discriminatory to assure compliance with the requirements of this section that rates are not excessive in relation to benefits. Rates are excessive if they are likely to produce a long run profit that is unreasonably high for the insurance provided or if expenses are unreasonably high in relation to services rendered. In determining if rates are excessive, the commissioner may consider the expected filed rates in relation to the actual rates charged. Concerning inadequacy, rates are not inadequate unless clearly insufficient to sustain projected losses and expenses, or the use of such rates, if continued, will tend to create a monopoly in the market. Concerning unfair discrimination, unfair discrimination exists if, after allowing for practical limitations, price differentials fail to reflect equitably the differences in expected losses and expenses.

(1.6) (a) The commissioner shall disapprove the requested rate increase if any of the following apply:

(I) The benefits provided are not reasonable in relation to the premiums charged;

(II) The requested rate increase contains a provision or provisions that are excessive, inadequate, unfairly discriminatory, or otherwise do not comply with the provisions of this title;

(III) The requested rate increase is excessive or inadequate. In determining if the rate is excessive or inadequate, the commissioner may consider profits, dividends, annual rate reports, annual financial statements, subrogation funds credited, investment income or losses, unearned premium reserve and reserve for losses, surpluses, executive salaries, expected benefits ratios, any factors in section 10-16-111, and any other appropriate actuarial factors as determined by current actuarial standards of practice.

(IV) The actuarial reasons and data based upon Colorado claims experience and data, when available, do not justify the necessity for the requested rate increase; or

(V) The rate filing is incomplete.

(b) In determining whether to approve or disapprove a rate filing, the commissioner may consider, but shall not be limited to consideration of, the expected benefits ratio for a health benefit plan or any other cost category determined appropriate by the commissioner. The achievement of a benefits ratio of eighty-five percent or higher for large group insurance, eighty percent for small group insurance, and sixty-five percent for individual insurance by a carrier may expedite the review of the approval process for a carrier who meets the benefits ratio pursuant to this paragraph (b).

(1.7) (Deleted by amendment, L. 2008, p. 2251, §6, effective July 1, 2008.)

(2) No policy of sickness and accident insurance or subscription certificate or membership certificate or other evidence of health care coverage shall be delivered or issued for delivery in this state, nor shall any endorsement, rider, or application that becomes a part of any such policy, contract, or evidence of coverage be used, until the insurer has filed a certification with the commissioner that such policy, endorsement, rider, or application conforms, to the best of the

insurer's good faith knowledge and belief, to Colorado law pursuant to section 10-16-107.2 and copies of the rates and the classification of risks or subscribers pertaining thereto are filed with the commissioner.

(3) (a) (Deleted by amendment, L. 92, p. 1744, § 4, effective January 1, 1993.)

(b) An evidence of coverage shall contain:

(I) No provisions or statements which are unjust, unfair, inequitable, misleading, or deceptive, which encourage misrepresentation, or which are untrue, misleading, or deceptive as defined in section 10-16-413 (1); and

(II) A clear and complete statement, if a contract, or a reasonably complete summary, if a certificate, of:

(A) The health care services and the insurance or other benefits, if any, to which the enrollee is entitled under the health care plan, including the ability to obtain a second opinion for proposed treatment by the health care provider, if the health benefit plan provides such coverage;

(B) Any limitations on the services, kind of services, benefits, or kind of benefits, to be provided, including any deductible or copayment feature;

(C) Where and in what manner information is available as to how services may be obtained;

(D) The total amount of payment for health care services and the indemnity or service benefits, if any, which the enrollee is obligated to pay with respect to individual contracts, or an indication whether the plan is contributory or noncontributory with respect to group certificates;

(E) A clear and understandable description of the health maintenance organization's method for resolving enrollee complaints.

(c) Any subsequent change may be evidenced in a separate document issued to the enrollee.

(d) A copy of the form of the evidence of coverage to be used in this state, and any amendment thereto, shall be subject to the filing and approval requirements of section 10-16-107.2 unless it is subject to the jurisdiction of the commissioner under the laws governing health insurance or nonprofit hospital, medical-surgical, and health service corporations in which event the filing and approval provisions of subsection (2) of this section shall apply. To the extent, however, that such provisions do not apply, the requirements in paragraph (b) of this subsection (3) shall be applicable.

(e) (Deleted by amendment, L. 2008, p. 2251, § 6, effective July 1, 2008.)

(f) (Deleted by amendment, L. 92, p. 1744, § 4, effective January 1, 1993.)

(g) The commissioner may require the submission of whatever relevant information the commissioner deems necessary in determining whether to approve or disapprove a filing made pursuant to this section.

(4) (a) For prepaid dental care plans no enrollee coverage or amendment, advertising matter, or sales material shall be issued or delivered to any person in this state until a copy of the form of

the enrollee coverage or amendment, advertising matter, or sales material has been filed with the commissioner.

(b) The enrollee coverage shall contain a clear and complete statement of a contract, or a reasonably complete summary if a certificate of contract, of:

(I) The prepaid dental care services to which the enrollee is entitled under the prepaid dental care plan;

(II) Any limitations of the services, kind of services, or benefits to be provided, including any deductible or copayment feature;

(III) Where and in what manner information is available as to how services may be obtained;

(IV) The enrollee's obligation respecting charges for the prepaid dental care plan.

(c) The enrollee coverage, advertising matter, and sales material shall contain no provisions or statements which are unjust, unfair, inequitable, misleading, or deceptive or which encourage misrepresentation or which are untrue or misleading.

(d) The commissioner shall approve any form of enrollee coverage if the requirements of paragraphs (b) and (c) of this subsection (4) are met and the prepaid dental care plan is able in the judgment of the commissioner to meet its financial obligations under the enrollee coverage. It is unlawful to issue such form until approved. If the commissioner does not disapprove any such form within thirty days after the filing, it shall be deemed approved. If the commissioner disapproves a form of enrollee coverage, advertising matter, or sales material, the commissioner shall notify the prepaid dental care plan organization, specifying the reasons for disapproval. The commissioner shall grant a hearing on such disapproval within fifteen days after a request in writing is received from the prepaid dental care plan organization.

(5) Effective January 31, 1997, a managed care plan that provides coverage for reproductive health or gynecological care shall not be issued or renewed unless such plan either:

(a) Provides a woman covered by the plan direct access to an obstetrician, gynecologist, or an advanced practice nurse who is a certified nurse midwife pursuant to section 12-38-111.5, C.R.S., participating and available under the plan for her reproductive health care or gynecological care; or

(b) (I) Subject to rules promulgated by the commissioner, has procedures in place that ensure that, if a woman covered by the plan requests a timely referral to an obstetrician, gynecologist, or an advanced practice nurse who is a certified nurse midwife pursuant to section 12-38-111.5, C.R.S., participating and available under the plan for her reproductive health and gynecological care, the request for referral shall not be unreasonably withheld. Such rules shall include, but need not be limited to, the following issues:

(A) What constitutes a timely referral;

(B) Circumstances, practices, policies, contract provisions, or actions that constitute an undue or unreasonable interference with the ability of a woman to secure a referral or reauthorization for continuing care;

(C) The process for issuing a denial of a request, including the means by which a woman may obtain such a denial and the reasons therefor in writing;

(D) Actions that constitute improper penalties imposed upon primary providers as a result of referrals made pursuant to this subsection (5); and

(E) Such other issues the commissioner deems necessary.

(II) In developing rules pursuant to this subsection (5), the commissioner shall consult with providers, including, but not limited to, family care physicians, representatives of health plans, and other appropriate persons and may conduct such surveys and analyses as may be necessary to develop the regulation.

(5.5) (a) No health coverage plan or managed care plan that provides coverage for eye care services shall be issued or renewed after January 1, 2001, by any entity subject to part 2, 3, or 4 of this article unless such health coverage plan or managed care plan:

(I) Provides a covered person direct access to any eye care provider participating and available under the plan or through its eye care services intermediary for eye care services;

(II) Ensures that all eye care providers on a health coverage plan or managed care plan are annually included on any publicly accessible list of participating providers for the health coverage plan or managed care plan; and

(III) Allows each eye care provider on a health coverage plan or managed care plan panel to furnish covered eye care services to covered persons without discrimination between classes of eye care providers and to provide such services as permitted by their license.

(b) A health coverage plan or managed care plan shall not:

(I) Impose a deductible or coinsurance for eye care services that is greater than the deductible or coinsurance imposed for other medical services under the health coverage plan or managed care plan;

(II) Require an eye care provider to hold hospital privileges as a condition of participation as a provider under the health coverage plan or managed care plan, unless an eye care provider is licensed pursuant to article 36 of title 12, C.R.S.; or

(III) Impose penalties upon primary care providers as a result of the direct access provisions of this subsection (5.5).

(c) Nothing in this subsection (5.5) shall be construed as:

(I) Creating coverage for any health care service that is not otherwise covered under the terms of the health coverage plan or managed care plan;

(II) Requiring a health coverage plan or managed care plan to include as a participating provider every willing provider or health professional who meets the terms and conditions of the health coverage plan or managed care plan;

(III) Preventing a covered person from seeking eye care services from the covered person's primary care provider in accordance with the terms of the covered person's health coverage plan or managed care plan;

(IV) Increasing or decreasing the scope of the practice of optometry as defined in section 12-40-102, C.R.S.;

(V) Requiring eye care services to be provided in a hospital or similar medical facility; or

(VI) Prohibiting a health coverage plan or managed care plan from requiring a covered person to receive a referral or prior authorization from a primary care provider for any subsequent surgical procedures.

(d) As used in this subsection (5.5), unless the context otherwise requires:

(I) "Eye care provider" means a participating provider who is an optometrist licensed to practice optometry pursuant to article 40 of title 12, C.R.S., or an ophthalmologist licensed to practice medicine pursuant to article 36 of title 12, C.R.S.

(II) "Eye care services" means those health care services related to the examination, diagnosis, treatment, and management of conditions and diseases of the eye and related structures that a managed care plan is obligated to pay, reimburse, arrange, or provide for covered persons or organizations as specified by a health coverage plan or managed care plan, excluding those health care services rendered in conjunction with a routine vision examination or the filling of prescriptions for corrective eyewear.

(6) A carrier offering a group health benefit plan may not require any individual (as a condition of enrollment or continued enrollment under the plan) to pay a premium or contribution that is greater than such premium or contribution for a similarly situated individual enrolled in the plan on the basis of any health status-related factor in relation to the individual or to an individual enrolled under the plan as a dependent of the individual. This prohibition shall not be construed to restrict the amount that an employer may be charged for coverage under a group health benefit plan or to prevent a carrier from establishing premium discounts or rebates or modifying otherwise applicable copayments, coinsurance, or deductibles in return for adherence to programs of health promotion and disease prevention if otherwise allowed by state or federal law or for participation in a wellness and prevention program pursuant to section 10-16-136.

(7) (a) A service or indemnity contract issued or renewed on or after January 1, 1998, by any entity subject to part 2, 3, or 4 of this article shall disclose in the contract and in information on coverage presented to consumers whether the health coverage plan or managed care plan provides coverage for treatment of intractable pain. If the contract is silent on coverage of intractable pain, then the contract shall be presumed to offer coverage for the treatment of intractable pain. If the contract is silent or if the plan specifically includes coverage for the treatment of intractable pain, the plan shall provide access to such treatment for any individual covered by the plan either:

(I) By a primary care physician with demonstrated interest and documented experience in pain management whose practice includes up-to-date pain treatment;

(II) By providing direct access to a pain management specialist located within this state and participating in and available under the plan; or

(III) By having procedures in place that ensure that, if the individual requests a timely referral for intractable pain management to a pain management specialist participating in and available under the plan, the request for referral shall not be unreasonably denied by the plan. The commissioner shall promulgate rules pursuant to this subparagraph (III) that include, but need not be limited to, the following issues:

(A) What constitutes a timely referral;

(B) Circumstances, practices, policies, contract provisions, or actions that constitute an undue or unreasonable interference with the ability of an individual to secure a referral or reauthorization for continuing care;

(C) The process for issuing a denial of a request, including the means by which an individual may receive notice of a denial and the reasons therefor in writing;

(D) Actions that constitute improper penalties imposed upon primary care physicians as a result of referrals made pursuant to this subsection (7); and

(E) Such other issues as the commissioner deems necessary.

(b) For purposes of this subsection (7), "intractable pain" means a pain state in which the cause of the pain cannot be removed and which in the generally accepted course of medical practice no relief or cure of the cause of the pain is possible or none has been found after reasonable efforts including, but not limited to, evaluation by the attending physician and one or more physicians specializing in the treatment of the area, system, or organ of the body perceived as the source of the pain.

(8) On and after January 1, 2005, a carrier shall not refuse to issue or renew a health benefit plan to an individual based solely on the individual's prior donation of a kidney.

DEPARTMENT OF REGULATORY AGENCIES

Division of Insurance

3 CCR 702-4

LIFE, ACCIDENT AND HEALTH

Amended Regulation 4-2-11

RATE FILING SUBMISSIONS FOR HEALTH INSURANCE

Section 1 Authority

This regulation is promulgated pursuant to the authority of §§ 10-1-109, 10-3-1110, 10-16-107(1), 10-16-107(1.5), 10-16-109, and 10-18-105(2), C.R.S.

Section 2 Scope and Purpose

The purpose of this regulation is to ensure that health insurance rates are not excessive, inadequate or unfairly discriminatory, by establishing the requirements for rate filings.

Section 3 Applicability

This regulation applies to all companies, as defined in Section 4D, operating in the State of Colorado. This regulation concerns all health insurance rate filings, including, but not limited to, comprehensive health insurance, long-term care, supplemental health, limited benefit health, prepaid dental, limited service licensed provider networks, disability, Medicare supplement, Health Maintenance Organization (HMO) coverages and stop loss carriers for employers with self insured health plans.

Section 4 Definitions

A. “Administrative ratio” means, for purposes of this regulation, the ratio of actual total administrative expenses, not including dividends, to the value of the actual earned premiums, not reduced by dividends, over the specified period, which is typically a calendar year.

B. “Benefits ratio” means, for purposes of this regulation, the ratio of policy benefits, not including dividends, to the value of the earned premiums, not reduced by dividends, over the entire period for which rates are computed to provide coverage. Note: active life reserves do not represent claim payments, but provide for timing differences. Benefits ratio calculations must be displayed without the inclusion of active life reserves.

C. “Company” means, for purposes of this regulation, a carrier as defined in § 10-16-102(8), C.R.S., and includes, but is not limited to, licensed property and casualty insurance companies; licensed life and health insurance companies; non-profit hospital, medical-surgical, and health service corporations; HMOs; prepaid dental companies; and limited service licensed provider networks.

D. “Dividends” means, for purposes of this regulation, both policyholder and stockholder dividends.

E. “Effective date” means, for purposes of this regulation, the date that the filed or approved rates can be charged to an individual or group.

F. “Excessive rates” means, for purposes of this regulation, rates that are likely to produce a long run profit that is unreasonably high for the insurance provided or if the rates include a provision for expenses that is unreasonably high in relation to the services rendered.

G. “File and use” is a filing procedure that requires rates and rating data to be filed with the Division of Insurance concurrent with or prior to distribution, release to producers, collection of premium, advertising, or any other use of the rates. Under no circumstance shall the carrier provide insurance coverage under the rates for until after the proposed effective date. Carriers may bill members, but not require the member remit the premium prior to the effective date of the rate change.

H. “Filing date” means, for purposes of this regulation, the date that the rate filing is received at the Division of Insurance.

I. “Inadequate rates” means, for purposes of this regulation, rates that are clearly insufficient to sustain projected losses and expenses, or if the use of such rates, if continued, will tend to create a monopoly in the marketplace.

J. “Indemnity benefits” means, for the purpose of the twenty percent (20%) limitation imposed on HMOs, the following benefits: out-of-area services, supplemental benefits (such as vision and dental provided on a non-contractual fee-for-service basis) and point-of-service benefits. It does not include any benefits provided by an HMO for which there exists a hold harmless agreement between the providers and the HMO.

K. “Lifetime loss ratio”:

1. “Lifetime loss ratio,” for purposes of this regulation, is equal to:

    a. The sum of the accumulated value of policy benefits from the inception of the policy form(s) to the end of the experience period and the present value of expected policy benefits over the entire future period for which the proposed rates are expected to provide coverage; divided by:

    b. The sum of the accumulated value of earned premiums from the inception of the policy form(s) to the end of the experience period and the present value of expected earned premium over the entire future period for which the proposed rates are expected to provide coverage.

2. The lifetime loss ratio should be calculated on an incurred basis as the ratio of accumulated and expected future incurred losses to accumulated and expected future earned premiums. Note: active life reserves do not represent claim payments, but provide for timing differences. Benefit or loss ratio calculations must be displayed without the inclusion of active life reserves.

3. An appropriate rate of interest should be used in calculating the accumulated values and the present values of incurred losses and earned premiums.

4. Any policy form or forms for which the anticipated loss ratio in any policy duration is expected to differ more than 10% from the lifetime loss ratio shall be assumed to have been priced on a "lifetime loss ratio standard", for purposes of this regulation.

L. "Non-developed rates" are rates that are not developed primarily from statistics, experience data or studies but are established by agreement with a governmental entity through a bidding process or by some other means and include, but are not limited to: rates for Medicare, Title XVIII of the federal "Social Security Act;" Medicaid, Title XIX of the federal "Social Security Act;" and the State Children's Health Insurance Program (SCHIP), Title XXI of the federal "Social Security Act."

M. "On-rate-level premium" is the premium that would have been generated if the present rates had been in effect during the entire period under consideration.

N. "Pod" means any subdivision or subgrouping of a network, if arrangements between the plan and participating providers or the policy itself have specific incentives for the use of providers and services within the subdivision or subgrouping of the network.

O. "Premium" means, for purposes of this regulation, the amount of money paid by the insured member, subscriber, or policyholder as a condition of receiving health care coverage. The premium paid normally reflects such factors as the carrier's expectation of the insured's future claim costs and the insured's share of the carrier's claims settlement, operational and administrative expenses, and the carrier's cost of capital. This amount is net of any adjustments, discounts, allowances or other inducements permitted by the health care coverage contract.

P. "Prior approval" is a filing procedure that requires a rate change to be affirmatively approved by the Commissioner prior to distribution, release to agents, collections of premium, advertising, or any other use of the rate. Under no circumstances shall the carrier provide insurance coverage under the rates until after the proposed effective date specified in the rate filing. Carriers may bill members but not require the member remit premium prior to the effective date of the rate change.

Q. "Qualified actuary" is a person who meets the qualifications in Colorado Insurance Regulation 1-1-1.

R. "Rate" means, for purposes of this regulation, the amount of money a carrier charges as a condition of providing health care coverage. The rate charged normally reflects such factors as the carrier's expectation of the insured's future claim costs, and the insured's share of the carrier's claim settlement, operational and administrative expenses, and cost of capital. This amount is net of any adjustments, discounts, allowances or other inducements permitted by the health care coverage contract.

S. "Rate filing," for purposes of this regulation, is a filing that contains all of the items required in this regulation and Bulletin B-4.18 entitled "Requirements for the Filing of Rate and Forms for Life, Accident and Health Carriers;" and

1. For individual products, the proposed base rates and all rating factors, the underlying rating assumptions, and support for changes in these rates, factors and assumptions; and;

2. For group products, the underlying rating factors and assumptions, and support for changes in these factors and assumptions.

T. "Rate increase" shall have the same meaning as defined in § 10-16-102(36.5), C.R.S., and includes an increase in any current rate or factor used to calculate premium rates for new or existing policyholders or certificateholders.

U. "Retention" means, for the purposes of this regulation, the percentage of total premium determined by either 100% minus the percentage of total premium anticipated to be paid for policyholder benefits or 100% minus the anticipated loss ratio (or 100% minus the lifetime loss ratio, for products priced on a lifetime loss ratio standard).

V. "Targeted" or "anticipated loss ratio" shall have the same meaning as defined in § 10-16-102(43.7), C.R.S. Note: active life reserves do not represent claim payments, but provide for timing differences. Targeted loss ratio calculations must be displayed without the inclusion of active life reserves.

W. "Trend" or "trending" means any procedure for projecting losses to the average date of loss, or of projecting premium or exposures to the average date of writing.

X. "Unfairly discriminatory rates" means, for purposes of this regulation, charging different rates for the same benefits provided to individuals, or groups, with like expectations of loss; or if after allowing for practical limitations, differences in rates fail to reflect equitably the differences in expected losses and expenses. For individual policies, rates which differ for new and renewal policies are not necessarily considered unfairly discriminatory. In addition, a rate is not unfairly discriminatory solely if different premiums result for policyholders with like loss exposures but different expenses, or like expenses but different loss exposures, so long as the rate reflects the differences with reasonable accuracy.

Y. "Use of the rates" means, for purposes of this regulation, any use of the rates or factors including collection of premiums, distribution to agents, disclosure or premium quotes to parties outside the company, advertising, or any other use of the rates or factors.

Section 5 General Rate Filing Requirements

All rate filings shall be submitted electronically by licensed entities. Failure to supply the information required in Sections 5, 6 and 7 of this regulation will render the filing incomplete. Incomplete filings are not reviewed for substantive content. All filings that are not returned or disapproved on or before the 30th calendar day after receipt will be considered complete. Filings may be reviewed for substantive content, and if reviewed, any deficiency will be identified and communicated to the filing company on or before the 45th calendar day after receipt. Correction of any deficiency, including deficiencies identified after the 45th calendar day, will be required on a prospective basis, and no penalty will be applied for a non-willful violation identified in this manner. Nothing in this regulation shall render a rate filing subject to prior approval by the Commissioner that is not otherwise subject to prior approval as provided by statute.

A. General Requirements

1. Prior Approval: Any proposed rate increase for other than dental insurance or a rate increase of 5% or more annually for dental insurance, which is effective on or after January 1, 2009, is subject to prior approval by the Commissioner and must be filed with the Division of Insurance at least 60 calendar days prior to the proposed implementation or use of the rates. If the Commissioner approves the rate filing within 60 calendar days after the filing date, the carrier may use the rates immediately upon approval, but only in communications or advertisements to agents or to other parties outside the company. Under no circumstances shall the carrier provide insurance coverage under the rates until after the proposed effective date specified in the rate filing. Carriers may bill members but not require the member remit premium prior to the effective date of the rate change. If the Commissioner does not approve or disapprove the rate filing within 60 calendar

days after the filing date, the carrier may implement and make use of the rates. Corrections of any deficiency identified after the 60th calendar day will be required on a prospective basis and no penalty will be applied for a non-willful violation identified in this manner if the rates are determined to be excessive, inadequate or unfairly discriminatory. Rates for Medicare supplement insurance are subject to prior approval as specified in Colorado Insurance Regulation 4-3-1, but are not subject to the 60 day filing requirement of this paragraph. All filings must be filed with the Rates and Forms Section of the Division of Insurance. The Commissioner shall disapprove the rate filing if any of the following apply:

a. The benefits provided are not reasonable in relation to the premiums charged;

b. The rate filing contains rates that are excessive, inadequate, unfairly discriminatory, or otherwise does not comply with the provisions of Sections 5, 6 and 7 of this regulation. In determining if the rate is excessive or inadequate, the Commissioner may consider profits, dividends, annual financial statements, subrogation funds credited, investment income or losses, unearned premium reserve, reserve for losses, surpluses, executive salaries, expected benefits ratios, and any other appropriate actuarial factors as determined by accepted actuarial standards of practice;

c. The actuarial reasons and data do not justify the requested rate increase; or

d. The rate filing is incomplete.

2. File and Use: Any rate filing not specified in Paragraph 1 of this subsection is classified as file and use. If a rate change has been implemented or used without being filed with the Division of Insurance, corrective actions may be ordered, including fines, refunds to policyholders, and/or rate credits. Under no circumstance shall the carrier provide insurance coverage under the rates for until after the proposed effective date. Carriers may bill members, but not require the member remit the premium prior to the effective date of the rate change. All filings must be filed with the Rates and Forms Section of the Division of Insurance.

3. Non-Developed Rates: Non-developed rates are not subject to the filing requirements of Sections 5, 6 and 7 of this regulation.

4. Required Submissions:

a. All companies must submit rate filings whenever the rates charged new or renewal policyholders or certificateholders differ from the rates on file with the Division of Insurance. Included in this requirement are changes due to periodic recalculation of experience, change in rate calculation methodology, or change(s) in the trend or other rating assumptions.

b. All companies must submit a rate filing on at least an annual basis to support the continued use of rating variables which change on a predetermined basis, such as trend, durational factors, or the Index Rate for small group business, for continued appropriateness. These rate filings must contain detailed support as to why the assumptions continue to be appropriate.

c. All companies must submit a rate filing when the rates are changed on an existing product even though the rate change only pertains to new business. For example: Non-renewable short term disability or any other type of non-

renewable product. The rate filing must be compliant with this regulation including providing overall experience data for this existing product.

d. All companies must submit a rate filing within 60 calendar days after Commissioner approval of the assumption, acquisition of a block of business. This rate filing should provide detailed support for the rating factors the assuming or acquiring company proposes to use, even if the rating factors are not changing. The new filing must demonstrate that the rating assumptions continue to be appropriate.

e. A separate rate filing is required for each major line of business. Rate filings should not be combined with form filings. Each type requires a separate filing.

5. Withdrawn, Returned, or Disapproved Filings: Filings that have either been withdrawn by the filer, returned by the Division of Insurance as incomplete or disapproved as unjustified, and subsequently are resubmitted, will be considered as new filings. If a filing is withdrawn, returned, or disapproved, the rates may not be used or distributed. Nothing in this regulation shall render a rate filing subject to prior approval by the Commissioner that is not otherwise subject to prior approval as provided by statute.

6. Submission of rate filings: All health, sickness and accident insurance (Title 10, Article 16), health care coverage (Title 10, Article 16), Medicare supplement insurance (Title 10, Article 18), long-term care insurance (Title 10, Article 19) and health excess/stop loss insurance (Title 10, Article 16) rate filings must be filed electronically in a format made available by the Division of Insurance, unless exempted by rule for an emergency situation as determined by the Commissioner. If the company fails to comply with these requirements, the company will be notified that the filing has been returned as incomplete. If a filing is returned due to lack of completeness, the rates may not be used or distributed.

7. Company Specific: A separate filing must be submitted for each company. A single filing, which is made for more than one company or for a group of companies, is not permitted. This applies even if a product is comprised of components from more than one company, such as an HMO/indemnity point-of-service plan.

8. Required Inclusions: The level of detail and the degree of consistency incorporated in the experience records of the company are vital factors in the presentation and review of rate filings. Every rate filing shall be accompanied by sufficient information to support the reasonableness of the rate. Valid company experience should be used whenever possible. This information may include the company's experience and judgment; the experience or data of other companies or organizations relied on by the company; the interpretation of any statistical data relied on by the company; descriptions of methods used in making the rates; and any other similar information. In addition, the Commissioner may request additional information necessary to adequately support the rate change request.

9. Confidentiality: All rate filings submitted shall be considered public and shall be open to inspection by the public, unless the information may be considered confidential pursuant to § 24-72-204, C.R.S. If the carrier desires confidential treatment of any information submitted as required in this regulation, a "Confidentiality Index" must be completed. Please see the bulletin entitled, "Guidelines for Rate, Rule, Loss Cost and Form Filings Containing Confidential Information." This bulletin can be found on the Division of Insurance's website, www.dora.state.co.us/insurance. The Division will evaluate the reasonableness of any request for confidentiality and will provide notice to the carrier if the request for confidentiality is rejected. It should be noted that HMOs are not afforded

automatic confidential treatment of any rate filings and must also complete a Confidentiality Index.

B. Required Forms and Actuarial Certification

1. Required Forms: A Form HR-1 must be completed for each rate filing. Only one Form HR-1 is allowed to be submitted in a rate filing. This form is available in Division of Insurance Bulletin B-4.18 entitled "Requirements for the Filing of Rate and Forms for Life, Accident and Health Carriers." This bulletin can be found on the Division of Insurance's website, www.dora.state.co.us/insurance.

2. Actuarial Certification: A signed and dated statement by a qualified actuary, which attests that, in the actuary's opinion, the rates are not excessive, inadequate or unfairly discriminatory. (The requirements for the actuarial certification for Medicare supplement rate filings can be found in Section 14(H) of Colorado Insurance Regulation 4-3-1. The requirements for the actuarial certification for certain long-term care rate filings can be found in Sections 10B and 18B of Colorado Insurance Regulation 4-4-1.

Section 6 Actuarial Memorandum

The rate filing must contain an actuarial memorandum, either signed by, or prepared under the supervision of, a qualified actuary, containing, at a minimum, the following sections in the designated order shown below:

A. Summary: A brief written summary of the filing including, but not limited to, the following:

1. Reason(s) for the rate filing;

2. Marketing method(s);

3. Premium classification;

4. Product descriptions;

5. A listing of all policy/rider forms impacted (for standardized Medicare supplement, also identify plans); and

6. A statement as to whether the premiums will be charged on an issue age, attained age, renewal age or other basis.

B. Assumption, Acquisition or Merger: The memorandum must state whether or not the products included in the rate filing were part of an assumption, acquisition or merger of policies from/with another company. If so, then the memorandum must include the full name of the company/companies) from which the policies were assumed, acquired or merged, and the closing date of assumption, acquisition or merger.

C. Rating Period: The memorandum must identify the period for which the rates will be effective. At a minimum, the proposed effective date of the rates must be provided. If the length of the rating period is not clearly identified, it will be assumed to be for twelve months, starting from the proposed effective date.

D. Underwriting: The memorandum must include a brief description of the extent to which this product will be underwritten, if a new product, or the changes, if any, to the underwriting standards, if an existing product. The memorandum should include the expected impact on the claim costs by duration and in total. The company shall state separately the effects of different

types of underwriting: medical, financial or other. An example of an acceptable brief description is: “This policy form is subject to limited underwriting with yes/no questions. The expected impact is: duration 1 = .15; duration 2 = .05; duration 3 = .03 decrease in claim costs.”

E. Effect of Law Changes: The memorandum should identify and quantify any changes to the rates, expenses, and/or medical costs that result from changes in law(s) or regulation(s). This quantification must include the effect of specific mandated benefits and anticipated changes.

F. Rate History: The memorandum must include a chart showing the rate changes implemented including the actual effective date of each rate change in at least the three years immediately prior to the date of the filing. The cumulative effect of all rate filings, submitted in the prior year, on renewal rates should be specified, including the range of increases the renewing policyholder may experience, i.e., the minimum, average, and maximum. The rate history should be provided on both a Colorado basis, as well as an average nationwide basis, if applicable. The previous SERFF filing number should also be provided.

G. Coordination of Benefits: Each rate filing must reflect actual loss experience net of any savings associated with coordination of benefits and/or subrogation.

H. Relation of Benefits to Premium: The memorandum must adequately support the reasonableness of the relationship of the projected benefits to projected earned premiums for the rating period. This relationship will be presumed to be reasonable if the company complies with the following:

1. Medicare Supplement and Long-Term Care Policies: See Section 7E and 7F of this regulation.

2. Retention Percentage: The actuarial memorandum must list and adequately support each specific component of the retention percentage. If the product was not initially priced using a lifetime loss ratio standard, the retention percentage is equal to 1 minus the targeted loss ratio. If the product was initially priced using a lifetime loss ratio standard, the retention percentage is equal to 1 minus the lifetime loss ratio. Each of these specific components must be expressed as a percentage of the earned premium, and should sum to the total company retention percentage. Each component should reflect the average assumption used in pricing. Ranges for each assumption and flat dollar amounts are not permitted. The component for profit/contingencies should reflect the target load for profit and contingencies, and not the expected results or operating margin. The Commissioner will evaluate each component for reasonableness and consistency with other similar rate filings. Any change in these components from the previous rate filing must be adequately supported. It should be noted that broad groupings of these components are not permitted.

3. Benefits Ratio Guidelines: The Commissioner uses these percentages as guidelines for the acceptability of the company’s targeted loss ratio or lifetime loss ratio.

   a. All rate filings justifying the relationship of benefits to premium using one of these guidelines must list the components of the retention percentage, as defined in Subsection H2 of this section. The Commissioner will evaluate these components for reasonableness. Policy forms priced at, or above, these benefits ratios may be unacceptable, if one or more of the retention components is not supported.

   b. The Division recommended benefit ratio guidelines are as listed below. Targeted loss ratios below these guidelines shall be actuarially justified.

      Comprehensive Major Medical (Individual) 65%

Comprehensive Major Medical (Small Group)	70%
Comprehensive Major Medical (Large Group)	75%
Specified or Dread Disease	60%
Limited Benefit Plans	60%
Disability Income	60%
Dental/Vision	60%
Stop Loss	60%

c. The benefit loss ratio guideline for conversion products shall be at least 125%. Adequate support shall be submitted if the loss ratio is below the 125% guideline.

d. For individual products issued to HIPAA eligible individuals the premiums for these products are, at most, two times the premiums for the underlying, underwritten product.

I. Lifetime Loss Ratio: The memorandum must state whether or not the product was priced initially using a lifetime loss ratio standard. If the product was priced using a lifetime loss ratio standard, then any subsequent rate change request must be based on the same lifetime loss ratio standard with consideration given to investment income and the variance in the expected benefits ratios over the duration of the policy. The rate filing must include the average policy duration in years as of the endpoint of the experience period and the expected benefits ratio, as originally priced, for each year of the experience period. The rate filing must also include a chart showing actual and expected benefits ratios for both the experience and rating periods. For each year of the experience period the chart must show the actual and expected benefits ratios, and the ratio of these two benefits ratios. For each year of the rating period, the chart must show the projected and expected benefits ratios, and the ratio of these two benefits ratios. It is expected that the company is pricing these products to achieve a benefits ratio greater than or equal to the expected benefits ratio for the rating period, unless there has been a material change in assumptions which would justify a deviation from this expectation. These changes must be identified and clearly supported in the rate filing.

J. Provision for Profit and Contingencies: The memorandum must identify the percentage of the provision for profit and contingencies, and how this provision is included in the final rate. If material, investment income from unearned premium reserves, reserves from incurred losses, and reserves from incurred but not reported losses must be considered in the ratemaking process. Detailed support must be provided for any proposed load in excess of 7% after tax.

K. Complete Explanation as to How the Proposed Rates were Determined: The memorandum must contain a section with a complete explanation as to how the proposed rates were determined, including all underlying rating assumptions, with detailed support for each assumption. The Division of Insurance may return a rate filing if adequate support for each rating assumption is not provided. This explanation may be on an aggregate expected loss basis or as a per-member-per-month (PMPM) basis, but must completely explain how the proposed rates were determined. The memorandum must adequately support all material assumptions and methodologies used to develop the expected losses or pure premiums.

L. Trend: This section must describe the trend assumptions used in pricing. These assumptions must each be separately discussed, adequately supported, and also be appropriate for the specific line of business, product design, benefit configuration, and time period. Any and all factors affecting the projection of future claims must be presented and adequately supported. The trend assumptions shall be, if practical, separately quantified into two categories, medical and insurance, as defined below:

1. Medical trend is the combined effect of medical provider price increases, utilization changes, medical cost shifting, and new medical procedures and technology.

2. Insurance trend is the combined effect of underwriting wearoff, deductible leveraging, and antiselection resulting from rate increases and discontinuance of new sales. Note: medical trend must be determined or assumed before insurance trend can be determined. Underwriting wearoff means the gradual increase from initial low expected claims that result from underwriting selection to higher expected claims for later (ultimate) durations. Underwriting wearoff does not apply to guaranteed issue products.

M. Credibility: The Colorado standard for fully credible data is 2,000 life years and 2,000 claims. Both standards must be met within a maximum of three years, if the proposed rates are based on claims experience.

1. The memorandum must discuss the credibility of the Colorado data with the proposed rates based upon as much Colorado data as possible. Collateral data used to support partially credible Colorado data, including published data sources (including affiliated companies) must be provided and applicability of the use of such data must be discussed. The use of collateral data is only acceptable if the Colorado data does not meet the full credibility standard. The formula for determining the amount of credibility to assign to the data is SQRT {(# life years or claims)/full credibility standard}. The full credibility standard is defined above. Colorado data must still be provided.

2. The memorandum should also discuss how and if the aggregated data meets the Colorado credibility requirement. Any filing, which bases its conclusions on partially credible data, should include a discussion as to how the rating methodology was modified for the partially credible data.

N. Data Requirements: The memorandum must, at a minimum, include earned premium, loss experience data, average covered lives and number of claims, submitted on a Colorado-only basis for at least 3 years~~,~~. National or other relevant data shall also be provided in order to support the rates, if the Colorado data is not fully credible. Any rate filing involving an existing product is required to provide this information. This includes, but is not limited to: changes in rates; rating factors; rating methodology; trend; new benefit options; or new plan designs for an existing product. If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product must be provided, if available. If no experience for the new product is available, experience for a comparable product must be provided, if available. Rates must be supported by the most recent data available, with as much weight as possible placed upon the Colorado experience. The experience period must include consecutive data no older than nine months prior to the proposed effective date of the filing. The loss data must be on an incurred basis, including both the accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and IBNR reserves) as of the valuation date. Premiums and/or exposure data must be stated on both an actual and on-rate-level basis. Capitation payments should be considered as claim or loss payments.

O. Side-by-Side Comparison: Each memorandum must include a “side-by-side comparison” identifying any proposed change(s) in rates. This comparison should include three columns: the first containing the current rate, rating factor, or rating variable; the second containing the proposed rate, rating factor, or rating variable; and the third containing the percentage increase or decrease of each proposed change(s). If the proposed rating factor(s) are new, the memorandum must specifically so state, and provide detailed support for each of the factors.

P. Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, both with and without the requested rate change. For products priced using a lifetime loss ratio standard, such as long-term care and long term disability, the projections should include a timeframe as to when the lifetime loss ratio will be achieved.

Q. Other Factors: The memorandum must clearly display or clearly reference all other rating factors and definitions, including the area factors, age factors, gender factors, etc., and support for each

of these factors in a new rate filing and support for changes to any of these factors in renewal rate filings. In addition, the Commissioner expects each company to review each of these rating factors at least every five years and provide detailed support for the continued use of each of these factors in a rate filing.

Section 7 Additional Rate Filing Requirement by Line of Business

The following subsections set forth the requirements by separate lines of business, which must be complied in addition to the above general requirements:

A. Individual: Renewal rates for individual health insurance plans shall not be affected by the health status or claims experience of the individual insured. A "claims experience factor," or any other part of the renewal rate calculation, which is based in whole or in part upon the health status or claims experience of the individual insured is prohibited.

B. Small Employer Group Health Benefit Plans: The provisions of §§ 10-16-105 and 10-16-107, C.R.S., and Colorado Insurance Regulations 4-6-5, 4-6-7, and 4-6-8, shall apply to the filing of rates for small employer health benefit plans.

1. The factors usually included in the determination of a trend percentage are not considered a small group rating variable and must be included in the calculation of the Index Rate. A company may, in a single rate submission, file up to a maximum of twelve different Index Rates for effective dates in the subsequent twelve-month period; however, only one Index Rate can be effective at any given time. Only the factors defined in Colorado Insurance Regulation 4-6-7 may be used to adjust the filed Index Rate, and changes should be clearly set forth in the side-by-side comparison. Each rate filing should contain all tables necessary to recalculate the small group renewal rates, even if the factors in the table have not changed. It should be clearly indicated that the factors in these tables are unchanged.

2. Pursuant to § 10-16-105(6), C.R.S., all small group insurers or other entities must file a complete and detailed description of rating practices and renewal underwriting practices. This paragraph shall not apply to non-developed rates.

3. The Commissioner has determined that the information required under Paragraph 2 of this Subsection B may be considered confidential pursuant to § 24-72-204, C.R.S., and/or § 10-16-105(6.6), C.R.S. If a carrier desires confidential treatment of the information specified in Paragraph 2 of this subsection, a "Confidentiality Index" must be completed. Please see Division of Insurance Bulletin B-1.15 entitled, "Guidelines for Rate, Rule, Loss Cost and Form Filings Containing Confidential Information". This bulletin can be found on the Division of Insurance's website, www.dora.state.co.us/insurance. It should be noted that HMOs are not afforded automatic confidential treatment in the filing of this report and must also complete a "Confidentiality Index".

C. Large Group Health Benefit Plans: Large group major health benefit plan contracts are considered to be a negotiated agreement between a sophisticated purchaser and seller. Certain rating variables may vary due to the final results of each negotiation. Each large group rate filing must contain the ranges for these negotiated rating variables, an explanation of the method used to apply these rating variables, and a discussion of the need for the filed ranges. A new rate filing is required whenever a rating variable or a range for a rating variable changes. Each filing should also contain an example of how the large group health rates are calculated. While the final rate charged the large group may differ from the initial quote, all rating variables must be on file with the Division of Insurance.

Although it is not necessary to submit a separate rate filing for each large group policy issued, each company must retain detailed records for each large group policy issued. At a minimum, such records shall include: any data, statistics, rates, rating plans, rating systems, and underwriting rules used in underwriting and issuing such policies, experience data on each group insured, including, but not limited to, written premiums at a manual rate, paid losses, outstanding losses, loss adjustment expenses, underwriting expenses, and underwriting profits. All rating factors used in determining the final rate should be identified in the detail material and lie within the range identified in the rate filing on file with the Division of Insurance. The company shall make all such information available for review by the Commissioner upon request. All such requests will be made at least three (3) business days prior to the date of review.

The rates for subgroups must be determined in an actuarially sound manner using credible data. The methodology for determining these rates must be on file with the Division of Insurance and any changes in the methodology must be filed with the Division of Insurance.

D. Valid Multi-State Association Groups: Pursuant to § 10-16-107(6), C.R.S., any health benefit plan issued or renewing on or after May 1, 2010, for any valid multi-state association under § 10-16-214(2), C.R.S., shall not use any health status-related factor in determining the premium or contribution for any enrolled individual and/or their dependent.

E. Medicare Supplement: A Medicare supplement policy is defined in § 10-18-101(4), C.R.S., and regulated pursuant to Colorado Insurance Regulation 4-3-1 and §§ 10-18-101 to 109, C.R.S. If the requirements of both Colorado Insurance Regulation 4-3-1 and this regulation are not met, the filing will be considered incomplete and returned to the company. Medicare supplement filings require prior approval. (The requirements for the actuarial certification for Medicare supplement rate filings can be found in Section 14(H) of Colorado Insurance Regulation 4-3-1). Rating requirements can be found in Sections 10(E)(2), 13 and 14(G) – (J).

F. Long-Term Care: Long-term care insurance is defined in § 10-19-103(5), C.R.S., and regulated pursuant to Colorado Insurance Regulation 4-4-1 and §§ 10-19-101 to 115, C.R.S. If the requirements of both Colorado Insurance Regulation 4-4-1 and this regulation are not met, the filing will be considered incomplete and returned to the company. The filing must also:

1. Demonstrate that investment income has been considered in the development of the rate;

2. Provide the expected benefits ratios for both the experience period and the projection period on an annual basis;

3. Provide the ratio of the actual benefits ratio to the expected benefits ratio for each year of the life of the policy on both a durational and calendar year basis; and

4. Provide a discussion as to how the original pricing assumptions have changed historically, and how the assumptions for the future period compare to the original pricing assumptions and the current rating assumptions.

G. Disability Income: The filing must demonstrate that investment income has been considered in the development of the rate.

H. Health Maintenance Organization (HMO): The rates for all HMO point-of-service (POS) benefits must be separately determined and supported. The actuarial memorandum supporting any rate filing for a policy which includes POS or other indemnity benefits must include a statement that all indemnity benefits are not expected to exceed twenty percent (20%) of the net medical and hospital expenses incurred. HMOs that exceed the 20% limitation in the prior calendar year may

be prohibited from offering a point-of-service plan for new issues until compliance can be demonstrated.

I. Limited Service Licensed Provider Network (LSLPN): Rates and premiums for products issued by an LSLPN are to be determined on a fixed prepayment basis. Therefore, no LSLPN product may be issued on a cost-plus or retrospective rating basis.

Section 8 Prohibited Rating Practices

The Commissioner has determined that certain rating activities lead to excessive, inadequate or unfairly discriminatory rates, and are unfair methods of competition and/or unfair or deceptive acts or practices in the business of insurance. Therefore, in accordance with §§ 10-16-107, 10-16-109, and 10-3-1110(1), C.R.S., the following are prohibited:

A. Attained age premium schedules where the slope by age is substantially different from the slope of the ultimate claim cost curve. However, this requirement is not intended to prohibit use of a premium schedule which provides for attained age premiums to a specific age followed by a level premium, or the use of reasonable step rating;

B. The use of premium modalization factors which implicitly or explicitly increase the premium to the consumer by any amount other than those amounts necessary to offset reasonable increases in actual operating expenses that are associated with the increased number of billings and/or the loss of interest income, unless such factors are adequately supported by acceptable data; and

C. For individual health insurance plans, the use of any rating factors based upon zip codes which fail to equitably adjust for different expectations of loss. It is the expectation of the Commissioner that areas of the state with like expectations of loss must be treated in a similar manner. Also, policyholders utilizing the same provider groups should be rated in a like manner. The use of zip codes in determining rating factors can result in inequities. Unless different rating factors can be justified based upon different provider groups or other actuarially sound reasons, the following guidelines shall be followed whenever zip codes are used in determining a company's rating factors:

1. All zip codes in the 800-802 three-digit zip code groups are considered part of the Denver metropolitan area and shall receive the same rating factor, with the following possible exceptions:

   a. The following zip codes in Elbert County: 80101, 80106, 80107, 80117,

   b. The following zip codes in Arapahoe County: 80102, 80103, 80105, 80136,

   c. The following zip codes in El Paso County: 80132, 80133,

   d. The following zip codes in Boulder County: 80025, 80026, 80027, 80028.

2. In addition, the following zip codes outside the 800-802 three-digit zip code groups are considered part of the Denver metropolitan area and shall receive the same rating factor as the 800-802 three-digit zip code groups:

   a. The following zip codes in Jefferson County: 80401-80403, 80419, 80433, 80437, 80439, 80453, 80454, 80457, 80465.

   b. The following zip codes in Adams County: 80614, 80640.

3. All zip codes in the 809 three-digit zip code group are considered part of the Colorado Springs metropolitan area and shall receive the same rating factor. In addition, the following zip codes in El Paso County, which lie outside the 809 three-digit zip code group shall be considered part of the Colorado Springs metropolitan area and shall receive the same rating factor as the 809 three-digit zip code group: 80809, 80817, 80819, 80829, 80831, 80840, 80841.

If a company uses area rating factors which are based in whole or in part upon the zip code, and does not follow these guidelines, the company may be found to have rates that are unfairly discriminatory. The Commissioner would prefer that a company use federal MSA's, rather than zip codes, in their rating structure. The Commissioner expects companies to review the appropriateness of area factors at least every five years and provide detailed support for the continued use of the factors in rate filings and upon request.

Section 9 Severability

If any provision of this regulation or the application of it to any person or circumstance is for any reason held to be invalid, the remainder of the regulation shall not be affected.

Section 10 Enforcement

Noncompliance with this regulation may result, after proper notice and hearing, in the imposition of any of the sanctions made available in the Colorado statutes pertaining to the business of insurance or other laws which include the imposition of fines, issuance of cease and desist orders, and/or suspensions or revocation of certificates of authority. Among others, the penalties provided in § 10-3-1108, C.R.S., may be applied.

Section 11 Effective date

This regulation is amended effective May 1, 2010.

Section 12 History

Regulation 4-2-11, effective November 1, 1992.
Regulation Repealed and Re-promulgated, effective February 1, 1999.
Regulation amended effective January 1, 2001.
Regulation amended effective December 1, 2005.
Regulation amended effective December 1, 2007.
Emergency Regulation 08-E-4 was effective July 1, 2008.
Regulation amended effective October 1, 2008.
Regulation amended effective February 1, 2009.
Regulation amended effective July 1, 2009.
Regulation amended effective January 1, 2010.
Regulation 4-2-11 amended, effective May 1, 2010.

DEPARTMENT OF REGULATORY AGENCIES

Division of Insurance

3 CCR 702-4

LIFE, ACCIDENT AND HEALTH

Proposed Regulation 4-6-7

CONCERNING PREMIUM RATE SETTING FOR SMALL GROUP HEALTH PLANS

Section 1 Authority

This regulation is promulgated under the authority of §§10-1-109(1), 10-16-102(10)(b)(II), 10-16-104.9, 10-16-105(6.5), 10-16-105(7.2), 10-16-105(8)(f), 10-16-105(8.5) and 10-16-109, C.R.S.

Section 2 Scope and Purpose

The purpose of this regulation is to establish and implement rules for setting premiums for small group health benefit plans. This regulation concerns: applicability and scope of Colorado's small group health rating laws; carriers' obligations to provide coverage; premium rate setting; use of composite rates; rate filings; and actuarial certifications.

Section 3 Applicability

This regulation shall apply to all small group carriers and health benefit plans subject to the small group laws of Colorado.

Section 4 Definitions

A. "Filed rate" means the Index Rate as adjusted for plan design and the case characteristics of age, geographic location, and family size only. The "filed rate" does not include the Index Rate as further adjusted for any other case characteristic (See Section 5(A)(3) of this regulation).

B. "Metropolitan statistical area (MSA)" is a relatively freestanding area of the state determined by one or more large population nuclei, together with adjacent communities, that have a high degree of economic and social integration with the nuclei. Each MSA is not closely associated with another MSA. An MSA is a statistical standard developed for use by the Federal Office of Management and Budget, following a set of officially published standards, including, but not limited to, the acceptable underlying population base.

C. "Premium rate," "rate" and "premium" mean all moneys paid by a small employer and eligible employees as a condition of receiving coverage from a carrier, including any fees or other contributions associated with obtaining or administering the health benefit plan.

D. "Primary metropolitan statistical area (PMSA)" is a possible subcategory of an MSA, which has a million or more persons living in that MSA. The PMSA consists of a large urbanized county or cluster of counties that demonstrate very strong internal economic and social links, in addition to close ties, to other portions of the larger area. Each PMSA is also determined by the Federal Office of Management and Budget following a set of officially published standards, including, but not limited to, the acceptable underlying population base.

E. "Qualified actuary" means an actuary who meets the requirements of Colorado Insurance Regulation 1-1-1.

F. "Renewed." A health benefit plan is deemed renewed upon the occurrence of the earliest of: the anniversary date of issue; or the date on which premium rates can be or are changed according to the terms of the plan; or the date on which benefits can be or are changed according to the terms of the plan.

Section 5 Premium Rate Setting

A. Calculating Premium Rates Adjusted for Case Characteristics

1. Index Rate - Each carrier offering a health benefit plan to groups in Colorado shall develop a single index rate for all small group plans it offers. This single index rate is identical to a community rate for the company's universe of small group plans offered for new issue or renewal. It should be calculated using the experience for all small group plans. The premium rate charged during a rating period, applicable to all small employers, shall be based upon this index rate, adjusted for case characteristics and coverage as allowed in this Section 5.

2. Plan Design Adjustment - The Index Rate may be adjusted to reflect differences attributable to different plan designs. If the small employer carrier elects to make this adjustment, the small employer carrier should calculate a rate adjustment factor for each small group plan design. Differences in the rates for different benefit plans, for persons with the same case characteristics of age, geographic location and family size, shall be attributable to plan design only. Using this methodology, a carrier's rates for a plan with richer benefits than the Colorado Standard Health Benefit Plan should be higher than the rates for its Colorado Standard Health Benefit Plan, and a carrier's rates for a plan with leaner benefits than the Colorado Standard Health Benefit Plan should be lower than the rates for its Colorado Standard Health Benefit Plan.

3. Acceptable Case Characteristic Factor Categories - For all small employer policies carriers choosing to modify the unique index rate by the use of case characteristics must utilize one or more of the categories listed below. Carriers shall develop a rating factor for each category, which is actuarially based.

a. Age - if a carrier uses age to calculate rates, then it shall use the following 12 mandatory age categories. Rates must be based on employee age only, not employee and spouse ages.

Mandatory Age Categories
Children ages newborn through age 19 (or through age 24 if the child is a full-time student covered as a dependent), excluding emancipated minors
Emancipated minors and persons ages 20 through 24
Age 25 through 29
Age 30 through 34
Age 35 through 39
Age 40 through 44
Age 45 through 49
Age 50 through 54
Age 55 through 59
Age 60 through 64
Age 65 and older: Medicare is primary payer
Age 65 and older: Medicare is secondary payer

b. Geographic Location - if a carrier uses geographic location to calculate rates, then it shall use the 9 mandatory categories listed below. In determining that these geographic location categories best serve the public interest, the commissioner considered the key issues of accessibility, availability, consumer choice and the cost of health care in all areas of the state. Public and consumer input was solicited, received, and evaluated. The commissioner determined that these area groupings best serve the public interest by maximizing consumer choice options and health care availability in all areas of the state at the lowest possible cost and will ensure that the rates charged are not excessive, inadequate or unfairly discriminatory. The appropriate population base for these categories is the base as determined by the federal government in establishing MSAs, except for the last two categories listed below. No MSA exists for these counties and consequently these counties were grouped by population size. Carriers may, with the prior written approval of the commissioner, establish one or more additional categories by further subdividing the last two categories.

Rates must be based on the primary physical location of the small employer's business, except that an employer with multiple business locations in separate geographic categories may be provided with separate rates for each physical business location. There cannot be a separate factor for a small employer's out-of-state employees, if any. These individuals shall be rated as if they are working in the small employer's primary physical business location.

Mandatory Geographic Location Categories
Boulder County (known as the Boulder-Longmont PMSA)
Adams, Arapahoe, Broomfield, Denver, Douglas, and Jefferson counties (known as the Denver MSA)
Weld County (known as the Greeley PMSA)
El Paso County (known as the Colorado Springs MSA)
Larimer County (known as the Fort Collins-Loveland MSA)
Mesa County (known as the Grand Junction MSA)
Pueblo County (known as the Pueblo MSA)

Counties in Colorado with a population of 20,000 or fewer residents: Alamosa, Archuleta, Baca, Bent, Chaffee, Cheyenne, Clear Creek, Conejos, Costilla, Crowley, Custer, Dolores, Gilpin, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Kiowa, Kit Carson, Lake, Las Animas, Lincoln, Mineral, Moffat, Otero, Ouray, Park, Phillips, Pitkin, Prowers, Rio Blanco, Rio Grande, Saguache, San Juan, San Miguel, Sedgwick, Washington, and Yuma counties. (Such counties may be grouped into one or more geographic location categories based on differences in medical costs of the carrier with the prior written approval of the Commissioner.)
All other Colorado counties: Delta, Eagle, Elbert, Fremont, Garfield, La Plata, Logan, Montezuma, Montrose, Morgan, Routt, Summit, and Teller counties. (Such counties may be grouped into one or more geographic location categories based on differences in medical costs of the carrier with the prior written approval of the Commissioner.)

PMSA = Primary Metropolitan Statistical Area
MSA = Metropolitan Statistical Area

(1) Geographic rating factors must be determined on the same basis, reflect the relative differences in expected costs, and produce rates that are not excessive, inadequate, or unfairly discriminatory in such geographic areas. For example, a geographic factor of 1.2 for the Colorado Springs MSA and a factor of 1.0 for the Denver MSA would imply that costs can reasonably be expected to be 20% higher in the Colorado Springs MSA than they are in the Denver MSA. All changes in the geographic rating factors must be supported on this basis.

(2) Approval to subdivide categories eight and nine above into two or more subcategories must be obtained in advance. The material provided to support the subdivision(s) shall be based upon statistically-credible data using the Division of Insurance's credibility standard and/or other actuarially-determined standards. The Division's credibility standard is 2,000 life-years and 2,000 claims per year. (See Section 6(M) of Amended Colorado Insurance Regulation 4-2-11).

c. Family Size - if a carrier uses family size to calculate rates, then it shall use the 4 mandatory categories listed below. If age is also used as a rating factor, rates must be based on employee age only, not employee and spouse ages.

Mandatory Family Size Categories
1 adult
2 adults
1 adult plus any number of children who are dependents of the primary insured or for whom the primary insured is legally required to provide health insurance coverage.
2 adults plus any number of children who are dependents of the primary insured or for whom the primary insured is legally required to provide health insurance coverage.

d. Nonsmoking Discount and/or Tobacco Use - A carrier may adjust rates uniformly for all individuals under a small employer policy based on tobacco use. A carrier may apply an increase or decrease of up to fifteen percent (15%) rating adjustment to particular individuals related to tobacco use. Any individual who does not qualify for a lower rate may be offered the option of participating in a bona fide wellness program as defined under the federal "Health Insurance Portability and Accountability Act of 1996", as amended. Any individual who participates in a bona fide wellness program may be allowed the lower rate. A carrier may also offer small group policies that include a premium discount not to exceed ten percent (10%) for those individuals that have refrained from smoking for more than twelve (12) consecutive months prior to the effective date or

renewal date of the small group nonsmoker policy. Proof of nonsmoking status, acceptable to the carrier, may be requested when the policy is issued or renewed. Carriers are advised that there are other requirements under federal law as to the use of smoking status as a small group rating variable.

e. Standard Industrial Classifications – If the carrier uses the standard industrial classifications to calculate rates, only one factor is permitted for each small group. No enrolled employee should be charged directly for any such adjustment.

f. All rating adjustments due to the application of any of these case characteristics must be applied consistently in the calculation of all small employers' rates. Any adjustments made due to standard industrial classification should be applied uniformly to the rates charged for all employees enrolled under each small group policy.

g. All rate filings must contain adequate and acceptable detail information as to how each of the rating factors used for tobacco use and standard industrial classification is determined and the combined maximum and minimum effect of applying these rating factors.

h. Health status and claims experience may not be used as case characteristics. A health questionnaire, requesting reasonable information, may be used to obtain information about the health status of group enrollees. However, the health questionnaire may not be used in any way to determine the premium rate or any rating factor that is used in the determination of the premium rate that is charged to the group, except as provided in Subparagraph (d) of this paragraph.

4. Limits on Certain Case Characteristic Adjustments - For all small group health benefit plans issued or renewed for a small employer on or after January 1, 2008, rating. adjustments based on standard industrial classification shall not result in a rate that deviates from the carrier's filed rate by more than a ten percent (10%) increase or a twenty-five percent (25%) decrease.

5. Limits on Renewal Rates – A small employer carrier may make an upward adjustment to a small employer's renewal premium not to exceed fifteen percent annually due to standard industrial classification or tobacco use. The final rate is subject to the limits on rating adjustments specified under Section 5(A)(4) of this regulation.

6. Additional Premium Adjustments – Small employer groups may be subject to premium adjustment for health status of no more than 35% above the modified community rate, for a period of no more than twelve months, in certain instances. (See §10-16-105 (13)(a)(I) and §10-16-105(14)(a), C.R.S.) Adequate and acceptable detail information as to how the carrier determines the rating factor(s) for this adjustment should be included in each rate filing.

B. Rating Period

The rating period for all small group health plans shall be twelve (12) months unless:

1. A small employer carrier specifies in its rate filings a different rating period, which shall be the same for all its small group health benefit plans issued or renewed in the same calendar month, pursuant to §10-16-105(8)(c)(II), C.R.S.; and

2. The small employer carrier clearly discloses in all its small employer solicitation and sales materials exactly what the different rating period is, pursuant to §10-16-105(5)(b), C.R.S.

C. Administrative and Other Fees

Carriers and producers shall not charge any fees in addition to premium, except for amounts charged as necessary to recoup assessments paid for CoverColorado. Separate administrative, processing, renewal, enrollment, and other special charges are prohibited. Such charges must be built into the index rate and are not an allowable rate adjustment factor. Reasonable late payment penalties may be imposed by a small group carrier if the policy discloses the carrier's right to, the amount of, and circumstances under which late payment penalties will be imposed.

Section 6 Use of Composite Rates

A. Small employer carriers may offer the small employer rates calculated by use of the following methods subject to the following restrictions:

1. Four-tier family, age-banded rates calculated pursuant to Section 5 of this regulation; OR

2. A choice between four-tier, age-banded rates, calculated pursuant to Section 5 of this regulation, and composite rates. It shall be construed that the small employer carrier has offered the small employer a choice between the two methods if, at initial application and at each renewal:

   a. Both methods are offered to the small employer, with the differences clearly explained in writing; OR

   b. The small employer is given a written option to indicate that: 1) both rating methods need be presented; or 2) only age-banded rates need be presented; or 3) only the composite rate need be presented. This indication may be a check-off on the application or renewal form or other similar form that complies with this section.

B. Small employer carriers may offer small employers composite rates as an alternative to four-tier, age-banded rates calculated pursuant to Section 5 of this regulation if all of the following conditions are met:

1. The small employer carrier makes the same offer across its entire book of Colorado small group business where an employer has ten (10) or more eligible employees. If the small employer carrier makes this offer to all small employers having ten (10) or more eligible employees, then the small employer carrier may also offer composite rates to small employers having fewer than ten (10) eligible employees. The small employer carrier must establish a pre-determined minimum size for offering composite rates. The same offer must be made available to all small employers having at least this pre-determined number of eligible employees.

2. The small employer carrier must clearly state on its application and renewal forms for all of its small group products the differences between age-banded and composite rates and that either:

   a. The minimum number of eligible employees for calculating composite rates is ten (10) and that all small employers with ten (10) or more eligible employees are entitled to a choice of composite rates or four-tier family, age-banded rates, and have the right to see them calculated either or both ways; OR

b. If the number of minimum eligible employees is less than ten (10), the small employer carrier shall state the minimum number and that all small employers with at least this minimum number of eligible employees are entitled to a choice of composite rates or four-tier, age-banded rates, and have the right to see them calculated either or both ways.

3. Calculating Composite Rates:

a. New Policies - At the time of the initial application by the small employer, composite rates must be calculated separately for each small employer, based upon the small employer's actual enrollment as of the effective date.

b. Renewing Groups - At renewal, composite rates must be calculated for each small employer group based on enrollment as of the date of the renewal calculation, or as of the effective date for the renewal rates, which shall be consistent for all small employers. A second quote, subsequent to the date of the renewal calculation, may be calculated IF the demographics of the small group have changed significantly since the date of the original renewal quote, and the carrier recalculates the composite rates in all similar circumstances. If the carrier retains the right to revise the original calculation, this right must be clearly disclosed. Despite changes in the demographic composition of the small employer group, composite rates shall be set, as of the renewal date, for a particular small employer for the entire rating period.

4. The small employer carrier uses the same composite rating methodology for all small employers. The small employer carrier may offer composite rates on a two tier (i.e. employee and employee plus dependents), three tier or four tier composition basis. If the small employer carrier elects to offer these three choices, it is at the employer's sole discretion whether the composite rates are set on the two-tier, three-tier, or four-tier family composition basis. However, the basis for the calculation of initial premiums before composite rating for a particular employer must be based on four-tier family, age-banded rates calculated pursuant to Section 5 of this regulation.

5. At the time of the initial application by the small employer, the composite rating and four-tier family, age-banded rating for a particular small employer must result in identical total premium collections due from that employer for the first month of the rating period. At renewal, the composite rating method and four-tier family, age-banded rating methods for each small employer must result in identical total premium amounts as of the date of the renewal calculation. Assuming there is no change in the demographic composition of the small employer group, composite rating and four-tier family, age-banded rating for a particular employer must result in identical total premium collections due from that employer for a given rating period.

C. Nothing in this section shall be construed to require carriers to provide other than four-tiered, age-banded rates.

Section 7 Rate Filings and Actuarial Certification

A. The provisions of §§10-16-105(6), 10-16-105(6.5) and 10-16-107, C.R.S., and Colorado Insurance Regulation 4-2-11 shall apply to the filing of rates for small employer health benefit plans. Expected rate increases for small employer health benefit plans shall be submitted for approval to the Division of Insurance at least 60 days prior to the proposed implementation of the rates.

B. Small employer health benefit plan rate filings shall not be combined with either individual or large group rates. Additionally, they shall be filed separately by type of coverage (indemnity, preferred provider organization, or health maintenance organization).

C. Pursuant to §10-16-105(6.5), C.R.S., all carriers who sell, or offer for sale, policies subject to the requirements of this regulation, must submit an annual actuarial rate certification to the Division of Insurance prior to March 1 of each calendar year. Note - this certification may be combined with the Company's Annual Rate Report. (See Section 8 of Amended Colorado Insurance Regulation 4-2-11.) Certifications shall be sent to the Colorado Division of Insurance, Attention: Rates and Forms Section. The certification must be signed by a qualified actuary and must contain at least the following:

1. The name of the carrier and the identification number assigned by the National Association of Insurance Commissioners;

2. A list of all plans of health benefits and policy forms to which the certification applies;

3. A statement that covers at least the points listed in the following illustration:

   "I am familiar with the small group rating laws and regulations of the state of Colorado. In my opinion, as of January 1 of the year of this certification, the premium rates and rating methodology to which this certification applies are neither excessive, inadequate nor unfairly discriminatory, and they meet the requirements of the insurance laws and regulations of Colorado;"

4. The name and title of the qualified actuary signing the certification, and the name of the firm with which he or she is associated; and

5. The original signature of the qualified actuary and the date of the signature. Signature stamps or signatures on behalf of the actuary are not acceptable.

Section 8 Enforcement

Noncompliance with this regulation may result, after notice and opportunity for hearing, in the imposition of any of the sanctions made available in the Colorado statutes pertaining to the business of insurance or other laws which include the imposition of fines and/or suspension or revocation of license.

Section 9 Severability

If any provision of this regulation or the application thereof to any other person or circumstance is for any reason held to be invalid, the remainder of the regulation shall not be affected thereby.

Section 10 Effective Date

This regulation is amended effective February 1, 2009.

Section 11 History

Emergency Regulation 94-E-4; Effective October 20, 1994.
Emergency Regulation 95-E-2; Effective January 20, 1995.
Hearing date: December 8, 1994; Effective March 1, 1995.
Hearing date: April 2, 1998; Effective June 1, 1998, Amended Sections 2, 3, 4, 5, 6, 7 & 10.
Hearing date: October 2, 2000; Effective January 1, 2001, Amended Sections 5 & 6.
Hearing date: September 4, 2002; Effective January 1, 2003.
Hearing date: February 4, 2003; Effective March 31, 2003, Amended Sections 1, 5, 10 & 11.

Emergency Regulation 03-E-6, Effective September 1, 2003.
Hearing date: October 1, 2003; Effective December 1, 2003, Amended Sections 4, 5, 6, 7, 10 11.
Hearing date: February 2, 2004; Effective April 1, 2004, Amended Sections 5, 10, & 11.
Hearing date: August 4, 2004; Effective September 30, 2004.
Hearing date: October 10, 2007; Effective January 1, 2008, Amended Sections 5, 7, 10, & 11.
Hearing date: August 5, 2008; Effective October 1, 2008, Amended Sections 5, 7, 10 & 11.
Emergency Regulation 08-E-10, Effective January 1, 2009.
Hearing date: December 9, 2008; Effective February 1, 2009, Amended Sections 5, 10 & 11.

SERFF Tracking Number:	*WLPT-126300764*	*State:*	*Colorado*
Filing Company:	*Rocky Mountain Hospital and Medical Service, Inc., dba Anthem Blue Cross and Blue Shield*	*State Tracking Number:*	*244476*
Company Tracking Number:			
TOI:	*H16I Individual Health - Major Medical*	*Sub-TOI:*	*H16I.005A Individual - Preferred Provider (PPO)*
Product Name:	*Actively Marketed Individual PPO Plans*		
Project Name/Number:	*Actively marketed Individual PPO Plans - Rate Increase eff 1/1/2010/*		

Filing at a Glance

Company: Rocky Mountain Hospital and Medical Service, Inc., dba Anthem Blue Cross and Blue Shield

Product Name: Actively Marketed Individual PPO Plans	SERFF Tr Num: WLPT-126300764	State: Colorado
TOI: H16I Individual Health - Major Medical	SERFF Status: Closed-Approved	State Tr Num: 244476
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)	Co Tr Num:	State Status: Approved
Filing Type: Rate		Reviewer(s): Shirley Taylor, Nicholas A Ramey, ASA, MAAA
	Authors: Bryan Curley, Joshua Kuai	Disposition Date: 10/30/2009
	Date Submitted: 09/10/2009	Disposition Status: Approved
Implementation Date Requested: 01/01/2010		Implementation Date:

General Information

Project Name: Actively marketed Individual PPO Plans - Rate Increase eff 1/1/2010	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact: 19.9%	Group Market Type:
Filing Status Changed: 10/30/2009	Explanation for Other Group Market Type:
	State Status Changed: 10/30/2009
Deemer Date:	Created By: Joshua Kuai
Submitted By: Joshua Kuai	Corresponding Filing Tracking Number:

Filing Description:

Actively Marketed Individual PPO Plans, Rate increase effective 1/1/2010

Company and Contact

Filing Contact Information

Bryan Curley, Regional VP, Actuary II	Bryan.Curley@wellpoint.com

SERFF Tracking Number:	*WLPT-126300764*	*State:*	*Colorado*
Filing Company:	*Rocky Mountain Hospital and Medical Service, Inc., dba Anthem Blue Cross and Blue Shield*	*State Tracking Number:*	*244476*
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TOI:	*H16I Individual Health - Major Medical*	*Sub-TOI:*	*H16I.005A Individual - Preferred Provider (PPO)*
Product Name:	*Actively Marketed Individual PPO Plans*		
Project Name/Number:	*Actively marketed Individual PPO Plans - Rate Increase eff 1/1/2010/*		

2100 Corporate Center Drive
CANQ-02K
Newbury Park, CA 91320

805-713-5243 [Phone]
805-713-8263 [FAX]

Filing Company Information

Rocky Mountain Hospital and Medical Service, Inc., dba Anthem Blue Cross and Blue Shield	CoCode: 11011	State of Domicile: Colorado
700 Broadway	Group Code: 671	Company Type: Casualty and Health
Denver, CO 80273	Group Name:	State ID Number:
(805) 713-5243 ext. [Phone]	FEIN Number: 84-0747736	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Rocky Mountain Hospital and Medical Service, Inc., dba Anthem Blue Cross and Blue Shield	$0.00		

State Specific

Please enter state-specific code(s) found in Colorado's Filing Requirements Bulletins, or on the General Instructions page. Please list all applicable state-specific codes. If no codes are applicable, please enter N/A.: N/A
All rate and loss cost filing types MUST be submitted with completed Rate Data Fields in accordance with Sections 10-4-401 and 10-16-107 C.R.S. This requirement does not apply to form filing types. Rate and loss cost filings not including this data will be rejected. If this is a rate or loss cost filing, have these fields been completed?: yes

SERFF Tracking Number:	*WLPT-126300764*	*State:*	*Colorado*
Filing Company:	*Rocky Mountain Hospital and Medical Service, Inc., dba Anthem Blue Cross and Blue Shield*	*State Tracking Number:*	*244476*
Company Tracking Number:			
TOI:	*H16I Individual Health - Major Medical*	*Sub-TOI:*	*H16I.005A Individual - Preferred Provider (PPO)*
Product Name:	*Actively Marketed Individual PPO Plans*		
Project Name/Number:	*Actively marketed Individual PPO Plans - Rate Increase eff 1/1/2010/*		

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Cover Letter
Comments:
Attachment:
Active_Cover_Letter_2010.pdf

Item Status: **Status Date:**

Satisfied - Item: HR-1 Form (H)
Comments:
Attachment:
Active_HR-1_2010.pdf

Item Status: **Status Date:**

Satisfied - Item: Actuarial Memorandum (H)
Comments:
Previous memorandum showed incorrect Reinstatement fee. Correct fee of $50 reflected in revised memorandum.
Attachment:
Active_Actuarial_Memorandum_2010_v2.pdf

Item Status: **Status Date:**

Satisfied - Item: NAIC Transmittal Form
Comments:
Attachment:
Active_NAIC_2010.pdf

Bryan Curley
Anthem Blue Cross and Blue Shield
2100 Corporate Center Drive, CANQ02-K000
Newbury Park, CA 91320

September 10, 2009

Shirley Taylor
CO Division of Insurance
Department of Regulatory Agencies
1560 Broadway, Suite 850
Denver, CO 80202

RE: Anthem Blue Cross and Blue Shield – Rate filing for Individual PPO Plans, effective January 1, 2010. Form numbers affected: 96319, 06-00341, 06-00348, 06-00354, 98839, 98840, 98841, 96291, 98886(8-05), 06-00496 (2/07), 05-73, 05-74, 05-00247, 2988, 2989, 2990, 2991, 2992, 2994, 2995, 2996, 2997, 2998

Dear Ms. Taylor,

Pursuant to C.R.S. 10-16-107, Anthem Blue Cross and Blue Shield submits this rate filing for Individual PPO plans. The affected plans include the Blue Preferred for Individuals product line, Lumenos CDHP, Anthem HSA-qualified HDHP plans, Tonik, Right Plan and SmartSense. The rate filing consists of an average 19.9% increase in rates with an effective date of January 1, 2010.

Please contact me if you have any questions concerning this filing.

Sincerely,

Bryan Curley

Bryan Curley, FSA, MAAA
Regional VP & Actuary II
Anthem Blue Cross and Blue Shield
(805) 713-5243

FORM HR-1 **COLORADO HEALTH RATE FILING FORM**

1. COMPANY NAME: Anthem Blue Cross and Blue Shield

2. PERSON RESPONSIBLE FOR FILING: Bryan Curley, FSA, MAAA

3. TITLE: RVP, Actuary II TELEPHONE #: 805-713-5243

4. ADDRESS OF RESONSIBLE PERSON: 2100 Corporate Center Drive NQ-02K, Newbury Park, CA 91320

5. EMAIL ADDRESS: bryan.curley@wellpoint.com

6. TYPE OF COVERAGE: ☐ HMO **X PPO** ☐ INDEMNITY ☐ PREPAID DENTAL ☐ LSLPN

7. SUB CATEGORY: **X INDIVIDUAL** ☐ LARGE GROUP ☐ SMALL GROUP(1-50)

8. DESCRIPTION (DISABILITY, MAJOR MEDICAL, LTC, ETC. Also describe all methodology changes.): Individual PPO Plans

9. REASON FOR FILING:

INCREASE IN BENEFITS?	☐ Yes	**X No**
REDUCTION IN BENEFITS?	☐ Yes	**X No**
CHANGE NEEDED TO MEET PROJECTED LOSSES?	**X Yes**	☐ No
TREND ONLY?	☐ Yes	**X No**
CHANGE IN RATING METHODOLOGY?	☐ Yes	**X No**
NEW PRODUCT (initial offering as opposed to rate revision)?	☐ Yes	**X No**
OTHER?	☐ Yes	**X No**

(PLEASE SPECIFY) _____

10. A. POLICY FORM(S) AFFECTED: 96319, 06-00341, 06-00348, 06-00354, 98839, 98840, 98841, 96291, 98886 (8-05), 06-00495 (2/07), 05-73, 05-74, 05-00247, 2988, 2989, 2990, 2991, 2992, 2994, 2995, 2996, 2997, 2998

B. CLOSED BLOCK(S)? ☐ YES **X No** DATE BLOCK CLOSED **N/A**

11. IF RIDER OR ENDORSEMENT, TYPE OF BENEFITS? **N/A**

*12. NUMBER OF COLORADO COVERED LIVES: 93,936

*13. A. RATE CHANGE WITHOUT TREND (Rating Period: ☐ Annual **X** Semi-annual ☐ Quarterly) 12.1 %

B. UNDERLYING TREND ASSUMPTION FOR THE RATING PERIOD: 7.8 %

C. TOTAL RATE CHANGE REQUESTED (A+B): 19.9 %

NOTE: 13C should lie between the maximum and the minimum defined in 13 D and E.

D. WHAT IS THE MAXIMUM RATE CHANGE THAT CAN AFFECT A POLICYHOLDER? 24.5 %

E. WHAT IS THE MINIMUM RATE CHANGE THAT CAN AFFECT A POLICYHOLDER? -14.5 %

*14. AVERAGE CHANGE IN RATES FROM ONE YEAR PRIOR TO EFFECTIVE DATE: 26.2 %
(Average change in rates from one year prior for members receiving rate increase between Jan-Mar 2010)

*15. A. PRIOR UNDERLYING *ANNUALIZED* TREND ASSUMPTION (If applicable): 14.4 %

B. CURRENT UNDERLYING *ANNUALIZED* TREND ASSUMPTION (If applicable): 15.5 %

*16. A. ANNUAL *COLORADO* WRITTEN PREMIUM BEFORE CHANGE(S): $ 262,621,406

B. ANNUAL *COLORADO* WRITTEN PREMIUM AFTER CHANGE(S)[13C*16A)+16A] $ 314,883,065

17. WHAT IS THE ANTICIPATED/PROJECTED LOSS RATIO FOR THE RATING PERIOD? 71.2 %

18. PROPOSED EFFECTIVE DATE (Please see instructions): January 1, 2010

*19. DATE/PERCENT OF LAST RATE CHANGE FOR AFFECTED POLICY FORM(S): 07/01/2009 6.4%

20. EXPERIENCE PROVIDED: ☐ National **X Colorado** ☐ Other (Specify) _____

21. EXPERIENCE PROVIDED: ☐ 0-2 YRS (new plan only) ☐ 3-4 YRS **X 5 OR MORE YEARS**

22. *Small group filings only*: UNIQUE SINGLE INDEX RATE (effective for all small group plans) $ **N/A**

**** THESE ITEMS SHOULD NOT BE COMPLETED FOR NEW PRODUCTS OR FOR NEW PLAN DESIGN ONLY FILINGS***

Anthem Blue Cross Blue Shield
Colorado Individual Line of Business
Rate Period: January 1, 2010 through December 31, 2011

ANTHEM BLUE CROSS AND BLUE SHIELD COLORADO

ACTUARIAL MEMORANDUM

I, Bryan Curley, am an actuary for Anthem Blue Cross and Blue Shield and a member of the American Academy of Actuaries. I meet the qualification standards of the American Academy of Actuaries for rate filings of health plans. I have prepared this actuarial memorandum to be consistent with Colorado regulation 4-2-11 as promulgated under the authority of 10-1-109, 10-16-107 and 10-16-109, Colorado Revised Statutes, as well as Actuarial Standard of Practice Number 8 as adopted by the Actuarial Standards Board.

A. Summary

The purpose of this filing is to file rates for Anthem Blue Cross and Blue Shield's individual PPO product line. This filing increases rates, on average, 19.9% with an effective date of January 1, 2010.

This filing affects the following products:

Product	Policy Form Numbers
BluePreferred PPO for Individuals	96319
Lumenos Consumer Driven Health Plans (CDHPs)	06-00341, 06-00348, 06-00354
Anthem HSA-Compatible Individual HDHPs	98839, 98840, 98841, 96291
Tonik	98886(8-05), 06-00496 (2/07)
Right Plan (includes No Rx, Gen Rx, Full Rx Options)	05-73, 05-74, 05-00247
SmartSense	2988, 2989, 2990, 2991, 2992, 2994, 2995, 2996, 2997, 2998

We are also introducing quarterly trend increases for only the SmartSense and Lumenos products.

A high-level summary of the benefits can be found in the attached Exhibit VII.

Anthem Blue Cross and Blue Shield currently sells these products both directly and through brokers.

Premiums are charged on an attained age basis. Note that a member's age is calculated as of the first day of his assigned anniversary month. See Section C below for more details.

Effective January 1, 2002, Anthem BCBS no longer accepts HIPAA-eligible members for coverage due to the advent of the State of Colorado's Cover Colorado program, which has been designated as the state's program for HIPAA-eligible members. Anthem does continue to provide coverage for its existing HIPAA-eligible population.

B. Assumption or Acquisition

The products included in the rate filing are not part of an assumption or acquisition of policies from another company.

C. Rating Period

The rating period is January 1, 2010 to December 31, 2011.

These products are anniversary-rated, meaning that members will not receive rate changes until the first day of their assigned anniversary month. The filed rates will be charged to new business with effective dates between January 1, 2010 and December 31, 2010, which we will call the *sales period* for the filed rates. As a result of anniversary-rating, the *rating period* extends an additional 12 months past the end of the sales period.

D. Underwriting

Underwriting is performed for this product line with the use of a health history questionnaire. Members may be offered coverage at the base rate or at a higher rating level depending on the results of their underwriting review. No changes to the underwriting standards or rating levels are being made at this time. The rating level factors can be found in the attached Exhibit IX-a.

E. Effect of Law Changes

None

F. Rate History

See attached Exhibit III-a for a chart showing past average rate increases.

G. Coordination of Benefits

Coordination of benefit saving have been reflected in the baseline claims data where the claims expenses presented are the actual or net claims expense.

H. Relation of Benefits to Premium

1. Retention Percentage

Below is a summary description for the retention load. The projected loss ratio is 71.2%. Additional documentation is included in the attached Exhibit III.

a. Administrative Expenses
The administrative expense load percentage for total Colorado is the same as past administrative load assumptions and is consistent with recent administrative expense experience and future expectations for this block of business. In total, the administrative expense load is 12.9%, or $35.90 PMPM. To allocate this administrative expense at the plan level, the following formula was used to determine the PMPM for each plan:
Admin Expense PMPM = (12.9% * 0.5)*(Premium PMPM) + ($35.90 * 0.5)
This formula reflects that there are certain fixed administrative expenses that are applicable to every plan as well as expenses that can be evaluated as a percentage of the Premium PMPM.

b. Broker Commissions
The broker commission loads are based on projected commission payments. These projections include consideration of actual commission payments, the projected enrollment and the projected amount of business sold through brokers versus direct. The current commission scale is based on policy age; 20% for the first year and 5% for every year thereafter. In total, broker commissions average 6.5%.

c. Premium Taxes
The required 1.0% premium tax load is included as a retention expense.

d. Income Taxes
Income taxes are calculated to be 2.9%:
(1 – 71.2% - 12.9% - 6.5% - 1.0%) x 35% = 2.9%

e. After-Tax Profit / Risk Margin
The after-tax profit/risk margin is calculated to be 5.5%:
(1 – 71.2% - 12.9% - 6.5% - 1.0%) x 65% = 5.5%

2. Benefits Ratio
The projected loss ratio is in excess of the minimum 65%.

I. Lifetime Loss Ratio

The product was not priced using a lifetime loss ratio standard.

J. Provision for Profit and Contingencies

The proposed after-tax profit / risk margin has been set to 5.5%. See Section H above.

K. Complete Explanation as to How the Proposed Rates were Determined

1. Baseline Data

All premium, claim and member data from the products included in this filing were used in the development of the rates. Rate calculations were done for each product separately (Exhibits III-b to III-g) and then aggregated in Exhibit III-a. The experience period reviewed was the twelve months ending May 2009, with claims runout through August 2009. Fully incurred claims over the experience period are developed based on actual claim payments by incurred date, plus a reserve to account for any outstanding claims yet to be reported. The estimated reserve is based on recent patterns of completion and reflects no unusual backlog of claims.

Actual claim experience by product has been adjusted to account for random fluctuations in large claims experience. Large claims are defined as single claims with a paid amount of over $25,000. To adjust each product's baseline claims experience we back out the actual large claims experience and add back in the average large claims experience for total Colorado. Please see Exhibits III a-g for further documentation.

Both SmartSense and Right Plan baseline experience have been credibility weighted with BluePreferred's baseline experience for projection purposes. Using the credibility formula provided in regulation 4-2-11 we can assign credibility weights to the experience for SmartSense and RightPlan:

For SmartSense, there are 21,245 member months, or 1,770 life years, in the baseline data. Thus, we can assign 94% credibility to the data:

SQRT {(#life years) / (full credibility standard)} = SQRT {(21,245/12) / (2,000)} = 94%

The remaining 6% is assigned to the BluePreferred experience.

Similarly, for Right Plan there are 3,759 member months, or 313 life years, in the baseline data. Thus, we can assign 40% credibility to the data:

SQRT {(#life years) / (full credibility standard)} = SQRT {(3,759/12) / (2,000)} = 40%

The remaining 60% is assigned to the BluePreferred experience.

For total Colorado, the average members enrolled during the experience period was 96,184 with 93,936 members in May 2009. Note that all coordination of benefit saving have been reflected in the baseline claims data where the claims expenses presented are the actual or net claims expense.

2. Rate Increase Derivation

See the attached Exhibits III a - g for the overall rate increase derivation.

Please note that the SmartSense and Lumenos products will get quarterly trend rate increases in addition to the rate increase on 1/1/2010. Please see Exhibits I, III-d1, III-d2, III-f1, and III-f2 for further documentation. The quarterly trend rate increases only apply to the SmartSense and Lumenos products in this filing.

See Section Q below for details on all rating variables.

L. Cost of Care Trend

Annual trend is based on consideration of actual experience including the analysis of cost, utilization and duration trends and some actuarial judgment. The filed rating trend is 15.5% which is the actual 12-month rolling trend observed as of April 2009. This is a change of +1.1% from the annual trend used in the filing for the last rate increase on our actively-marketed products, effective July 1, 2009 which was 14.4%. We have included the trend history for the filed plans. It should be noted that the inpatient, outpatient, professional, and prescription drug trends found in Exhibits V-a and V-b (V-a is 12-month rolling trend; V-b is 6-month rolling trend) are based on the aggregate incurred claims and do not take into account changes in the plan benefit mix. The purpose of the Total Adjusted Claims Trend column is to adjust the trend for changes in the plan benefit mix within the business line.

M. Credibility

The baseline data used to derive the proposed rates for each product except Right Plan and SmartSense is deemed to be fully credible. The BluePreferred, Anthem HSA, Lumenos CDHP, and Tonik products each satisfy the requirement of 2,000 life years in the baseline experience. For Right Plan and SmartSense, the credibility formula provided in Regulation 4-2-11 is used to credibility weight their respective experience with the BluePreferred experience for projection purposes. The formula is SQRT {(# life years) / (full credibility standard)}. See Section K-1 above for more information.

N. Data Requirements

Past experience incurred from January 2004 to May 2009 and paid through August 2009 is included for review (see Exhibits II and III).

O. Side-by-Side Comparisons

See the attached Exhibit IX (parts a-k) for complete side-by-side comparisons of current and proposed rating variables. Also see section Q below for details on all rating variables.

P. Benefits Ratio Projection

The projected loss ratio (benefits ratio) over the rating period with the proposed rate increase is 71.2%. Without the proposed rate increase, the projected loss ratio is 85.1%. See the attached Exhibit III.

Q. Other Factors

This section details all of the rating variables and the methodologies used to determine the proposed factors. See the attached Exhibit IX (parts a-k) for complete side-by-side comparisons of current and proposed rating variables.

1. Age-Sex

We are not filing any changes to the current age-sex factors.

2. Area

There are four geographic rating areas. We have set proposed rating area factors that reflect differences in expected claim costs in different parts of the state.

We will be changing the area factors for our Lumenos and SmartSense plans (as well as any new products we introduce) because we expect the majority of our new sales to be from these plans. Our remaining plans which are older and account for a small proportion of our new sales will not have any changes to their area factors. Changes to rating area factors are summarized in the following table:

Area Table

Lumenos and SmartSense	Current	Filed	% Change
Area 1 (Weld, Routt, etc)	1.1680	1.2300	5.3%
Area 2 (Denver, Arapahoe, etc)	1.0109	0.9782	-3.2%
Area 3 (Jefferson, Boulder, etc)	0.9625	0.9782	1.6%
Area 4 (El Paso, La Plata, etc	0.8973	0.9000	0.3%
All Other Plans	Current	Filed	% Change
Area 1 (Weld, Routt, etc)	1.1680	1.1680	0.0%
Area 2 (Denver, Arapahoe, etc)	1.0109	1.0109	0.0%
Area 3 (Jefferson, Boulder, etc)	0.9625	0.9625	0.0%
Area 4 (El Paso, La Plata, etc	0.8973	0.8973	0.0%

The proposed rating area factors are based on combined Anthem BCBS Individual and Small Group allowed charges PMPM incurred in calendar years 2005-2008, paid through May 2009. The allowed charges PMPM are grouped by county and adjusted for the age/sex distribution and duration of each county in order to develop *claims experience factors*. We placed the highest emphasis on calendar year 2008 claims experience factors but note that in general the claims experience factors by county are consistent from year to year. See the attached Exhibit IV for supporting documentation on the area factor derivation.

Note that the rating areas are defined by zip code. In our analysis described above, we have assigned each zip code to a county. When a zip code crosses a county line, the zip code is assigned to the county with the greatest percent of deliverable addresses in that zip code.

Zip Code Area Definition

Effective July 1, 2009, the U.S. Postal Service shifted all homes and businesses in the 80501 zip code into the 80504 zip code. Since the introduction of these homes into the 80504 zip code significantly changes the population of the current 80504 zip code, we are changing our zip code area definitions accordingly:

CURRENT			FILED		
Zip From	Zip To	Area	Zip From	Zip To	Area
80501	80503	3	80501	80504	3
80504	80509	1	80505	80509	1

Please see Exhibit IX-1 for further documentation.

3. HIPAA Multiplier

We are not filing any changes to the current HIPAA Multiplier.

4. Rating Level

We are not filing any changes to the current factors.

5. Plan Index Rates

We are changing the Plan Index rates based on experience by product as described in Section K above. Additional documentation can be found in Exhibits I and IX-a.

Electronic Funds Transfer Discount

We will now begin to account for the lower costs associated with payment of premium through electronic funds transfer. Subscribers who elect to pay premium via automatic electronic fund transfers will receive a $5.00 monthly discount on their premiums. Larger administrative and fixed costs along with higher lapse rates for those not on EFT has led to the implementation of this discount. Lapse rates for those on an EFT system are 15% lower, therefore administrative costs can be spread over a longer period of time for these members. Although this discount results in a higher per policy cost for EFT members by $2.06, we want to provide an incentive for this option because these members will be with us longer. The following is our justification for providing a premium discount for members on EFT:

	All Members	Members on EFT	Members Not on EFT
% of Membership	100.0%	30.6%	69.4%
Lapse Rate (CY 2008)	3.0%	2.7%	3.1%
Average Policy Lifetime	34 months	37 months	32 months
Monthly Cost of Pay Option	$1.65	$0.05	$2.35
Estimated Cost of Issuing Policy	$151.83	$151.83	$151.83
Issue Cost + Pay Option Cost per Month	$6.12	$4.15	$7.09
Cost of Discount	$1.50	$5.00	$0.00
Total Cost	$7.62	$9.15	$7.09

Other Miscellaneous Fees

Anthem may also charge the following administrative fees which are not considered as part of premium:

1. Paper Application Fee: $20.00
2. Online Application Fee: $10.00
3. NSF (Non-Sufficient Funds) Fee: $25.00
   This may be charged to customers who have insufficient funds to cover a written check or have an electronic payment returned.
4. Reinstatement Fee: $50.00
   This may be charged to customers whose coverage lapses for non-payment and they seek reinstatement of their policy.
5. Incomplete Broker Application Fee: $25.00

Actuarial Opinion

In my opinion, the filed rates developed in this rate filing are not excessive, inadequate or unfairly discriminatory and are developed so as to comply with the individual rating regulations of the state of Colorado under the conditions described here in the body of this memorandum.

Bryan Curley 9/15/09

Bryan Curley, F.S.A., M.A.A.A. Date
Reg. VP, Actuary, Anthem Blue Cross & Blue Shield

Anthem Blue Cross Blue Shield
Colorado Individual Line of Business
Rate Period: January 1, 2010 through December 31, 2011

I. Anthem Blue Cross and Blue Shield Pricing Detail

Product Line	Plan Name	Current Plan Index Rates:	Proposed Plan Index Rates: Q1 2010	Q2 2010	Q3 2010	Q4 2010	Proposed Base Rate Increases: 1/1/2010	4/1/2010	7/1/2010	10/1/2010	Add'l Impact: EFT Discount [1] 1/1/2010	Effective 2010 Premium Increase [2] CY 2010
BP	Blue Preferred $250 Ded / $5,000 Stop Loss	$388.63	$483.68	$483.68	$483.68	$483.68	24.5%	0.0%	0.0%	0.0%	-0.4%	24.1%
BP	Blue Preferred $500 Ded / $5,000 Stop Loss	$353.58	$440.05	$440.05	$440.05	$440.05	24.5%	0.0%	0.0%	0.0%	-0.4%	24.1%
BP	Blue Preferred $1,000 Ded / $5,000 Stop Loss	$313.38	$377.49	$377.49	$377.49	$377.49	20.5%	0.0%	0.0%	0.0%	-0.4%	20.1%
BP	Blue Preferred $2,000 Ded / $5,000 Stop Loss	$251.48	$302.92	$302.92	$302.92	$302.92	20.5%	0.0%	0.0%	0.0%	-0.4%	20.1%
BP	Blue Preferred $250 Ded / $10,000 Stop Loss	$370.32	$460.89	$460.89	$460.89	$460.89	24.5%	0.0%	0.0%	0.0%	-0.4%	24.1%
BP	Blue Preferred $500 Ded / $10,000 Stop Loss	$336.96	$419.37	$419.37	$419.37	$419.37	24.5%	0.0%	0.0%	0.0%	-0.4%	24.1%
BP	Blue Preferred $1,000 Ded / $10,000 Stop Loss	$297.44	$358.29	$358.29	$358.29	$358.29	20.5%	0.0%	0.0%	0.0%	-0.4%	20.1%
BP	Blue Preferred $2,000 Ded / $10,000 Stop Loss	$242.02	$291.53	$291.53	$291.53	$291.53	20.5%	0.0%	0.0%	0.0%	-0.4%	20.1%
BP	Blue Preferred $3,000 Ded / $10,000 Stop Loss	$174.87	$210.64	$210.64	$210.64	$210.64	20.5%	0.0%	0.0%	0.0%	-0.4%	20.1%
SS	SmartSense 500 Generic RX	$236.84	$258.62	$268.11	$277.94	$288.14	9.2%	3.7%	3.7%	3.7%	-0.8%	14.4%
SS	SmartSense 1500 Generic RX	$192.56	$210.27	$217.98	$225.98	$234.27	9.2%	3.7%	3.7%	3.7%	-0.8%	14.4%
SS	SmartSense 2500 Generic RX	$163.29	$178.31	$184.85	$191.63	$198.66	9.2%	3.7%	3.7%	3.7%	-0.8%	14.4%
SS	SmartSense 5000 Generic RX	$125.85	$137.43	$142.47	$147.70	$153.12	9.2%	3.7%	3.7%	3.7%	-0.8%	14.4%
SS	SmartSense 7500 Generic RX	$102.21	$111.61	$115.70	$119.95	$124.35	9.2%	3.7%	3.7%	3.7%	-0.8%	14.4%
SS	SmartSense 500 Full RX	$275.21	$300.52	$311.55	$322.97	$334.82	9.2%	3.7%	3.7%	3.7%	-0.8%	14.4%
SS	SmartSense 1500 Full RX	$221.43	$241.80	$250.67	$259.87	$269.40	9.2%	3.7%	3.7%	3.7%	-0.8%	14.4%
SS	SmartSense 2500 Full RX	$187.11	$204.32	$211.82	$219.59	$227.64	9.2%	3.7%	3.7%	3.7%	-0.8%	14.4%
SS	SmartSense 5000 Full RX	$145.90	$159.32	$165.16	$171.22	$177.51	9.2%	3.7%	3.7%	3.7%	-0.8%	14.4%
SS	SmartSense 7500 Full RX	$118.76	$129.68	$134.44	$139.37	$144.48	9.2%	3.7%	3.7%	3.7%	-0.8%	14.4%
CDHP	Lumenos 100 100|70 1500/1500	$257.00	$277.56	$287.74	$298.30	$309.24	8.0%	3.7%	3.7%	3.7%	-0.5%	13.5%
CDHP	Lumenos 100 100|70 2500/2500	$203.53	$219.81	$227.87	$236.23	$244.90	8.0%	3.7%	3.7%	3.7%	-0.5%	13.5%
CDHP	Lumenos 100 100|70 3000/3000	$184.13	$198.86	$206.16	$213.72	$221.56	8.0%	3.7%	3.7%	3.7%	-0.5%	13.5%
CDHP	Lumenos 100 100|70 5000/5000	$139.54	$150.70	$156.23	$161.96	$167.90	8.0%	3.7%	3.7%	3.7%	-0.5%	13.5%
CDHP	Lumenos 100 70|50 1500/5000	$184.61	$199.38	$206.69	$214.28	$222.14	8.0%	3.7%	3.7%	3.7%	-0.5%	13.5%
CDHP	Lumenos 80 70|50 1500/4500	$184.13	$198.86	$206.16	$213.72	$221.56	8.0%	3.7%	3.7%	3.7%	-0.5%	13.5%
CDHP	Lumenos 100 80|60 2500/5000	$169.90	$176.32	$182.79	$189.49	$196.45	3.8%	3.7%	3.7%	3.7%	-0.5%	9.0%
CDHP	Lumenos 80 80|60 2500/5000	$166.36	$172.64	$178.97	$185.54	$192.35	3.8%	3.7%	3.7%	3.7%	-0.5%	9.0%
CDHP	Lumenos 100 80|60 3000/5000	$158.54	$164.53	$170.57	$176.82	$183.31	3.8%	3.7%	3.7%	3.7%	-0.5%	9.0%
CDHP	Lumenos 80 80|60 3000/5000	$157.56	$163.51	$169.51	$175.73	$182.17	3.8%	3.7%	3.7%	3.7%	-0.5%	9.0%
HSA	Anthem HSA 100|80 1250/1250	$277.32	$345.14	$345.14	$345.14	$345.14	24.5%	0.0%	0.0%	0.0%	-0.5%	24.0%
HSA	Anthem HSA 100|80 2000/2000	$227.55	$283.20	$283.20	$283.20	$283.20	24.5%	0.0%	0.0%	0.0%	-0.5%	24.0%
HSA	Anthem HSA 100|80 2500/2500	$200.37	$241.36	$241.36	$241.36	$241.36	20.5%	0.0%	0.0%	0.0%	-0.5%	20.0%
HSA	Anthem HSA 100|80 3000/3000	$181.26	$218.34	$218.34	$218.34	$218.34	20.5%	0.0%	0.0%	0.0%	-0.5%	20.0%
HSA	Anthem HSA 100|80 4000/4000	$153.23	$184.58	$184.58	$184.58	$184.58	20.5%	0.0%	0.0%	0.0%	-0.5%	20.0%
HSA	Anthem HSA 100|80 5000/5000	$136.56	$164.50	$164.50	$164.50	$164.50	20.5%	0.0%	0.0%	0.0%	-0.5%	20.0%
HSA	Anthem HSA 80|60 1250/3250	$232.00	$288.74	$288.74	$288.74	$288.74	24.5%	0.0%	0.0%	0.0%	-0.5%	24.0%
HSA	Anthem HSA 80|60 2000/4000	$187.55	$233.42	$233.42	$233.42	$233.42	24.5%	0.0%	0.0%	0.0%	-0.5%	24.0%
HSA	Anthem HSA 80|60 2500/5000	$164.01	$197.56	$197.56	$197.56	$197.56	20.5%	0.0%	0.0%	0.0%	-0.5%	20.0%
HSA	Anthem HSA 80|60 3000/5000	$154.66	$186.30	$186.30	$186.30	$186.30	20.5%	0.0%	0.0%	0.0%	-0.5%	20.0%
Tonik	Tonik 1500	$272.13	$326.56	$326.56	$326.56	$326.56	20.0%	0.0%	0.0%	0.0%	-0.7%	19.3%
Tonik	Tonik 3000	$206.58	$247.90	$247.90	$247.90	$247.90	20.0%	0.0%	0.0%	0.0%	-0.7%	19.3%
Tonik	Tonik 5000	$169.31	$203.17	$203.17	$203.17	$203.17	20.0%	0.0%	0.0%	0.0%	-0.7%	19.3%
RP	Right Plan Full RX	$278.93	$289.46	$289.46	$289.46	$289.46	3.8%	0.0%	0.0%	0.0%	-0.5%	3.3%
RP	Right Plan Generic RX	$251.38	$260.87	$260.87	$260.87	$260.87	3.8%	0.0%	0.0%	0.0%	-0.5%	3.3%
RP	Right Plan No RX	$235.72	$244.62	$244.62	$244.62	$244.62	3.8%	0.0%	0.0%	0.0%	-0.5%	3.3%

Notes:

(1) Electronic Funds Transfer discount: Subscribers who have their premium payments auto-withdrawn from their checking accounts will receive a $5 discount per bill. This discount, averaged over all members, is approximately $1.01 pmpm.

(2) Average total 2010 Premium increase includes additional assumed impact of the EFT discount for members on auto-withdraw payments. See Exhibits III-a through III-g for further detail.

Anthem Blue Cross Blue Shield
Colorado Individual Line of Business

II. Historical Experience

(Based on Claim Payments through August 31, 2009)

Gross Basis

Year	Premium	Incurred Cost of Care [1]	Gross Margin	Loss Ratio	Member-Months	Premium at 2008 Rates
2004	138,824,293	84,275,795	54,548,498	60.7%	971,082	264,843,546
2005	175,795,279	118,091,910	57,703,369	67.2%	1,144,514	296,529,924
2006	211,749,361	139,457,870	72,291,491	65.9%	1,256,815	313,147,030
2007	227,592,327	160,022,447	67,569,880	70.3%	1,264,009	309,335,219
2008	237,415,509	164,512,232	72,903,276	69.3%	1,186,489	283,798,386
2009 [2]	99,190,658	72,462,966	26,727,692	73.1%	470,193	106,975,048
Total	991,376,768	666,360,255	325,016,514	67.2%	5,822,909	1,467,654,105

PMPM Basis

Year	Premium	Incurred Cost of Care [1]	Gross Margin	Loss Ratio	Member-Months	Premium at 2008 Rates
2004	142.96	86.79	56.17	60.7%	971,082	272.73
2005	153.60	103.18	50.42	67.2%	1,144,514	259.09
2006	168.48	110.96	57.52	65.9%	1,256,815	249.16
2007	180.06	126.60	53.46	70.3%	1,264,009	244.73
2008	200.10	138.65	61.44	69.3%	1,186,489	239.19
2009 [2]	210.96	154.11	56.84	73.1%	470,193	227.51
Total	170.25	114.44	55.82	67.2%	5,822,909	252.05

Notes:

(1) Based on claim payments through August 31, 2009

(2) May 31, 2009 YTD, based on claim payments through August 31, 2009

Anthem Blue Cross Blue Shield
Colorado Individual Line of Business
Experience Period: June 1, 2008 through May 31, 2009 Paid through August 2009
Rate Period: January 1, 2010 through December 31, 2011

III-a. TOTAL CO: Rate Increase Derivation - Retention Load - Claims Trend - Rate Change History

	Rate Derivation [1] Gross	PMPM
Earned Premium: (Experience period) [2]:	235,745,464	204.25
Incurred & Paid Claims:	166,641,265	144.38
Outstanding Claim Liability:	2,845,871	2.47
Total Claims:	169,487,136	146.84
Less Actual Large Claims [3]:	(31,963,578)	(27.69)
Plus Average Large Claims PMPM [3]:	31,963,578	27.69
Total Adjusted Claims:	169,487,136	146.84
Gross Margin:	66,258,328	57.41
Incurred Loss Ratio:	71.9%	
Members (Experience Period):	1,154,209	
Average Members (Experience Period):	96,184	
Members, Last Month of Experience Period:	93,936	
Midpoint of Experience Period:		11/30/2008
Midpoint of Rate Period [4]:		12/30/2010
Months of Movement:		25.00
Annual Trend [5]:		15.5%
Trend Factor		1.349
Net Projected Claims:	228,721,324	198.16
Premium at Current Rates [6]:	268,905,282	232.98
Rate Change Indicated by Target Loss Ratio:	22.7%	
Filed Base Rate Increase:	19.9%	
Net Premium after Filed Rate Increase:	322,379,027	279.31
EFT Discount[8]:	(1,169,285)	(1.01)
Premium including EFT Discount:	321,209,742	278.29
Projected Loss Ratio at Current Rates:	85.1%	*(= 198.16 / 232.98)*
Target Loss Ratio:	69.6%	
Projected Loss Ratio w/Rate Incr & EFT Disc:	71.2%	*(= 198.16 / 278.29)*

Proposed Pricing Retention Load	% of Premium	Fixed	Target Load % of Premium
After-Tax Profit/Risk Margin:	5.5%	$15.18	6.5%
Income Tax:	2.9%	$8.18	3.5%
Premium Tax:	1.0%	$2.78	1.0%
Admin Expense:	12.9%	$35.90	12.9%
Broker Commission:	6.5%	$18.09	6.5%
	28.8%	$80.13	30.4%
Projected Loss Ratio	71.2%	$198.16	69.6%
Total	100.0%	$278.29	100.0%

Claims Trend [4] Current	Filed	Change
14.4%	15.5%	1.1%

Rate Change History Effective Date	Average Renewal Increase	Average New Business Increase
1/1/2002	15.9%	15.9%
1/1/2003	12.3%	12.3%
1/1/2004	7.3%	7.3%
1/1/2005	13.1%	13.1%
1/1/2006	14.1%	14.1%
1/1/2007	9.3%	9.3%
1/1/08 ~ 2/1/08 [7]	13.5%	13.5%
1/1/2009	12.0%	12.0%
7/1/2009	6.4%	6.4%
Cumulative:	166.4%	166.4%
Annualized:	13.0%	13.0%

Additional Premium Impact[8]	
Impact of EFT Discount, average over all members:	-0.4%
Total Effective Annualized Premium Increase:	**19.5%**

Notes:

(1) Baseline Data: The Blue Preferred, Lumenos, SmartSense, Anthem HSA, Tonik and Right Plan PPO products are Anthem BCBS of Colorado's actively marketed individual product line.

(2) Premium paid to Anthem may be net of other adjustments, incentives and fees such as Cover Colorado assessments, insufficient fund fees, and other adjustments permitted by the policy.

(3) Claims are adjusted by backing out actual large claims experience (single claims with paid amount > $25K) and adding back in average large claims experience for total CO

(4) The filed rates apply to existing business and to new business sold January 1, 2010 to December 31, 2010.
Rates for existing members will be guaranteed until the first day of their anniversary month. So, the effective period for the filed rates extends from January 1, 2010 to December 31, 2011.

(5) See Exhibits IV and V for supporting documentation on the trend assumption.

(6) Premium at Current Rates (On-rate-level-premium): the premium that would have been generated if rates effective July 1st, 2009 had been in effect during the entire experience period.

(7) Rate Increase for Lumenos plans was effective February 1, 2008 and the increase for all other plans was effective January 1, 2008. The overall average increase was 13.5%.

(8) Electronic Funds Transfer discount: Subscribers who have their premium payments auto-withdrawn from their checking accounts will receive a $5 discount per bill.
This discount, averaged over all members and assuming 30% of subscribers have payments auto-withdrawn, is approximately $1.01 pmpm.

Anthem Blue Cross Blue Shield
Colorado Individual Line of Business
Experience Period: June 1, 2008 through May 31, 2009 Paid through August 2009
Rate Period: January 1, 2010 through December 31, 2011

III-b. BLUE PREFERRED: Rate Increase Derivation - Retention Load - Claims Trend

	Rate Derivation [1] Gross	PMPM
Earned Premium: (Experience period) [2]:	149,828,651	230.83
Incurred & Paid Claims:	110,365,206	170.03
Outstanding Claim Liability:	2,028,628	3.13
Total Claims:	112,393,834	173.16
Less Actual Large Claims [3]:	(20,651,987)	(31.82)
Plus Average Large Claims PMPM [3]:	17,975,270	27.69
Total Adjusted Claims:	109,717,117	169.03
Gross Margin:	40,111,533	61.80
Incurred Loss Ratio:	73.2%	
Members (Experience Period):	649,089	
Average Members (Experience Period):	54,091	
Members, Last Month of Experience Period:	46,408	
Midpoint of Experience Period:		11/30/2008
Midpoint of Rate Period [4]:		12/30/2010
Months of Movement:		25.00
Annual Trend [5]:		15.5%
Trend Factor		1.350
Net Projected Claims:	148,139,887	228.23
Premium at Current Rates [6]:	173,071,180	266.64
Rate Change Indicated by Target Loss Ratio:	21.8%	
Filed Base Rate Increase:	21.2%	
Net Premium after Filed Rate Increase:	209,707,765	323.08
EFT Discount[7]:	(657,568)	(1.01)
Premium including EFT Discount:	209,050,197	322.07
Projected Loss Ratio at Current Rates:	85.6%	*(= 228.23 / 266.64)*
Target Loss Ratio:	70.5%	
Projected Loss Ratio w/Rate Incr & EFT Disc:	70.9%	*(= 228.23 / 322.07)*

Proposed Pricing Retention Load	% of Premium	Fixed	Target Load % of Premium
After-Tax Profit/Risk Margin:	6.2%	$20.12	6.5%
Income Tax:	3.4%	$10.84	3.5%
Premium Tax:	1.0%	$3.22	1.0%
Admin Expense:	12.0%	$38.72	12.0%
Broker Commission:	6.5%	$20.93	6.5%
	29.1%	$93.84	29.5%
Projected Loss Ratio	70.9%	$228.23	70.5%
Total	100.0%	$322.07	100.0%

Claims Trend [5] Current	Filed	Change
14.4%	15.5%	1.1%

Additional Premium Impact[7]	
Impact of EFT Discount, average over all members:	-0.4%
Total Effective Annualized Premium Increase:	**20.8%**

Notes:

(1) Baseline Data: All Blue Preferred products of Anthem BCBS of Colorado's actively marketed individual product line.

(2) Premium paid to Anthem may be net of other adjustments, incentives and fees such as Cover Colorado assessments, insufficient fund fees, and other adjustments permitted by the policy.

(3) Claims are adjusted by backing out actual large claims experience (single claims with paid amount > $25K) and adding back in average large claims experience for total CO

(4) The filed rates apply to existing business and to new business sold January 1, 2010 to December 31, 2010.
Rates for existing members will be guaranteed until the first day of their anniversary month. So, the effective period for the filed rates extends from January 1, 2010 to December 31, 2011.

(5) See Exhibits IV and V for supporting documentation on the trend assumption.

(6) Premium at Current Rates (On-rate-level-premium): the premium that would have been generated if rates effective July 1st, 2009 had been in effect during the entire experience period.

(7) Electronic Funds Transfer discount: Subscribers who have their premium payments auto-withdrawn from their checking accounts will receive a $5 discount per bill.
This discount, averaged over all members and assuming 30% of subscribers have payments auto-withdrawn, is approximately $1.01 pmpm.

Anthem Blue Cross Blue Shield
Colorado Individual Line of Business
Experience Period: June 1, 2008 through May 31, 2009 Paid through August 2009
Rate Period: January 1, 2010 through December 31, 2011

III-c. Anthem HSA: Rate Increase Derivation - Retention Load - Claims Trend

	Rate Derivation [1] Gross	PMPM
Earned Premium: (Experience period) [2]:	31,371,236	185.45
Incurred & Paid Claims:	21,720,313	128.40
Outstanding Claim Liability:	309,117	1.83
Total Claims:	22,029,430	130.23
Less Actual Large Claims [3]:	(4,119,134)	(24.35)
Plus Average Large Claims PMPM [3]:	4,684,527	27.69
Total Adjusted Claims:	22,594,824	133.57
Gross Margin:	8,776,412	51.88
Incurred Loss Ratio:	72.0%	
Members (Experience Period):	169,159	
Average Members (Experience Period):	14,097	
Members, Last Month of Experience Period:	11,542	
Midpoint of Experience Period:		11/30/2008
Midpoint of Rate Period [4]:		12/30/2010
Months of Movement:		25.00
Annual Trend [5]:		15.5%
Trend Factor		1.350
Net Projected Claims:	30,507,497	180.35
Premium at Current Rates [6]:	34,945,956	206.59
Rate Change Indicated by Target Loss Ratio:	27.2%	
Filed Base Rate Increase:	21.8%	
Net Premium after Rate Increase	42,576,456	251.70
EFT Discount[7]:	(171,368)	(1.01)
Premium including EFT Discount:	42,405,088	250.68
Projected Loss Ratio at Current Rates:	87.3%	*(= 180.35 / 206.59)*
Target Loss Ratio:	68.9%	
Projected Loss Ratio w/Rate Incr & EFT Disc:	71.9%	*(= 180.35 / 250.68)*

Proposed Pricing Retention Load	% of Premium	Fixed	Target Load % of Premium
After-Tax Profit/Risk Margin:	4.5%	$11.32	6.5%
Income Tax:	2.4%	$6.09	3.5%
Premium Tax:	1.0%	$2.51	1.0%
Admin Expense:	13.6%	$34.12	13.6%
Broker Commission:	6.5%	$16.29	6.5%
	28.1%	$70.33	31.1%
Projected Loss Ratio	71.9%	$180.35	68.9%
Total	100.0%	$250.68	100.0%

Claims Trend [5]		
Current	Filed	Change
14.4%	15.5%	1.1%

Additional Premium Impact[7]	
Impact of EFT Discount, average over all members:	-0.5%
Total Effective Annualized Premium Increase:	**21.3%**

Notes:

(1) Baseline Data: Anthem HSA products of Anthem BCBS of Colorado's actively marketed individual product line.

(2) Premium paid to Anthem may be net of other adjustments, incentives and fees such as Cover Colorado assessments, insufficient fund fees, and other adjustments permitted by the policy.

(3) Claims are adjusted by backing out actual large claims experience (single claims with paid amount > $25K) and adding back in average large claims experience for total CO

(4) The filed rates apply to existing business and to new business sold January 1, 2010 to December 31, 2010.
Rates for existing members will be guaranteed until the first day of their anniversary month. So, the effective period for the filed rates extends from January 1, 2010 to December 31, 2011.

(5) See Exhibits IV and V for supporting documentation on the trend assumption.

(6) Premium at Current Rates (On-rate-level-premium): the premium that would have been generated if rates effective July 1st, 2009 had been in effect during the entire experience period.

(7) Electronic Funds Transfer discount: Subscribers who have their premium payments auto-withdrawn from their checking accounts will receive a $5 discount per bill.
This discount, averaged over all members and assuming 30% of subscribers have payments auto-withdrawn, is approximately $1.01 pmpm.

Anthem Blue Cross Blue Shield
Colorado Individual Line of Business
Experience Period: June 1, 2008 through May 31, 2009 Paid through August 2009
Rate Period: January 1, 2010 through December 31, 2011

III-d1. Lumenos CDHP: Rate Increase Derivation - Retention Load - Claims Trend

	Rate Derivation (1) Gross	PMPM
Earned Premium: (Experience period) (2):	39,478,473	180.49
Incurred & Paid Claims:	23,822,653	108.91
Outstanding Claim Liability:	268,744	1.23
Total Claims:	24,091,397	110.14
Less Actual Large Claims (3):	(5,160,335)	(23.59)
Plus Average Large Claims PMPM (3):	6,057,386	27.69
Total Adjusted Claims:	24,988,449	114.24
Gross Margin:	14,490,024	66.25
Incurred Loss Ratio:	63.3%	
Members (Experience Period):	218,733	
Average Members (Experience Period):	18,228	
Members, Last Month of Experience Period:	21,938	
Midpoint of Experience Period:		11/30/2008
Midpoint of Rate Period (4):		12/30/2010
Months of Movement:		25.00
Annual Trend (5):		15.5%
Trend Factor		1.350
Net Projected Claims:	33,739,367	154.25
Premium at Current Rates (7):	43,726,930	199.91
Rate Change Indicated by Target Loss Ratio:	13.8%	
Filed Base Rate Increase:	13.8%	
Net Premium after Rate Increase	49,754,324	227.47
EFT Discount(8):	(221,590)	(1.01)
Premium including EFT Discount:	49,532,733	226.45
Projected Loss Ratio at Current Rates:	77.2%	*(= 154.25 / 199.91)*
Target Loss Ratio:	68.1%	
Projected Loss Ratio w/Rate Incr & EFT Disc:	68.1%	*(= 154.25 / 226.45)*

Proposed Pricing Retention Load	% of Premium	Fixed	Target Load % of Premium
After-Tax Profit/Risk Margin:	6.5%	$14.73	6.5%
Income Tax:	3.5%	$7.93	3.5%
Premium Tax:	1.0%	$2.26	1.0%
Admin Expense:	14.4%	$32.56	14.4%
Broker Commission:	6.5%	$14.72	6.5%
	31.9%	$72.20	31.9%
Projected Loss Ratio	68.1%	$154.25	68.1%
Total	100.0%	$226.45	100.0%

Claims Trend (5) Current	Filed	Change
14.4%	15.5%	1.1%

Quarterly Trend Increases(6) Anniversary Period	New Sales	Renewal Business
Q1 2010	7.8%	14.3%
Q2 2010	3.7%	18.5%
Q3 2010	3.7%	15.9%
Q4 2010	3.7%	20.1%
Annualized Increase	**13.8%**	

Additional Premium Impact(8)	
Impact of EFT Discount, average over all members:	-0.5%
Total Effective Annualized Premium Increase:	**13.3%**

Notes:

(1) Baseline Data: Lumenos CDHP products of Anthem BCBS of Colorado's actively marketed individual product line.
(2) Premium paid to Anthem may be net of other adjustments, incentives and fees such as Cover Colorado assessments, insufficient fund fees, and other adjustments permitted by the policy.
(3) Claims are adjusted by backing out actual large claims experience (single claims with paid amount > $25K) and adding back in average large claims experience for total CO
(4) The filed rates apply to existing business and to new business sold January 1, 2010 to December 31, 2010.
Rates for existing members will be guaranteed until the first day of their anniversary month. So, the effective period for the filed rates extends from January 1, 2010 to December 31, 2011.
(5) See Exhibits IV and V for supporting documentation on the trend assumption.
(6) See Exhibit III-d2 for supporting documentation
(7) Premium at Current Rates (On-rate-level-premium): the premium that would have been generated if rates effective July 1st, 2009 had been in effect during the entire experience period.
(8) Electronic Funds Transfer discount: Subscribers who have their premium payments auto-withdrawn from their checking accounts will receive a $5 discount per bill.
This discount, averaged over all members and assuming 30% of subscribers have payments auto-withdrawn, is approximately $1.01 pmpm.

Anthem Blue Cross Blue Shield
Colorado Individual Line of Business

III-d2. Lumenos CDHP Projections Detail

-- PROJECTION USES PREMIUM AT CURRENT RATES --

Baseline Experience Period:	**6/1/2008**	**to**	**5/31/2009**	**Midpoint:**	**11/30/2008**
Assumed Annual Claims Trend:	**15.5%**				

Baseline Experience for Lumenos by Duration

(duration -->)	Q1	Q2	Q3	Q4	Y1 total	*(Transfer Business)* [1] Y2	Y3+	Total
Members	25,891	22,529	20,821	19,166	88,406	46,305	84,068	218,779
Prem (Current Rates)	$178.34	$192.78	$201.17	$204.70	$193.11	$204.23	$204.67	$199.91
Claims	$52.09	$104.00	$94.25	$132.63	$92.71	$137.72	$123.96	$114.24
MLR	29.2%	54.0%	46.8%	64.8%	48.0%	67.4%	60.6%	57.1%

Durational Relationship from BP[2]		
Y1	Y2	Y3+
59.4%	71.7%	76.6%
1.000	1.206	1.289

Fitted Baseline Experience for Lumenos by Duration[2]

(duration -->)	Q1	Q2	Q3	Q4	Y1 total	Y2	Y3+	Total
Members	25,891	22,529	20,821	19,166	88,406	46,305	84,068	218,779
Prem (Current Rates)	$178.34	$192.78	$201.17	$204.70	$193.11	$204.23	$204.67	$199.91
Claims	$53.53	$106.89	$96.86	$136.31	$95.28	$121.57	$130.14	$114.24
Smoothed MLR	30.0%	55.4%	48.1%	66.6%	49.3%	59.5%	63.6%	57.1%

Claims Projection (based off of fitted baseline experience):

Target Loss Ratio: **67.8%** *(excluding EFT discount)*

TOTAL CY 2010	1/1/2010	to	12/31/2010		
Rating Period:	1/1/2010	to	12/31/2011	Midpoint:	12/31/2010
Months of Movement:	25.0				

(duration -->)	Q1	Q2	Q3	Q4	Y1 total	Y2	Y3+	Total
Projected Members	35,007	30,461	28,152	25,914	119,534	62,608	113,669	295,812
Prem (Current Rates)	$178.34	$192.78	$201.17	$204.70	$193.11	$204.23	$204.67	$199.91
Projected Claims	$72.28	$144.32	$130.78	$184.04	$128.65	$164.14	$175.72	$154.25
Projected MLR	40.5%	74.9%	65.0%	89.9%	66.6%	80.4%	85.9%	**77.2%**

Projection By Anniversary Quarter

	Q1 2010	Q2 2010	Q3 2010	Q4 2010	**Total 2010**	
Projected MLR	73.1%	75.8%	78.6%	81.4%	**77.2%**	*(quarterly loss ratios increase by quarterly trend factor: 1.155^0.25 = 1.037)*
Target MLR	67.8%				**67.8%**	
New Business Prem Incr:	**7.8%**	**3.7%**	**3.7%**	**3.7%**	**13.8%**	
	(Q1 / 67.8) -1	*(Q2 / Q1) - 1*	*(Q3 / Q2) - 1*	*(Q4 / Q3) - 1*		
Renewal Business Incr[3]:	**14.3%**	**18.5%**	**15.9%**	**20.1%**		

Notes:

(1) Duration is calculated on when the member first joined Anthem; many of the Y2 & Y3+ members for Lumenos are current Anthem members transferring from other products.

(2) Durations Y2 and Y3+ actual Lumenos experience has benefited from positive selection due to transfers from other products.
Durations Y1, Y2, & Y3+ Loss Ratio relativities are used from the Blue Preferred product line to fit the baseline experience for projection purposes.

(3) Rates for existing members are guaranteed until the first day of their anniversary month. The last rate action filed was a 6% increase effective 7/1/09, thus effective increase in 2010 will depend on member's anniversary month. For example, members with anniversary months in Q1 have an effective increase of (1.06 * 1.078) - 1 = 14.3% and members with anniversary months in Q3 would have already received the 7/1/09 increase and therefore their 2010 increase will be (1.078 * 1.037 * 1.037) - 1 = 15.9%

Anthem Blue Cross Blue Shield
Colorado Individual Line of Business
Experience Period: June 1, 2008 through May 31, 2009 Paid through August 2009
Rate Period: January 1, 2010 through December 31, 2011

III-e. TONIK: Rate Increase Derivation - Retention Load - Claims Trend

	Rate Derivation [1] Gross	PMPM	
Earned Premium: (Experience period) [2]:	12,074,721	130.93	
Incurred & Paid Claims:	9,352,128	101.41	
Outstanding Claim Liability:	175,328	1.90	
Total Claims:	9,527,457	103.31	
Less Actual Large Claims [3]:	(1,865,819)	(20.23)	
Plus Average Large Claims PMPM [3]:	2,553,948	27.69	
Total Adjusted Claims:	10,215,586	110.77	
Gross Margin:	1,859,135	20.16	
Incurred Loss Ratio:	84.6%		
Members (Experience Period):	92,223		
Average Members (Experience Period):	7,685		
Members, Last Month of Experience Period:	7,458		
Midpoint of Experience Period:		11/30/2008	
Midpoint of Rate Period [4]:		12/30/2010	
Months of Movement:		25.00	
Annual Trend [5]:		15.5%	
Trend Factor		1.350	
Net Projected Claims:	13,793,069	149.56	
Premium at Current Rates [6]:	13,980,025	151.59	
Rate Change Indicated by Target Loss Ratio:	49.9%		
Filed Base Rate Increase:	20.0%		
Net Premium after Filed Rate Increase:	16,776,030	181.91	
EFT Discount[7]:	(93,428)	(1.01)	
Premium including EFT Discount:	16,682,602	180.89	
Projected Loss Ratio at Current Rates:	98.7%	*(= 149.56 / 151.59)*	
Target Loss Ratio:	66.1%		
Projected Loss Ratio w/Rate Incr & EFT Disc:	82.7%	*(= 149.56 / 180.89)*	

Proposed Pricing Retention Load	% of Premium	Fixed	Target Load % of Premium
After-Tax Profit/Risk Margin:	-4.3%	($7.70)	6.5%
Income Tax:	-2.3%	($4.15)	3.5%
Premium Tax:	1.0%	$1.81	1.0%
Admin Expense:	16.4%	$29.62	16.4%
Broker Commission:	6.5%	$11.76	6.5%
	17.3%	$31.33	33.9%
Projected Loss Ratio	82.7%	$149.56	66.1%
Total	100.0%	$180.89	100.0%

Claims Trend [5]		
Current	Filed	Change
14.4%	15.5%	1.1%

Additional Premium Impact[7]	
Impact of EFT Discount, average over all members:	-0.7%
Total Effective Annualized Premium Increase:	**19.3%**

Notes:

(1) Baseline Data: All Tonik products of Anthem BCBS of Colorado's actively marketed individual product line.
(2) Premium paid to Anthem may be net of other adjustments, incentives and fees such as Cover Colorado assessments, insufficient fund fees, and other adjustments permitted by the policy.
(3) Claims are adjusted by backing out actual large claims experience (single claims with paid amount > $25K) and adding back in average large claims experience for total CO
(4) The filed rates apply to existing business and to new business sold January 1, 2010 to December 31, 2010.
Rates for existing members will be guaranteed until the first day of their anniversary month. So, the effective period for the filed rates extends from January 1, 2010 to December 31, 2011.
(5) See Exhibits IV and V for supporting documentation on the trend assumption.
(6) Premium at Current Rates (On-rate-level-premium): the premium that would have been generated if rates effective July 1st, 2009 had been in effect during the entire experience period.
(7) Electronic Funds Transfer discount: Subscribers who have their premium payments auto-withdrawn from their checking accounts will receive a $5 discount per bill.
This discount, averaged over all members and assuming 30% of subscribers have payments auto-withdrawn, is approximately $1.01 pmpm.

Anthem Blue Cross Blue Shield
Colorado Individual Line of Business
Experience Period: June 1, 2008 through May 31, 2009 Paid through August 2009
Rate Period: January 1, 2010 through December 31, 2011

III-f1. SmartSense: Rate Increase Derivation - Retention Load - Claims Trend

	Rate Derivation [1] Gross	PMPM
Earned Premium: (Experience period) [2]:	2,239,359	105.41
Incurred & Paid Claims:	900,313	42.38
Outstanding Claim Liability :	59,473	2.80
Total Claims:	959,786	45.18
Less Actual Large Claims [3]:	(166,304)	(7.83)
Plus Average Large Claims PMPM [3]:	588,346	27.69
Total Adjusted Claims:	1,381,828	65.04
Gross Margin:	857,531	40.36
SmartSense Incurred Loss Ratio[4]:	61.7%	
BluePreferred Incurred Loss Ratio:	73.2%	
Credibility Weighted Loss Ratio & Claim PMPM:	**62.4%**	**65.76**
Members (Experience Period):	21,245	
Average Members (Experience Period):	1,770	
Members, Last Month of Experience Period:	6,331	
Midpoint of Experience Period:		11/30/2008
Midpoint of Rate Period [5]:		12/30/2010
Months of Movement:		25.00
Annual Trend [6]:		15.5%
Trend Factor		1.350
Net Projected Claims using Pricing Loss Ratio:	1,886,345	88.79
Premium at Current Rates [8]:	2,536,417	119.39
Rate Change Indicated by Target Loss Ratio:	15.3%	
Filed Base Rate Increase:	15.3%	
Net Premium after Rate Increase	2,923,517	137.61
EFT Discount[9]:	(21,523)	(1.01)
Premium including EFT Discount:	2,901,995	136.60
Projected Loss Ratio at Current Rates:	74.4%	*(= 88.79 / 119.39)*
Target Loss Ratio:	65.0%	
Projected Loss Ratio w/Rate Incr & EFT Disc:	65.0%	*(= 88.79 / 136.60)*

Proposed Pricing Retention Load	% of Premium	Fixed	Target Load % of Premium
After-Tax Profit/Risk Margin:	5.1%	$7.02	5.1%
Income Tax:	2.8%	$3.78	2.8%
Premium Tax:	1.0%	$1.37	1.0%
Admin Expense:	19.6%	$26.76	19.6%
Broker Commission:	6.5%	$8.88	6.5%
	35.0%	$47.81	35.0%
Projected Loss Ratio	65.0%	$88.79	65.0%
Total	100.0%	$136.60	100.0%

Claims Trend [6] Current	Filed	Change
14.4%	15.5%	1.1%

Credibility Weights [4]	SmartSense	Blue Preferred
Credibility Weight:	0.941	0.059

Quarterly Trend Increases[7] Anniversary Period	New Sales	Renewal Business
Q1 2010	9.2%	14.7%
Q2 2010	3.7%	18.9%
Q3 2010	3.7%	17.4%
Q4 2010	3.7%	21.7%
Annualized Increase	**15.3%**	

Additional Premium Impact[9]	
Impact of EFT Discount, average over all members:	-0.8%
Total Effective Annualized Premium Increase:	**14.4%**

Notes:

(1) Baseline Data: All SmartSense products of Anthem BCBS of Colorado's actively marketed individual product line.
(2) Premium paid to Anthem may be net of other adjustments, incentives and fees such as Cover Colorado assessments, insufficient fund fees, and other adjustments permitted by the policy.
(3) Claims are adjusted by backing out actual large claims experience (single claims with paid amount > $25K) and adding back in average large claims experience for total CO
(4) SmartSense experience alone does not meet credibility standards put forth in CO Regulation 4-2-11 so actual experience has been combined with the BluePreffered product line for projection purposes.
Credibility weights have been determined using the formula provided in Regulation 4-2-11. There were 1,770 SmartSense life years in the experience period so the credibility factor = SQRT(1770/2000) = .941.
(5) The filed rates apply to existing business and to new business sold January 1, 2010 to December 31, 2010.
Rates for existing members will be guaranteed until the first day of their anniversary month. So, the effective period for the filed rates extends from January 1, 2010 to December 31, 2011.
(6) See Exhibits IV and V for supporting documentation on the trend assumption.
(7) See Exhibit III-f2 for supporting documentation
(8) Premium at Current Rates (On-rate-level-premium): the premium that would have been generated if rates effective July 1st, 2009 had been in effect during the entire experience period.
(9) Electronic Funds Transfer discount: Subscribers who have their premium payments auto-withdrawn from their checking accounts will receive a $5 discount per bill.
This discount, averaged over all members and assuming 30% of subscribers have payments auto-withdrawn, is approximately $1.01 pmpm.

Anthem Blue Cross Blue Shield
Colorado Individual Line of Business

III-f2. SmartSense Projections Detail

-- PROJECTION USES PREMIUM AT CURRENT RATES --

Baseline Experience Period:	**6/1/2008**	**to**	**5/31/2009**	**Midpoint:**	**11/30/2008**
Assumed Annual Claims Trend:	**15.5%**				

Baseline Experience for SmartSense by Duration

(duration -->)	Q1	Q2	Q3	Q4	Y1 total	*(Transfer Business)*[1] Y2	Y3+	Total
Members	14,142	3,178	56	90	17,466	538	3,323	21,328
Prem (Current Rates)	$105.16	$110.14	$105.10	$119.07	$106.14	$111.58	$134.01	$110.62
Claims	$62.74	$91.38	$81.07	$15.71	$67.77	$47.10	$58.24	$65.76
MLR	59.7%	83.0%	77.1%	13.2%	63.8%	42.2%	43.5%	59.4%

Durational Relationship from BP[2]		
Y1	Y2	Y3+
59.4%	71.7%	76.6%
1.000	1.206	1.289

Assumed Baseline Experience for SmartSense by Duration[2]

(duration -->)	Q1	Q2	Q3	Q4	Y1 total	Y2	Y3+	Total
Membership Weight[2]	11%	9%	8%	7%	35%	26%	38%	100%
Prem (Current Rates)	$105.16	$110.14	$105.10	$119.07	$109.34	$111.58	$134.01	$119.39
Claims	$35.39	$54.09	$54.37	$67.41	$51.26	$63.10	$80.96	$65.76
Smoothed MLR	33.6%	49.1%	51.7%	56.6%	46.9%	56.6%	60.4%	55.1%

Claims Projection (based off of assumed baseline experience):

Target Loss Ratio: **64.5%** *(excluding EFT discount)*

TOTAL CY 2010	1/1/2010	to	12/31/2010		
Rating Period:	1/1/2010	to	12/31/2011	Midpoint:	12/31/2010
Months of Movement:	25.0				

(duration -->)	Q1	Q2	Q3	Q4	Y1 total	Y2	Y3+	Total
Expected Member Months	29,430	24,559	22,242	20,335	96,567	71,856	104,672	273,095
Prem (Current Rates)	$105.16	$110.14	$105.10	$119.07	$109.34	$111.58	$134.01	$119.39
Projected Claims	$47.78	$73.03	$73.41	$91.01	$69.21	$85.20	$109.32	$88.79
Projected MLR	45.4%	66.3%	69.8%	76.4%	63.3%	76.4%	81.6%	**74.4%**

Projection By Anniversary Quarter

	Q1 2010	Q2 2010	Q3 2010	Q4 2010	**Total 2010**	
Projected MLR	70.5%	73.0%	75.7%	78.5%	**74.4%**	*(quarterly loss ratios increase by quarterly trend factor: 1.155^0.25 = 1.037)*
Target MLR	64.5%				**64.5%**	
New Business Prem Incr:	**9.2%**	**3.7%**	**3.7%**	**3.7%**	**15.3%**	
	(Q1 / 64.5) -1	*(Q2 / Q1) - 1*	*(Q3 / Q2) - 1*	*(Q4 / Q3) - 1*		
Renewal Business Incr[3]:	**14.7%**	**18.9%**	**17.4%**	**21.7%**		

Notes:

(1) Duration is calculated on when the member joined Anthem; all of the Y2 & Y3+ members for SmartSense are current Anthem members transferring from other products since SmartSense was introduced at the end of 2008.

(2) Due to recent introduction of SmartSense , experience period data has not fully been developed. Therefore for projection purposes we are using the actual SmartSense experience adjusted for large claims and credibility weighted with the BluePreferred experience (please refer to exhibit III-f1 for further documentation)
Duration Y1, Y2, & Y3+ Loss Ratio relativities are used from the Blue Preferred product line to fit the baseline experience for projection purposes.

(3) Rates for existing members are guaranteed until the first day of their anniversary month. The last rate action filed was a 5% increase effective 7/1/09, thus effective increase in 2010 will depend on member's anniversary month. For example, members with anniversary months in Q1 have an effective increase of (1.05 * 1.092) - 1 = 14.7% and members with anniversary months in Q3 would have already received the 7/1/09 increase and therefore their 2010 increase will be (1.092 * 1.037 * 1.037) - 1 = 17.4%

Anthem Blue Cross Blue Shield
Colorado Individual Line of Business
Experience Period: June 1, 2008 through May 31, 2009 Paid through August 2009
Rate Period: January 1, 2010 through December 31, 2011

III-g. Right Plan: Rate Increase Derivation - Retention Load - Claims Trend

	Rate Derivation [1] Gross	PMPM
Earned Premium: (Experience period) [2]:	753,024	200.32
Incurred & Paid Claims:	275,487	73.29
Outstanding Claim Liability:	4,580	1.22
Total Claims:	280,067	74.50
Less Actual Large Claims [3]:	0	0.00
Plus Average Large Claims PMPM [3]:	104,100	27.69
Total Adjusted Claims:	384,167	102.20
Gross Margin:	368,857	98.12
Right Plan Incurred Loss Ratio[4]:	51.0%	
BluePreferred Incurred Loss Ratio:	73.2%	
Credibility Weighted Loss Ratio & Claim PMPM:	**64.4%**	**129.08**
Members (Experience Period):	3,759	
Average Members (Experience Period):	313	
Members, Last Month of Experience Period:	261	
Midpoint of Experience Period:		11/30/2008
Midpoint of Rate Period [5]:		12/30/2010
Months of Movement:		25.00
Annual Trend [6]:		15.5%
Trend Factor		1.350
Net Projected Credibility Weighted Claims:	655,160	174.29
Premium at Current Rates [7]:	819,754	218.07
Rate Change Indicated by Target Loss Ratio:	17.9%	
Filed Base Rate Increase:	3.8%	
Net Premium after Rate Increase	850,710	226.31
EFT Discount[8]:	(3,808)	(1.01)
Premium including EFT Discount:	846,902	225.30
Projected Loss Ratio at Current Rates:	79.9%	*(= 174.29 / 218.07)*
Target Loss Ratio:	68.1%	
Projected Loss Ratio w/Rate Incr & EFT Disc:	77.4%	*(= 174.29 / 225.30)*

Proposed Pricing Retention Load	% of Premium	Fixed	Target Load % of Premium
After-Tax Profit/Risk Margin:	0.5%	$1.06	6.5%
Income Tax:	0.3%	$0.57	3.5%
Premium Tax:	1.0%	$2.25	1.0%
Admin Expense:	14.4%	$32.48	14.4%
Broker Commission:	6.5%	$14.64	6.5%
	22.6%	$51.01	31.9%
Projected Loss Ratio	77.4%	$174.29	68.1%
Total	100.0%	$225.30	100.0%

Claims Trend [6] Current	Filed	Change
14.4%	15.5%	1.1%

Credibility Weights [4]	Right Plan	Blue Preferred
Credibility Weight:	0.396	0.604

Additional Premium Impact[8]	
Impact of EFT Discount, average over all members:	-0.5%
Total Effective Annualized Premium Increase:	**3.3%**

Notes:

(1) Baseline Data: RightPlan products of Anthem BCBS of Colorado's actively marketed individual product line. RightPlan experience is then combined with BluePreferred experience for projection purposes using credibility weights - please see footnote (3)

(2) Premium paid to Anthem may be net of other adjustments, incentives and fees such as Cover Colorado assessments, insufficient fund fees, and other adjustments permitted by the policy.

(3) Claims are adjusted by backing out actual large claims experience (single claims with paid amount > $25K) and adding back in average large claims experience for total CO

(4) Right Plan experience alone does not meet credibility standards put forth in CO Regulation 4-2-11 so actual experience has been combined with the BluePreffered product line for projection purposes. Credibility weights have been determined using the formula provided in Regulation 4-2-11. There were 322 Right Plan life years in the experience period so the credibility factor = SQRT(322/2000) = .401. The BluePreferred credibility factor is 1 - .401 = .599.

(5) The filed rates apply to existing business and to new business sold January 1, 2010 to December 31, 2010. Rates for existing members will be guaranteed until the first day of their anniversary month. So, the effective period for the filed rates extends from January 1, 2010 to December 31, 2011.

(6) See Exhibits IV and V for supporting documentation on the trend assumption.

(7) Premium at Current Rates (On-rate-level-premium): the premium that would have been generated if rates effective July 1st, 2009 had been in effect during the entire experience period.

(8) Electronic Funds Transfer discount: Subscribers who have their premium payments auto-withdrawn from their checking accounts will receive a $5 discount per bill. This discount, averaged over all members and assuming 30% of subscribers have payments auto-withdrawn, is approximately $1.01 pmpm.

Anthem Blue Cross Blue Shield
Colorado Individual and Small Group Lines of Business
Experience Period: January 1, 2008 through December 31, 2008 Paid through May 2009

IV. Rating Area Definitions and Factors - Lumenos & SmartSense Factor Derivation [1]

	January to December 2008 Experience Detail						Total Historical Adjusted Claims Factors [4]				Area Factors		
	Individual		Small Group		Total								
	MMS	Adjusted Claims Factor [2]	MMS	Adjusted Claims Factor [2]	MMS	Adjusted Claims Factor [2]	2005 Claims Experience [2]	2006 Claims Experience [2]	2007 Claims Experience [2]	2008 Claims Experience [2]	Current Individual Area Factor	Proposed 2010 Area Factor [3]	% Change
1 Weld	55,156	1.057	64,451	1.107	119,608	1.084	1.108	1.209	1.177	1.084	1.168	1.230	5.31%
1 Gunnison	24,486	0.870	6,636	1.334	31,122	0.969	1.127	1.119	0.993	0.969	1.168	1.230	5.31%
1 Routt	29,605	1.458	6,109	2.094	35,713	1.567	1.319	1.263	1.147	1.567	1.168	1.230	5.31%
1 Summit	20,045	1.605	4,247	1.852	24,292	1.649	1.348	1.368	1.361	1.649	1.168	1.230	5.31%
1 Morgan	12,519	1.379	4,738	1.594	17,256	1.438	1.073	1.155	1.190	1.438	1.168	1.230	5.31%
1 Eagle	21,910	1.569	4,763	1.493	26,674	1.556	1.345	1.264	1.389	1.556	1.168	1.230	5.31%
1 Logan	8,569	1.502	2,383	1.622	10,952	1.528	1.158	1.081	1.066	1.528	1.168	1.230	5.31%
1 Garfield	8,150	1.666	1,658	1.467	9,808	1.632	1.378	1.635	1.201	1.632	1.168	1.230	5.31%
1 Yuma	4,476	1.082	2,810	1.165	7,287	1.114	1.437	1.582	1.052	1.114	1.168	1.230	5.31%
1 Moffat	3,707	1.288	2,924	0.972	6,631	1.149	1.388	1.657	1.561	1.149	1.168	1.230	5.31%
1 Washington	3,021	0.993	1,130	0.860	4,151	0.957	0.811	1.114	1.205	0.957	1.168	1.230	5.31%
1 Phillips	2,233	1.151	1,421	1.600	3,654	1.326	1.122	0.932	0.886	1.326	1.168	1.230	5.31%
1 Lake	2,575	1.173	505	1.235	3,080	1.183	1.890	1.319	0.968	1.183	1.168	1.230	5.31%
1 Pitkin	3,005	1.404	146	0.843	3,151	1.378	1.820	1.493	1.002	1.378	1.168	1.230	5.31%
1 Rio Blanco	1,366	2.532	222	0.791	1,588	2.289	1.719	1.765	1.167	2.289	1.168	1.230	5.31%
1 Jackson	985	2.850	281	1.829	1,266	2.623	1.416	1.265	3.367	2.623	1.168	1.230	5.31%
1 Sedgwick	790	0.995	355	0.639	1,145	0.884	0.820	0.727	1.365	0.884	1.168	1.230	5.31%
Subtotal	202,599	1.296	104,778	1.268	307,377	1.286	1.235	1.256	1.196	1.286	1.168	1.230	5.31%
2 Denver	107,808	0.985	102,982	0.968	210,790	0.977	1.059	0.972	1.044	0.977	1.011	0.978	-3.24%
2 Larimer	96,322	0.927	87,161	1.072	183,483	0.996	0.981	0.965	0.946	0.996	1.011	0.978	-3.24%
2 Arapahoe	88,406	0.952	106,251	0.963	194,657	0.958	1.017	1.038	1.025	0.958	1.011	0.978	-3.24%
2 Douglas	65,088	1.052	84,047	0.967	149,135	1.004	1.153	1.069	1.039	1.004	1.011	0.978	-3.24%
2 Elbert	4,246	0.822	5,454	1.016	9,700	0.931	0.989	0.859	1.274	0.931	1.011	0.978	-3.24%
Subtotal	361,871	0.972	385,894	0.990	747,765	0.981	1.044	1.002	1.015	0.981	1.011	0.978	-3.24%
3 Jefferson	135,930	0.896	137,392	0.996	273,322	0.946	0.938	0.925	0.966	0.946	0.963	0.978	1.63%
3 Boulder	118,749	0.939	64,905	0.928	183,654	0.935	0.955	0.877	0.948	0.935	0.963	0.978	1.63%
3 Adams	40,342	1.169	56,739	0.945	97,081	1.038	0.963	0.891	0.922	1.038	0.963	0.978	1.63%
3 Broomfield	12,208	0.794	13,529	1.132	25,737	0.972	0.891	0.974	0.900	0.972	0.963	0.978	1.63%
3 Fremont	9,398	0.836	6,500	0.650	15,898	0.760	0.942	1.037	1.046	0.760	0.963	0.978	1.63%
3 Grand	10,149	0.861	2,258	1.106	12,407	0.905	0.995	1.275	1.147	0.905	0.963	0.978	1.63%
3 Park	6,645	0.884	3,184	0.893	9,829	0.887	0.817	1.021	0.891	0.887	0.963	0.978	1.63%
3 Clear Creek	1,483	0.867	1,651	0.602	3,134	0.727	0.937	1.081	0.878	0.727	0.963	0.978	1.63%
3 Gilpin	917	1.725	557	0.997	1,474	1.450	2.170	1.034	2.301	1.450	0.963	0.978	1.63%
Subtotal	335,822	0.939	286,715	0.967	622,537	0.952	0.948	0.922	0.961	0.947	0.963	0.978	1.63%

Notes:

(1) The new area factors shown in this filing are only for Lumenos and SmartSense plans. For BluePreferred, Anthem HSA, Tonik, and RightPlan there are no filed changes to the area factors.
Note that combined Anthem BCBS Individual and Small Group experience for CY 2008 (paid through May 2009) is used for greater credibility; however, the factors developed are for Individual business only.

(2) Claims PMPM Factor is adjusted for age/sex distribution and for duration.

(3) The new proposed factor changes are only for Lumenos and SmartSense plans. For BluePreferred, Anthem HSA, Tonik, and RightPlan there are no filed changes to the area factors.

Anthem Blue Cross Blue Shield
Colorado Individual and Small Group Lines of Business
Experience Period: January 1, 2008 through December 31, 2008 Paid through May 2009

IV. Rating Area Definitions and Factors - Lumenos & SmartSense Factor Derivation (continued) [1]

	January to December 2008 Experience Detail						Total Historical Adjusted Claims Factors [2]				Area Factors		
	Individual		Small Group		Total								
	MMS	Adjusted Claims Factor [2]	MMS	Adjusted Claims Factor [2]	MMS	Adjusted Claims Factor [2]	2005 Claims Experience [2]	2006 Claims Experience [2]	2007 Claims Experience [2]	2008 Claims Experience [2]	Current Individual Area Factor	Proposed 2010 Area Factor [3]	% Change
4 El Paso	80,628	0.846	51,593	0.882	132,221	0.860	0.893	0.844	0.875	0.860	0.897	0.900	0.30%
4 La Plata	43,223	0.836	7,340	1.041	50,563	0.866	0.968	0.999	0.857	0.866	0.897	0.900	0.30%
4 Pueblo	23,005	0.859	13,300	0.818	36,305	0.844	0.789	0.876	0.831	0.844	0.897	0.900	0.30%
4 Mesa	26,638	1.089	4,634	1.594	31,272	1.164	0.793	0.865	0.780	1.164	0.897	0.900	0.30%
4 Montrose	14,779	0.799	1,884	0.907	16,663	0.811	0.923	1.115	0.835	0.811	0.897	0.900	0.30%
4 Montezuma	8,877	0.622	2,014	0.820	10,891	0.658	0.718	0.940	0.855	0.658	0.897	0.900	0.30%
4 San Miguel	11,026	1.038	713	0.784	11,739	1.023	0.883	0.983	0.763	1.023	0.897	0.900	0.30%
4 Chaffee	11,256	0.890	1,469	0.847	12,725	0.885	0.923	0.843	0.698	0.885	0.897	0.900	0.30%
4 Teller	6,363	0.878	5,020	0.696	11,383	0.798	0.887	1.069	0.947	0.798	0.897	0.900	0.30%
4 Archuleta	10,239	0.692	689	1.042	10,928	0.714	0.613	1.349	1.116	0.714	0.897	0.900	0.30%
4 Otero	3,720	0.745	7,227	1.631	10,946	1.330	1.005	0.897	0.920	1.330	0.897	0.900	0.30%
4 Delta	8,885	0.755	748	0.458	9,633	0.732	0.770	0.701	0.775	0.732	0.897	0.900	0.30%
4 Las Animas	3,376	0.880	3,340	1.060	6,716	0.969	0.862	0.832	1.013	0.969	0.897	0.900	0.30%
4 Ouray	4,164	0.529	662	0.458	4,826	0.519	0.672	0.916	0.608	0.519	0.897	0.900	0.30%
4 Prowers	2,401	1.252	2,809	0.577	5,210	0.888	0.869	0.748	0.952	0.888	0.897	0.900	0.30%
4 Kit Carson	2,481	0.982	2,014	1.266	4,494	1.109	0.933	1.194	0.678	1.109	0.897	0.900	0.30%
4 Baca	1,574	0.995	953	0.513	2,527	0.813	0.767	0.740	1.181	0.813	0.897	0.900	0.30%
4 Rio Grande	3,594	1.126	1,169	2.071	4,763	1.358	1.045	0.953	0.723	1.358	0.897	0.900	0.30%
4 Custer	2,357	0.783	1,268	1.186	3,625	0.924	0.667	0.654	0.980	0.924	0.897	0.900	0.30%
4 Huerfano	1,765	0.935	671	1.211	2,437	1.011	0.716	1.290	0.795	1.011	0.897	0.900	0.30%
4 Alamosa	2,316	0.520	567	0.409	2,883	0.498	0.826	0.939	1.879	0.498	0.897	0.900	0.30%
4 Lincoln	1,245	0.864	788	1.045	2,032	0.934	0.865	0.636	0.664	0.934	0.897	0.900	0.30%
4 Bent	570	0.623	1,396	0.815	1,966	0.759	0.789	2.964	1.007	0.759	0.897	0.900	0.30%
4 Hinsdale	890	0.709	252	1.557	1,142	0.896	1.669	0.990	0.753	0.896	0.897	0.900	0.30%
4 Cheyenne	1,272	0.618	505	0.764	1,777	0.660	0.856	0.620	0.948	0.660	0.897	0.900	0.30%
4 Saguache	1,456	0.701	326	0.924	1,782	0.742	1.328	0.488	0.721	0.742	0.897	0.900	0.30%
4 Crowley	478	1.686	630	0.436	1,108	0.975	0.579	0.316	1.024	0.975	0.897	0.900	0.30%
4 Kiowa	634	1.866	242	1.903	876	1.876	0.576	0.770	1.115	1.876	0.897	0.900	0.30%
4 Dolores	840	1.075	59	2.218	899	1.150	0.709	0.980	0.827	1.150	0.897	0.900	0.30%
4 San Juan	513	0.679	111	0.228	624	0.599	0.690	0.605	0.592	0.599	0.897	0.900	0.30%
4 Conejos	967	0.482	235	0.493	1,202	0.484	0.455	0.588	0.423	0.484	0.897	0.900	0.30%
4 Mineral	340	0.364	266	1.164	606	0.716	0.393	0.677	0.446	0.716	0.897	0.900	0.30%
4 Costilla	416	0.860	72	0.959	488	0.875	0.449	0.800	1.176	0.875	0.897	0.900	0.30%
Subtotal	282,286	0.861	114,965	0.964	397,251	0.891	0.864	0.919	0.855	0.886	0.897	0.900	0.30%
Grand Total	**1,182,578**	**0.992**	**892,352**	**1.012**	**2,074,931**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**0.0%**

Notes:

(1) The new area factors shown in this filing are only for Lumenos and SmartSense plans. For BluePreferred, Anthem HSA, Tonik, and RightPlan there are no filed changes to the area factors.
Note that combined Anthem BCBS Individual and Small Group experience for CY 2008 (paid through May 2009) is used for greater credibility; however, the factors developed are for Individual business only.

(2) Claims PMPM Factor is adjusted for age/sex distribution and for duration.

(3) The new proposed factor changes are only for Lumenos and SmartSense plans. For BluePreferred, Anthem HSA, Tonik, and RightPlan there are no filed changes to the area factors.

V-a. Anthem Individual Actively Marketed Plans Historical Trend

Claims paid through Aug-09 | ***12 month rolling trend*** | **Page 21**

(Blue Preferred, Anthem HSA, Lumenos CDHP, Right Plan, Tonik, SmartSense)

	Medical Trend Detail														
Date	Monthly Inpatient Hospital Claims	Monthly Inpatient Hospital Claims PMPM	12-MM Inpatient Hospital Claims	12-MM Inpatient Hospital Claims PMPM	Inpatient Hospital Claims Trend	Monthly Outpatient Medical Claims	Monthly Outpatient Hospital Claims PMPM	12-MM Outpatient Hospital Claims	12-MM Outpatient Hospital Claims PMPM	Outpatient Hospital Claims Trend	Monthly Professional Claims	Monthly Professional Claims PMPM	12-MM Professional Claims	12-MM Professional Claims PMPM	Professional Claims Trend
Jun-05	$3,131,265	$33.05	$27,459,483	$26.08	20.4%	$2,267,911	$23.93	$24,769,658	$23.53	13.5%	$3,441,845	$36.32	$37,932,513	$36.03	10.7%
Jul-05	$2,940,841	$30.59	$28,583,574	$26.78	22.5%	$2,448,634	$25.47	$25,445,477	$23.84	14.3%	$3,280,219	$34.12	$38,593,093	$36.16	10.6%
Aug-05	$3,261,154	$33.41	$29,961,215	$27.69	25.7%	$2,716,672	$27.83	$26,150,782	$24.17	13.3%	$3,883,983	$39.79	$39,569,405	$36.57	10.0%
Sep-05	$2,491,625	$25.08	$30,797,308	$28.06	31.5%	$2,545,542	$25.62	$26,834,451	$24.45	13.2%	$3,709,810	$37.34	$40,545,317	$36.95	11.0%
Oct-05	$4,343,118	$43.01	$33,216,306	$29.84	38.4%	$2,500,272	$24.76	$27,412,028	$24.63	13.5%	$3,608,549	$35.74	$41,321,364	$37.12	11.4%
Nov-05	$3,085,921	$30.18	$33,906,427	$30.03	34.6%	$2,592,547	$25.35	$28,104,475	$24.89	13.2%	$3,995,182	$39.07	$42,483,106	$37.63	12.4%
Dec-05	$2,307,954	$22.49	$34,495,040	$30.14	34.5%	$2,757,108	$26.87	$28,995,450	$25.33	15.0%	$3,933,719	$38.33	$43,442,786	$37.96	12.9%
Jan-06	$2,996,440	$29.56	$35,734,840	$30.85	40.9%	$2,765,906	$27.29	$29,647,479	$25.60	15.2%	$4,143,290	$40.88	$44,286,214	$38.24	12.9%
Feb-06	$2,543,201	$25.09	$36,355,492	$31.04	40.2%	$2,566,263	$25.32	$30,189,587	$25.78	15.4%	$3,935,335	$38.83	$44,823,069	$38.27	10.9%
Mar-06	$3,118,164	$30.47	$35,744,367	$30.20	27.6%	$3,060,858	$29.91	$30,780,171	$26.00	13.8%	$4,466,052	$43.64	$45,468,434	$38.41	9.5%
Apr-06	$3,854,546	$37.36	$36,309,087	$30.38	20.4%	$2,719,192	$26.36	$31,191,261	$26.10	13.1%	$3,877,036	$37.58	$45,788,120	$38.31	8.0%
May-06	$3,306,800	$31.84	$37,381,029	$31.00	22.6%	$3,156,254	$30.39	$32,097,159	$26.62	14.3%	$4,524,760	$43.57	$46,799,780	$38.81	8.4%
Jun-06	$3,971,948	$38.01	$38,221,712	$31.44	20.6%	$3,007,657	$28.78	$32,836,905	$27.01	14.8%	$4,219,299	$40.37	$47,577,234	$39.14	8.6%
Jul-06	$3,589,398	$34.19	$38,870,268	$31.75	18.5%	$2,911,441	$27.73	$33,299,711	$27.20	14.1%	$3,757,244	$35.78	$48,054,259	$39.25	8.5%
Aug-06	$2,969,373	$28.08	$38,578,487	$31.30	13.0%	$3,327,070	$31.47	$33,910,109	$27.51	13.8%	$3,960,254	$37.46	$48,130,530	$39.05	6.8%
Sep-06	$3,559,806	$33.46	$39,646,668	$31.98	14.0%	$3,342,003	$31.42	$34,706,570	$28.00	14.5%	$3,781,731	$35.55	$48,202,451	$38.89	5.2%
Oct-06	$3,410,301	$31.83	$38,713,851	$31.08	4.1%	$3,612,152	$33.71	$35,818,451	$28.75	16.8%	$4,062,125	$37.91	$48,656,027	$39.06	5.2%
Nov-06	$2,453,835	$22.75	$38,081,765	$30.43	1.3%	$3,742,315	$34.70	$36,968,219	$29.54	18.7%	$4,031,953	$37.38	$48,692,798	$38.91	3.4%
Dec-06	$2,864,477	$26.49	$38,638,287	$30.74	2.0%	$3,916,240	$36.22	$38,127,352	$30.34	19.7%	$3,716,619	$34.37	$48,475,697	$38.57	1.6%
Jan-07	$3,250,761	$30.36	$38,892,608	$30.81	-0.2%	$3,599,256	$33.61	$38,960,701	$30.86	20.6%	$4,153,588	$38.79	$48,485,995	$38.40	0.4%
Feb-07	$2,881,031	$27.07	$39,230,438	$30.95	-0.3%	$3,815,491	$35.85	$40,209,930	$31.72	23.1%	$4,174,908	$39.23	$48,725,568	$38.44	0.4%
Mar-07	$4,219,979	$39.81	$40,332,254	$31.73	5.1%	$3,683,982	$34.75	$40,833,054	$32.12	23.5%	$4,486,975	$42.33	$48,746,491	$38.34	-0.2%
Apr-07	$4,260,195	$40.31	$40,737,903	$31.98	5.3%	$3,649,273	$34.53	$41,763,134	$32.79	25.6%	$4,324,694	$40.92	$49,194,149	$38.62	0.8%
May-07	$3,807,468	$36.14	$41,238,571	$32.34	4.3%	$3,946,639	$37.46	$42,553,519	$33.37	25.4%	$4,708,157	$44.69	$49,377,545	$38.72	-0.2%
Jun-07	$3,416,822	$32.53	$40,683,445	$31.89	1.4%	$3,611,781	$34.38	$43,157,643	$33.83	25.2%	$4,057,805	$38.63	$49,216,051	$38.58	-1.4%
Jul-07	$4,000,124	$38.23	$41,094,172	$32.22	1.5%	$3,406,912	$32.56	$43,653,114	$34.23	25.8%	$4,203,133	$40.17	$49,661,941	$38.94	-0.8%
Aug-07	$3,668,546	$35.01	$41,793,345	$32.79	4.8%	$3,753,237	$35.82	$44,079,282	$34.58	25.7%	$4,678,719	$44.65	$50,380,407	$39.53	1.2%
Sep-07	$3,372,834	$32.20	$41,606,372	$32.69	2.2%	$3,513,504	$33.54	$44,250,783	$34.76	24.2%	$4,115,306	$39.29	$50,713,981	$39.84	2.5%
Oct-07	$3,568,288	$34.08	$41,764,359	$32.87	5.8%	$4,249,537	$40.59	$44,888,168	$35.33	22.9%	$4,840,423	$46.23	$51,492,279	$40.53	3.8%
Nov-07	$4,549,782	$43.41	$43,860,306	$34.61	13.7%	$3,971,826	$37.89	$45,117,679	$35.60	20.5%	$4,790,098	$45.70	$52,250,425	$41.23	5.9%
Dec-07	$4,054,369	$38.72	$45,050,198	$35.64	15.9%	$4,029,598	$38.48	$45,231,037	$35.78	18.0%	$4,408,332	$42.10	$52,942,137	$41.88	8.6%
Jan-08	$3,936,188	$38.52	$45,735,625	$36.32	17.9%	$4,057,598	$39.71	$45,689,379	$36.29	17.6%	$4,764,077	$46.62	$53,552,627	$42.53	10.8%
Feb-08	$2,957,604	$29.31	$45,812,198	$36.55	18.1%	$4,223,252	$41.86	$46,097,140	$36.77	15.9%	$4,322,471	$42.84	$53,700,190	$42.84	11.4%
Mar-08	$3,612,546	$36.03	$45,204,765	$36.23	14.2%	$4,147,577	$41.36	$46,560,735	$37.31	16.2%	$4,310,017	$42.98	$53,523,233	$42.89	11.9%
Apr-08	$3,224,103	$32.32	$44,168,673	$35.57	11.2%	$4,351,103	$43.62	$47,262,566	$38.06	16.1%	$4,594,829	$46.06	$53,793,368	$43.32	12.2%
May-08	$3,257,894	$32.79	$43,619,100	$35.29	9.1%	$4,090,050	$41.16	$47,405,977	$38.36	15.0%	$4,322,788	$43.50	$53,407,999	$43.21	11.6%
Jun-08	$3,944,867	$39.83	$44,147,144	$35.89	12.6%	$3,569,810	$36.04	$47,364,006	$38.51	13.8%	$4,355,305	$43.97	$53,705,499	$43.67	13.2%
Jul-08	$3,248,709	$32.96	$43,395,730	$35.46	10.1%	$4,242,717	$43.04	$48,199,810	$39.38	15.1%	$4,410,201	$44.74	$53,912,567	$44.05	13.1%
Aug-08	$3,539,947	$36.01	$43,267,131	$35.54	8.4%	$3,738,266	$38.03	$48,184,838	$39.58	14.4%	$4,299,320	$43.74	$53,533,168	$43.97	11.2%
Sep-08	$3,275,420	$33.49	$43,169,717	$35.67	9.1%	$4,144,531	$42.38	$48,815,865	$40.33	16.0%	$4,689,393	$47.95	$54,107,255	$44.70	12.2%
Oct-08	$3,513,573	$36.12	$43,115,002	$35.84	9.0%	$4,214,449	$43.33	$48,780,777	$40.55	14.8%	$4,799,790	$49.35	$54,066,622	$44.94	10.9%
Nov-08	$3,972,043	$41.02	$42,537,264	$35.60	2.9%	$3,946,749	$40.76	$48,755,699	$40.80	14.6%	$4,230,554	$43.69	$53,507,078	$44.78	8.6%
Dec-08	$3,782,146	$39.31	$42,265,041	$35.62	-0.1%	$4,833,792	$50.24	$49,559,894	$41.77	16.7%	$4,998,115	$51.94	$54,096,862	$45.59	8.9%
Jan-09	$5,041,079	$53.33	$43,369,932	$36.79	1.3%	$4,206,890	$44.50	$49,709,186	$42.17	16.2%	$4,511,854	$47.73	$53,844,638	$45.68	7.4%
Feb-09	$3,520,691	$37.43	$43,933,019	$37.48	2.6%	$4,132,093	$43.92	$49,618,027	$42.34	15.1%	$4,161,133	$44.23	$53,683,300	$45.80	6.9%
Mar-09	$4,262,036	$45.43	$44,582,509	$38.25	5.6%	$4,540,185	$48.39	$50,010,635	$42.91	15.0%	$4,341,472	$46.27	$53,714,754	$46.08	7.4%
Apr-09	$4,825,188	$51.43	$46,183,594	$39.83	12.0%	$4,751,214	$50.64	$50,410,745	$43.47	14.2%	$4,652,951	$49.59	$53,772,876	$46.37	7.1%
May-09	$3,532,288	$37.60	$46,457,988	$40.25	14.0%	$4,063,711	$43.26	$50,384,406	$43.65	13.8%	$4,141,697	$44.09	$53,591,785	$46.43	7.4%

V-a. Anthem Individual Actively Marketed Plans Historical Trend (continued)

Claims paid through Aug-09 | *12 month rolling trend* | **Page 22**

(Blue Preferred, Anthem HSA, Lumenos CDHP, Right Plan, Tonik, SmartSense)

	Pharmacy Trend Detail					Total 12-month Rolling Claims Trend								
Date	Monthly Total Rx Claims	Monthly Total Rx Claims PMPM	12-MM Total Rx Claims	12-MM Total Rx Claims PMPM	Total Rx Claims Trend	Monthly Total Claims	Monthly Total Claims PMPM	12-MM Total Claims	12-MM Total Claims PMPM	Total Claims Trend	Total Trend Adjustment	Total Adjusted Claims Trend	Members	12-MM Members
Jun-05	$887,041	$9.36	$9,655,813	$9.17	11.8%	$9,728,062	$102.66	$99,817,468	$94.81	14.0%	3.6%	18.2%	94,757	1,052,799
Jul-05	$891,567	$9.27	$9,858,147	$9.24	11.9%	$9,561,262	$99.46	$102,480,291	$96.02	14.7%	4.1%	19.5%	96,133	1,067,277
Aug-05	$986,738	$10.11	$10,107,405	$9.34	11.5%	$10,848,548	$111.13	$105,788,808	$97.76	15.0%	4.6%	20.4%	97,620	1,082,129
Sep-05	$956,578	$9.63	$10,332,825	$9.42	11.6%	$9,703,554	$97.66	$108,509,901	$98.88	16.8%	5.2%	22.8%	99,358	1,097,359
Oct-05	$968,832	$9.59	$10,576,070	$9.50	11.8%	$11,420,771	$113.10	$112,525,769	$101.09	18.8%	5.7%	25.7%	100,977	1,113,124
Nov-05	$1,025,639	$10.03	$10,799,384	$9.57	10.6%	$10,699,289	$104.63	$115,293,393	$102.12	18.2%	6.3%	25.6%	102,261	1,128,974
Dec-05	$1,120,694	$10.92	$11,111,971	$9.71	11.4%	$10,119,475	$98.61	$118,045,247	$103.14	18.8%	6.7%	26.8%	102,622	1,144,514
Jan-06	$1,093,374	$10.79	$11,385,450	$9.83	11.6%	$10,999,011	$108.51	$121,053,983	$104.51	20.4%	6.4%	28.2%	101,362	1,158,257
Feb-06	$1,067,253	$10.53	$11,657,224	$9.95	12.2%	$10,112,052	$99.77	$123,025,372	$105.04	19.6%	6.3%	27.1%	101,350	1,171,271
Mar-06	$1,185,536	$11.59	$11,952,463	$10.10	12.6%	$11,830,610	$115.61	$123,945,436	$104.71	15.6%	6.4%	23.0%	102,333	1,183,757
Apr-06	$1,137,092	$11.02	$12,215,117	$10.22	13.0%	$11,587,866	$112.32	$125,503,584	$105.01	13.1%	6.3%	20.2%	103,169	1,195,196
May-06	$1,183,250	$11.39	$12,503,595	$10.37	13.6%	$12,171,065	$117.19	$128,781,563	$106.80	14.2%	6.1%	21.2%	103,857	1,205,800
Jun-06	$1,167,993	$11.18	$12,784,547	$10.52	14.7%	$12,366,897	$118.33	$131,420,398	$108.12	14.0%	5.9%	20.8%	104,511	1,215,555
Jul-06	$1,107,516	$10.55	$13,000,496	$10.62	15.0%	$11,365,598	$108.25	$133,224,735	$108.81	13.3%	5.7%	19.8%	104,995	1,224,417
Aug-06	$1,231,245	$11.65	$13,245,003	$10.75	15.1%	$11,487,942	$108.66	$133,864,129	$108.61	11.1%	5.4%	17.1%	105,728	1,232,525
Sep-06	$1,224,450	$11.51	$13,512,876	$10.90	15.8%	$11,907,990	$111.94	$136,068,565	$109.77	11.0%	5.1%	16.6%	106,377	1,239,544
Oct-06	$1,261,172	$11.77	$13,805,215	$11.08	16.6%	$12,345,749	$115.22	$136,993,544	$109.97	8.8%	4.8%	14.0%	107,154	1,245,720
Nov-06	$1,307,409	$12.12	$14,086,986	$11.26	17.7%	$11,535,512	$106.96	$137,829,767	$110.15	7.9%	4.3%	12.5%	107,851	1,251,311
Dec-06	$1,339,435	$12.39	$14,305,727	$11.38	17.2%	$11,836,772	$109.47	$139,547,064	$111.03	7.7%	4.0%	12.0%	108,127	1,256,815
Jan-07	$1,406,320	$13.13	$14,618,674	$11.58	17.8%	$12,409,926	$115.89	$140,957,979	$111.65	6.8%	4.1%	11.2%	107,088	1,262,541
Feb-07	$1,338,097	$12.57	$14,889,517	$11.75	18.0%	$12,209,526	$114.72	$143,055,453	$112.85	7.4%	4.2%	11.9%	106,428	1,267,619
Mar-07	$1,441,442	$13.60	$15,145,423	$11.91	18.0%	$13,832,378	$130.49	$145,057,222	$114.10	9.0%	3.9%	13.2%	106,003	1,271,289
Apr-07	$1,338,738	$12.67	$15,347,069	$12.05	17.9%	$13,572,900	$128.43	$147,042,256	$115.44	9.9%	3.8%	14.1%	105,686	1,273,806
May-07	$1,424,718	$13.52	$15,588,537	$12.22	17.9%	$13,886,981	$131.82	$148,758,172	$116.65	9.2%	3.6%	13.2%	105,350	1,275,298
Jun-07	$1,409,779	$13.42	$15,830,323	$12.41	18.0%	$12,496,187	$118.96	$148,887,462	$116.70	7.9%	3.5%	11.7%	105,042	1,275,829
Jul-07	$1,391,593	$13.30	$16,114,400	$12.63	19.0%	$13,001,762	$124.25	$150,523,627	$118.01	8.5%	3.2%	12.0%	104,639	1,275,473
Aug-07	$1,404,128	$13.40	$16,287,283	$12.78	18.9%	$13,504,631	$128.88	$152,540,316	$119.68	10.2%	3.1%	13.6%	104,784	1,274,529
Sep-07	$1,276,195	$12.18	$16,339,028	$12.84	17.7%	$12,277,838	$117.21	$152,910,164	$120.13	9.4%	2.9%	12.6%	104,748	1,272,900
Oct-07	$1,459,587	$13.94	$16,537,443	$13.02	17.5%	$14,117,834	$134.83	$154,682,249	$121.75	10.7%	2.7%	13.7%	104,706	1,270,453
Nov-07	$1,389,151	$13.25	$16,619,184	$13.11	16.5%	$14,700,858	$140.26	$157,847,595	$124.54	13.1%	2.5%	15.9%	104,813	1,267,415
Dec-07	$1,497,173	$14.30	$16,776,922	$13.27	16.6%	$13,989,472	$133.59	$160,000,295	$126.58	14.0%	2.3%	16.6%	104,721	1,264,009
Jan-08	$1,543,611	$15.11	$16,914,213	$13.43	16.0%	$14,301,474	$139.96	$161,891,843	$128.58	15.2%	2.1%	17.5%	102,179	1,259,100
Feb-08	$1,472,751	$14.60	$17,048,867	$13.60	15.8%	$12,976,078	$128.61	$162,658,395	$129.76	15.0%	1.9%	17.1%	100,897	1,253,568
Mar-08	$1,513,749	$15.10	$17,121,173	$13.72	15.2%	$13,583,889	$135.46	$162,409,906	$130.15	14.1%	1.8%	16.1%	100,277	1,247,843
Apr-08	$1,484,797	$14.89	$17,267,232	$13.90	15.4%	$13,654,832	$136.89	$162,491,837	$130.84	13.3%	1.7%	15.2%	99,748	1,241,905
May-08	$1,520,860	$15.30	$17,363,373	$14.05	14.9%	$13,191,592	$132.75	$161,796,448	$130.91	12.2%	1.6%	14.1%	99,371	1,235,926
Jun-08	$1,558,272	$15.73	$17,511,867	$14.24	14.8%	$13,428,254	$135.58	$162,728,516	$132.31	13.4%	1.7%	15.2%	99,045	1,229,929
Jul-08	$1,489,792	$15.11	$17,610,066	$14.39	13.9%	$13,391,419	$135.86	$163,118,172	$133.28	12.9%	1.7%	14.8%	98,566	1,223,855
Aug-08	$1,464,502	$14.90	$17,670,440	$14.52	13.6%	$13,042,035	$132.68	$162,655,577	$133.61	11.6%	1.7%	13.6%	98,298	1,217,369
Sep-08	$1,556,221	$15.91	$17,950,467	$14.83	15.5%	$13,665,565	$139.74	$164,043,304	$135.53	12.8%	1.8%	14.8%	97,793	1,210,414
Oct-08	$1,633,302	$16.79	$18,124,182	$15.07	15.7%	$14,161,115	$145.59	$164,086,584	$136.40	12.0%	1.9%	14.1%	97,270	1,202,977
Nov-08	$1,493,528	$15.43	$18,228,559	$15.25	16.3%	$13,642,874	$140.90	$163,028,600	$136.43	9.5%	2.0%	11.7%	96,823	1,194,988
Dec-08	$1,908,120	$19.83	$18,639,506	$15.71	18.4%	$15,522,174	$161.32	$164,561,302	$138.70	9.6%	2.1%	11.9%	96,222	1,186,489
Jan-09	$1,509,934	$15.97	$18,605,829	$15.78	17.5%	$15,269,756	$161.53	$165,529,584	$140.42	9.2%	2.3%	11.8%	94,533	1,178,842
Feb-09	$1,475,327	$15.68	$18,608,405	$15.88	16.7%	$13,289,244	$141.27	$165,842,750	$141.50	9.1%	2.7%	12.0%	94,072	1,172,017
Mar-09	$1,698,037	$18.10	$18,792,693	$16.12	17.5%	$14,841,730	$158.19	$167,100,591	$143.36	10.2%	3.1%	13.6%	93,824	1,165,563
Apr-09	$1,612,761	$17.19	$18,920,657	$16.32	17.3%	$15,842,114	$168.84	$169,287,873	$145.98	11.6%	3.6%	15.5%	93,828	1,159,644
May-09	$1,653,159	$17.60	$19,052,956	$16.51	17.5%	$13,390,855	$142.55	$169,487,136	$146.84	12.2%	4.1%	16.7%	93,936	1,154,209

V-b. Anthem Individual Actively Marketed Plans Historical Trend

(Blue Preferred, Anthem HSA, Lumenos CDHP, Right Plan, Tonik, SmartSense)

Claims paid through Aug-09 | ***6 month rolling trend*** |

	Medical Trend Detail														
Date	Monthly Inpatient Hospital Claims	Monthly Inpatient Hospital Claims PMPM	6-MM Inpatient Hospital Claims	6-MM Inpatient Hospital Claims PMPM	Inpatient Hospital Claims Trend	Monthly Outpatient Medical Claims	Monthly Outpatient Hospital Claims PMPM	6-MM Outpatient Hospital Claims	6-MM Outpatient Hospital Claims PMPM	Outpatient Hospital Claims Trend	Monthly Professional Claims	Monthly Professional Claims PMPM	6-MM Professional Claims	6-MM Professional Claims PMPM	Professional Claims Trend
Jun-05	$3,131,265	$33.05	$16,064,426	$29.45	31.7%	$2,267,911	$23.93	$13,434,676	$24.63	13.6%	$3,441,845	$36.32	$21,031,324	$38.55	13.5%
Jul-05	$2,940,841	$30.59	$17,248,627	$31.13	43.5%	$2,448,634	$25.47	$13,769,432	$24.85	14.9%	$3,280,219	$34.12	$21,011,681	$37.92	13.4%
Aug-05	$3,261,154	$33.41	$18,587,233	$32.99	47.6%	$2,716,672	$27.83	$14,461,950	$25.67	16.1%	$3,883,983	$39.79	$21,497,184	$38.16	11.8%
Sep-05	$2,491,625	$25.08	$17,349,569	$30.29	40.6%	$2,545,542	$25.62	$14,537,218	$25.38	14.2%	$3,709,810	$37.34	$21,386,307	$37.33	11.3%
Oct-05	$4,343,118	$43.01	$18,402,861	$31.61	41.3%	$2,500,272	$24.76	$14,729,387	$25.30	14.0%	$3,608,549	$35.74	$21,437,505	$36.83	10.4%
Nov-05	$3,085,921	$30.18	$19,253,924	$32.57	40.4%	$2,592,547	$25.35	$15,071,578	$25.50	14.5%	$3,995,182	$39.07	$21,919,588	$37.08	11.6%
Dec-05	$2,307,954	$22.49	$18,430,614	$30.77	37.0%	$2,757,108	$26.87	$15,560,775	$25.98	16.3%	$3,933,719	$38.33	$22,411,462	$37.42	12.3%
Jan-06	$2,996,440	$29.56	$18,486,213	$30.60	38.5%	$2,765,906	$27.29	$15,878,047	$26.28	15.5%	$4,143,290	$40.88	$23,274,533	$38.52	12.4%
Feb-06	$2,543,201	$25.09	$17,768,259	$29.23	33.3%	$2,566,263	$25.32	$15,727,637	$25.87	14.8%	$3,935,335	$38.83	$23,325,885	$38.37	10.1%
Mar-06	$3,118,164	$30.47	$18,394,798	$30.11	17.4%	$3,060,858	$29.91	$16,242,953	$26.59	13.4%	$4,466,052	$43.64	$24,082,127	$39.42	7.9%
Apr-06	$3,854,546	$37.36	$17,906,226	$29.21	4.7%	$2,719,192	$26.36	$16,461,874	$26.85	12.4%	$3,877,036	$37.58	$24,350,615	$39.72	6.1%
May-06	$3,306,800	$31.84	$18,127,105	$29.49	8.3%	$3,156,254	$30.39	$17,025,581	$27.70	14.3%	$4,524,760	$43.57	$24,880,192	$40.48	5.9%
Jun-06	$3,971,948	$38.01	$19,791,099	$32.10	9.0%	$3,007,657	$28.78	$17,276,130	$28.02	13.8%	$4,219,299	$40.37	$25,165,772	$40.81	5.9%
Jul-06	$3,589,398	$34.19	$20,384,056	$32.87	5.6%	$2,911,441	$27.73	$17,421,664	$28.09	13.0%	$3,757,244	$35.78	$24,779,726	$39.95	5.4%
Aug-06	$2,969,373	$28.08	$20,810,228	$33.32	1.0%	$3,327,070	$31.47	$18,182,472	$29.11	13.4%	$3,960,254	$37.46	$24,804,645	$39.71	4.1%
Sep-06	$3,559,806	$33.46	$21,251,870	$33.81	11.6%	$3,342,003	$31.42	$18,463,617	$29.37	15.7%	$3,781,731	$35.55	$24,120,324	$38.37	2.8%
Oct-06	$3,410,301	$31.83	$20,807,625	$32.89	4.0%	$3,612,152	$33.71	$19,356,577	$30.60	20.9%	$4,062,125	$37.91	$24,305,413	$38.42	4.3%
Nov-06	$2,453,835	$22.75	$19,954,660	$31.34	-3.8%	$3,742,315	$34.70	$19,942,638	$31.33	22.9%	$4,031,953	$37.38	$23,812,605	$37.40	0.9%
Dec-06	$2,864,477	$26.49	$18,847,189	$29.44	-4.3%	$3,916,240	$36.22	$20,851,222	$32.57	25.4%	$3,716,619	$34.37	$23,309,925	$36.41	-2.7%
Jan-07	$3,250,761	$30.36	$18,508,553	$28.81	-5.8%	$3,599,256	$33.61	$21,539,037	$33.53	27.6%	$4,153,588	$38.79	$23,706,269	$36.91	-4.2%
Feb-07	$2,881,031	$27.07	$18,420,211	$28.65	-2.0%	$3,815,491	$35.85	$22,027,458	$34.26	32.4%	$4,174,908	$39.23	$23,920,923	$37.20	-3.0%
Mar-07	$4,219,979	$39.81	$19,080,384	$29.69	-1.4%	$3,683,982	$34.75	$22,369,437	$34.81	30.9%	$4,486,975	$42.33	$24,626,167	$38.32	-2.8%
Apr-07	$4,260,195	$40.31	$19,930,278	$31.08	6.4%	$3,649,273	$34.53	$22,406,557	$34.95	30.1%	$4,324,694	$40.92	$24,888,736	$38.82	-2.3%
May-07	$3,807,468	$36.14	$21,283,911	$33.32	13.0%	$3,946,639	$37.46	$22,610,881	$35.40	27.8%	$4,708,157	$44.69	$25,564,940	$40.03	-1.1%
Jun-07	$3,416,822	$32.53	$21,836,257	$34.36	7.0%	$3,611,781	$34.38	$22,306,421	$35.10	25.3%	$4,057,805	$38.63	$25,906,126	$40.76	-0.1%
Jul-07	$4,000,124	$38.23	$22,585,619	$35.67	8.5%	$3,406,912	$32.56	$22,114,077	$34.93	24.3%	$4,203,133	$40.17	$25,955,671	$40.99	2.6%
Aug-07	$3,668,546	$35.01	$23,373,134	$37.01	11.1%	$3,753,237	$35.82	$22,051,824	$34.92	20.0%	$4,678,719	$44.65	$26,459,483	$41.90	5.5%
Sep-07	$3,372,834	$32.20	$22,525,988	$35.74	5.7%	$3,513,504	$33.54	$21,881,346	$34.72	18.2%	$4,115,306	$39.29	$26,087,814	$41.39	7.9%
Oct-07	$3,568,288	$34.08	$21,834,081	$34.70	5.5%	$4,249,537	$40.59	$22,481,611	$35.73	16.8%	$4,840,423	$46.23	$26,603,543	$42.28	10.0%
Nov-07	$4,549,782	$43.41	$22,576,395	$35.91	14.6%	$3,971,826	$37.89	$22,506,798	$35.80	14.3%	$4,790,098	$45.70	$26,685,485	$42.44	13.5%
Dec-07	$4,054,369	$38.72	$23,213,942	$36.94	25.5%	$4,029,598	$38.48	$22,924,616	$36.48	12.0%	$4,408,332	$42.10	$27,036,011	$43.02	18.2%
Jan-08	$3,936,188	$38.52	$23,150,006	$36.98	28.3%	$4,057,598	$39.71	$23,575,301	$37.66	12.3%	$4,764,077	$46.62	$27,596,955	$44.09	19.5%
Feb-08	$2,957,604	$29.31	$22,439,064	$36.07	25.9%	$4,223,252	$41.86	$24,045,316	$38.65	12.8%	$4,322,471	$42.84	$27,240,707	$43.79	17.7%
Mar-08	$3,612,546	$36.03	$22,678,777	$36.72	23.7%	$4,147,577	$41.36	$24,679,389	$39.96	14.8%	$4,310,017	$42.98	$27,435,419	$44.42	15.9%
Apr-08	$3,224,103	$32.32	$22,334,592	$36.46	17.3%	$4,351,103	$43.62	$24,780,955	$40.45	15.8%	$4,594,829	$46.06	$27,189,825	$44.38	14.3%
May-08	$3,257,894	$32.79	$21,042,704	$34.66	4.0%	$4,090,050	$41.16	$24,899,178	$41.01	15.8%	$4,322,788	$43.50	$26,722,514	$44.01	9.9%
Jun-08	$3,944,867	$39.83	$20,933,202	$34.80	1.3%	$3,569,810	$36.04	$24,439,390	$40.63	15.8%	$4,355,305	$43.97	$26,669,487	$44.34	8.8%
Jul-08	$3,248,709	$32.96	$20,245,723	$33.86	-5.1%	$4,242,717	$43.04	$24,624,509	$41.18	17.9%	$4,410,201	$44.74	$26,315,612	$44.01	7.4%
Aug-08	$3,539,947	$36.01	$20,828,066	$34.99	-5.5%	$3,738,266	$38.03	$24,139,523	$40.55	16.1%	$4,299,320	$43.74	$26,292,460	$44.17	5.4%
Sep-08	$3,275,420	$33.49	$20,490,940	$34.57	-3.3%	$4,144,531	$42.38	$24,136,476	$40.71	17.3%	$4,689,393	$47.95	$26,671,836	$44.99	8.7%
Oct-08	$3,513,573	$36.12	$20,780,411	$35.20	1.4%	$4,214,449	$43.33	$23,999,822	$40.65	13.8%	$4,799,790	$49.35	$26,876,798	$45.53	7.7%
Nov-08	$3,972,043	$41.02	$21,494,560	$36.57	1.8%	$3,946,749	$40.76	$23,856,521	$40.59	13.4%	$4,230,554	$43.69	$26,784,564	$45.57	7.4%
Dec-08	$3,782,146	$39.31	$21,331,839	$36.47	-1.3%	$4,833,792	$50.24	$25,120,503	$42.94	17.7%	$4,998,115	$51.94	$27,427,374	$46.89	9.0%
Jan-09	$5,041,079	$53.33	$23,124,208	$39.80	7.6%	$4,206,890	$44.50	$25,084,677	$43.18	14.6%	$4,511,854	$47.73	$27,529,026	$47.39	7.5%
Feb-09	$3,520,691	$37.43	$23,104,952	$40.06	11.1%	$4,132,093	$43.92	$25,478,504	$44.18	14.3%	$4,161,133	$44.23	$27,390,840	$47.49	8.5%
Mar-09	$4,262,036	$45.43	$24,091,568	$42.06	14.5%	$4,540,185	$48.39	$25,874,158	$45.18	13.1%	$4,341,472	$46.27	$27,042,918	$47.22	6.3%
Apr-09	$4,825,188	$51.43	$25,403,184	$44.62	22.4%	$4,751,214	$50.64	$26,410,923	$46.39	14.7%	$4,652,951	$49.59	$26,896,078	$47.24	6.4%
May-09	$3,532,288	$37.60	$24,963,429	$44.07	27.2%	$4,063,711	$43.26	$26,527,885	$46.83	14.2%	$4,141,697	$44.09	$26,807,221	$47.33	7.5%

V-b. Anthem Individual Actively Marketed Plans Historical Trend (continued)

Claims paid through Aug-09 **6 month rolling trend**

(Blue Preferred, Anthem HSA, Lumenos CDHP, Right Plan, Tonik, SmartSense)

	Pharmacy Trend Detail					Total 6-month Rolling Claims Trend								
Date	Monthly Total Rx Claims	Monthly Total Rx Claims PMPM	6-MM Total Rx Claims	6-MM Total Rx Claims PMPM	Total Rx Claims Trend	Monthly Total Claims	Monthly Total Claims PMPM	6-MM Total Claims	6-MM Total Claims PMPM	Total Claims Trend	Total Trend Adjustment	Total Adjusted Claims Trend	Members	6-MM Members
Jun-05	$887,041	$9.36	$5,161,923	$9.46	10.6%	$9,728,062	$102.66	$55,692,349	$102.09	17.9%	5.7%	24.6%	94,757	545,543
Jul-05	$891,567	$9.27	$5,233,596	$9.45	10.0%	$9,561,262	$99.46	$57,263,336	$103.35	21.1%	5.8%	28.1%	96,133	554,056
Aug-05	$986,738	$10.11	$5,424,855	$9.63	10.7%	$10,848,548	$111.13	$59,971,221	$106.46	21.9%	6.1%	29.4%	97,620	563,341
Sep-05	$956,578	$9.63	$5,491,135	$9.59	10.5%	$9,703,554	$97.66	$58,764,228	$102.58	19.3%	6.5%	27.1%	99,358	572,851
Oct-05	$968,832	$9.59	$5,585,529	$9.60	10.8%	$11,420,771	$113.10	$60,155,282	$103.34	19.4%	7.0%	27.7%	100,977	582,099
Nov-05	$1,025,639	$10.03	$5,716,395	$9.67	10.1%	$10,699,289	$104.63	$61,961,485	$104.82	19.8%	7.3%	28.6%	102,261	591,106
Dec-05	$1,120,694	$10.92	$5,950,047	$9.93	12.1%	$10,119,475	$98.61	$62,352,898	$104.10	19.7%	7.7%	28.9%	102,622	598,971
Jan-06	$1,093,374	$10.79	$6,151,855	$10.18	13.0%	$10,999,011	$108.51	$63,790,647	$105.58	19.8%	7.1%	28.3%	101,362	604,201
Feb-06	$1,067,253	$10.53	$6,232,370	$10.25	13.6%	$10,112,052	$99.77	$63,054,151	$103.72	17.4%	6.4%	25.0%	101,350	607,931
Mar-06	$1,185,536	$11.59	$6,461,329	$10.58	14.6%	$11,830,610	$115.61	$65,181,207	$106.70	12.5%	6.3%	19.6%	102,333	610,906
Apr-06	$1,137,092	$11.02	$6,629,589	$10.81	15.1%	$11,587,866	$112.32	$65,348,303	$106.59	8.1%	5.7%	14.2%	103,169	613,097
May-06	$1,183,250	$11.39	$6,787,200	$11.04	16.8%	$12,171,065	$117.19	$66,820,078	$108.70	9.6%	5.2%	15.3%	103,857	614,694
Jun-06	$1,167,993	$11.18	$6,834,500	$11.08	17.1%	$12,366,897	$118.33	$69,067,500	$112.02	9.7%	4.5%	14.6%	104,511	616,583
Jul-06	$1,107,516	$10.55	$6,848,641	$11.04	16.9%	$11,365,598	$108.25	$69,434,088	$111.95	8.3%	4.6%	13.3%	104,995	620,216
Aug-06	$1,231,245	$11.65	$7,012,633	$11.23	16.6%	$11,487,942	$108.66	$70,809,978	$113.37	6.5%	4.6%	11.4%	105,728	624,594
Sep-06	$1,224,450	$11.51	$7,051,547	$11.22	17.0%	$11,907,990	$111.94	$70,887,358	$112.76	9.9%	4.0%	14.4%	106,377	628,638
Oct-06	$1,261,172	$11.77	$7,175,626	$11.34	18.2%	$12,345,749	$115.22	$71,645,241	$113.25	9.6%	4.0%	14.0%	107,154	632,623
Nov-06	$1,307,409	$12.12	$7,299,785	$11.47	18.6%	$11,535,512	$106.96	$71,009,688	$111.54	6.4%	3.7%	10.3%	107,851	636,616
Dec-06	$1,339,435	$12.39	$7,471,228	$11.67	17.5%	$11,836,772	$109.47	$70,479,563	$110.08	5.7%	3.7%	9.6%	108,127	640,232
Jan-07	$1,406,320	$13.13	$7,770,032	$12.10	18.8%	$12,409,926	$115.89	$71,523,891	$111.35	5.5%	3.8%	9.5%	107,088	642,325
Feb-07	$1,338,097	$12.57	$7,876,884	$12.25	19.5%	$12,209,526	$114.72	$72,245,476	$112.35	8.3%	3.8%	12.5%	106,428	643,025
Mar-07	$1,441,442	$13.60	$8,093,876	$12.59	19.1%	$13,832,378	$130.49	$74,169,864	$115.41	8.2%	3.9%	12.4%	106,003	642,651
Apr-07	$1,338,738	$12.67	$8,171,443	$12.74	17.9%	$13,572,900	$128.43	$75,397,015	$117.59	10.3%	3.7%	14.4%	105,686	641,183
May-07	$1,424,718	$13.52	$8,288,752	$12.98	17.5%	$13,886,981	$131.82	$77,748,484	$121.73	12.0%	3.6%	16.0%	105,350	638,682
Jun-07	$1,409,779	$13.42	$8,359,095	$13.15	18.6%	$12,496,187	$118.96	$78,407,899	$123.36	10.1%	3.3%	13.8%	105,042	635,597
Jul-07	$1,391,593	$13.30	$8,344,368	$13.18	19.4%	$13,001,762	$124.25	$78,999,736	$124.77	11.5%	2.8%	14.6%	104,639	633,148
Aug-07	$1,404,128	$13.40	$8,410,399	$13.32	18.6%	$13,504,631	$128.88	$80,294,840	$127.15	12.2%	2.4%	14.9%	104,784	631,504
Sep-07	$1,276,195	$12.18	$8,245,152	$13.08	16.6%	$12,277,838	$117.21	$78,740,300	$124.94	10.8%	2.1%	13.1%	104,748	630,249
Oct-07	$1,459,587	$13.94	$8,366,000	$13.29	17.2%	$14,117,834	$134.83	$79,285,234	$126.00	11.3%	1.8%	13.2%	104,706	629,270
Nov-07	$1,389,151	$13.25	$8,330,432	$13.25	15.5%	$14,700,858	$140.26	$80,099,111	$127.40	14.2%	1.5%	15.9%	104,813	628,733
Dec-07	$1,497,173	$14.30	$8,417,827	$13.40	14.8%	$13,989,472	$133.59	$81,592,396	$129.84	17.9%	1.3%	19.5%	104,721	628,412
Jan-08	$1,543,611	$15.11	$8,569,845	$13.69	13.2%	$14,301,474	$139.96	$82,892,108	$132.43	18.9%	1.4%	20.6%	102,179	625,952
Feb-08	$1,472,751	$14.60	$8,638,467	$13.89	13.4%	$12,976,078	$128.61	$82,363,555	$132.40	17.8%	1.4%	19.5%	100,897	622,064
Mar-08	$1,513,749	$15.10	$8,876,021	$14.37	14.1%	$13,583,889	$135.46	$83,669,605	$135.48	17.4%	1.5%	19.1%	100,277	617,593
Apr-08	$1,484,797	$14.89	$8,901,232	$14.53	14.0%	$13,654,832	$136.89	$83,206,603	$135.82	15.5%	1.6%	17.3%	99,748	612,635
May-08	$1,520,860	$15.30	$9,032,941	$14.88	14.6%	$13,191,592	$132.75	$81,697,337	$134.55	10.5%	1.8%	12.5%	99,371	607,193
Jun-08	$1,558,272	$15.73	$9,094,040	$15.12	15.0%	$13,428,254	$135.58	$81,136,120	$134.89	9.3%	2.0%	11.5%	99,045	601,517
Jul-08	$1,489,792	$15.11	$9,040,221	$15.12	14.7%	$13,391,419	$135.86	$80,226,065	$134.18	7.5%	2.0%	9.6%	98,566	597,904
Aug-08	$1,464,502	$14.90	$9,031,973	$15.17	13.9%	$13,042,035	$132.68	$80,292,022	$134.88	6.1%	2.0%	8.2%	98,298	595,304
Sep-08	$1,556,221	$15.91	$9,074,445	$15.31	17.0%	$13,665,565	$139.74	$80,373,698	$135.58	8.5%	2.1%	10.8%	97,793	592,820
Oct-08	$1,633,302	$16.79	$9,222,950	$15.62	17.5%	$14,161,115	$145.59	$80,879,981	$137.01	8.7%	2.1%	11.1%	97,270	590,342
Nov-08	$1,493,528	$15.43	$9,195,618	$15.64	18.1%	$13,642,874	$140.90	$81,331,262	$138.37	8.6%	2.2%	11.0%	96,823	587,795
Dec-08	$1,908,120	$19.83	$9,545,466	$16.32	21.8%	$15,522,174	$161.32	$83,425,182	$142.61	9.8%	2.3%	12.3%	96,222	584,972
Jan-09	$1,509,934	$15.97	$9,565,608	$16.47	20.3%	$15,269,756	$161.53	$85,303,519	$146.84	10.9%	2.7%	13.9%	94,533	580,939
Feb-09	$1,475,327	$15.68	$9,576,432	$16.61	19.6%	$13,289,244	$141.27	$85,550,728	$148.34	12.0%	3.3%	15.8%	94,072	576,713
Mar-09	$1,698,037	$18.10	$9,718,248	$16.97	18.1%	$14,841,730	$158.19	$86,726,893	$151.42	11.8%	4.1%	16.4%	93,824	572,743
Apr-09	$1,612,761	$17.19	$9,697,707	$17.03	17.2%	$15,842,114	$168.84	$88,407,892	$155.29	14.3%	5.0%	20.0%	93,828	569,301
May-09	$1,653,159	$17.60	$9,857,338	$17.40	17.0%	$13,390,855	$142.55	$88,155,874	$155.64	15.7%	6.0%	22.6%	93,936	566,414

Anthem Blue Cross Blue Shield
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VI. Trends Used for Rating Purposes

Service Category	Cost	Utilization	Total Claims Trend
Inpatient Hospital	10.8%	0.0%	10.8%
Outpatient Hospital	11.7%	3.0%	15.0%
Professional	3.9%	3.0%	7.0%
Pharmacy	17.0%	0.0%	17.0%
Total	9.6%	1.8%	11.5%
		Total Trend Adjustment (1):	3.6%
		TREND USED FOR RATING PURPOSES:	**15.5%**

Notes:

(1) The trend adjustment converts total portfolio trend to plan specific trend by backing out the effects of plan benefit mix within the Individual product line. See Exhibit V for more detail.

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VII. Summary of Selected Benefits [1]

	Medical				Drug		
	Deductible (In-Network / Out-of-Network)	Coinsurance (In-Network / Out-of-Network)	Out-of-Pocket Maximum [2] (In-Network / Out-of-Network)	Office Visit Copay	Brand Deductible	Brand Copay	Generic Copay
BP $250 Ded / $5,000 Stop Loss	250/500	80/60	1250/2500	25/unlimited	n/a	40	15
BP $500 Ded / $5,000 Stop Loss	500/1000	80/60	1500/3000	25/unlimited	n/a	40	15
BP $1,000 Ded / $5,000 Stop Loss	1000/2000	80/60	2000/4000	25/unlimited	n/a	40	15
BP $2,000 Ded / $5,000 Stop Loss	2000/4000	80/60	3000/6000	25/unlimited	n/a	40	15
BP $250 Ded / $10,000 Stop Loss	250/500	80/60	2250/4500	25/unlimited	n/a	40	15
BP $500 Ded / $10,000 Stop Loss	500/1000	80/60	2500/5000	25/unlimited	n/a	40	15
BP $1,000 Ded / $10,000 Stop Loss	1000/2000	80/60	3000/6000	25/unlimited	n/a	40	15
BP $2,000 Ded / $10,000 Stop Loss	2000/4000	80/60	4000/8000	25/unlimited	n/a	40	15
BP $3,000 Ded / $10,000 Stop Loss	3000/6000	80/60	5000/10000	Under Deductible	n/a	40	15
SmartSense 500 Generic RX	500/5000	70/50	3000/15000	30/3 max	n/a	n/a	greater of 15 or 40%
SmartSense 1500 Generic RX	1500/5000	70/50	4000/15000	30/3 max	n/a	n/a	greater of 15 or 40%
SmartSense 2500 Generic RX	2500/5000	70/50	5000/15000	30/3 max	n/a	n/a	greater of 15 or 40%
SmartSense 5000 Generic RX	5000/5000	70/50	7500/15000	30/3 max	n/a	n/a	greater of 15 or 40%
SmartSense 7500 Generic RX	7500/7500	70/50	10000/17500	30/3 max	n/a	n/a	greater of 15 or 40%
SmartSense 500 Full RX	500/5000	70/50	3000/15000	30/3 max	500	greater of 15 or 40%	greater of 15 or 40%
SmartSense 1500 Full RX	1500/5000	70/50	4000/15000	30/3 max	500	greater of 15 or 40%	greater of 15 or 40%
SmartSense 2500 Full RX	2500/5000	70/50	5000/15000	30/3 max	500	greater of 15 or 40%	greater of 15 or 40%
SmartSense 5000 Full RX	5000/5000	70/50	7500/15000	30/3 max	500	greater of 15 or 40%	greater of 15 or 40%
SmartSense 7500 Full RX	7500/7500	70/50	10000/17500	30/3 max	500	greater of 15 or 40%	greater of 15 or 40%
Lumenos 100 100|70 1500/1500	1500/3000	100/70	1500/3000	Under Deductible	Under Deductible	Under Deductible	Under Deductible
Lumenos 100 100|70 2500/2500	2500/5000	100/70	2500/5000	Under Deductible	Under Deductible	Under Deductible	Under Deductible
Lumenos 100 70|50 1500/5000	1500/3000	70/50	5000/10000	Under Deductible	Under Deductible	Under Deductible	Under Deductible
Lumenos 80 70|50 1500/4500	1500/3000	70/50	4500/9000	Under Deductible	Under Deductible	Under Deductible	Under Deductible
Lumenos 100 100|70 3000/3000	3000/6000	100/70	3000/60000	Under Deductible	Under Deductible	Under Deductible	Under Deductible
Lumenos 100 80|60 2500/5000	2500/5000	80/60	5000/10000	Under Deductible	Under Deductible	Under Deductible	Under Deductible
Lumenos 80 80|60 2500/5000	2500/5000	80/60	5000/10000	Under Deductible	Under Deductible	Under Deductible	Under Deductible
Lumenos 100 80|60 3000/5000	3000/6000	80/60	5000/10000	Under Deductible	Under Deductible	Under Deductible	Under Deductible
Lumenos 80 80|60 3000/5000	3000/6000	80/60	5000/10000	Under Deductible	Under Deductible	Under Deductible	Under Deductible
Lumenos 100 100|70 5000/5000	5000/10000	100/70	5000/10000	Under Deductible	Under Deductible	Under Deductible	Under Deductible
Anthem HSA 100|80 1250/1250	1250/2500	100/80	1250/3500	Under Deductible	Under Deductible	Under Deductible	Under Deductible
Anthem HSA 100|80 2000/2000	2000/4000	100/80	2000/6000	Under Deductible	Under Deductible	Under Deductible	Under Deductible
Anthem HSA 100|80 2500/2500	2500/5000	100/80	2500/8000	Under Deductible	Under Deductible	Under Deductible	Under Deductible
Anthem HSA 100|80 3000/3000	3000/6000	100/80	3000/10000	Under Deductible	Under Deductible	Under Deductible	Under Deductible
Anthem HSA 100|80 4000/4000	4000/8000	100/80	4000/12000	Under Deductible	Under Deductible	Under Deductible	Under Deductible
Anthem HSA 100|80 5000/5000	5000/10000	100/80	5000/15000	Under Deductible	Under Deductible	Under Deductible	Under Deductible
Anthem HSA 80|60 1250/3250	1250/2500	80/60	3250/6500	Under Deductible	Under Deductible	Under Deductible	Under Deductible
Anthem HSA 80|60 2000/4000	2000/4000	80/60	4000/8000	Under Deductible	Under Deductible	Under Deductible	Under Deductible
Anthem HSA 80|60 2500/5000	2500/5000	80/60	5000/10000	Under Deductible	Under Deductible	Under Deductible	Under Deductible
Anthem HSA 80|60 3000/5000	3000/6000	80/60	5000/10000	Under Deductible	Under Deductible	Under Deductible	Under Deductible
Tonik 1500	1500	100/60	10000	40/unlimited	n/a	N/A	10
Tonik 3000	3000	100/60	10000	30/4 max	n/a	N/A	10
Tonik 5000	5000	100/60	10000	20/4 max	n/a	N/A	10
Right Plan - Full Rx Option	0/0	60/50	3500	40/unlimited	500	30	30
Right Plan - Generic Rx Option	0/0	60/50	3500	40/unlimited	n/a	N/A	10
Right Plan - No RX Option	0/0	60/50	3500	40/unlimited	n/a	N/A	N/A

Notes:

(1) See the appropriate form filings for a complete description of benefits.

(2) Most benefits are paid in full after the out-of-pocket maximum is met (exceptions include office visit or emergency room copays where applicable). The out-of-pocket maximum includes the deductible.

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VIII-a. Example Rate Calculations Excluding EFT Discount

Benefit Design, Demographic and Health Status

Product Line:	SmartSense	Blue Preferred	Lumenos	Lumenos	Anthem HSA	Tonik	Right Plan
Plan:	500 Generic RX	$2,000 Ded / $10,000	100 100|70 1500/1500	80 70|50 1500/4500	100|80 1250/1250	1500	No RX
Age:	50	63	52	26	37	15	42
Sex:	F	F	F	M	F	M	M
Contract Type:	2 Members	1 Member	1 Member	3+ Members	2 Members	1 Member	1 Member
Funding Account:	n/a	n/a	HSA	HIA	HSA	n/a	n/a
Dependent Child:	Yes	No	No	No	No	No	No
Rating Area [1]	Area 1	Area 1	Area 2	Area 2	Area 4	Area 3	Area 2
U/W Tier:	Level 1	Level 1+25	Level 1	Level 1	Level 1+75	Level 1	Level 1

Current Rate Calculation

Plan Index Rate [2]:	$236.84	$242.02	$257.00	$184.13	$277.32	$272.13	$235.72
Age/Sex Factor [3]:	1.2547	1.9541	1.4353	0.4433	1.0015	0.4785	0.9218
Contract Type Benefit Adj [4]:	n/a	n/a	0.0%	-4.8%	-5.9%	n/a	n/a
HIA Account Funding [5]:	$0.00	$0.00	$0.00	$1.62	$0.00	$0.00	$0.00
Base Rate [6]:	$297.00	$473.00	$369.00	$79.00	$261.00	$130.00	$217.00
Area Factor [7]:	1.1680	1.1680	1.0109	1.0109	0.8973	0.9625	1.0109
U/W Tier Factor [8]:	1.0000	1.2500	1.0000	1.0000	1.7500	1.0000	1.0000
Actual Rate [9]:	346	690	373	79	409	125	219

Filed Rate Calculation, Excluding EFT Discount

Plan Index Rate [2]:	$258.62	$291.53	$277.56	$198.86	$345.14	$326.56	$244.62
Age/Sex Factor [3]:	1.2547	1.9541	1.4353	0.4433	1.0015	0.4785	0.9218
Contract Type Benefit Adj [4]:	n/a	n/a	0.0%	-4.8%	-5.9%	n/a	n/a
HIA Account Funding [5]:	$0.00	$0.00	$0.00	$1.62	$0.00	$0.00	$0.00
Base Rate [6]:	$324.00	$570.00	$398.00	$86.00	$325.00	$156.00	$225.00
Area Factor [7]:	1.2300	1.1680	0.9782	0.9782	0.8973	0.9625	1.0109
U/W Tier Factor [8]:	1.0000	1.2500	1.0000	1.0000	1.7500	1.0000	1.0000
Actual Rate for Q1 2010[9]:	398	832	389	84	510	150	227

% Change (before aging)

Plan Index Rate [2]:	9.2%	20.5%	8.0%	8.0%	24.5%	20.0%	3.8%
Age/Sex Factor [3]:	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Contract Type Benefit Adj [4]:	n/a	n/a	0.0%	0.0%	0.0%	n/a	n/a
HIA Account Funding [5]:	n/a	n/a	0.0%	0.0%	0.0%	n/a	n/a
Base Rate [6]:	9.1%	20.5%	7.9%	8.9%	24.5%	20.0%	3.7%
Area Factor [7]:	5.3%	0.0%	-3.2%	-3.2%	0.0%	0.0%	0.0%
U/W Tier Factor [8]:	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Actual Rate for Q1 2010[9]:	15.0%	20.6%	4.3%	6.3%	24.7%	20.0%	3.7%

Notes:

(1) Rating areas are defined by zip code.
(2) Plan Index Rate: Listed in Exhibit IX-a with additional supporting documentation in Exhibit I.
(3) Age/Sex Factor: Listed in Exhibits IX-c to IX-k.
(4) Contract Type Benefit Adjusment: See Exhibit IX-b
(5) HIA Account Funding: See Exhibit IX-b
(6) [Base Rate] = ([Plan Index Rate] x [Age-Sex Factor] x [1 + Contract Type Benefit Adjustment]) + [HIA Account Funding] --------> Rounded to the nearest dollar
(7) Area Factor: Listed in Exhibit IX-a with additional supporting documentation in Exhibit IV.
(8) U/W Tier Factor: See Exhibit IX-a
(9) [Actual Rate] = [Base Rate] x [Area Factor] x [U/W Tier Factor] --------> Rounded DOWN to the nearest dollar (excludes effects of EFT discount. Please see Exhibits III & VIII-b for details on EFT discount)
Actual rate shown is for members sold or renewed in Q1 2010. Lumenos and SmartSense plans will receive quarterly increases throughout 2010.

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VIII-b. Example Rate Calculations with EFT Discount

Product Line: Blue Preferred
Plan: $2,000 Ded / $10,000

Example Contract:

	(subscriber)	(spouse)	(child)	
Age:	45	44	16	
Sex:	M	F	M	
Contract Type:	3+ Members	3+ Members	3+ Members	
Funding Account:	n/a	n/a	n/a	
Rating Area:	Area 2	Area 2	Area 2	
U/W Tier:	Level 1	Level 1	Level 1	
Current Rate Calculation:				
Plan Index Rate:	$242.02	$242.02	$242.02	
Age/Sex Factor:	1.1008	1.2246	0.4598	
Contract Type Benefit Adj:	n/a	n/a	n/a	
HIA Account Funding:	$0.00	$0.00	$0.00	
Base Rate:	266	296	111	
Area Factor:	1.0109	1.0109	1.0109	
U/W Tier Factor:	1.0000	1.0000	1.0000	TOTAL
Actual Rate:	268	299	112	679
Filed Rate Calculation:				
Plan Index Rate:	$291.53	$291.53	$291.53	
Age/Sex Factor:	1.1008	1.2246	0.4598	
Contract Type Benefit Adj:	n/a	n/a	n/a	
HIA Account Funding:	$0.00	$0.00	$0.00	
Base Rate:	321	357	134	
Area Factor:	1.0109	1.0109	1.0109	
U/W Tier Factor:	1.0000	1.0000	1.0000	TOTAL
Actual Rate, Q1 2010:	324	360	135	819

Rate Summary:

	Current Rates	Filed Rates / Paper Bill or Credit Card [1]	Filed Rates / Auto Withdraw Payments [2]
Total Rate:	679	819	814
% increase over current:		20.6%	19.9%

Product Line: SmartSense
Plan: 5000 Full RX

Example Contract:

	(subscriber)	(no spouse)	(no children)	
Age:	45			
Sex:	M			
Contract Type:	1 Member			
Funding Account:	n/a			
Rating Area:	Area 1			
U/W Tier:	Level 1			
Current Rate Calculation:				
Plan Index Rate:	$145.90			
Age/Sex Factor:	1.0795			
Contract Type Benefit Adj:	n/a			
HIA Account Funding:	$0.00			
Base Rate:	157			
Area Factor:	1.1680			
U/W Tier Factor:	1.0000			TOTAL
Actual Rate:	183			183
Filed Rate Calculation:				
Plan Index Rate:	$159.32			
Age/Sex Factor:	1.0795			
Contract Type Benefit Adj:	n/a			
HIA Account Funding:	$0.00			
Base Rate:	172			
Area Factor:	1.2300			
U/W Tier Factor:	1.0000			TOTAL
Actual Rate, Q1 2010:	211			211

Rate Summary:

	Current Rates	Filed Rates / Paper Bill or Credit Card [1]	Filed Rates / Auto Withdraw Payments [2]
Total Rate:	183	211	206
% increase over current:		15.3%	12.6%

Notes:

(1) If subscriber receives a paper bill or pays premium with a credit card there is no EFT discount
(2) If subscriber pays bill by auto-withdrawal from a checking account they will receive a $5.00 EFT Discount per bill

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IX-a. Rating Variables - Summary

Rating Trend [1]

	Current	Filed	% Change
Trend	14.4%	15.5%	1.1%

Area Table [2]

Lumenos and SmartSense	Current	Filed	% Change
Area 1 (Weld, Routt, etc)	1.1680	1.2300	5.3%
Area 2 (Denver, Arapahoe, etc)	1.0109	0.9782	-3.2%
Area 3 (Jefferson, Boulder, etc)	0.9625	0.9782	1.6%
Area 4 (El Paso, La Plata, etc	0.8973	0.9000	0.3%

All Other Plans	Current	Filed	% Change
Area 1 (Weld, Routt, etc)	1.1680	1.1680	0.0%
Area 2 (Denver, Arapahoe, etc)	1.0109	1.0109	0.0%
Area 3 (Jefferson, Boulder, etc)	0.9625	0.9625	0.0%
Area 4 (El Paso, La Plata, etc	0.8973	0.8973	0.0%

HIPAA Multiplier

	Current	Filed	% Change
All Other	1.0000	1.0000	0.0%
HIPAA-Eligible	2.0000	2.0000	0.0%

Underwriting Rating Levels [3]

	Current	Filed	% Change
Level 1	1.0000	1.0000	0.0%
Level 1+25	1.2500	1.2500	0.0%
Level 1+50	1.5000	1.5000	0.0%
Level 1+75	1.7500	1.7500	0.0%
Level 1+100	2.0000	2.0000	0.0%

Smoker/Non-Smoker Factors [3]

	Current	Filed	% Change
Non-Smoker	1.0000	1.0000	0.0%
Smoker (applied to entire family/contract)	1.1114	1.1114	0.0%
Smoker (applied smoker only)	1.2000	1.2000	0.0%

Demographic Factors

See Exhibits IX-b for side-by-side comparison of the current and proposed additonal factors relating to Anthem HSA/Lumenos CDHP

See Exhibits IX-c to IX-i for side-by-side comparison of the current and proposed age-sex factors

Plan Index Rate [4]

Plan	Current	Filed	% Change
Blue Preferred $250 Ded / $5,000 Stop Loss	$388.63	$483.68	24.5%
Blue Preferred $500 Ded / $5,000 Stop Loss	$353.58	$440.05	24.5%
Blue Preferred $1,000 Ded / $5,000 Stop Loss	$313.38	$377.49	20.5%
Blue Preferred $2,000 Ded / $5,000 Stop Loss	$251.48	$302.92	20.5%
Blue Preferred $250 Ded / $10,000 Stop Loss	$370.32	$460.89	24.5%
Blue Preferred $500 Ded / $10,000 Stop Loss	$336.96	$419.37	24.5%
Blue Preferred $1,000 Ded / $10,000 Stop Loss	$297.44	$358.29	20.5%
Blue Preferred $2,000 Ded / $10,000 Stop Loss	$242.02	$291.53	20.5%
Blue Preferred $3,000 Ded / $10,000 Stop Loss	$174.87	$210.64	20.5%
SmartSense 500 Generic RX	$236.84	$258.62	9.2%
SmartSense 1500 Generic RX	$192.56	$210.27	9.2%
SmartSense 2500 Generic RX	$163.29	$178.31	9.2%
SmartSense 5000 Generic RX	$125.85	$137.43	9.2%
SmartSense 7500 Generic RX	$102.21	$111.61	9.2%
SmartSense 500 Full RX	$275.21	$300.52	9.2%
SmartSense 1500 Full RX	$221.43	$241.80	9.2%
SmartSense 2500 Full RX	$187.11	$204.32	9.2%
SmartSense 5000 Full RX	$145.90	$159.32	9.2%
SmartSense 7500 Full RX	$118.76	$129.68	9.2%
Lumenos 100 100|70 1500/1500	$257.00	$277.56	8.0%
Lumenos 100 100|70 2500/2500	$203.53	$219.81	8.0%
Lumenos 100 100|70 3000/3000	$184.13	$198.86	8.0%
Lumenos 100 100|70 5000/5000	$139.54	$150.70	8.0%
Lumenos 100 70|50 1500/5000	$184.61	$199.38	8.0%
Lumenos 80 70|50 1500/4500	$184.13	$198.86	8.0%
Lumenos 100 80|60 2500/5000	$169.90	$176.32	3.8%
Lumenos 80 80|60 2500/5000	$166.36	$172.64	3.8%
Lumenos 100 80|60 3000/5000	$158.54	$164.53	3.8%
Lumenos 80 80|60 3000/5000	$157.56	$163.51	3.8%
Anthem HSA 100|80 1250/1250	$277.32	$345.14	24.5%
Anthem HSA 100|80 2000/2000	$227.55	$283.20	24.5%
Anthem HSA 100|80 2500/2500	$200.37	$241.36	20.5%
Anthem HSA 100|80 3000/3000	$181.26	$218.34	20.5%
Anthem HSA 100|80 4000/4000	$153.23	$184.58	20.5%
Anthem HSA 100|80 5000/5000	$136.56	$164.50	20.5%
Anthem HSA 80|60 1250/3250	$232.00	$288.74	24.5%
Anthem HSA 80|60 2000/4000	$187.55	$233.42	24.5%
Anthem HSA 80|60 2500/5000	$164.01	$197.56	20.5%
Anthem HSA 80|60 3000/5000	$154.66	$186.30	20.5%
Tonik 1500	$272.13	$326.56	20.0%
Tonik 3000	$206.58	$247.90	20.0%
Tonik 5000	$169.31	$203.17	20.0%
Right Plan Full RX	$278.93	$289.46	3.8%
Right Plan Generic RX	$251.38	$260.87	3.8%
Right Plan No RX	$235.72	$244.62	3.8%

Notes:

(1) See Exhibits V and VI for further documentation of the trend assumption.

(2) See Exhibit IV for further documentation of the area factors. Factors are only being changed for the Lumenos and SmartSense products. For BluePreferred, Anthem HSA, Tonik, and RightPlan no changes are being filed at this time to the area factors.

(3) Medical underwriting rating levels are assigned based on the health status of an applicant. A smoker who would otherwise be assigned Level I is assigned the smoker factor instead. Some members may be grandfathered onto a 1.1114 smoker factor applied to the entire family/contract. All newly underwritten smokers are assigned to a 1.2000 factor assigned to the smoker only.

(4) Filed Plan Index rates shown for BluePreferred, Anthem HSA, Tonik, and RightPlan are effective for sales/renewals in CY 2010. For Lumenos and SmartSense the index rates shown are only for Q1 2010 since these products will have quarterly trend increases to the index rates (see Exhibits I, III-d, and III-f)

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IX-b. Rating Variables - Additonal Lumenos CDHP / Anthem HSA variables

Contract Type Benefit Adjustment [1]

	Current			Filed			% Change		
Age	1 Member	2 Member	3+ Member	1 Member	2 Member	3+ Member	1 Member	2 Member	3+ Member
Lumenos 100 100|70 1500/1500	0.0%	-7.3%	-1.8%	0.0%	-7.3%	-1.8%	0.0%	0.0%	0.0%
Lumenos 100 70|50 1500/5000	0.0%	-10.5%	-4.8%	0.0%	-10.5%	-4.8%	0.0%	0.0%	0.0%
Lumenos 100 100|70 2500/2500	0.0%	-9.3%	-3.4%	0.0%	-9.3%	-3.4%	0.0%	0.0%	0.0%
Lumenos 100 80|60 2500/5000	0.0%	-11.3%	-5.3%	0.0%	-11.3%	-5.3%	0.0%	0.0%	0.0%
Lumenos 100 100|70 3000/3000	0.0%	-10.5%	-4.8%	0.0%	-10.5%	-4.8%	0.0%	0.0%	0.0%
Lumenos 100 80|60 3000/5000	0.0%	-12.0%	-6.0%	0.0%	-12.0%	-6.0%	0.0%	0.0%	0.0%
Lumenos 100 100|70 5000/5000	0.0%	-16.0%	-9.2%	0.0%	-16.0%	-9.2%	0.0%	0.0%	0.0%
Lumenos 80 70|50 1500/4500	0.0%	-10.5%	-4.8%	0.0%	-10.5%	-4.8%	0.0%	0.0%	0.0%
Lumenos 80 80|60 2500/5000	0.0%	-11.3%	-5.4%	0.0%	-11.3%	-5.4%	0.0%	0.0%	0.0%
Lumenos 80 80|60 3000/5000	0.0%	-12.1%	-6.1%	0.0%	-12.1%	-6.1%	0.0%	0.0%	0.0%
Anthem HSA 100|80 1250/1250	0.0%	-5.9%	-0.7%	0.0%	-5.9%	-0.7%	0.0%	0.0%	0.0%
Anthem HSA 100|80 2000/2000	0.0%	-8.2%	-2.4%	0.0%	-8.2%	-2.4%	0.0%	0.0%	0.0%
Anthem HSA 100|80 2500/2500	0.0%	-9.5%	-3.6%	0.0%	-9.5%	-3.6%	0.0%	0.0%	0.0%
Anthem HSA 100|80 3000/3000	0.0%	-11.0%	-5.0%	0.0%	-11.0%	-5.0%	0.0%	0.0%	0.0%
Anthem HSA 100|80 4000/4000	0.0%	-14.0%	-7.2%	0.0%	-14.0%	-7.2%	0.0%	0.0%	0.0%
Anthem HSA 100|80 5000/5000	0.0%	-16.5%	-9.7%	0.0%	-16.5%	-9.7%	0.0%	0.0%	0.0%
Anthem HSA 80|60 1250/3250	0.0%	-8.3%	-2.5%	0.0%	-8.3%	-2.5%	0.0%	0.0%	0.0%
Anthem HSA 80|60 2000/4000	0.0%	-10.0%	-4.0%	0.0%	-10.0%	-4.0%	0.0%	0.0%	0.0%
Anthem HSA 80|60 2500/5000	0.0%	-11.4%	-5.2%	0.0%	-11.4%	-5.2%	0.0%	0.0%	0.0%
Anthem HSA 80|60 3000/5000	0.0%	-12.1%	-6.3%	0.0%	-12.1%	-6.3%	0.0%	0.0%	0.0%

Funding Account Cost [2]

	Current	Filed	% Change
HSA	$0.00	$0.00	0%
HIA	$1.62	$1.62	0%
HIA Plus (single contracts) (Anthem's quarterly contibution only)	$37.00	$37.00	0%
HIA Plus (family contracts) (Anthem's quarterly contibution only)	$67.00	$67.00	0%

Notes:

(1) The Lumenos CDHP and Anthem HSA plans are member-level rated. There are 1 member contract, 2 member contract, and 3+ member contract rates which reflect the actuarial values of the single contract deductible/out-of-pocket maximum versus the 2X aggregate family contract deductible/out-of-pocket maximum. The 2 member family rates are calculated to be between 6%-17% less than the 1 member rates (the rate benefit adjustment varies by plan) because the aggregate family contract deductible/out-of-pocket maximums are twice the single contract deductible/out-of-pocket maximums. The rate benefit adjustment for 3+ member families is less, ranging from 1-10% reduction, because the aggregate family contract deductible/out-of-pocket maximums are spread over more members.

(2) The cost of the Funding Account is added to the Lumenos base plan rate. Note that for the HIA and HIA Plus plans, the $1.62 is added at the member level to the Plan Index Rate. For the HIA Plus plans, the $37 or $67 is added on at the contract level. To calculate the contract rate for an HIA Plus plan, determine each member's rate according to his/her age, sex, area and underwriting level and add them up. Then add the value of the funding account (i.e. $37 for single contracts and $67 for family contracts).

IX-c. Rating Variables - Age/Sex Factors - Blue Preferred $5,000 Stop Loss Plans - SINGLE and FAMILY CONTRACTS

		Blue Preferred $250 Ded / $5,000 Stop Loss						Blue Preferred $500 Ded / $5,000 Stop Loss						Blue Preferred $1,000 Ded / $5,000 Stop Loss						Blue Preferred $2,000 Ded / $5,000 Stop Loss					
Plan Index		Current		Filed		% Change		Current		Filed		% Change		Current		Filed		% Change		Current		Filed		% Change	
Rate [1]		$388.63		$483.68		24.5%		$353.58		$440.05		24.5%		$313.38		$377.49		20.5%		$251.48		$302.92		20.5%	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Single and Family Rates	0	0.5286	0.5286	0.5286	0.5286	0.0%	0.0%	0.5750	0.5750	0.5750	0.5750	0.0%	0.0%	0.5531	0.5531	0.5531	0.5531	0.0%	0.0%	0.5233	0.5233	0.5233	0.5233	0.0%	0.0%
	1	0.5286	0.5286	0.5286	0.5286	0.0%	0.0%	0.5750	0.5750	0.5750	0.5750	0.0%	0.0%	0.5531	0.5531	0.5531	0.5531	0.0%	0.0%	0.5233	0.5233	0.5233	0.5233	0.0%	0.0%
	2	0.5286	0.5286	0.5286	0.5286	0.0%	0.0%	0.5750	0.5750	0.5750	0.5750	0.0%	0.0%	0.5531	0.5531	0.5531	0.5531	0.0%	0.0%	0.5233	0.5233	0.5233	0.5233	0.0%	0.0%
	3	0.5286	0.5286	0.5286	0.5286	0.0%	0.0%	0.5750	0.5750	0.5750	0.5750	0.0%	0.0%	0.5531	0.5531	0.5531	0.5531	0.0%	0.0%	0.5233	0.5233	0.5233	0.5233	0.0%	0.0%
	4	0.4625	0.4625	0.4625	0.4625	0.0%	0.0%	0.4600	0.4600	0.4600	0.4600	0.0%	0.0%	0.4473	0.4473	0.4473	0.4473	0.0%	0.0%	0.4255	0.4255	0.4255	0.4255	0.0%	0.0%
	5	0.4295	0.4295	0.4295	0.4295	0.0%	0.0%	0.4025	0.4025	0.4025	0.4025	0.0%	0.0%	0.3961	0.3961	0.3961	0.3961	0.0%	0.0%	0.3787	0.3787	0.3787	0.3787	0.0%	0.0%
	6	0.4157	0.4157	0.4157	0.4157	0.0%	0.0%	0.3783	0.3783	0.3783	0.3783	0.0%	0.0%	0.3722	0.3722	0.3722	0.3722	0.0%	0.0%	0.3574	0.3574	0.3574	0.3574	0.0%	0.0%
	7	0.4130	0.4130	0.4130	0.4130	0.0%	0.0%	0.3752	0.3752	0.3752	0.3752	0.0%	0.0%	0.3722	0.3722	0.3722	0.3722	0.0%	0.0%	0.3531	0.3531	0.3531	0.3531	0.0%	0.0%
	8	0.4130	0.4130	0.4130	0.4130	0.0%	0.0%	0.3752	0.3752	0.3752	0.3752	0.0%	0.0%	0.3722	0.3722	0.3722	0.3722	0.0%	0.0%	0.3531	0.3531	0.3531	0.3531	0.0%	0.0%
	9	0.4323	0.4323	0.4323	0.4323	0.0%	0.0%	0.4085	0.4085	0.4085	0.4085	0.0%	0.0%	0.4029	0.4029	0.4029	0.4029	0.0%	0.0%	0.3744	0.3744	0.3744	0.3744	0.0%	0.0%
	10	0.4488	0.4488	0.4488	0.4488	0.0%	0.0%	0.4327	0.4327	0.4327	0.4327	0.0%	0.0%	0.4234	0.4234	0.4234	0.4234	0.0%	0.0%	0.3957	0.3957	0.3957	0.3957	0.0%	0.0%
	11	0.4653	0.4653	0.4653	0.4653	0.0%	0.0%	0.4600	0.4600	0.4600	0.4600	0.0%	0.0%	0.4473	0.4473	0.4473	0.4473	0.0%	0.0%	0.4170	0.4170	0.4170	0.4170	0.0%	0.0%
	12	0.4818	0.4818	0.4818	0.4818	0.0%	0.0%	0.4842	0.4842	0.4842	0.4842	0.0%	0.0%	0.4678	0.4678	0.4678	0.4678	0.0%	0.0%	0.4340	0.4340	0.4340	0.4340	0.0%	0.0%
	13	0.4928	0.4928	0.4928	0.4928	0.0%	0.0%	0.5054	0.5054	0.5054	0.5054	0.0%	0.0%	0.4848	0.4848	0.4848	0.4848	0.0%	0.0%	0.4510	0.4510	0.4510	0.4510	0.0%	0.0%
	14	0.4983	0.4983	0.4983	0.4983	0.0%	0.0%	0.5175	0.5175	0.5175	0.5175	0.0%	0.0%	0.4985	0.4985	0.4985	0.4985	0.0%	0.0%	0.4638	0.4638	0.4638	0.4638	0.0%	0.0%
	15	0.4983	0.4983	0.4983	0.4983	0.0%	0.0%	0.5205	0.5205	0.5205	0.5205	0.0%	0.0%	0.4985	0.4985	0.4985	0.4985	0.0%	0.0%	0.4638	0.4638	0.4638	0.4638	0.0%	0.0%
	16	0.4983	0.4983	0.4983	0.4983	0.0%	0.0%	0.5205	0.5205	0.5205	0.5205	0.0%	0.0%	0.4985	0.4985	0.4985	0.4985	0.0%	0.0%	0.4638	0.4638	0.4638	0.4638	0.0%	0.0%
	17	0.4983	0.4983	0.4983	0.4983	0.0%	0.0%	0.5205	0.5205	0.5205	0.5205	0.0%	0.0%	0.4985	0.4985	0.4985	0.4985	0.0%	0.0%	0.4638	0.4638	0.4638	0.4638	0.0%	0.0%
	18	0.5286	0.5286	0.5286	0.5286	0.0%	0.0%	0.5538	0.5538	0.5538	0.5538	0.0%	0.0%	0.5292	0.5292	0.5292	0.5292	0.0%	0.0%	0.4893	0.4893	0.4893	0.4893	0.0%	0.0%
	19	0.5754	0.6332	0.5754	0.6332	0.0%	0.0%	0.6052	0.6537	0.6052	0.6537	0.0%	0.0%	0.5702	0.6248	0.5702	0.6248	0.0%	0.0%	0.5191	0.5786	0.5191	0.5786	0.0%	0.0%
	20	0.6140	0.6993	0.6140	0.6993	0.0%	0.0%	0.6476	0.7202	0.6476	0.7202	0.0%	0.0%	0.6078	0.6863	0.6078	0.6863	0.0%	0.0%	0.5489	0.6340	0.5489	0.6340	0.0%	0.0%
	21	0.6140	0.7269	0.6140	0.7269	0.0%	0.0%	0.6476	0.7535	0.6476	0.7535	0.0%	0.0%	0.6078	0.7170	0.6078	0.7170	0.0%	0.0%	0.5489	0.6595	0.5489	0.6595	0.0%	0.0%
	22	0.6140	0.7296	0.6140	0.7296	0.0%	0.0%	0.6476	0.7656	0.6476	0.7656	0.0%	0.0%	0.6078	0.7307	0.6078	0.7307	0.0%	0.0%	0.5489	0.6723	0.5489	0.6723	0.0%	0.0%
	23	0.6140	0.7296	0.6140	0.7296	0.0%	0.0%	0.6476	0.7777	0.6476	0.7777	0.0%	0.0%	0.6078	0.7409	0.6078	0.7409	0.0%	0.0%	0.5489	0.6850	0.5489	0.6850	0.0%	0.0%
	24	0.6140	0.7434	0.6140	0.7434	0.0%	0.0%	0.6476	0.7959	0.6476	0.7959	0.0%	0.0%	0.6078	0.7580	0.6078	0.7580	0.0%	0.0%	0.5489	0.7020	0.5489	0.7020	0.0%	0.0%
	25	0.6332	0.7682	0.6332	0.7682	0.0%	0.0%	0.6537	0.8201	0.6537	0.8201	0.0%	0.0%	0.6112	0.7853	0.6112	0.7853	0.0%	0.0%	0.5489	0.7318	0.5489	0.7318	0.0%	0.0%
	26	0.6745	0.7957	0.6745	0.7957	0.0%	0.0%	0.7051	0.8473	0.7051	0.8473	0.0%	0.0%	0.6590	0.8126	0.6590	0.8126	0.0%	0.0%	0.5914	0.7574	0.5914	0.7574	0.0%	0.0%
	27	0.7103	0.8205	0.7103	0.8205	0.0%	0.0%	0.7535	0.8685	0.7535	0.8685	0.0%	0.0%	0.7034	0.8331	0.7034	0.8331	0.0%	0.0%	0.6297	0.7829	0.6297	0.7829	0.0%	0.0%
	28	0.7324	0.8342	0.7324	0.8342	0.0%	0.0%	0.7808	0.8836	0.7808	0.8836	0.0%	0.0%	0.7307	0.8502	0.7307	0.8502	0.0%	0.0%	0.6552	0.7999	0.6552	0.7999	0.0%	0.0%
	29	0.7406	0.8425	0.7406	0.8425	0.0%	0.0%	0.7959	0.8927	0.7959	0.8927	0.0%	0.0%	0.7443	0.8570	0.7443	0.8570	0.0%	0.0%	0.6680	0.8084	0.6680	0.8084	0.0%	0.0%
	30	0.7434	0.8480	0.7434	0.8480	0.0%	0.0%	0.7989	0.8988	0.7989	0.8988	0.0%	0.0%	0.7512	0.8638	0.7512	0.8638	0.0%	0.0%	0.6765	0.8169	0.6765	0.8169	0.0%	0.0%
	31	0.7489	0.8535	0.7489	0.8535	0.0%	0.0%	0.8019	0.9048	0.8019	0.9048	0.0%	0.0%	0.7546	0.8741	0.7546	0.8741	0.0%	0.0%	0.6850	0.8254	0.6850	0.8254	0.0%	0.0%
	32	0.7544	0.8673	0.7544	0.8673	0.0%	0.0%	0.8080	0.9139	0.8080	0.9139	0.0%	0.0%	0.7614	0.8843	0.7614	0.8843	0.0%	0.0%	0.6978	0.8424	0.6978	0.8424	0.0%	0.0%
	33	0.7709	0.8865	0.7709	0.8865	0.0%	0.0%	0.8201	0.9321	0.8201	0.9321	0.0%	0.0%	0.7785	0.9048	0.7785	0.9048	0.0%	0.0%	0.7191	0.8637	0.7191	0.8637	0.0%	0.0%
	34	0.7957	0.9168	0.7957	0.9168	0.0%	0.0%	0.8413	0.9532	0.8413	0.9532	0.0%	0.0%	0.8024	0.9287	0.8024	0.9287	0.0%	0.0%	0.7446	0.8935	0.7446	0.8935	0.0%	0.0%
	35	0.8260	0.9499	0.8260	0.9499	0.0%	0.0%	0.8655	0.9775	0.8655	0.9775	0.0%	0.0%	0.8297	0.9560	0.8297	0.9560	0.0%	0.0%	0.7786	0.9233	0.7786	0.9233	0.0%	0.0%
	36	0.8563	0.9829	0.8563	0.9829	0.0%	0.0%	0.8897	1.0047	0.8897	1.0047	0.0%	0.0%	0.8570	0.9868	0.8570	0.9868	0.0%	0.0%	0.8084	0.9616	0.8084	0.9616	0.0%	0.0%
	37	0.8838	1.0187	0.8838	1.0187	0.0%	0.0%	0.9109	1.0289	0.9109	1.0289	0.0%	0.0%	0.8775	1.0141	0.8775	1.0141	0.0%	0.0%	0.8297	0.9956	0.8297	0.9956	0.0%	0.0%
	38	0.9113	1.0490	0.9113	1.0490	0.0%	0.0%	0.9260	1.0531	0.9260	1.0531	0.0%	0.0%	0.8946	1.0414	0.8946	1.0414	0.0%	0.0%	0.8510	1.0254	0.8510	1.0254	0.0%	0.0%
	39	0.9361	1.0765	0.9361	1.0765	0.0%	0.0%	0.9381	1.0773	0.9381	1.0773	0.0%	0.0%	0.9082	1.0687	0.9082	1.0687	0.0%	0.0%	0.8637	1.0552	0.8637	1.0552	0.0%	0.0%
	40	0.9609	1.1013	0.9609	1.1013	0.0%	0.0%	0.9502	1.0985	0.9502	1.0985	0.0%	0.0%	0.9219	1.0926	0.9219	1.0926	0.0%	0.0%	0.8807	1.0850	0.8807	1.0850	0.0%	0.0%
	41	0.9857	1.1288	0.9857	1.1288	0.0%	0.0%	0.9684	1.1227	0.9684	1.1227	0.0%	0.0%	0.9424	1.1165	0.9424	1.1165	0.0%	0.0%	0.9020	1.1148	0.9020	1.1148	0.0%	0.0%
	42	1.0159	1.1564	1.0159	1.1564	0.0%	0.0%	0.9926	1.1469	0.9926	1.1469	0.0%	0.0%	0.9697	1.1438	0.9697	1.1438	0.0%	0.0%	0.9361	1.1488	0.9361	1.1488	0.0%	0.0%
	43	1.0545	1.1894	1.0545	1.1894	0.0%	0.0%	1.0289	1.1742	1.0289	1.1742	0.0%	0.0%	1.0107	1.1745	1.0107	1.1745	0.0%	0.0%	0.9829	1.1828	0.9829	1.1828	0.0%	0.0%
	44	1.0930	1.2197	1.0930	1.2197	0.0%	0.0%	1.0743	1.2014	1.0743	1.2014	0.0%	0.0%	1.0585	1.2087	1.0585	1.2087	0.0%	0.0%	1.0424	1.2211	1.0424	1.2211	0.0%	0.0%
	45	1.1343	1.2500	1.1343	1.2500	0.0%	0.0%	1.1197	1.2286	1.1197	1.2286	0.0%	0.0%	1.1131	1.2394	1.1131	1.2394	0.0%	0.0%	1.1020	1.2552	1.1020	1.2552	0.0%	0.0%
	46	1.1756	1.2775	1.1756	1.2775	0.0%	0.0%	1.1651	1.2528	1.1651	1.2528	0.0%	0.0%	1.1643	1.2667	1.1643	1.2667	0.0%	0.0%	1.1616	1.2892	1.1616	1.2892	0.0%	0.0%
	47	1.2114	1.2995	1.2114	1.2995	0.0%	0.0%	1.2044	1.2770	1.2044	1.2770	0.0%	0.0%	1.2087	1.2906	1.2087	1.2906	0.0%	0.0%	1.2126	1.3190	1.2126	1.3190	0.0%	0.0%
	48	1.2417	1.3160	1.2417	1.3160	0.0%	0.0%	1.2347	1.2922	1.2347	1.2922	0.0%	0.0%	1.2428	1.3111	1.2428	1.3111	0.0%	0.0%	1.2552	1.3445	1.2552	1.3445	0.0%	0.0%
	49	1.2692	1.3298	1.2692	1.3298	0.0%	0.0%	1.2589	1.3103	1.2589	1.3103	0.0%	0.0%	1.2701	1.3282	1.2701	1.3282	0.0%	0.0%	1.2849	1.3615	1.2849	1.3615	0.0%	0.0%
	50	1.2995	1.3408	1.2995	1.3408	0.0%	0.0%	1.2801	1.3255	1.2801	1.3255	0.0%	0.0%	1.2940	1.3453	1.2940	1.3453	0.0%	0.0%	1.3147	1.3828	1.3147	1.3828	0.0%	0.0%
	51	1.3326	1.3601	1.3326	1.3601	0.0%	0.0%	1.3043	1.3436	1.3043	1.3436	0.0%	0.0%	1.3214	1.3692	1.3214	1.3692	0.0%	0.0%	1.3445	1.4083	1.3445	1.4083	0.0%	0.0%
	52	1.3739	1.3876	1.3739	1.3876	0.0%	0.0%	1.3376	1.3709	1.3376	1.3709	0.0%	0.0%	1.3555	1.3965	1.3555	1.3965	0.0%	0.0%	1.3871	1.4424	1.3871	1.4424	0.0%	0.0%
	53	1.4262	1.4262	1.4262	1.4262	0.0%	0.0%	1.3769	1.4041	1.3769	1.4041	0.0%	0.0%	1.3999	1.4374	1.3999	1.4374	0.0%	0.0%	1.4381	1.4892	1.4381	1.4892	0.0%	0.0%
	54	1.4840	1.4730	1.4840	1.4730	0.0%	0.0%	1.4253	1.4465	1.4253	1.4465	0.0%	0.0%	1.4545	1.4818	1.4545	1.4818	0.0%	0.0%	1.5019	1.5402	1.5019	1.5402	0.0%	0.0%
	55	1.5473	1.5253	1.5473	1.5253	0.0%	0.0%	1.4768	1.4889	1.4768	1.4889	0.0%	0.0%	1.5160	1.5296	1.5160	1.5296	0.0%	0.0%	1.5743	1.5998	1.5743	1.5998	0.0%	0.0%
	56	1.6079	1.5721	1.6079	1.5721	0.0%	0.0%	1.5343	1.5312	1.5343	1.5312	0.0%	0.0%	1.5774	1.5809	1.5774	1.5809	0.0%	0.0%	1.6466	1.6551	1.6466	1.6551	0.0%	0.0%
	57	1.6685	1.6134	1.6685	1.6134	0.0%	0.0%	1.5887	1.5706	1.5887	1.5706	0.0%	0.0%	1.6423	1.6252	1.6423	1.6252	0.0%	0.0%	1.7189	1.7104	1.7189	1.7104	0.0%	0.0%
	58	1.7180	1.6437	1.7180	1.6437	0.0%	0.0%	1.6402	1.6039	1.6402	1.6039	0.0%	0.0%	1.7004	1.6662	1.7004	1.6662	0.0%	0.0%	1.7913	1.7615	1.7913	1.7615	0.0%	0.0%
	59	1.7621	1.6657	1.7621	1.6657	0.0%	0.0%	1.6916	1.6311	1.6916	1.6311	0.0%	0.0%	1.7584	1.6969	1.7584	1.6969	0.0%	0.0%	1.8551	1.8040	1.8551	1.8040	0.0%	0.0%
	60	1.7979	1.6795	1.7979	1.6795	0.0%	0.0%	1.7370	1.6523	1.7370	1.6523	0.0%	0.0%	1.8096	1.7243	1.8096	1.7243	0.0%	0.0%	1.9189	1.8423	1.9189	1.8423	0.0%	0.0%
	61	1.8309	1.6877	1.8309	1.6877	0.0%	0.0%	1.7794	1.6674	1.7794	1.6674	0.0%	0.0%	1.8574	1.7482	1.8574	1.7482	0.0%	0.0%	1.9742	1.8721	1.9742	1.8721	0.0%	0.0%
	62	1.8584	1.6932	1.8584	1.6932	0.0%	0.0%	1.8157	1.6826	1.8157	1.6826	0.0%	0.0%	1.8984	1.7686	1.8984	1.7686	0.0%	0.0%	2.0210	1.9019	2.0210	1.9019	0.0%	0.0%
	63	1.8805	1.6960	1.8805	1.6960	0.0%	0.0%	1.8460	1.6947	1.8460	1.6947	0.0%	0.0%	1.9359	1.7857	1.9359	1.7857	0.0%	0.0%	2.0636	1.9274	2.0636	1.9274	0.0%	0.0%
	64	1.8997	1.7015	1.8997	1.7015	0.0%	0.0%	1.8732	1.7037	1.8732	1.7037	0.0%	0.0%	1.9667	1.7994	1.9667	1.7994	0.0%	0.0%	2.0976	1.9487	2.0976	1.9487	0.0%	0.0%
	65+	1.8997	1.7015	1.8997	1.7015	0.0%	0.0%	1.8732	1.7037	1.8732	1.7037	0.0%	0.0%	1.9667	1.7994	1.9667	1.7994	0.0%	0.0%	2.0976	1.9487	2.0976	1.9487	0.0%	0.0%

Notes:

(1) Note that the Plan Index Rate is also listed in Exhibit IX-a. Also see Exhibit I for further documentation on plan index rates (i.e. the "Normalized Plan Rates PMPM").

IX-d. Rating Variables - Age/Sex Factors - Blue Preferred $10,000 Stop Loss Plans - SINGLE and FAMILY CONTRACTS

Plan Index Rate [1]:	Blue Preferred $250 Ded / $10,000 Stop Loss						Blue Preferred $500 Ded / $10,000 Stop Loss						Blue Preferred $1,000 Ded / $10,000 Stop Loss						Blue Preferred $2,000 Ded / $10,000 Stop Loss						Blue Preferred $3,000 Ded / $10,000 Stop Loss					
	Current		Filed		% Change		Current		Filed		% Change		Current		Filed		% Change		Current		Filed		% Change		Current		Filed		% Change	
	$370.32		$460.89		24.5%		$336.96		$419.37		24.5%		$297.44		$358.29		20.5%		$242.02		$291.53		20.5%		$174.87		$210.64		20.5%	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	0.5230	0.5230	0.5230	0.5230	0.0%	0.0%	0.5684	0.5684	0.5684	0.5684	0.0%	0.0%	0.5468	0.5468	0.5468	0.5468	0.0%	0.0%	0.5173	0.5173	0.5173	0.5173	0.0%	0.0%	0.4711	0.4711	0.4711	0.4711	0.0%	0.0%
1	0.5230	0.5230	0.5230	0.5230	0.0%	0.0%	0.5684	0.5684	0.5684	0.5684	0.0%	0.0%	0.5468	0.5468	0.5468	0.5468	0.0%	0.0%	0.5173	0.5173	0.5173	0.5173	0.0%	0.0%	0.4711	0.4711	0.4711	0.4711	0.0%	0.0%
2	0.5230	0.5230	0.5230	0.5230	0.0%	0.0%	0.5684	0.5684	0.5684	0.5684	0.0%	0.0%	0.5468	0.5468	0.5468	0.5468	0.0%	0.0%	0.5173	0.5173	0.5173	0.5173	0.0%	0.0%	0.4711	0.4711	0.4711	0.4711	0.0%	0.0%
3	0.5230	0.5230	0.5230	0.5230	0.0%	0.0%	0.5684	0.5684	0.5684	0.5684	0.0%	0.0%	0.5468	0.5468	0.5468	0.5468	0.0%	0.0%	0.5173	0.5173	0.5173	0.5173	0.0%	0.0%	0.4711	0.4711	0.4711	0.4711	0.0%	0.0%
4	0.4594	0.4594	0.4594	0.4594	0.0%	0.0%	0.4541	0.4541	0.4541	0.4541	0.0%	0.0%	0.4425	0.4425	0.4425	0.4425	0.0%	0.0%	0.4200	0.4200	0.4200	0.4200	0.0%	0.0%	0.3855	0.3855	0.3855	0.3855	0.0%	0.0%
5	0.4276	0.4276	0.4276	0.4276	0.0%	0.0%	0.4001	0.4001	0.4001	0.4001	0.0%	0.0%	0.3921	0.3921	0.3921	0.3921	0.0%	0.0%	0.3758	0.3758	0.3758	0.3758	0.0%	0.0%	0.3427	0.3427	0.3427	0.3427	0.0%	0.0%
6	0.4132	0.4132	0.4132	0.4132	0.0%	0.0%	0.3747	0.3747	0.3747	0.3747	0.0%	0.0%	0.3705	0.3705	0.3705	0.3705	0.0%	0.0%	0.3537	0.3537	0.3537	0.3537	0.0%	0.0%	0.3304	0.3304	0.3304	0.3304	0.0%	0.0%
7	0.4132	0.4132	0.4132	0.4132	0.0%	0.0%	0.3747	0.3747	0.3747	0.3747	0.0%	0.0%	0.3669	0.3669	0.3669	0.3669	0.0%	0.0%	0.3493	0.3493	0.3493	0.3493	0.0%	0.0%	0.3304	0.3304	0.3304	0.3304	0.0%	0.0%
8	0.4132	0.4132	0.4132	0.4132	0.0%	0.0%	0.3747	0.3747	0.3747	0.3747	0.0%	0.0%	0.3669	0.3669	0.3669	0.3669	0.0%	0.0%	0.3493	0.3493	0.3493	0.3493	0.0%	0.0%	0.3304	0.3304	0.3304	0.3304	0.0%	0.0%
9	0.4334	0.4334	0.4334	0.4334	0.0%	0.0%	0.4033	0.4033	0.4033	0.4033	0.0%	0.0%	0.3957	0.3957	0.3957	0.3957	0.0%	0.0%	0.3714	0.3714	0.3714	0.3714	0.0%	0.0%	0.3549	0.3549	0.3549	0.3549	0.0%	0.0%
10	0.4479	0.4479	0.4479	0.4479	0.0%	0.0%	0.4287	0.4287	0.4287	0.4287	0.0%	0.0%	0.4173	0.4173	0.4173	0.4173	0.0%	0.0%	0.3935	0.3935	0.3935	0.3935	0.0%	0.0%	0.3671	0.3671	0.3671	0.3671	0.0%	0.0%
11	0.4623	0.4623	0.4623	0.4623	0.0%	0.0%	0.4541	0.4541	0.4541	0.4541	0.0%	0.0%	0.4389	0.4389	0.4389	0.4389	0.0%	0.0%	0.4112	0.4112	0.4112	0.4112	0.0%	0.0%	0.3794	0.3794	0.3794	0.3794	0.0%	0.0%
12	0.4797	0.4797	0.4797	0.4797	0.0%	0.0%	0.4763	0.4763	0.4763	0.4763	0.0%	0.0%	0.4605	0.4605	0.4605	0.4605	0.0%	0.0%	0.4288	0.4288	0.4288	0.4288	0.0%	0.0%	0.3916	0.3916	0.3916	0.3916	0.0%	0.0%
13	0.4883	0.4883	0.4883	0.4883	0.0%	0.0%	0.4985	0.4985	0.4985	0.4985	0.0%	0.0%	0.4785	0.4785	0.4785	0.4785	0.0%	0.0%	0.4465	0.4465	0.4465	0.4465	0.0%	0.0%	0.4038	0.4038	0.4038	0.4038	0.0%	0.0%
14	0.4941	0.4941	0.4941	0.4941	0.0%	0.0%	0.5081	0.5081	0.5081	0.5081	0.0%	0.0%	0.4892	0.4892	0.4892	0.4892	0.0%	0.0%	0.4554	0.4554	0.4554	0.4554	0.0%	0.0%	0.4100	0.4100	0.4100	0.4100	0.0%	0.0%
15	0.4941	0.4941	0.4941	0.4941	0.0%	0.0%	0.5112	0.5112	0.5112	0.5112	0.0%	0.0%	0.4892	0.4892	0.4892	0.4892	0.0%	0.0%	0.4598	0.4598	0.4598	0.4598	0.0%	0.0%	0.4100	0.4100	0.4100	0.4100	0.0%	0.0%
16	0.4941	0.4941	0.4941	0.4941	0.0%	0.0%	0.5112	0.5112	0.5112	0.5112	0.0%	0.0%	0.4892	0.4892	0.4892	0.4892	0.0%	0.0%	0.4598	0.4598	0.4598	0.4598	0.0%	0.0%	0.4100	0.4100	0.4100	0.4100	0.0%	0.0%
17	0.4941	0.4941	0.4941	0.4941	0.0%	0.0%	0.5112	0.5112	0.5112	0.5112	0.0%	0.0%	0.4892	0.4892	0.4892	0.4892	0.0%	0.0%	0.4598	0.4598	0.4598	0.4598	0.0%	0.0%	0.4100	0.4100	0.4100	0.4100	0.0%	0.0%
18	0.5230	0.5230	0.5230	0.5230	0.0%	0.0%	0.5430	0.5430	0.5430	0.5430	0.0%	0.0%	0.5180	0.5180	0.5180	0.5180	0.0%	0.0%	0.4819	0.4819	0.4819	0.4819	0.0%	0.0%	0.4222	0.4222	0.4222	0.4222	0.0%	0.0%
19	0.5663	0.6241	0.5663	0.6241	0.0%	0.0%	0.5906	0.6414	0.5906	0.6414	0.0%	0.0%	0.5576	0.6116	0.5576	0.6116	0.0%	0.0%	0.5084	0.5659	0.5084	0.5659	0.0%	0.0%	0.4222	0.4773	0.4222	0.4773	0.0%	0.0%
20	0.6039	0.6906	0.6039	0.6906	0.0%	0.0%	0.6319	0.7049	0.6319	0.7049	0.0%	0.0%	0.5936	0.6727	0.5936	0.6727	0.0%	0.0%	0.5305	0.6189	0.5305	0.6189	0.0%	0.0%	0.4222	0.5079	0.4222	0.5079	0.0%	0.0%
21	0.6039	0.7166	0.6039	0.7166	0.0%	0.0%	0.6319	0.7367	0.6319	0.7367	0.0%	0.0%	0.5936	0.7015	0.5936	0.7015	0.0%	0.0%	0.5305	0.6455	0.5305	0.6455	0.0%	0.0%	0.4222	0.5262	0.4222	0.5262	0.0%	0.0%
22	0.6039	0.7195	0.6039	0.7195	0.0%	0.0%	0.6319	0.7526	0.6319	0.7526	0.0%	0.0%	0.5936	0.7159	0.5936	0.7159	0.0%	0.0%	0.5305	0.6543	0.5305	0.6543	0.0%	0.0%	0.4222	0.5385	0.4222	0.5385	0.0%	0.0%
23	0.6039	0.7224	0.6039	0.7224	0.0%	0.0%	0.6319	0.7621	0.6319	0.7621	0.0%	0.0%	0.5936	0.7267	0.5936	0.7267	0.0%	0.0%	0.5305	0.6676	0.5305	0.6676	0.0%	0.0%	0.4222	0.5507	0.4222	0.5507	0.0%	0.0%
24	0.6039	0.7339	0.6039	0.7339	0.0%	0.0%	0.6319	0.7812	0.6319	0.7812	0.0%	0.0%	0.5936	0.7447	0.5936	0.7447	0.0%	0.0%	0.5305	0.6853	0.5305	0.6853	0.0%	0.0%	0.4222	0.5691	0.4222	0.5691	0.0%	0.0%
25	0.6241	0.7599	0.6241	0.7599	0.0%	0.0%	0.6351	0.8066	0.6351	0.8066	0.0%	0.0%	0.5972	0.7698	0.5972	0.7698	0.0%	0.0%	0.5305	0.7162	0.5305	0.7162	0.0%	0.0%	0.4222	0.5996	0.4222	0.5996	0.0%	0.0%
26	0.6646	0.7888	0.6646	0.7888	0.0%	0.0%	0.6859	0.8320	0.6859	0.8320	0.0%	0.0%	0.6439	0.7986	0.6439	0.7986	0.0%	0.0%	0.5703	0.7427	0.5703	0.7427	0.0%	0.0%	0.4222	0.6241	0.4222	0.6241	0.0%	0.0%
27	0.6993	0.8120	0.6993	0.8120	0.0%	0.0%	0.7303	0.8542	0.7303	0.8542	0.0%	0.0%	0.6835	0.8202	0.6835	0.8202	0.0%	0.0%	0.6101	0.7648	0.6101	0.7648	0.0%	0.0%	0.4467	0.6486	0.4467	0.6486	0.0%	0.0%
28	0.7195	0.8264	0.7195	0.8264	0.0%	0.0%	0.7589	0.8701	0.7589	0.8701	0.0%	0.0%	0.7123	0.8382	0.7123	0.8382	0.0%	0.0%	0.6322	0.7825	0.6322	0.7825	0.0%	0.0%	0.4650	0.6670	0.4650	0.6670	0.0%	0.0%
29	0.7282	0.8351	0.7282	0.8351	0.0%	0.0%	0.7748	0.8764	0.7748	0.8764	0.0%	0.0%	0.7231	0.8454	0.7231	0.8454	0.0%	0.0%	0.6455	0.7914	0.6455	0.7914	0.0%	0.0%	0.4773	0.6792	0.4773	0.6792	0.0%	0.0%
30	0.7310	0.8408	0.7310	0.8408	0.0%	0.0%	0.7780	0.8828	0.7780	0.8828	0.0%	0.0%	0.7303	0.8526	0.7303	0.8526	0.0%	0.0%	0.6543	0.8002	0.6543	0.8002	0.0%	0.0%	0.4895	0.6853	0.4895	0.6853	0.0%	0.0%
31	0.7368	0.8466	0.7368	0.8466	0.0%	0.0%	0.7812	0.8891	0.7812	0.8891	0.0%	0.0%	0.7375	0.8598	0.7375	0.8598	0.0%	0.0%	0.6632	0.8135	0.6632	0.8135	0.0%	0.0%	0.5079	0.7037	0.5079	0.7037	0.0%	0.0%
32	0.7426	0.8582	0.7426	0.8582	0.0%	0.0%	0.7875	0.9018	0.7875	0.9018	0.0%	0.0%	0.7447	0.8742	0.7447	0.8742	0.0%	0.0%	0.6764	0.8267	0.6764	0.8267	0.0%	0.0%	0.5323	0.7220	0.5323	0.7220	0.0%	0.0%
33	0.7628	0.8813	0.7628	0.8813	0.0%	0.0%	0.8034	0.9177	0.8034	0.9177	0.0%	0.0%	0.7626	0.8922	0.7626	0.8922	0.0%	0.0%	0.6985	0.8488	0.6985	0.8488	0.0%	0.0%	0.5629	0.7587	0.5629	0.7587	0.0%	0.0%
34	0.7859	0.9102	0.7859	0.9102	0.0%	0.0%	0.8256	0.9431	0.8256	0.9431	0.0%	0.0%	0.7878	0.9173	0.7878	0.9173	0.0%	0.0%	0.7295	0.8798	0.7295	0.8798	0.0%	0.0%	0.6058	0.7954	0.6058	0.7954	0.0%	0.0%
35	0.8148	0.9449	0.8148	0.9449	0.0%	0.0%	0.8510	0.9685	0.8510	0.9685	0.0%	0.0%	0.8166	0.9461	0.8166	0.9461	0.0%	0.0%	0.7604	0.9152	0.7604	0.9152	0.0%	0.0%	0.6425	0.8444	0.6425	0.8444	0.0%	0.0%
36	0.8466	0.9795	0.8466	0.9795	0.0%	0.0%	0.8764	0.9971	0.8764	0.9971	0.0%	0.0%	0.8418	0.9785	0.8418	0.9785	0.0%	0.0%	0.7914	0.9505	0.7914	0.9505	0.0%	0.0%	0.6792	0.8872	0.6792	0.8872	0.0%	0.0%
37	0.8784	1.0142	0.8784	1.0142	0.0%	0.0%	0.8986	1.0225	0.8986	1.0225	0.0%	0.0%	0.8670	1.0109	0.8670	1.0109	0.0%	0.0%	0.8179	0.9859	0.8179	0.9859	0.0%	0.0%	0.7098	0.9362	0.7098	0.9362	0.0%	0.0%
38	0.9044	1.0460	0.9044	1.0460	0.0%	0.0%	0.9145	1.0479	0.9145	1.0479	0.0%	0.0%	0.8814	1.0360	0.8814	1.0360	0.0%	0.0%	0.8356	1.0213	0.8356	1.0213	0.0%	0.0%	0.7343	0.9790	0.7343	0.9790	0.0%	0.0%
39	0.9275	1.0720	0.9275	1.0720	0.0%	0.0%	0.9240	1.0733	0.9240	1.0733	0.0%	0.0%	0.8957	1.0648	0.8957	1.0648	0.0%	0.0%	0.8488	1.0522	0.8488	1.0522	0.0%	0.0%	0.7526	1.0157	0.7526	1.0157	0.0%	0.0%
40	0.9535	1.1009	0.9535	1.1009	0.0%	0.0%	0.9399	1.0955	0.9399	1.0955	0.0%	0.0%	0.9101	1.0900	0.9101	1.0900	0.0%	0.0%	0.8665	1.0832	0.8665	1.0832	0.0%	0.0%	0.7771	1.0586	0.7771	1.0586	0.0%	0.0%
41	0.9795	1.1269	0.9795	1.1269	0.0%	0.0%	0.9558	1.1209	0.9558	1.1209	0.0%	0.0%	0.9317	1.1152	0.9317	1.1152	0.0%	0.0%	0.8931	1.1141	0.8931	1.1141	0.0%	0.0%	0.8077	1.1014	0.8077	1.1014	0.0%	0.0%
42	1.0113	1.1558	1.0113	1.1558	0.0%	0.0%	0.9844	1.1463	0.9844	1.1463	0.0%	0.0%	0.9605	1.1440	0.9605	1.1440	0.0%	0.0%	0.9284	1.1451	0.9284	1.1451	0.0%	0.0%	0.8505	1.1442	0.8505	1.1442	0.0%	0.0%
43	1.0489	1.1876	1.0489	1.1876	0.0%	0.0%	1.0225	1.1749	1.0225	1.1749	0.0%	0.0%	1.0037	1.1763	1.0037	1.1763	0.0%	0.0%	0.9771	1.1848	0.9771	1.1848	0.0%	0.0%	0.9178	1.1932	0.9178	1.1932	0.0%	0.0%
44	1.0893	1.2223	1.0893	1.2223	0.0%	0.0%	1.0669	1.2035	1.0669	1.2035	0.0%	0.0%	1.0540	1.2087	1.0540	1.2087	0.0%	0.0%	1.0345	1.2246	1.0345	1.2246	0.0%	0.0%	0.9974	1.2421	0.9974	1.2421	0.0%	0.0%
45	1.1327	1.2540	1.1327	1.2540	0.0%	0.0%	1.1177	1.2321	1.1177	1.2321	0.0%	0.0%	1.1080	1.2411	1.1080	1.2411	0.0%	0.0%	1.1008	1.2600	1.1008	1.2600	0.0%	0.0%	1.0830	1.2972	1.0830	1.2972	0.0%	0.0%
46	1.1731	1.2829	1.1731	1.2829	0.0%	0.0%	1.1622	1.2606	1.1622	1.2606	0.0%	0.0%	1.1620	1.2735	1.1620	1.2735	0.0%	0.0%	1.1627	1.2954	1.1627	1.2954	0.0%	0.0%	1.1626	1.3400	1.1626	1.3400	0.0%	0.0%
47	1.2107	1.3061	1.2107	1.3061	0.0%	0.0%	1.2035	1.2829	1.2035	1.2829	0.0%	0.0%	1.2087	1.2987	1.2087	1.2987	0.0%	0.0%	1.2158	1.3263	1.2158	1.3263	0.0%	0.0%	1.2299	1.3829	1.2299	1.3829	0.0%	0.0%
48	1.2425	1.3205	1.2425	1.3205	0.0%	0.0%	1.2384	1.3019	1.2384	1.3019	0.0%	0.0%	1.2447	1.3202	1.2447	1.3202	0.0%	0.0%	1.2556	1.3528	1.2556	1.3528	0.0%	0.0%	1.2850	1.4134	1.2850	1.4134	0.0%	0.0%
49	1.2714	1.3350	1.2714	1.3350	0.0%	0.0%	1.2638	1.3178	1.2638	1.3178	0.0%	0.0%	1.2735	1.3382	1.2735	1.3382	0.0%	0.0%	1.2910	1.3705	1.2910	1.3705	0.0%	0.0%	1.3278	1.4379	1.3278	1.4379	0.0%	0.0%
50	1.3032	1.3494	1.3032	1.3494	0.0%	0.0%	1.2860	1.3337	1.2860	1.3337	0.0%	0.0%	1.2987	1.3562	1.2987	1.3562	0.0%	0.0%	1.3219	1.3926	1.3219	1.3926	0.0%	0.0%	1.3645	1.4685	1.3645	1.4685	0.0%	0.0%
51	1.3378	1.3667	1.3378	1.3667	0.0%	0.0%	1.3114	1.3559	1.3114	1.3559	0.0%	0.0%	1.3274	1.3778	1.3274	1.3778	0.0%	0.0%	1.3528	1.4192	1.3528	1.4192	0.0%	0.0%	1.4134	1.5052	1.4134	1.5052	0.0%	0.0%
52	1.3783	1.3956	1.3783	1.3956	0.0%	0.0%	1.3432	1.3813	1.3432	1.3813	0.0%	0.0%	1.3634	1.4102	1.3634	1.4102	0.0%	0.0%	1.3971	1.4545	1.3971	1.4545	0.0%	0.0%	1.4685	1.5542	1.4685	1.5542	0.0%	0.0%
53	1.4303	1.4332	1.4303	1.4332	0.0%	0.0%	1.3877	1.4194	1.3877	1.4194	0.0%	0.0%	1.4102	1.4497	1.4102	1.4497	0.0%	0.0%	1.4501	1.5032	1.4501	1.5032	0.0%	0.0%	1.5419	1.6154	1.5419	1.6154	0.0%	0.0%
54	1.4910	1.4823	1.4910	1.4823	0.0%	0.0%	1.4353	1.4607	1.4353	1.4607	0.0%	0.0%	1.4677	1.4965	1.4677	1.4965	0.0%	0.0%	1.5164	1.5606	1.5164	1.5606	0.0%	0.0%	1.6276	1.6888	1.6276	1.6888	0.0%	0.0%
55	1.5546	1.5343	1.5546	1.5343	0.0%	0.0%	1.4924	1.5051	1.4924	1.5051	0.0%	0.0%	1.5289	1.5469	1.5289	1.5469	0.0%	0.0%	1.5916	1.6181	1.5916	1.6181	0.0%	0.0%	1.7255	1.7683	1.7255	1.7683	0.0%	0.0%
56	1.6210	1.5834	1.6210	1.5834	0.0%	0.0%	1.5528	1.5528	1.5528	1.5528	0.0%	0.0%	1.5972	1.5972	1.5972	1.5972	0.0%	0.0%	1.6712	1.6800	1.6712	1.6800	0.0%	0.0%	1.8295	1.8479	1.8295	1.8479	0.0%	0.0%
57	1.6788	1.6268	1.6788	1.6268	0.0%	0.0%	1.6099	1.5941	1.6099	1.5941	0.0%	0.0%	1.6620	1.6476	1.6620	1.6476	0.0%	0.0%	1.7463	1.7375	1.7463	1.7375	0.0%	0.0%	1.9274	1.9213	1.9274	1.9213	0.0%	0.0%
58	1.7308	1.6586	1.7308	1.6586	0.0%	0.0%	1.6671	1.6290	1.6671	1.6290	0.0%	0.0%	1.7231	1.6872	1.7231	1.6872	0.0%	0.0%	1.8171	1.7861	1.8171	1.7861	0.0%	0.0%	2.0192	1.9825	2.0192	1.9825	0.0%	0.0%
59	1.7770	1.6817	1.7770	1.6817	0.0%	0.0%	1.7179	1.6576	1.7179	1.6576	0.0%	0.0%	1.7843	1.7231	1.7843	1.7231	0.0%	0.0%	1.8878	1.8303	1.8878	1.8303	0.0%	0.0%	2.0988	2.0253	2.0988	2.0253	0.0%	0.0%
60	1.8146	1.6961	1.8146	1.6961	0.0%	0.0%	1.7655	1.6830	1.7655	1.6830	0.0%	0.0%	1.8383	1.7555	1.8383	1.7555	0.0%	0.0%	1.9497	1.8701	1.9497	1.8701	0.0%	0.0%	2.1722	2.0620	2.1722	2.0620	0.0%	0.0%
61	1.8493	1.7048	1.8493	1.7048	0.0%	0.0%	1.8100	1.7020	1.8100	1.7020	0.0%	0.0%	1.8886	1.7807	1.8886	1.7807	0.0%	0.0%	2.0072	1.9011	2.0072	1.9011	0.0%	0.0%	2.2395	2.0926	2.2395	2.0926	0.0%	0.0%
62	1.8753	1.7135	1.8753	1.7135	0.0%	0.0%	1.8513	1.7179	1.8513	1.7179	0.0%	0.0%	1.9318	1.8023	1.9318	1.8023	0.0%	0.0%	2.0558	1.9276	2.0558	1.9276	0.0%	0.0%	2.2946	2.1171	2.2946	2.1171	0.0%	0.0%
63	1.9013	1.7193	1.9013	1.7193	0.0%	0.0%	1.8830	1.7338	1.8830	1.7338	0.0%	0.0%	1.9678	1.8239	1.9678	1.8239	0.0%	0.0%	2.1000	1.9541	2.1000	1.9541	0.0%	0.0%	2.3435	2.1355	2.3435	2.1355	0.0%	0.0%
64	1.9215	1.7221	1.9215	1.7221	0.0%	0.0%	1.9116	1.7433	1.9116	1.7433	0.0%	0.0%	2.0001	1.8383	2.0001	1.8383	0.0%	0.0%	2.1354	1.9718	2.1354	1.9718	0.0%	0.0%	2.3863	2.1538	2.3863	2.1538	0.0%	0.0%
65+	1.9215	1.7221	1.9215	1.7221	0.0%	0.0%	1.9116	1.7433	1.9116	1.7433	0.0%	0.0%	2.0001	1.8383	2.0001	1.8383	0.0%	0.0%	2.1354	1.9718	2.1354	1.9718	0.0%	0.0%	2.3863	2.1538	2.3863	2.1538	0.0%	0.0%

Single and Family Rates

Notes:

(1) Note that the Plan Index Rate is also listed in Exhibit IX-a. Also see Exhibit I for further documentation on plan index rates (i.e. the "Normalized Plan Rates PMPM").

IX-e. Rating Variables - Age/Sex Factors - Lumenos CDHP 100% Coinsurance Plans - SINGLE and FAMILY CONTRACTS

		Lumenos 100 100|70 1500/1500						Lumenos 100 100|70 2500/2500						Lumenos 100 100|70 3000/3000						Lumenos 100 100|70 5000/5000					
Plan Index		Current		Filed		% Change		Current		Filed		% Change		Current		Filed		% Change		Current		Filed		% Change	
Rate [1]:		$257.00		$277.56		8.0%		$203.53		$219.81		8.0%		$184.13		$198.86		8.0%		$139.54		$150.70		8.0%	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Single and Family Rates	0	0.8703	0.8703	0.8703	0.8703	0.0%	0.0%	0.9114	0.9114	0.9114	0.9114	0.0%	0.0%	0.9326	0.9326	0.9326	0.9326	0.0%	0.0%	0.9344	0.9344	0.9344	0.9344	0.0%	0.0%
	1	0.4867	0.4867	0.4867	0.4867	0.0%	0.0%	0.4479	0.4479	0.4479	0.4479	0.0%	0.0%	0.4375	0.4375	0.4375	0.4375	0.0%	0.0%	0.4178	0.4178	0.4178	0.4178	0.0%	0.0%
	2	0.4867	0.4867	0.4867	0.4867	0.0%	0.0%	0.4479	0.4479	0.4479	0.4479	0.0%	0.0%	0.4375	0.4375	0.4375	0.4375	0.0%	0.0%	0.4178	0.4178	0.4178	0.4178	0.0%	0.0%
	3	0.4867	0.4867	0.4867	0.4867	0.0%	0.0%	0.4479	0.4479	0.4479	0.4479	0.0%	0.0%	0.4375	0.4375	0.4375	0.4375	0.0%	0.0%	0.4178	0.4178	0.4178	0.4178	0.0%	0.0%
	4	0.3836	0.3836	0.3836	0.3836	0.0%	0.0%	0.3437	0.3437	0.3437	0.3437	0.0%	0.0%	0.3339	0.3339	0.3339	0.3339	0.0%	0.0%	0.3115	0.3115	0.3115	0.3115	0.0%	0.0%
	5	0.3795	0.3795	0.3795	0.3795	0.0%	0.0%	0.3437	0.3437	0.3437	0.3437	0.0%	0.0%	0.3339	0.3339	0.3339	0.3339	0.0%	0.0%	0.3115	0.3115	0.3115	0.3115	0.0%	0.0%
	6	0.3671	0.3671	0.3671	0.3671	0.0%	0.0%	0.3437	0.3437	0.3437	0.3437	0.0%	0.0%	0.3339	0.3339	0.3339	0.3339	0.0%	0.0%	0.3115	0.3115	0.3115	0.3115	0.0%	0.0%
	7	0.3547	0.3547	0.3547	0.3547	0.0%	0.0%	0.3437	0.3437	0.3437	0.3437	0.0%	0.0%	0.3339	0.3339	0.3339	0.3339	0.0%	0.0%	0.3115	0.3115	0.3115	0.3115	0.0%	0.0%
	8	0.3547	0.3547	0.3547	0.3547	0.0%	0.0%	0.3385	0.3385	0.3385	0.3385	0.0%	0.0%	0.3339	0.3339	0.3339	0.3339	0.0%	0.0%	0.3115	0.3115	0.3115	0.3115	0.0%	0.0%
	9	0.3630	0.3630	0.3630	0.3630	0.0%	0.0%	0.3437	0.3437	0.3437	0.3437	0.0%	0.0%	0.3396	0.3396	0.3396	0.3396	0.0%	0.0%	0.3266	0.3266	0.3266	0.3266	0.0%	0.0%
	10	0.3795	0.3795	0.3795	0.3795	0.0%	0.0%	0.3594	0.3594	0.3594	0.3594	0.0%	0.0%	0.3512	0.3512	0.3512	0.3512	0.0%	0.0%	0.3342	0.3342	0.3342	0.3342	0.0%	0.0%
	11	0.4042	0.4042	0.4042	0.4042	0.0%	0.0%	0.3802	0.3802	0.3802	0.3802	0.0%	0.0%	0.3684	0.3684	0.3684	0.3684	0.0%	0.0%	0.3494	0.3494	0.3494	0.3494	0.0%	0.0%
	12	0.4290	0.4290	0.4290	0.4290	0.0%	0.0%	0.3958	0.3958	0.3958	0.3958	0.0%	0.0%	0.3857	0.3857	0.3857	0.3857	0.0%	0.0%	0.3570	0.3570	0.3570	0.3570	0.0%	0.0%
	13	0.4496	0.4496	0.4496	0.4496	0.0%	0.0%	0.4166	0.4166	0.4166	0.4166	0.0%	0.0%	0.4030	0.4030	0.4030	0.4030	0.0%	0.0%	0.3722	0.3722	0.3722	0.3722	0.0%	0.0%
	14	0.4620	0.4620	0.4620	0.4620	0.0%	0.0%	0.4271	0.4271	0.4271	0.4271	0.0%	0.0%	0.4145	0.4145	0.4145	0.4145	0.0%	0.0%	0.3798	0.3798	0.3798	0.3798	0.0%	0.0%
	15	0.4702	0.4702	0.4702	0.4702	0.0%	0.0%	0.4323	0.4323	0.4323	0.4323	0.0%	0.0%	0.4202	0.4202	0.4202	0.4202	0.0%	0.0%	0.3874	0.3874	0.3874	0.3874	0.0%	0.0%
	16	0.4702	0.4702	0.4702	0.4702	0.0%	0.0%	0.4323	0.4323	0.4323	0.4323	0.0%	0.0%	0.4202	0.4202	0.4202	0.4202	0.0%	0.0%	0.3874	0.3874	0.3874	0.3874	0.0%	0.0%
	17	0.4702	0.4702	0.4702	0.4702	0.0%	0.0%	0.4323	0.4323	0.4323	0.4323	0.0%	0.0%	0.4202	0.4202	0.4202	0.4202	0.0%	0.0%	0.3874	0.3874	0.3874	0.3874	0.0%	0.0%
	18	0.4949	0.4949	0.4949	0.4949	0.0%	0.0%	0.4479	0.4479	0.4479	0.4479	0.0%	0.0%	0.4318	0.4318	0.4318	0.4318	0.0%	0.0%	0.3874	0.3874	0.3874	0.3874	0.0%	0.0%
	19	0.5279	0.5816	0.5279	0.5816	0.0%	0.0%	0.4531	0.5156	0.4531	0.5156	0.0%	0.0%	0.4318	0.4893	0.4318	0.4893	0.0%	0.0%	0.3874	0.4330	0.3874	0.4330	0.0%	0.0%
	20	0.5568	0.6393	0.5568	0.6393	0.0%	0.0%	0.4635	0.5573	0.4635	0.5573	0.0%	0.0%	0.4318	0.5239	0.4318	0.5239	0.0%	0.0%	0.3874	0.4482	0.3874	0.4482	0.0%	0.0%
	21	0.5568	0.6682	0.5568	0.6682	0.0%	0.0%	0.4635	0.5781	0.4635	0.5781	0.0%	0.0%	0.4318	0.5469	0.4318	0.5469	0.0%	0.0%	0.3874	0.4634	0.3874	0.4634	0.0%	0.0%
	22	0.5568	0.6806	0.5568	0.6806	0.0%	0.0%	0.4635	0.5885	0.4635	0.5885	0.0%	0.0%	0.4318	0.5584	0.4318	0.5584	0.0%	0.0%	0.3874	0.4786	0.3874	0.4786	0.0%	0.0%
	23	0.5568	0.6888	0.5568	0.6888	0.0%	0.0%	0.4635	0.6041	0.4635	0.6041	0.0%	0.0%	0.4318	0.5699	0.4318	0.5699	0.0%	0.0%	0.3874	0.4938	0.3874	0.4938	0.0%	0.0%
	24	0.5568	0.7094	0.5568	0.7094	0.0%	0.0%	0.4635	0.6250	0.4635	0.6250	0.0%	0.0%	0.4318	0.5872	0.4318	0.5872	0.0%	0.0%	0.3874	0.5090	0.3874	0.5090	0.0%	0.0%
	25	0.5568	0.7383	0.5568	0.7383	0.0%	0.0%	0.4635	0.6510	0.4635	0.6510	0.0%	0.0%	0.4318	0.6160	0.4318	0.6160	0.0%	0.0%	0.3874	0.5393	0.3874	0.5393	0.0%	0.0%
	26	0.6022	0.7630	0.6022	0.7630	0.0%	0.0%	0.4896	0.6770	0.4896	0.6770	0.0%	0.0%	0.4433	0.6448	0.4433	0.6448	0.0%	0.0%	0.3874	0.5621	0.3874	0.5621	0.0%	0.0%
	27	0.6393	0.7878	0.6393	0.7878	0.0%	0.0%	0.5208	0.7031	0.5208	0.7031	0.0%	0.0%	0.4721	0.6678	0.4721	0.6678	0.0%	0.0%	0.3874	0.5849	0.3874	0.5849	0.0%	0.0%
	28	0.6641	0.8043	0.6641	0.8043	0.0%	0.0%	0.5416	0.7187	0.5416	0.7187	0.0%	0.0%	0.4893	0.6850	0.4893	0.6850	0.0%	0.0%	0.3874	0.6001	0.3874	0.6001	0.0%	0.0%
	29	0.6764	0.8167	0.6764	0.8167	0.0%	0.0%	0.5521	0.7291	0.5521	0.7291	0.0%	0.0%	0.5066	0.6966	0.5066	0.6966	0.0%	0.0%	0.3874	0.6153	0.3874	0.6153	0.0%	0.0%
	30	0.6847	0.8208	0.6847	0.8208	0.0%	0.0%	0.5677	0.7395	0.5677	0.7395	0.0%	0.0%	0.5181	0.7023	0.5181	0.7023	0.0%	0.0%	0.4102	0.6305	0.4102	0.6305	0.0%	0.0%
	31	0.6929	0.8332	0.6929	0.8332	0.0%	0.0%	0.5781	0.7500	0.5781	0.7500	0.0%	0.0%	0.5354	0.7196	0.5354	0.7196	0.0%	0.0%	0.4254	0.6457	0.4254	0.6457	0.0%	0.0%
	32	0.7053	0.8455	0.7053	0.8455	0.0%	0.0%	0.5989	0.7708	0.5989	0.7708	0.0%	0.0%	0.5526	0.7369	0.5526	0.7369	0.0%	0.0%	0.4558	0.6685	0.4558	0.6685	0.0%	0.0%
	33	0.7259	0.8662	0.7259	0.8662	0.0%	0.0%	0.6250	0.7968	0.6250	0.7968	0.0%	0.0%	0.5872	0.7714	0.5872	0.7714	0.0%	0.0%	0.4938	0.7065	0.4938	0.7065	0.0%	0.0%
	34	0.7507	0.8950	0.7507	0.8950	0.0%	0.0%	0.6614	0.8333	0.6614	0.8333	0.0%	0.0%	0.6217	0.8059	0.6217	0.8059	0.0%	0.0%	0.5393	0.7521	0.5393	0.7521	0.0%	0.0%
	35	0.7837	0.9280	0.7837	0.9280	0.0%	0.0%	0.6979	0.8750	0.6979	0.8750	0.0%	0.0%	0.6620	0.8520	0.6620	0.8520	0.0%	0.0%	0.5773	0.7976	0.5773	0.7976	0.0%	0.0%
	36	0.8125	0.9610	0.8125	0.9610	0.0%	0.0%	0.7291	0.9166	0.7291	0.9166	0.0%	0.0%	0.6966	0.8980	0.6966	0.8980	0.0%	0.0%	0.6229	0.8508	0.6229	0.8508	0.0%	0.0%
	37	0.8373	0.9940	0.8373	0.9940	0.0%	0.0%	0.7604	0.9583	0.7604	0.9583	0.0%	0.0%	0.7253	0.9441	0.7253	0.9441	0.0%	0.0%	0.6533	0.9040	0.6533	0.9040	0.0%	0.0%
	38	0.8538	1.0270	0.8538	1.0270	0.0%	0.0%	0.7812	0.9947	0.7812	0.9947	0.0%	0.0%	0.7484	0.9844	0.7484	0.9844	0.0%	0.0%	0.6837	0.9496	0.6837	0.9496	0.0%	0.0%
	39	0.8703	1.0559	0.8703	1.0559	0.0%	0.0%	0.7968	1.0312	0.7968	1.0312	0.0%	0.0%	0.7714	1.0189	0.7714	1.0189	0.0%	0.0%	0.6989	0.9951	0.6989	0.9951	0.0%	0.0%
	40	0.8868	1.0848	0.8868	1.0848	0.0%	0.0%	0.8177	1.0677	0.8177	1.0677	0.0%	0.0%	0.7887	1.0592	0.7887	1.0592	0.0%	0.0%	0.7293	1.0407	0.7293	1.0407	0.0%	0.0%
	41	0.9074	1.1136	0.9074	1.1136	0.0%	0.0%	0.8437	1.1041	0.8437	1.1041	0.0%	0.0%	0.8175	1.0995	0.8175	1.0995	0.0%	0.0%	0.7596	1.0863	0.7596	1.0863	0.0%	0.0%
	42	0.9404	1.1466	0.9404	1.1466	0.0%	0.0%	0.8854	1.1458	0.8854	1.1458	0.0%	0.0%	0.8635	1.1456	0.8635	1.1456	0.0%	0.0%	0.8128	1.1395	0.8128	1.1395	0.0%	0.0%
	43	0.9858	1.1796	0.9858	1.1796	0.0%	0.0%	0.9427	1.1874	0.9427	1.1874	0.0%	0.0%	0.9268	1.1916	0.9268	1.1916	0.0%	0.0%	0.8812	1.1926	0.8812	1.1926	0.0%	0.0%
	44	1.0435	1.2167	1.0435	1.2167	0.0%	0.0%	1.0156	1.2343	1.0156	1.2343	0.0%	0.0%	1.0017	1.2377	1.0017	1.2377	0.0%	0.0%	0.9723	1.2534	0.9723	1.2534	0.0%	0.0%
	45	1.1013	1.2539	1.1013	1.2539	0.0%	0.0%	1.0885	1.2812	1.0885	1.2812	0.0%	0.0%	1.0823	1.2895	1.0823	1.2895	0.0%	0.0%	1.0711	1.3066	1.0711	1.3066	0.0%	0.0%
	46	1.1631	1.2869	1.1631	1.2869	0.0%	0.0%	1.1614	1.3176	1.1614	1.3176	0.0%	0.0%	1.1629	1.3298	1.1629	1.3298	0.0%	0.0%	1.1623	1.3598	1.1623	1.3598	0.0%	0.0%
	47	1.2126	1.3157	1.2126	1.3157	0.0%	0.0%	1.2239	1.3541	1.2239	1.3541	0.0%	0.0%	1.2262	1.3701	1.2262	1.3701	0.0%	0.0%	1.2382	1.4053	1.2382	1.4053	0.0%	0.0%
	48	1.2497	1.3364	1.2497	1.3364	0.0%	0.0%	1.2708	1.3853	1.2708	1.3853	0.0%	0.0%	1.2780	1.3989	1.2780	1.3989	0.0%	0.0%	1.2990	1.4357	1.2990	1.4357	0.0%	0.0%
	49	1.2827	1.3570	1.2827	1.3570	0.0%	0.0%	1.3124	1.4062	1.3124	1.4062	0.0%	0.0%	1.3183	1.4277	1.3183	1.4277	0.0%	0.0%	1.3446	1.4661	1.3446	1.4661	0.0%	0.0%
	50	1.3116	1.3776	1.3116	1.3776	0.0%	0.0%	1.3437	1.4322	1.3437	1.4322	0.0%	0.0%	1.3586	1.4565	1.3586	1.4565	0.0%	0.0%	1.3826	1.5041	1.3826	1.5041	0.0%	0.0%
	51	1.3405	1.4024	1.3405	1.4024	0.0%	0.0%	1.3853	1.4635	1.3853	1.4635	0.0%	0.0%	1.3989	1.4910	1.3989	1.4910	0.0%	0.0%	1.4357	1.5421	1.4357	1.5421	0.0%	0.0%
	52	1.3817	1.4353	1.3817	1.4353	0.0%	0.0%	1.4322	1.5051	1.4322	1.5051	0.0%	0.0%	1.4507	1.5313	1.4507	1.5313	0.0%	0.0%	1.4965	1.5953	1.4965	1.5953	0.0%	0.0%
	53	1.4312	1.4807	1.4312	1.4807	0.0%	0.0%	1.4999	1.5624	1.4999	1.5624	0.0%	0.0%	1.5255	1.5946	1.5255	1.5946	0.0%	0.0%	1.5801	1.6636	1.5801	1.6636	0.0%	0.0%
	54	1.4931	1.5302	1.4931	1.5302	0.0%	0.0%	1.5780	1.6301	1.5780	1.6301	0.0%	0.0%	1.6119	1.6694	1.6119	1.6694	0.0%	0.0%	1.6788	1.7548	1.6788	1.7548	0.0%	0.0%
	55	1.5632	1.5880	1.5632	1.5880	0.0%	0.0%	1.6666	1.7030	1.6666	1.7030	0.0%	0.0%	1.7040	1.7443	1.7040	1.7443	0.0%	0.0%	1.7928	1.8459	1.7928	1.8459	0.0%	0.0%
	56	1.6375	1.6457	1.6375	1.6457	0.0%	0.0%	1.7551	1.7707	1.7551	1.7707	0.0%	0.0%	1.8019	1.8191	1.8019	1.8191	0.0%	0.0%	1.9067	1.9295	1.9067	1.9295	0.0%	0.0%
	57	1.7076	1.6993	1.7076	1.6993	0.0%	0.0%	1.8437	1.8384	1.8437	1.8384	0.0%	0.0%	1.8940	1.8882	1.8940	1.8882	0.0%	0.0%	2.0131	2.0131	2.0131	2.0131	0.0%	0.0%
	58	1.7777	1.7447	1.7777	1.7447	0.0%	0.0%	1.9270	1.8905	1.9270	1.8905	0.0%	0.0%	1.9803	1.9458	1.9803	1.9458	0.0%	0.0%	2.1118	2.0662	2.1118	2.0662	0.0%	0.0%
	59	1.8437	1.7901	1.8437	1.7901	0.0%	0.0%	1.9999	1.9374	1.9999	1.9374	0.0%	0.0%	2.0609	1.9918	2.0609	1.9918	0.0%	0.0%	2.2030	2.1118	2.2030	2.1118	0.0%	0.0%
	60	1.9014	1.8231	1.9014	1.8231	0.0%	0.0%	2.0676	1.9739	2.0676	1.9739	0.0%	0.0%	2.1357	2.0321	2.1357	2.0321	0.0%	0.0%	2.2789	2.1498	2.2789	2.1498	0.0%	0.0%
	61	1.9550	1.8561	1.9550	1.8561	0.0%	0.0%	2.1301	2.0051	2.1301	2.0051	0.0%	0.0%	2.1991	2.0609	2.1991	2.0609	0.0%	0.0%	2.3473	2.1726	2.3473	2.1726	0.0%	0.0%
	62	2.0045	1.8849	2.0045	1.8849	0.0%	0.0%	2.1874	2.0311	2.1874	2.0311	0.0%	0.0%	2.2509	2.0839	2.2509	2.0839	0.0%	0.0%	2.4081	2.1878	2.4081	2.1878	0.0%	0.0%
	63	2.0458	1.9055	2.0458	1.9055	0.0%	0.0%	2.2291	2.0520	2.2291	2.0520	0.0%	0.0%	2.3027	2.1070	2.3027	2.1070	0.0%	0.0%	2.4537	2.2030	2.4537	2.2030	0.0%	0.0%
	64	2.0829	1.9262	2.0829	1.9262	0.0%	0.0%	2.2707	2.0728	2.2707	2.0728	0.0%	0.0%	2.3430	2.1242	2.3430	2.1242	0.0%	0.0%	2.4992	2.2182	2.4992	2.2182	0.0%	0.0%
	65+	2.0829	1.9262	2.0829	1.9262	0.0%	0.0%	2.2707	2.0728	2.2707	2.0728	0.0%	0.0%	2.3430	2.1242	2.3430	2.1242	0.0%	0.0%	2.4992	2.2182	2.4992	2.2182	0.0%	0.0%

Notes:

(1) Note that the Plan Index Rate is also listed in Exhibit IX-e. Also see Exhibit I for further documentation on plan index rates (i.e. the "Normalized Plan Rates PMPM").

IX-f. Rating Variables - Age/Sex Factors - Lumenos CDHP 80% and 70% Coinsurance Plans - SINGLE and FAMILY CONTRACTS

Single and Family Rates

Lumenos 100 70|50 1500/5000	Current		Filed		% Change	
Plan Index Rate [1]	$184.61		$199.38		8.0%	
	M	F	M	F	M	F
0	0.9302	0.9302	0.9302	0.9302	0.0%	0.0%
1	0.4364	0.4364	0.4364	0.4364	0.0%	0.0%
2	0.4364	0.4364	0.4364	0.4364	0.0%	0.0%
3	0.4364	0.4364	0.4364	0.4364	0.0%	0.0%
4	0.3330	0.3330	0.3330	0.3330	0.0%	0.0%
5	0.3330	0.3330	0.3330	0.3330	0.0%	0.0%
6	0.3330	0.3330	0.3330	0.3330	0.0%	0.0%
7	0.3330	0.3330	0.3330	0.3330	0.0%	0.0%
8	0.3330	0.3330	0.3330	0.3330	0.0%	0.0%
9	0.3388	0.3388	0.3388	0.3388	0.0%	0.0%
10	0.3503	0.3503	0.3503	0.3503	0.0%	0.0%
11	0.3675	0.3675	0.3675	0.3675	0.0%	0.0%
12	0.3847	0.3847	0.3847	0.3847	0.0%	0.0%
13	0.4019	0.4019	0.4019	0.4019	0.0%	0.0%
14	0.4134	0.4134	0.4134	0.4134	0.0%	0.0%
15	0.4192	0.4192	0.4192	0.4192	0.0%	0.0%
16	0.4192	0.4192	0.4192	0.4192	0.0%	0.0%
17	0.4192	0.4192	0.4192	0.4192	0.0%	0.0%
18	0.4306	0.4306	0.4306	0.4306	0.0%	0.0%
19	0.4306	0.4881	0.4306	0.4881	0.0%	0.0%
20	0.4306	0.5282	0.4306	0.5282	0.0%	0.0%
21	0.4306	0.5455	0.4306	0.5455	0.0%	0.0%
22	0.4306	0.5570	0.4306	0.5570	0.0%	0.0%
23	0.4306	0.5684	0.4306	0.5684	0.0%	0.0%
24	0.4306	0.5914	0.4306	0.5914	0.0%	0.0%
25	0.4306	0.6144	0.4306	0.6144	0.0%	0.0%
26	0.4479	0.6431	0.4479	0.6431	0.0%	0.0%
27	0.4708	0.6661	0.4708	0.6661	0.0%	0.0%
28	0.4938	0.6833	0.4938	0.6833	0.0%	0.0%
29	0.5053	0.6948	0.5053	0.6948	0.0%	0.0%
30	0.5168	0.7062	0.5168	0.7062	0.0%	0.0%
31	0.5340	0.7177	0.5340	0.7177	0.0%	0.0%
32	0.5570	0.7407	0.5570	0.7407	0.0%	0.0%
33	0.5857	0.7694	0.5857	0.7694	0.0%	0.0%
34	0.6259	0.8096	0.6259	0.8096	0.0%	0.0%
35	0.6603	0.8555	0.6603	0.8555	0.0%	0.0%
36	0.7005	0.8957	0.7005	0.8957	0.0%	0.0%
37	0.7292	0.9417	0.7292	0.9417	0.0%	0.0%
38	0.7522	0.9819	0.7522	0.9819	0.0%	0.0%
39	0.7694	1.0220	0.7694	1.0220	0.0%	0.0%
40	0.7924	1.0622	0.7924	1.0622	0.0%	0.0%
41	0.8211	1.1024	0.8211	1.1024	0.0%	0.0%
42	0.8613	1.1426	0.8613	1.1426	0.0%	0.0%
43	0.9244	1.1886	0.9244	1.1886	0.0%	0.0%
44	1.0048	1.2402	1.0048	1.2402	0.0%	0.0%
45	1.0852	1.2862	1.0852	1.2862	0.0%	0.0%
46	1.1599	1.3321	1.1599	1.3321	0.0%	0.0%
47	1.2288	1.3723	1.2288	1.3723	0.0%	0.0%
48	1.2804	1.4010	1.2804	1.4010	0.0%	0.0%
49	1.3206	1.4297	1.3206	1.4297	0.0%	0.0%
50	1.3608	1.4527	1.3608	1.4527	0.0%	0.0%
51	1.4010	1.4871	1.4010	1.4871	0.0%	0.0%
52	1.4527	1.5331	1.4527	1.5331	0.0%	0.0%
53	1.5216	1.5962	1.5216	1.5962	0.0%	0.0%
54	1.6077	1.6651	1.6077	1.6651	0.0%	0.0%
55	1.7053	1.7455	1.7053	1.7455	0.0%	0.0%
56	1.8029	1.8202	1.8029	1.8202	0.0%	0.0%
57	1.8948	1.8891	1.8948	1.8891	0.0%	0.0%
58	1.9809	1.9465	1.9809	1.9465	0.0%	0.0%
59	2.0613	1.9924	2.0613	1.9924	0.0%	0.0%
60	2.1360	2.0326	2.1360	2.0326	0.0%	0.0%
61	2.1991	2.0613	2.1991	2.0613	0.0%	0.0%
62	2.2508	2.0843	2.2508	2.0843	0.0%	0.0%
63	2.3025	2.1073	2.3025	2.1073	0.0%	0.0%
64	2.3427	2.1245	2.3427	2.1245	0.0%	0.0%
65+	2.3427	2.1245	2.3427	2.1245	0.0%	0.0%

Lumenos 80 70|50 1500/4500	Current		Filed		% Change	
Plan Index Rate [1]	$184.13		$198.86		8.0%	
	M	F	M	F	M	F
0	0.9326	0.9326	0.9326	0.9326	0.0%	0.0%
1	0.4375	0.4375	0.4375	0.4375	0.0%	0.0%
2	0.4375	0.4375	0.4375	0.4375	0.0%	0.0%
3	0.4375	0.4375	0.4375	0.4375	0.0%	0.0%
4	0.3339	0.3339	0.3339	0.3339	0.0%	0.0%
5	0.3339	0.3339	0.3339	0.3339	0.0%	0.0%
6	0.3339	0.3339	0.3339	0.3339	0.0%	0.0%
7	0.3339	0.3339	0.3339	0.3339	0.0%	0.0%
8	0.3339	0.3339	0.3339	0.3339	0.0%	0.0%
9	0.3396	0.3396	0.3396	0.3396	0.0%	0.0%
10	0.3512	0.3512	0.3512	0.3512	0.0%	0.0%
11	0.3684	0.3684	0.3684	0.3684	0.0%	0.0%
12	0.3857	0.3857	0.3857	0.3857	0.0%	0.0%
13	0.4030	0.4030	0.4030	0.4030	0.0%	0.0%
14	0.4145	0.4145	0.4145	0.4145	0.0%	0.0%
15	0.4202	0.4202	0.4202	0.4202	0.0%	0.0%
16	0.4202	0.4202	0.4202	0.4202	0.0%	0.0%
17	0.4202	0.4202	0.4202	0.4202	0.0%	0.0%
18	0.4318	0.4318	0.4318	0.4318	0.0%	0.0%
19	0.4318	0.4893	0.4318	0.4893	0.0%	0.0%
20	0.4318	0.5239	0.4318	0.5239	0.0%	0.0%
21	0.4318	0.5469	0.4318	0.5469	0.0%	0.0%
22	0.4318	0.5584	0.4318	0.5584	0.0%	0.0%
23	0.4318	0.5699	0.4318	0.5699	0.0%	0.0%
24	0.4318	0.5872	0.4318	0.5872	0.0%	0.0%
25	0.4318	0.6160	0.4318	0.6160	0.0%	0.0%
26	0.4433	0.6448	0.4433	0.6448	0.0%	0.0%
27	0.4721	0.6678	0.4721	0.6678	0.0%	0.0%
28	0.4893	0.6850	0.4893	0.6850	0.0%	0.0%
29	0.5066	0.6966	0.5066	0.6966	0.0%	0.0%
30	0.5181	0.7023	0.5181	0.7023	0.0%	0.0%
31	0.5354	0.7196	0.5354	0.7196	0.0%	0.0%
32	0.5526	0.7369	0.5526	0.7369	0.0%	0.0%
33	0.5872	0.7714	0.5872	0.7714	0.0%	0.0%
34	0.6217	0.8059	0.6217	0.8059	0.0%	0.0%
35	0.6620	0.8520	0.6620	0.8520	0.0%	0.0%
36	0.6966	0.8980	0.6966	0.8980	0.0%	0.0%
37	0.7253	0.9441	0.7253	0.9441	0.0%	0.0%
38	0.7484	0.9844	0.7484	0.9844	0.0%	0.0%
39	0.7714	1.0189	0.7714	1.0189	0.0%	0.0%
40	0.7887	1.0592	0.7887	1.0592	0.0%	0.0%
41	0.8175	1.0995	0.8175	1.0995	0.0%	0.0%
42	0.8635	1.1456	0.8635	1.1456	0.0%	0.0%
43	0.9268	1.1916	0.9268	1.1916	0.0%	0.0%
44	1.0017	1.2377	1.0017	1.2377	0.0%	0.0%
45	1.0823	1.2895	1.0823	1.2895	0.0%	0.0%
46	1.1629	1.3298	1.1629	1.3298	0.0%	0.0%
47	1.2262	1.3701	1.2262	1.3701	0.0%	0.0%
48	1.2780	1.3989	1.2780	1.3989	0.0%	0.0%
49	1.3183	1.4277	1.3183	1.4277	0.0%	0.0%
50	1.3586	1.4565	1.3586	1.4565	0.0%	0.0%
51	1.3989	1.4910	1.3989	1.4910	0.0%	0.0%
52	1.4507	1.5313	1.4507	1.5313	0.0%	0.0%
53	1.5255	1.5946	1.5255	1.5946	0.0%	0.0%
54	1.6119	1.6694	1.6119	1.6694	0.0%	0.0%
55	1.7040	1.7443	1.7040	1.7443	0.0%	0.0%
56	1.8019	1.8191	1.8019	1.8191	0.0%	0.0%
57	1.8940	1.8882	1.8940	1.8882	0.0%	0.0%
58	1.9803	1.9458	1.9803	1.9458	0.0%	0.0%
59	2.0609	1.9918	2.0609	1.9918	0.0%	0.0%
60	2.1357	2.0321	2.1357	2.0321	0.0%	0.0%
61	2.1991	2.0609	2.1991	2.0609	0.0%	0.0%
62	2.2509	2.0839	2.2509	2.0839	0.0%	0.0%
63	2.3027	2.1070	2.3027	2.1070	0.0%	0.0%
64	2.3430	2.1242	2.3430	2.1242	0.0%	0.0%
65+	2.3430	2.1242	2.3430	2.1242	0.0%	0.0%

Lumenos 100 80|60 2500/5000	Current		Filed		% Change	
Plan Index Rate [1]	$169.90		$176.32		3.8%	
	M	F	M	F	M	F
0	0.9483	0.9483	0.9483	0.9483	0.0%	0.0%
1	0.4367	0.4367	0.4367	0.4367	0.0%	0.0%
2	0.4367	0.4367	0.4367	0.4367	0.0%	0.0%
3	0.4367	0.4367	0.4367	0.4367	0.0%	0.0%
4	0.3244	0.3244	0.3244	0.3244	0.0%	0.0%
5	0.3244	0.3244	0.3244	0.3244	0.0%	0.0%
6	0.3244	0.3244	0.3244	0.3244	0.0%	0.0%
7	0.3244	0.3244	0.3244	0.3244	0.0%	0.0%
8	0.3244	0.3244	0.3244	0.3244	0.0%	0.0%
9	0.3369	0.3369	0.3369	0.3369	0.0%	0.0%
10	0.3494	0.3494	0.3494	0.3494	0.0%	0.0%
11	0.3618	0.3618	0.3618	0.3618	0.0%	0.0%
12	0.3743	0.3743	0.3743	0.3743	0.0%	0.0%
13	0.3930	0.3930	0.3930	0.3930	0.0%	0.0%
14	0.4055	0.4055	0.4055	0.4055	0.0%	0.0%
15	0.4055	0.4055	0.4055	0.4055	0.0%	0.0%
16	0.4055	0.4055	0.4055	0.4055	0.0%	0.0%
17	0.4055	0.4055	0.4055	0.4055	0.0%	0.0%
18	0.4180	0.4180	0.4180	0.4180	0.0%	0.0%
19	0.4180	0.4679	0.4180	0.4679	0.0%	0.0%
20	0.4180	0.4991	0.4180	0.4991	0.0%	0.0%
21	0.4180	0.5178	0.4180	0.5178	0.0%	0.0%
22	0.4180	0.5303	0.4180	0.5303	0.0%	0.0%
23	0.4180	0.5428	0.4180	0.5428	0.0%	0.0%
24	0.4180	0.5615	0.4180	0.5615	0.0%	0.0%
25	0.4180	0.5927	0.4180	0.5927	0.0%	0.0%
26	0.4180	0.6176	0.4180	0.6176	0.0%	0.0%
27	0.4367	0.6426	0.4367	0.6426	0.0%	0.0%
28	0.4554	0.6551	0.4554	0.6551	0.0%	0.0%
29	0.4679	0.6675	0.4679	0.6675	0.0%	0.0%
30	0.4804	0.6800	0.4804	0.6800	0.0%	0.0%
31	0.4991	0.6925	0.4991	0.6925	0.0%	0.0%
32	0.5241	0.7174	0.5241	0.7174	0.0%	0.0%
33	0.5552	0.7486	0.5552	0.7486	0.0%	0.0%
34	0.5927	0.7923	0.5927	0.7923	0.0%	0.0%
35	0.6363	0.8360	0.6363	0.8360	0.0%	0.0%
36	0.6738	0.8859	0.6738	0.8859	0.0%	0.0%
37	0.7050	0.9296	0.7050	0.9296	0.0%	0.0%
38	0.7299	0.9732	0.7299	0.9732	0.0%	0.0%
39	0.7486	1.0169	0.7486	1.0169	0.0%	0.0%
40	0.7674	1.0543	0.7674	1.0543	0.0%	0.0%
41	0.7986	1.0980	0.7986	1.0980	0.0%	0.0%
42	0.8485	1.1417	0.8485	1.1417	0.0%	0.0%
43	0.9108	1.1916	0.9108	1.1916	0.0%	0.0%
44	0.9920	1.2415	0.9920	1.2415	0.0%	0.0%
45	1.0793	1.2914	1.0793	1.2914	0.0%	0.0%
46	1.1604	1.3413	1.1604	1.3413	0.0%	0.0%
47	1.2290	1.3788	1.2290	1.3788	0.0%	0.0%
48	1.2852	1.4099	1.2852	1.4099	0.0%	0.0%
49	1.3288	1.4411	1.3288	1.4411	0.0%	0.0%
50	1.3663	1.4661	1.3663	1.4661	0.0%	0.0%
51	1.4099	1.5035	1.4099	1.5035	0.0%	0.0%
52	1.4661	1.5534	1.4661	1.5534	0.0%	0.0%
53	1.5410	1.6158	1.5410	1.6158	0.0%	0.0%
54	1.6345	1.6969	1.6345	1.6969	0.0%	0.0%
55	1.7344	1.7780	1.7344	1.7780	0.0%	0.0%
56	1.8342	1.8529	1.8342	1.8529	0.0%	0.0%
57	1.9340	1.9278	1.9340	1.9278	0.0%	0.0%
58	2.0213	1.9839	2.0213	1.9839	0.0%	0.0%
59	2.1087	2.0338	2.1087	2.0338	0.0%	0.0%
60	2.1773	2.0712	2.1773	2.0712	0.0%	0.0%
61	2.2459	2.0962	2.2459	2.0962	0.0%	0.0%
62	2.3021	2.1212	2.3021	2.1212	0.0%	0.0%
63	2.3520	2.1399	2.3520	2.1399	0.0%	0.0%
64	2.3957	2.1586	2.3957	2.1586	0.0%	0.0%
65+	2.3957	2.1586	2.3957	2.1586	0.0%	0.0%

Lumenos 80 80|60 2500/5000	Current		Filed		% Change	
Plan Index Rate [1]	$166.36		$172.64		3.8%	
	M	F	M	F	M	F
0	0.9430	0.9430	0.9430	0.9430	0.0%	0.0%
1	0.4333	0.4333	0.4333	0.4333	0.0%	0.0%
2	0.4333	0.4333	0.4333	0.4333	0.0%	0.0%
3	0.4333	0.4333	0.4333	0.4333	0.0%	0.0%
4	0.3250	0.3250	0.3250	0.3250	0.0%	0.0%
5	0.3250	0.3250	0.3250	0.3250	0.0%	0.0%
6	0.3250	0.3250	0.3250	0.3250	0.0%	0.0%
7	0.3250	0.3250	0.3250	0.3250	0.0%	0.0%
8	0.3250	0.3250	0.3250	0.3250	0.0%	0.0%
9	0.3377	0.3377	0.3377	0.3377	0.0%	0.0%
10	0.3441	0.3441	0.3441	0.3441	0.0%	0.0%
11	0.3632	0.3632	0.3632	0.3632	0.0%	0.0%
12	0.3759	0.3759	0.3759	0.3759	0.0%	0.0%
13	0.3887	0.3887	0.3887	0.3887	0.0%	0.0%
14	0.4014	0.4014	0.4014	0.4014	0.0%	0.0%
15	0.4078	0.4078	0.4078	0.4078	0.0%	0.0%
16	0.4078	0.4078	0.4078	0.4078	0.0%	0.0%
17	0.4078	0.4078	0.4078	0.4078	0.0%	0.0%
18	0.4142	0.4142	0.4142	0.4142	0.0%	0.0%
19	0.4142	0.4651	0.4142	0.4651	0.0%	0.0%
20	0.4142	0.4970	0.4142	0.4970	0.0%	0.0%
21	0.4142	0.5097	0.4142	0.5097	0.0%	0.0%
22	0.4142	0.5225	0.4142	0.5225	0.0%	0.0%
23	0.4142	0.5352	0.4142	0.5352	0.0%	0.0%
24	0.4142	0.5607	0.4142	0.5607	0.0%	0.0%
25	0.4142	0.5862	0.4142	0.5862	0.0%	0.0%
26	0.4142	0.6117	0.4142	0.6117	0.0%	0.0%
27	0.4269	0.6308	0.4269	0.6308	0.0%	0.0%
28	0.4460	0.6499	0.4460	0.6499	0.0%	0.0%
29	0.4588	0.6627	0.4588	0.6627	0.0%	0.0%
30	0.4715	0.6754	0.4715	0.6754	0.0%	0.0%
31	0.4906	0.6882	0.4906	0.6882	0.0%	0.0%
32	0.5161	0.7136	0.5161	0.7136	0.0%	0.0%
33	0.5480	0.7455	0.5480	0.7455	0.0%	0.0%
34	0.5862	0.7837	0.5862	0.7837	0.0%	0.0%
35	0.6308	0.8283	0.6308	0.8283	0.0%	0.0%
36	0.6690	0.8793	0.6690	0.8793	0.0%	0.0%
37	0.7009	0.9239	0.7009	0.9239	0.0%	0.0%
38	0.7200	0.9685	0.7200	0.9685	0.0%	0.0%
39	0.7391	1.0131	0.7391	1.0131	0.0%	0.0%
40	0.7646	1.0514	0.7646	1.0514	0.0%	0.0%
41	0.7965	1.0960	0.7965	1.0960	0.0%	0.0%
42	0.8411	1.1406	0.8411	1.1406	0.0%	0.0%
43	0.9112	1.1915	0.9112	1.1915	0.0%	0.0%
44	0.9876	1.2425	0.9876	1.2425	0.0%	0.0%
45	1.0768	1.2935	1.0768	1.2935	0.0%	0.0%
46	1.1597	1.3445	1.1597	1.3445	0.0%	0.0%
47	1.2298	1.3827	1.2298	1.3827	0.0%	0.0%
48	1.2871	1.4146	1.2871	1.4146	0.0%	0.0%
49	1.3317	1.4400	1.3317	1.4400	0.0%	0.0%
50	1.3700	1.4719	1.3700	1.4719	0.0%	0.0%
51	1.4146	1.5101	1.4146	1.5101	0.0%	0.0%
52	1.4719	1.5547	1.4719	1.5547	0.0%	0.0%
53	1.5484	1.6248	1.5484	1.6248	0.0%	0.0%
54	1.6376	1.7013	1.6376	1.7013	0.0%	0.0%
55	1.7395	1.7841	1.7395	1.7841	0.0%	0.0%
56	1.8415	1.8670	1.8415	1.8670	0.0%	0.0%
57	1.9434	1.9370	1.9434	1.9370	0.0%	0.0%
58	2.0326	1.9944	2.0326	1.9944	0.0%	0.0%
59	2.1155	2.0390	2.1155	2.0390	0.0%	0.0%
60	2.1919	2.0772	2.1919	2.0772	0.0%	0.0%
61	2.2556	2.1091	2.2556	2.1091	0.0%	0.0%
62	2.3130	2.1282	2.3130	2.1282	0.0%	0.0%
63	2.3640	2.1473	2.3640	2.1473	0.0%	0.0%
64	2.4022	2.1664	2.4022	2.1664	0.0%	0.0%
65+	2.4022	2.1664	2.4022	2.1664	0.0%	0.0%

Lumenos 100 80|60 3000/5000	Current		Filed		% Change	
Plan Index Rate [1]	$158.54		$164.53		3.8%	
	M	F	M	F	M	F
0	0.9426	0.9426	0.9426	0.9426	0.0%	0.0%
1	0.4278	0.4278	0.4278	0.4278	0.0%	0.0%
2	0.4278	0.4278	0.4278	0.4278	0.0%	0.0%
3	0.4278	0.4278	0.4278	0.4278	0.0%	0.0%
4	0.3209	0.3209	0.3209	0.3209	0.0%	0.0%
5	0.3209	0.3209	0.3209	0.3209	0.0%	0.0%
6	0.3209	0.3209	0.3209	0.3209	0.0%	0.0%
7	0.3209	0.3209	0.3209	0.3209	0.0%	0.0%
8	0.3209	0.3209	0.3209	0.3209	0.0%	0.0%
9	0.3342	0.3342	0.3342	0.3342	0.0%	0.0%
10	0.3409	0.3409	0.3409	0.3409	0.0%	0.0%
11	0.3543	0.3543	0.3543	0.3543	0.0%	0.0%
12	0.3677	0.3677	0.3677	0.3677	0.0%	0.0%
13	0.3810	0.3810	0.3810	0.3810	0.0%	0.0%
14	0.3944	0.3944	0.3944	0.3944	0.0%	0.0%
15	0.4011	0.4011	0.4011	0.4011	0.0%	0.0%
16	0.4011	0.4011	0.4011	0.4011	0.0%	0.0%
17	0.4011	0.4011	0.4011	0.4011	0.0%	0.0%
18	0.4078	0.4078	0.4078	0.4078	0.0%	0.0%
19	0.4078	0.4546	0.4078	0.4546	0.0%	0.0%
20	0.4078	0.4813	0.4078	0.4813	0.0%	0.0%
21	0.4078	0.5014	0.4078	0.5014	0.0%	0.0%
22	0.4078	0.5081	0.4078	0.5081	0.0%	0.0%
23	0.4078	0.5214	0.4078	0.5214	0.0%	0.0%
24	0.4078	0.5415	0.4078	0.5415	0.0%	0.0%
25	0.4078	0.5682	0.4078	0.5682	0.0%	0.0%
26	0.4078	0.5950	0.4078	0.5950	0.0%	0.0%
27	0.4078	0.6217	0.4078	0.6217	0.0%	0.0%
28	0.4212	0.6351	0.4212	0.6351	0.0%	0.0%
29	0.4412	0.6484	0.4412	0.6484	0.0%	0.0%
30	0.4546	0.6618	0.4546	0.6618	0.0%	0.0%
31	0.4746	0.6752	0.4746	0.6752	0.0%	0.0%
32	0.4947	0.7019	0.4947	0.7019	0.0%	0.0%
33	0.5348	0.7353	0.5348	0.7353	0.0%	0.0%
34	0.5749	0.7755	0.5749	0.7755	0.0%	0.0%
35	0.6150	0.8222	0.6150	0.8222	0.0%	0.0%
36	0.6551	0.8690	0.6551	0.8690	0.0%	0.0%
37	0.6885	0.9225	0.6885	0.9225	0.0%	0.0%
38	0.7086	0.9626	0.7086	0.9626	0.0%	0.0%
39	0.7287	1.0094	0.7287	1.0094	0.0%	0.0%
40	0.7554	1.0495	0.7554	1.0495	0.0%	0.0%
41	0.7821	1.0963	0.7821	1.0963	0.0%	0.0%
42	0.8356	1.1431	0.8356	1.1431	0.0%	0.0%
43	0.9025	1.1899	0.9025	1.1899	0.0%	0.0%
44	0.9827	1.2434	0.9827	1.2434	0.0%	0.0%
45	1.0763	1.2969	1.0763	1.2969	0.0%	0.0%
46	1.1565	1.3504	1.1565	1.3504	0.0%	0.0%
47	1.2300	1.3905	1.2300	1.3905	0.0%	0.0%
48	1.2902	1.4239	1.2902	1.4239	0.0%	0.0%
49	1.3303	1.4506	1.3303	1.4506	0.0%	0.0%
50	1.3771	1.4774	1.3771	1.4774	0.0%	0.0%
51	1.4172	1.5175	1.4172	1.5175	0.0%	0.0%
52	1.4774	1.5710	1.4774	1.5710	0.0%	0.0%
53	1.5576	1.6378	1.5576	1.6378	0.0%	0.0%
54	1.6512	1.7180	1.6512	1.7180	0.0%	0.0%
55	1.7515	1.7982	1.7515	1.7982	0.0%	0.0%
56	1.8584	1.8852	1.8584	1.8852	0.0%	0.0%
57	1.9654	1.9587	1.9654	1.9587	0.0%	0.0%
58	2.0590	2.0189	2.0590	2.0189	0.0%	0.0%
59	2.1392	2.0656	2.1392	2.0656	0.0%	0.0%
60	2.2194	2.0991	2.2194	2.0991	0.0%	0.0%
61	2.2862	2.1258	2.2862	2.1258	0.0%	0.0%
62	2.3397	2.1459	2.3397	2.1459	0.0%	0.0%
63	2.3932	2.1659	2.3932	2.1659	0.0%	0.0%
64	2.4333	2.1793	2.4333	2.1793	0.0%	0.0%
65+	2.4333	2.1793	2.4333	2.1793	0.0%	0.0%

Lumenos 80 80|60 3000/5000	Current		Filed		% Change	
Plan Index Rate [1]	$157.56		$163.51		3.8%	
	M	F	M	F	M	F
0	0.9419	0.9419	0.9419	0.9419	0.0%	0.0%
1	0.4306	0.4306	0.4306	0.4306	0.0%	0.0%
2	0.4306	0.4306	0.4306	0.4306	0.0%	0.0%
3	0.4306	0.4306	0.4306	0.4306	0.0%	0.0%
4	0.3229	0.3229	0.3229	0.3229	0.0%	0.0%
5	0.3229	0.3229	0.3229	0.3229	0.0%	0.0%
6	0.3229	0.3229	0.3229	0.3229	0.0%	0.0%
7	0.3229	0.3229	0.3229	0.3229	0.0%	0.0%
8	0.3229	0.3229	0.3229	0.3229	0.0%	0.0%
9	0.3364	0.3364	0.3364	0.3364	0.0%	0.0%
10	0.3431	0.3431	0.3431	0.3431	0.0%	0.0%
11	0.3566	0.3566	0.3566	0.3566	0.0%	0.0%
12	0.3700	0.3700	0.3700	0.3700	0.0%	0.0%
13	0.3835	0.3835	0.3835	0.3835	0.0%	0.0%
14	0.3969	0.3969	0.3969	0.3969	0.0%	0.0%
15	0.3969	0.3969	0.3969	0.3969	0.0%	0.0%
16	0.3969	0.3969	0.3969	0.3969	0.0%	0.0%
17	0.3969	0.3969	0.3969	0.3969	0.0%	0.0%
18	0.4037	0.4037	0.4037	0.4037	0.0%	0.0%
19	0.4037	0.4508	0.4037	0.4508	0.0%	0.0%
20	0.4037	0.4844	0.4037	0.4844	0.0%	0.0%
21	0.4037	0.4978	0.4037	0.4978	0.0%	0.0%
22	0.4037	0.5113	0.4037	0.5113	0.0%	0.0%
23	0.4037	0.5248	0.4037	0.5248	0.0%	0.0%
24	0.4037	0.5449	0.4037	0.5449	0.0%	0.0%
25	0.4037	0.5651	0.4037	0.5651	0.0%	0.0%
26	0.4037	0.5920	0.4037	0.5920	0.0%	0.0%
27	0.4037	0.6189	0.4037	0.6189	0.0%	0.0%
28	0.4238	0.6324	0.4238	0.6324	0.0%	0.0%
29	0.4373	0.6459	0.4373	0.6459	0.0%	0.0%
30	0.4508	0.6593	0.4508	0.6593	0.0%	0.0%
31	0.4709	0.6728	0.4709	0.6728	0.0%	0.0%
32	0.4978	0.6997	0.4978	0.6997	0.0%	0.0%
33	0.5315	0.7333	0.5315	0.7333	0.0%	0.0%
34	0.5719	0.7737	0.5719	0.7737	0.0%	0.0%
35	0.6122	0.8208	0.6122	0.8208	0.0%	0.0%
36	0.6526	0.8679	0.6526	0.8679	0.0%	0.0%
37	0.6862	0.9217	0.6862	0.9217	0.0%	0.0%
38	0.7064	0.9621	0.7064	0.9621	0.0%	0.0%
39	0.7266	1.0091	0.7266	1.0091	0.0%	0.0%
40	0.7535	1.0495	0.7535	1.0495	0.0%	0.0%
41	0.7804	1.0966	0.7804	1.0966	0.0%	0.0%
42	0.8342	1.1437	0.8342	1.1437	0.0%	0.0%
43	0.9015	1.1908	0.9015	1.1908	0.0%	0.0%
44	0.9822	1.2446	0.9822	1.2446	0.0%	0.0%
45	1.0764	1.2984	1.0764	1.2984	0.0%	0.0%
46	1.1572	1.3523	1.1572	1.3523	0.0%	0.0%
47	1.2312	1.3926	1.2312	1.3926	0.0%	0.0%
48	1.2917	1.4263	1.2917	1.4263	0.0%	0.0%
49	1.3321	1.4532	1.3321	1.4532	0.0%	0.0%
50	1.3724	1.4801	1.3724	1.4801	0.0%	0.0%
51	1.4195	1.5205	1.4195	1.5205	0.0%	0.0%
52	1.4801	1.5675	1.4801	1.5675	0.0%	0.0%
53	1.5608	1.6348	1.5608	1.6348	0.0%	0.0%
54	1.6550	1.7156	1.6550	1.7156	0.0%	0.0%
55	1.7559	1.8030	1.7559	1.8030	0.0%	0.0%
56	1.8636	1.8837	1.8636	1.8837	0.0%	0.0%
57	1.9645	1.9645	1.9645	1.9645	0.0%	0.0%
58	2.0587	2.0183	2.0587	2.0183	0.0%	0.0%
59	2.1461	2.0654	2.1461	2.0654	0.0%	0.0%
60	2.2201	2.0990	2.2201	2.0990	0.0%	0.0%
61	2.2874	2.1259	2.2874	2.1259	0.0%	0.0%
62	2.3480	2.1461	2.3480	2.1461	0.0%	0.0%
63	2.3950	2.1663	2.3950	2.1663	0.0%	0.0%
64	2.4354	2.1798	2.4354	2.1798	0.0%	0.0%
65+	2.4354	2.1798	2.4354	2.1798	0.0%	0.0%

Notes:

(1) Note that the Plan Index Rate is also listed in Exhibit IX-a. Also see Exhibit I for further documentation on plan index rates (i.e. the "Normalized Plan Rates PMPM").

IX-g. Rating Variables - Age/Sex Factors - Anthem HSA 100% Coinsurance Plans - page 1/1 - SINGLE and FAMILY CONTRACTS

Single and Family Rates

Plan Index	Anthem HSA 100|80 1250/1250						Anthem HSA 100|80 2000/2000					
	Current		Filed		% Change		Current		Filed		% Change	
Rate [1]	$277.32		$345.14		24.5%		$227.55		$283.20		24.5%	
	M	F	M	F	M	F	M	F	M	F	M	F
0	0.5389	0.5389	0.5389	0.5389	0.0%	0.0%	0.5078	0.5078	0.5078	0.5078	0.0%	0.0%
1	0.5389	0.5389	0.5389	0.5389	0.0%	0.0%	0.5078	0.5078	0.5078	0.5078	0.0%	0.0%
2	0.5389	0.5389	0.5389	0.5389	0.0%	0.0%	0.5078	0.5078	0.5078	0.5078	0.0%	0.0%
3	0.5389	0.5389	0.5389	0.5389	0.0%	0.0%	0.5078	0.5078	0.5078	0.5078	0.0%	0.0%
4	0.4357	0.4357	0.4357	0.4357	0.0%	0.0%	0.4146	0.4146	0.4146	0.4146	0.0%	0.0%
5	0.3861	0.3861	0.3861	0.3861	0.0%	0.0%	0.3680	0.3680	0.3680	0.3680	0.0%	0.0%
6	0.3631	0.3631	0.3631	0.3631	0.0%	0.0%	0.3494	0.3494	0.3494	0.3494	0.0%	0.0%
7	0.3631	0.3631	0.3631	0.3631	0.0%	0.0%	0.3494	0.3494	0.3494	0.3494	0.0%	0.0%
8	0.3631	0.3631	0.3631	0.3631	0.0%	0.0%	0.3494	0.3494	0.3494	0.3494	0.0%	0.0%
9	0.3861	0.3861	0.3861	0.3861	0.0%	0.0%	0.3680	0.3680	0.3680	0.3680	0.0%	0.0%
10	0.4090	0.4090	0.4090	0.4090	0.0%	0.0%	0.3866	0.3866	0.3866	0.3866	0.0%	0.0%
11	0.4281	0.4281	0.4281	0.4281	0.0%	0.0%	0.4053	0.4053	0.4053	0.4053	0.0%	0.0%
12	0.4510	0.4510	0.4510	0.4510	0.0%	0.0%	0.4239	0.4239	0.4239	0.4239	0.0%	0.0%
13	0.4663	0.4663	0.4663	0.4663	0.0%	0.0%	0.4379	0.4379	0.4379	0.4379	0.0%	0.0%
14	0.4778	0.4778	0.4778	0.4778	0.0%	0.0%	0.4472	0.4472	0.4472	0.4472	0.0%	0.0%
15	0.4816	0.4816	0.4816	0.4816	0.0%	0.0%	0.4519	0.4519	0.4519	0.4519	0.0%	0.0%
16	0.4816	0.4816	0.4816	0.4816	0.0%	0.0%	0.4519	0.4519	0.4519	0.4519	0.0%	0.0%
17	0.4816	0.4816	0.4816	0.4816	0.0%	0.0%	0.4519	0.4519	0.4519	0.4519	0.0%	0.0%
18	0.5084	0.5084	0.5084	0.5084	0.0%	0.0%	0.4705	0.4705	0.4705	0.4705	0.0%	0.0%
19	0.5428	0.5963	0.5428	0.5963	0.0%	0.0%	0.4891	0.5497	0.4891	0.5497	0.0%	0.0%
20	0.5772	0.6574	0.5772	0.6574	0.0%	0.0%	0.5078	0.5963	0.5078	0.5963	0.0%	0.0%
21	0.5772	0.6842	0.5772	0.6842	0.0%	0.0%	0.5078	0.6242	0.5078	0.6242	0.0%	0.0%
22	0.5772	0.6995	0.5772	0.6995	0.0%	0.0%	0.5078	0.6335	0.5078	0.6335	0.0%	0.0%
23	0.5772	0.7071	0.5772	0.7071	0.0%	0.0%	0.5078	0.6475	0.5078	0.6475	0.0%	0.0%
24	0.5772	0.7301	0.5772	0.7301	0.0%	0.0%	0.5078	0.6661	0.5078	0.6661	0.0%	0.0%
25	0.5772	0.7568	0.5772	0.7568	0.0%	0.0%	0.5078	0.6941	0.5078	0.6941	0.0%	0.0%
26	0.6230	0.7836	0.6230	0.7836	0.0%	0.0%	0.5450	0.7220	0.5450	0.7220	0.0%	0.0%
27	0.6651	0.8065	0.6651	0.8065	0.0%	0.0%	0.5776	0.7453	0.5776	0.7453	0.0%	0.0%
28	0.6880	0.8218	0.6880	0.8218	0.0%	0.0%	0.6009	0.7593	0.6009	0.7593	0.0%	0.0%
29	0.7033	0.8333	0.7033	0.8333	0.0%	0.0%	0.6149	0.7733	0.6149	0.7733	0.0%	0.0%
30	0.7110	0.8409	0.7110	0.8409	0.0%	0.0%	0.6242	0.7826	0.6242	0.7826	0.0%	0.0%
31	0.7186	0.8486	0.7186	0.8486	0.0%	0.0%	0.6335	0.7919	0.6335	0.7919	0.0%	0.0%
32	0.7262	0.8600	0.7262	0.8600	0.0%	0.0%	0.6522	0.8059	0.6522	0.8059	0.0%	0.0%
33	0.7454	0.8830	0.7454	0.8830	0.0%	0.0%	0.6755	0.8338	0.6755	0.8338	0.0%	0.0%
34	0.7721	0.9097	0.7721	0.9097	0.0%	0.0%	0.7081	0.8664	0.7081	0.8664	0.0%	0.0%
35	0.8027	0.9403	0.8027	0.9403	0.0%	0.0%	0.7407	0.9037	0.7407	0.9037	0.0%	0.0%
36	0.8294	0.9709	0.8294	0.9709	0.0%	0.0%	0.7733	0.9410	0.7733	0.9410	0.0%	0.0%
37	0.8524	1.0015	0.8524	1.0015	0.0%	0.0%	0.7966	0.9782	0.7966	0.9782	0.0%	0.0%
38	0.8715	1.0320	0.8715	1.0320	0.0%	0.0%	0.8152	1.0109	0.8152	1.0109	0.0%	0.0%
39	0.8830	1.0588	0.8830	1.0588	0.0%	0.0%	0.8338	1.0435	0.8338	1.0435	0.0%	0.0%
40	0.8982	1.0894	0.8982	1.0894	0.0%	0.0%	0.8525	1.0761	0.8525	1.0761	0.0%	0.0%
41	0.9212	1.1161	0.9212	1.1161	0.0%	0.0%	0.8758	1.1087	0.8758	1.1087	0.0%	0.0%
42	0.9518	1.1467	0.9518	1.1467	0.0%	0.0%	0.9130	1.1459	0.9130	1.1459	0.0%	0.0%
43	0.9976	1.1773	0.9976	1.1773	0.0%	0.0%	0.9643	1.1879	0.9643	1.1879	0.0%	0.0%
44	1.0511	1.2117	1.0511	1.2117	0.0%	0.0%	1.0295	1.2251	1.0295	1.2251	0.0%	0.0%
45	1.1085	1.2461	1.1085	1.2461	0.0%	0.0%	1.0947	1.2671	1.0947	1.2671	0.0%	0.0%
46	1.1620	1.2805	1.1620	1.2805	0.0%	0.0%	1.1646	1.3043	1.1646	1.3043	0.0%	0.0%
47	1.2117	1.3072	1.2117	1.3072	0.0%	0.0%	1.2205	1.3369	1.2205	1.3369	0.0%	0.0%
48	1.2461	1.3264	1.2461	1.3264	0.0%	0.0%	1.2624	1.3649	1.2624	1.3649	0.0%	0.0%
49	1.2767	1.3455	1.2767	1.3455	0.0%	0.0%	1.2997	1.3835	1.2997	1.3835	0.0%	0.0%
50	1.3034	1.3684	1.3034	1.3684	0.0%	0.0%	1.3276	1.4068	1.3276	1.4068	0.0%	0.0%
51	1.3340	1.3913	1.3340	1.3913	0.0%	0.0%	1.3649	1.4348	1.3649	1.4348	0.0%	0.0%
52	1.3722	1.4219	1.3722	1.4219	0.0%	0.0%	1.4068	1.4720	1.4068	1.4720	0.0%	0.0%
53	1.4219	1.4640	1.4219	1.4640	0.0%	0.0%	1.4674	1.5233	1.4674	1.5233	0.0%	0.0%
54	1.4792	1.5136	1.4792	1.5136	0.0%	0.0%	1.5372	1.5838	1.5372	1.5838	0.0%	0.0%
55	1.5442	1.5672	1.5442	1.5672	0.0%	0.0%	1.6164	1.6490	1.6164	1.6490	0.0%	0.0%
56	1.6130	1.6207	1.6130	1.6207	0.0%	0.0%	1.7003	1.7096	1.7003	1.7096	0.0%	0.0%
57	1.6818	1.6704	1.6818	1.6704	0.0%	0.0%	1.7795	1.7702	1.7795	1.7702	0.0%	0.0%
58	1.7506	1.7162	1.7506	1.7162	0.0%	0.0%	1.8540	1.8214	1.8540	1.8214	0.0%	0.0%
59	1.8118	1.7545	1.8118	1.7545	0.0%	0.0%	1.9239	1.8680	1.9239	1.8680	0.0%	0.0%
60	1.8691	1.7889	1.8691	1.7889	0.0%	0.0%	1.9891	1.9052	1.9891	1.9052	0.0%	0.0%
61	1.9188	1.8156	1.9188	1.8156	0.0%	0.0%	2.0497	1.9379	2.0497	1.9379	0.0%	0.0%
62	1.9647	1.8424	1.9647	1.8424	0.0%	0.0%	2.1009	1.9658	2.1009	1.9658	0.0%	0.0%
63	2.0029	1.8615	2.0029	1.8615	0.0%	0.0%	2.1428	1.9891	2.1428	1.9891	0.0%	0.0%
64	2.0373	1.8806	2.0373	1.8806	0.0%	0.0%	2.1801	2.0077	2.1801	2.0077	0.0%	0.0%
65+	2.0373	1.8806	2.0373	1.8806	0.0%	0.0%	2.1801	2.0077	2.1801	2.0077	0.0%	0.0%

Plan Index	Anthem HSA 100|80 2500/2500						Anthem HSA 100|80 3000/3000					
	Current		Filed		% Change		Current		Filed		% Change	
Rate [1]	$200.37		$241.36		20.5%		$181.26		$218.34		20.5%	
	M	F	M	F	M	F	M	F	M	F	M	F
0	0.4920	0.4920	0.4920	0.4920	0.0%	0.0%	0.4795	0.4795	0.4795	0.4795	0.0%	0.0%
1	0.4920	0.4920	0.4920	0.4920	0.0%	0.0%	0.4795	0.4795	0.4795	0.4795	0.0%	0.0%
2	0.4920	0.4920	0.4920	0.4920	0.0%	0.0%	0.4795	0.4795	0.4795	0.4795	0.0%	0.0%
3	0.4920	0.4920	0.4920	0.4920	0.0%	0.0%	0.4795	0.4795	0.4795	0.4795	0.0%	0.0%
4	0.4021	0.4021	0.4021	0.4021	0.0%	0.0%	0.3860	0.3860	0.3860	0.3860	0.0%	0.0%
5	0.3544	0.3544	0.3544	0.3544	0.0%	0.0%	0.3509	0.3509	0.3509	0.3509	0.0%	0.0%
6	0.3386	0.3386	0.3386	0.3386	0.0%	0.0%	0.3333	0.3333	0.3333	0.3333	0.0%	0.0%
7	0.3386	0.3386	0.3386	0.3386	0.0%	0.0%	0.3333	0.3333	0.3333	0.3333	0.0%	0.0%
8	0.3386	0.3386	0.3386	0.3386	0.0%	0.0%	0.3333	0.3333	0.3333	0.3333	0.0%	0.0%
9	0.3650	0.3650	0.3650	0.3650	0.0%	0.0%	0.3567	0.3567	0.3567	0.3567	0.0%	0.0%
10	0.3809	0.3809	0.3809	0.3809	0.0%	0.0%	0.3743	0.3743	0.3743	0.3743	0.0%	0.0%
11	0.3968	0.3968	0.3968	0.3968	0.0%	0.0%	0.3860	0.3860	0.3860	0.3860	0.0%	0.0%
12	0.4073	0.4073	0.4073	0.4073	0.0%	0.0%	0.3977	0.3977	0.3977	0.3977	0.0%	0.0%
13	0.4232	0.4232	0.4232	0.4232	0.0%	0.0%	0.4094	0.4094	0.4094	0.4094	0.0%	0.0%
14	0.4285	0.4285	0.4285	0.4285	0.0%	0.0%	0.4152	0.4152	0.4152	0.4152	0.0%	0.0%
15	0.4285	0.4285	0.4285	0.4285	0.0%	0.0%	0.4152	0.4152	0.4152	0.4152	0.0%	0.0%
16	0.4285	0.4285	0.4285	0.4285	0.0%	0.0%	0.4152	0.4152	0.4152	0.4152	0.0%	0.0%
17	0.4285	0.4285	0.4285	0.4285	0.0%	0.0%	0.4152	0.4152	0.4152	0.4152	0.0%	0.0%
18	0.4444	0.4444	0.4444	0.4444	0.0%	0.0%	0.4269	0.4269	0.4269	0.4269	0.0%	0.0%
19	0.4497	0.5131	0.4497	0.5131	0.0%	0.0%	0.4269	0.4854	0.4269	0.4854	0.0%	0.0%
20	0.4602	0.5555	0.4602	0.5555	0.0%	0.0%	0.4269	0.5205	0.4269	0.5205	0.0%	0.0%
21	0.4602	0.5766	0.4602	0.5766	0.0%	0.0%	0.4269	0.5439	0.4269	0.5439	0.0%	0.0%
22	0.4602	0.5872	0.4602	0.5872	0.0%	0.0%	0.4269	0.5497	0.4269	0.5497	0.0%	0.0%
23	0.4602	0.5978	0.4602	0.5978	0.0%	0.0%	0.4269	0.5673	0.4269	0.5673	0.0%	0.0%
24	0.4602	0.6189	0.4602	0.6189	0.0%	0.0%	0.4269	0.5848	0.4269	0.5848	0.0%	0.0%
25	0.4602	0.6454	0.4602	0.6454	0.0%	0.0%	0.4269	0.6140	0.4269	0.6140	0.0%	0.0%
26	0.4814	0.6719	0.4814	0.6719	0.0%	0.0%	0.4386	0.6374	0.4386	0.6374	0.0%	0.0%
27	0.5131	0.6983	0.5131	0.6983	0.0%	0.0%	0.4678	0.6608	0.4678	0.6608	0.0%	0.0%
28	0.5343	0.7142	0.5343	0.7142	0.0%	0.0%	0.4854	0.6784	0.4854	0.6784	0.0%	0.0%
29	0.5449	0.7248	0.5449	0.7248	0.0%	0.0%	0.4971	0.6901	0.4971	0.6901	0.0%	0.0%
30	0.5608	0.7353	0.5608	0.7353	0.0%	0.0%	0.5146	0.7018	0.5146	0.7018	0.0%	0.0%
31	0.5713	0.7459	0.5713	0.7459	0.0%	0.0%	0.5263	0.7135	0.5263	0.7135	0.0%	0.0%
32	0.5925	0.7671	0.5925	0.7671	0.0%	0.0%	0.5497	0.7368	0.5497	0.7368	0.0%	0.0%
33	0.6189	0.7935	0.6189	0.7935	0.0%	0.0%	0.5789	0.7661	0.5789	0.7661	0.0%	0.0%
34	0.6560	0.8306	0.6560	0.8306	0.0%	0.0%	0.6199	0.8070	0.6199	0.8070	0.0%	0.0%
35	0.6930	0.8729	0.6930	0.8729	0.0%	0.0%	0.6550	0.8480	0.6550	0.8480	0.0%	0.0%
36	0.7248	0.9152	0.7248	0.9152	0.0%	0.0%	0.6959	0.8947	0.6959	0.8947	0.0%	0.0%
37	0.7565	0.9575	0.7565	0.9575	0.0%	0.0%	0.7251	0.9415	0.7251	0.9415	0.0%	0.0%
38	0.7777	0.9946	0.7777	0.9946	0.0%	0.0%	0.7485	0.9825	0.7485	0.9825	0.0%	0.0%
39	0.7935	1.0316	0.7935	1.0316	0.0%	0.0%	0.7661	1.0234	0.7661	1.0234	0.0%	0.0%
40	0.8147	1.0686	0.8147	1.0686	0.0%	0.0%	0.7895	1.0585	0.7895	1.0585	0.0%	0.0%
41	0.8411	1.1056	0.8411	1.1056	0.0%	0.0%	0.8187	1.0994	0.8187	1.0994	0.0%	0.0%
42	0.8835	1.1480	0.8835	1.1480	0.0%	0.0%	0.8596	1.1462	0.8596	1.1462	0.0%	0.0%
43	0.9416	1.1903	0.9416	1.1903	0.0%	0.0%	0.9240	1.1930	0.9240	1.1930	0.0%	0.0%
44	1.0104	1.2379	1.0104	1.2379	0.0%	0.0%	1.0000	1.2398	1.0000	1.2398	0.0%	0.0%
45	1.0898	1.2802	1.0898	1.2802	0.0%	0.0%	1.0819	1.2924	1.0819	1.2924	0.0%	0.0%
46	1.1638	1.3225	1.1638	1.3225	0.0%	0.0%	1.1637	1.3392	1.1637	1.3392	0.0%	0.0%
47	1.2273	1.3596	1.2273	1.3596	0.0%	0.0%	1.2339	1.3743	1.2339	1.3743	0.0%	0.0%
48	1.2749	1.3860	1.2749	1.3860	0.0%	0.0%	1.2807	1.4035	1.2807	1.4035	0.0%	0.0%
49	1.3120	1.4125	1.3120	1.4125	0.0%	0.0%	1.3216	1.4327	1.3216	1.4327	0.0%	0.0%
50	1.3490	1.4389	1.3490	1.4389	0.0%	0.0%	1.3626	1.4620	1.3626	1.4620	0.0%	0.0%
51	1.3860	1.4707	1.3860	1.4707	0.0%	0.0%	1.4035	1.4912	1.4035	1.4912	0.0%	0.0%
52	1.4389	1.5130	1.4389	1.5130	0.0%	0.0%	1.4561	1.5380	1.4561	1.5380	0.0%	0.0%
53	1.5024	1.5712	1.5024	1.5712	0.0%	0.0%	1.5322	1.6023	1.5322	1.6023	0.0%	0.0%
54	1.5818	1.6347	1.5818	1.6347	0.0%	0.0%	1.6140	1.6725	1.6140	1.6725	0.0%	0.0%
55	1.6717	1.7087	1.6717	1.7087	0.0%	0.0%	1.7135	1.7544	1.7135	1.7544	0.0%	0.0%
56	1.7616	1.7828	1.7616	1.7828	0.0%	0.0%	1.8129	1.8304	1.8129	1.8304	0.0%	0.0%
57	1.8516	1.8463	1.8516	1.8463	0.0%	0.0%	1.9064	1.9006	1.9064	1.9006	0.0%	0.0%
58	1.9362	1.9045	1.9362	1.9045	0.0%	0.0%	1.9942	1.9591	1.9942	1.9591	0.0%	0.0%
59	2.0103	1.9468	2.0103	1.9468	0.0%	0.0%	2.0760	2.0058	2.0760	2.0058	0.0%	0.0%
60	2.0790	1.9838	2.0790	1.9838	0.0%	0.0%	2.1462	2.0409	2.1462	2.0409	0.0%	0.0%
61	2.1425	2.0156	2.1425	2.0156	0.0%	0.0%	2.2105	2.0702	2.2105	2.0702	0.0%	0.0%
62	2.1954	2.0420	2.1954	2.0420	0.0%	0.0%	2.2690	2.0936	2.2690	2.0936	0.0%	0.0%
63	2.2430	2.0632	2.2430	2.0632	0.0%	0.0%	2.3158	2.1170	2.3158	2.1170	0.0%	0.0%
64	2.2854	2.0790	2.2854	2.0790	0.0%	0.0%	2.3567	2.1345	2.3567	2.1345	0.0%	0.0%
65+	2.2854	2.0790	2.2854	2.0790	0.0%	0.0%	2.3567	2.1345	2.3567	2.1345	0.0%	0.0%

Plan Index	Anthem HSA 100|80 4000/4000						Anthem HSA 100|80 5000/5000					
	Current		Filed		% Change		Current		Filed		% Change	
Rate [1]	$153.23		$184.58		20.5%		$136.56		$164.50		20.5%	
	M	F	M	F	M	F	M	F	M	F	M	F
0	0.4496	0.4496	0.4496	0.4496	0.0%	0.0%	0.4347	0.4347	0.4347	0.4347	0.0%	0.0%
1	0.4496	0.4496	0.4496	0.4496	0.0%	0.0%	0.4347	0.4347	0.4347	0.4347	0.0%	0.0%
2	0.4496	0.4496	0.4496	0.4496	0.0%	0.0%	0.4347	0.4347	0.4347	0.4347	0.0%	0.0%
3	0.4496	0.4496	0.4496	0.4496	0.0%	0.0%	0.4347	0.4347	0.4347	0.4347	0.0%	0.0%
4	0.3735	0.3735	0.3735	0.3735	0.0%	0.0%	0.3648	0.3648	0.3648	0.3648	0.0%	0.0%
5	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%	0.3260	0.3260	0.3260	0.3260	0.0%	0.0%
6	0.3251	0.3251	0.3251	0.3251	0.0%	0.0%	0.3182	0.3182	0.3182	0.3182	0.0%	0.0%
7	0.3251	0.3251	0.3251	0.3251	0.0%	0.0%	0.3182	0.3182	0.3182	0.3182	0.0%	0.0%
8	0.3251	0.3251	0.3251	0.3251	0.0%	0.0%	0.3182	0.3182	0.3182	0.3182	0.0%	0.0%
9	0.3528	0.3528	0.3528	0.3528	0.0%	0.0%	0.3415	0.3415	0.3415	0.3415	0.0%	0.0%
10	0.3597	0.3597	0.3597	0.3597	0.0%	0.0%	0.3571	0.3571	0.3571	0.3571	0.0%	0.0%
11	0.3735	0.3735	0.3735	0.3735	0.0%	0.0%	0.3648	0.3648	0.3648	0.3648	0.0%	0.0%
12	0.3805	0.3805	0.3805	0.3805	0.0%	0.0%	0.3726	0.3726	0.3726	0.3726	0.0%	0.0%
13	0.3874	0.3874	0.3874	0.3874	0.0%	0.0%	0.3803	0.3803	0.3803	0.3803	0.0%	0.0%
14	0.3943	0.3943	0.3943	0.3943	0.0%	0.0%	0.3803	0.3803	0.3803	0.3803	0.0%	0.0%
15	0.3943	0.3943	0.3943	0.3943	0.0%	0.0%	0.3881	0.3881	0.3881	0.3881	0.0%	0.0%
16	0.3943	0.3943	0.3943	0.3943	0.0%	0.0%	0.3881	0.3881	0.3881	0.3881	0.0%	0.0%
17	0.3943	0.3943	0.3943	0.3943	0.0%	0.0%	0.3881	0.3881	0.3881	0.3881	0.0%	0.0%
18	0.4012	0.4012	0.4012	0.4012	0.0%	0.0%	0.3881	0.3881	0.3881	0.3881	0.0%	0.0%
19	0.4012	0.4496	0.4012	0.4496	0.0%	0.0%	0.3881	0.4269	0.3881	0.4269	0.0%	0.0%
20	0.4012	0.4773	0.4012	0.4773	0.0%	0.0%	0.3881	0.4502	0.3881	0.4502	0.0%	0.0%
21	0.4012	0.4911	0.4012	0.4911	0.0%	0.0%	0.3881	0.4580	0.3881	0.4580	0.0%	0.0%
22	0.4012	0.5050	0.4012	0.5050	0.0%	0.0%	0.3881	0.4735	0.3881	0.4735	0.0%	0.0%
23	0.4012	0.5188	0.4012	0.5188	0.0%	0.0%	0.3881	0.4890	0.3881	0.4890	0.0%	0.0%
24	0.4012	0.5396	0.4012	0.5396	0.0%	0.0%	0.3881	0.5045	0.3881	0.5045	0.0%	0.0%
25	0.4012	0.5603	0.4012	0.5603	0.0%	0.0%	0.3881	0.5356	0.3881	0.5356	0.0%	0.0%
26	0.4012	0.5880	0.4012	0.5880	0.0%	0.0%	0.3881	0.5589	0.3881	0.5589	0.0%	0.0%
27	0.4012	0.6087	0.4012	0.6087	0.0%	0.0%	0.3881	0.5822	0.3881	0.5822	0.0%	0.0%
28	0.4151	0.6295	0.4151	0.6295	0.0%	0.0%	0.3881	0.5977	0.3881	0.5977	0.0%	0.0%
29	0.4289	0.6433	0.4289	0.6433	0.0%	0.0%	0.3881	0.6132	0.3881	0.6132	0.0%	0.0%
30	0.4427	0.6502	0.4427	0.6502	0.0%	0.0%	0.4036	0.6210	0.4036	0.6210	0.0%	0.0%
31	0.4635	0.6710	0.4635	0.6710	0.0%	0.0%	0.4192	0.6443	0.4192	0.6443	0.0%	0.0%
32	0.4911	0.6918	0.4911	0.6918	0.0%	0.0%	0.4502	0.6675	0.4502	0.6675	0.0%	0.0%
33	0.5257	0.7263	0.5257	0.7263	0.0%	0.0%	0.4890	0.7064	0.4890	0.7064	0.0%	0.0%
34	0.5672	0.7678	0.5672	0.7678	0.0%	0.0%	0.5356	0.7452	0.5356	0.7452	0.0%	0.0%
35	0.6087	0.8163	0.6087	0.8163	0.0%	0.0%	0.5744	0.7995	0.5744	0.7995	0.0%	0.0%
36	0.6502	0.8716	0.6502	0.8716	0.0%	0.0%	0.6210	0.8538	0.6210	0.8538	0.0%	0.0%
37	0.6779	0.9200	0.6779	0.9200	0.0%	0.0%	0.6520	0.9004	0.6520	0.9004	0.0%	0.0%
38	0.7056	0.9615	0.7056	0.9615	0.0%	0.0%	0.6753	0.9547	0.6753	0.9547	0.0%	0.0%
39	0.7263	1.0100	0.7263	1.0100	0.0%	0.0%	0.6986	1.0013	0.6986	1.0013	0.0%	0.0%
40	0.7471	1.0515	0.7471	1.0515	0.0%	0.0%	0.7219	1.0401	0.7219	1.0401	0.0%	0.0%
41	0.7817	1.0930	0.7817	1.0930	0.0%	0.0%	0.7607	1.0945	0.7607	1.0945	0.0%	0.0%
42	0.8301	1.1414	0.8301	1.1414	0.0%	0.0%	0.8073	1.1410	0.8073	1.1410	0.0%	0.0%
43	0.8993	1.1967	0.8993	1.1967	0.0%	0.0%	0.8849	1.1954	0.8849	1.1954	0.0%	0.0%
44	0.9823	1.2521	0.9823	1.2521	0.0%	0.0%	0.9703	1.2575	0.9703	1.2575	0.0%	0.0%
45	1.0722	1.3074	1.0722	1.3074	0.0%	0.0%	1.0712	1.3118	1.0712	1.3118	0.0%	0.0%
46	1.1621	1.3558	1.1621	1.3558	0.0%	0.0%	1.1643	1.3661	1.1643	1.3661	0.0%	0.0%
47	1.2382	1.3973	1.2382	1.3973	0.0%	0.0%	1.2419	1.4127	1.2419	1.4127	0.0%	0.0%
48	1.2936	1.4319	1.2936	1.4319	0.0%	0.0%	1.3040	1.4438	1.3040	1.4438	0.0%	0.0%
49	1.3420	1.4596	1.3420	1.4596	0.0%	0.0%	1.3506	1.4748	1.3506	1.4748	0.0%	0.0%
50	1.3835	1.4873	1.3835	1.4873	0.0%	0.0%	1.3894	1.5059	1.3894	1.5059	0.0%	0.0%
51	1.4250	1.5288	1.4250	1.5288	0.0%	0.0%	1.4360	1.5447	1.4360	1.5447	0.0%	0.0%
52	1.4873	1.5772	1.4873	1.5772	0.0%	0.0%	1.5059	1.5990	1.5059	1.5990	0.0%	0.0%
53	1.5703	1.6464	1.5703	1.6464	0.0%	0.0%	1.5912	1.6766	1.5912	1.6766	0.0%	0.0%
54	1.6602	1.7294	1.6602	1.7294	0.0%	0.0%	1.6922	1.7620	1.6922	1.7620	0.0%	0.0%
55	1.7709	1.8193	1.7709	1.8193	0.0%	0.0%	1.8008	1.8552	1.8008	1.8552	0.0%	0.0%
56	1.8747	1.9023	1.8747	1.9023	0.0%	0.0%	1.9173	1.9405	1.9173	1.9405	0.0%	0.0%
57	1.9784	1.9784	1.9784	1.9784	0.0%	0.0%	2.0259	2.0182	2.0259	2.0182	0.0%	0.0%
58	2.0753	2.0338	2.0753	2.0338	0.0%	0.0%	2.1268	2.0803	2.1268	2.0803	0.0%	0.0%
59	2.1652	2.0822	2.1652	2.0822	0.0%	0.0%	2.2122	2.1268	2.2122	2.1268	0.0%	0.0%
60	2.2413	2.1168	2.2413	2.1168	0.0%	0.0%	2.2898	2.1579	2.2898	2.1579	0.0%	0.0%
61	2.3035	2.1444	2.3035	2.1444	0.0%	0.0%	2.3597	2.1812	2.3597	2.1812	0.0%	0.0%
62	2.3658	2.1652	2.3658	2.1652	0.0%	0.0%	2.4218	2.1967	2.4218	2.1967	0.0%	0.0%
63	2.4142	2.1790	2.4142	2.1790	0.0%	0.0%	2.4684	2.2122	2.4684	2.2122	0.0%	0.0%
64	2.4557	2.1929	2.4557	2.1929	0.0%	0.0%	2.5149	2.2277	2.5149	2.2277	0.0%	0.0%
65+	2.4557	2.1929	2.4557	2.1929	0.0%	0.0%	2.5149	2.2277	2.5149	2.2277	0.0%	0.0%

Notes:

(1) Note that the Plan Index Rate is also listed in Exhibit IX-a. Also see Exhibit I for further documentation on plan index rates (i.e. the "Normalized Plan Rates PMPM").

IX-h. Rating Variables - Age/Sex Factors - Anthem HSA 80% Coinsurance Plans - SINGLE and FAMILY CONTRACTS

		Anthem HSA 80|60 1250/3250						Anthem HSA 80|60 2000/4000						Anthem HSA 80|60 2500/5000						Anthem HSA 80|60 3000/5000					
Plan Index Rate [1]:		Current $232.00		Filed $288.74		% Change 24.5%		Current $187.55		Filed $233.42		% Change 24.5%		Current $164.01		Filed $197.56		% Change 20.5%		Current $154.66		Filed $186.30		% Change 20.5%	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Single and Family Rates	0	0.5117	0.5117	0.5117	0.5117	0.0%	0.0%	0.4804	0.4804	0.4804	0.4804	0.0%	0.0%	0.4653	0.4653	0.4653	0.4653	0.0%	0.0%	0.4523	0.4523	0.4523	0.4523	0.0%	0.0%
	1	0.5117	0.5117	0.5117	0.5117	0.0%	0.0%	0.4804	0.4804	0.4804	0.4804	0.0%	0.0%	0.4653	0.4653	0.4653	0.4653	0.0%	0.0%	0.4523	0.4523	0.4523	0.4523	0.0%	0.0%
	2	0.5117	0.5117	0.5117	0.5117	0.0%	0.0%	0.4804	0.4804	0.4804	0.4804	0.0%	0.0%	0.4653	0.4653	0.4653	0.4653	0.0%	0.0%	0.4523	0.4523	0.4523	0.4523	0.0%	0.0%
	3	0.5117	0.5117	0.5117	0.5117	0.0%	0.0%	0.4804	0.4804	0.4804	0.4804	0.0%	0.0%	0.4653	0.4653	0.4653	0.4653	0.0%	0.0%	0.4523	0.4523	0.4523	0.4523	0.0%	0.0%
	4	0.4158	0.4158	0.4158	0.4158	0.0%	0.0%	0.3900	0.3900	0.3900	0.3900	0.0%	0.0%	0.3813	0.3813	0.3813	0.3813	0.0%	0.0%	0.3701	0.3701	0.3701	0.3701	0.0%	0.0%
	5	0.3701	0.3701	0.3701	0.3701	0.0%	0.0%	0.3504	0.3504	0.3504	0.3504	0.0%	0.0%	0.3425	0.3425	0.3425	0.3425	0.0%	0.0%	0.3358	0.3358	0.3358	0.3358	0.0%	0.0%
	6	0.3518	0.3518	0.3518	0.3518	0.0%	0.0%	0.3335	0.3335	0.3335	0.3335	0.0%	0.0%	0.3296	0.3296	0.3296	0.3296	0.0%	0.0%	0.3221	0.3221	0.3221	0.3221	0.0%	0.0%
	7	0.3472	0.3472	0.3472	0.3472	0.0%	0.0%	0.3335	0.3335	0.3335	0.3335	0.0%	0.0%	0.3296	0.3296	0.3296	0.3296	0.0%	0.0%	0.3221	0.3221	0.3221	0.3221	0.0%	0.0%
	8	0.3472	0.3472	0.3472	0.3472	0.0%	0.0%	0.3335	0.3335	0.3335	0.3335	0.0%	0.0%	0.3296	0.3296	0.3296	0.3296	0.0%	0.0%	0.3221	0.3221	0.3221	0.3221	0.0%	0.0%
	9	0.3701	0.3701	0.3701	0.3701	0.0%	0.0%	0.3617	0.3617	0.3617	0.3617	0.0%	0.0%	0.3555	0.3555	0.3555	0.3555	0.0%	0.0%	0.3495	0.3495	0.3495	0.3495	0.0%	0.0%
	10	0.3884	0.3884	0.3884	0.3884	0.0%	0.0%	0.3730	0.3730	0.3730	0.3730	0.0%	0.0%	0.3684	0.3684	0.3684	0.3684	0.0%	0.0%	0.3632	0.3632	0.3632	0.3632	0.0%	0.0%
	11	0.4066	0.4066	0.4066	0.4066	0.0%	0.0%	0.3900	0.3900	0.3900	0.3900	0.0%	0.0%	0.3748	0.3748	0.3748	0.3748	0.0%	0.0%	0.3701	0.3701	0.3701	0.3701	0.0%	0.0%
	12	0.4249	0.4249	0.4249	0.4249	0.0%	0.0%	0.4013	0.4013	0.4013	0.4013	0.0%	0.0%	0.3878	0.3878	0.3878	0.3878	0.0%	0.0%	0.3838	0.3838	0.3838	0.3838	0.0%	0.0%
	13	0.4432	0.4432	0.4432	0.4432	0.0%	0.0%	0.4126	0.4126	0.4126	0.4126	0.0%	0.0%	0.3942	0.3942	0.3942	0.3942	0.0%	0.0%	0.3907	0.3907	0.3907	0.3907	0.0%	0.0%
	14	0.4523	0.4523	0.4523	0.4523	0.0%	0.0%	0.4182	0.4182	0.4182	0.4182	0.0%	0.0%	0.4007	0.4007	0.4007	0.4007	0.0%	0.0%	0.3975	0.3975	0.3975	0.3975	0.0%	0.0%
	15	0.4523	0.4523	0.4523	0.4523	0.0%	0.0%	0.4239	0.4239	0.4239	0.4239	0.0%	0.0%	0.4072	0.4072	0.4072	0.4072	0.0%	0.0%	0.3975	0.3975	0.3975	0.3975	0.0%	0.0%
	16	0.4523	0.4523	0.4523	0.4523	0.0%	0.0%	0.4239	0.4239	0.4239	0.4239	0.0%	0.0%	0.4072	0.4072	0.4072	0.4072	0.0%	0.0%	0.3975	0.3975	0.3975	0.3975	0.0%	0.0%
	17	0.4523	0.4523	0.4523	0.4523	0.0%	0.0%	0.4239	0.4239	0.4239	0.4239	0.0%	0.0%	0.4072	0.4072	0.4072	0.4072	0.0%	0.0%	0.3975	0.3975	0.3975	0.3975	0.0%	0.0%
	18	0.4752	0.4752	0.4752	0.4752	0.0%	0.0%	0.4352	0.4352	0.4352	0.4352	0.0%	0.0%	0.4136	0.4136	0.4136	0.4136	0.0%	0.0%	0.4044	0.4044	0.4044	0.4044	0.0%	0.0%
	19	0.4980	0.5528	0.4980	0.5528	0.0%	0.0%	0.4352	0.4974	0.4352	0.4974	0.0%	0.0%	0.4136	0.4653	0.4136	0.4653	0.0%	0.0%	0.4044	0.4523	0.4044	0.4523	0.0%	0.0%
	20	0.5163	0.6031	0.5163	0.6031	0.0%	0.0%	0.4352	0.5313	0.4352	0.5313	0.0%	0.0%	0.4136	0.4912	0.4136	0.4912	0.0%	0.0%	0.4044	0.4797	0.4044	0.4797	0.0%	0.0%
	21	0.5163	0.6305	0.5163	0.6305	0.0%	0.0%	0.4352	0.5539	0.4352	0.5539	0.0%	0.0%	0.4136	0.5106	0.4136	0.5106	0.0%	0.0%	0.4044	0.4935	0.4044	0.4935	0.0%	0.0%
	22	0.5163	0.6442	0.5163	0.6442	0.0%	0.0%	0.4352	0.5652	0.4352	0.5652	0.0%	0.0%	0.4136	0.5235	0.4136	0.5235	0.0%	0.0%	0.4044	0.5072	0.4044	0.5072	0.0%	0.0%
	23	0.5163	0.6534	0.5163	0.6534	0.0%	0.0%	0.4352	0.5765	0.4352	0.5765	0.0%	0.0%	0.4136	0.5364	0.4136	0.5364	0.0%	0.0%	0.4044	0.5209	0.4044	0.5209	0.0%	0.0%
	24	0.5163	0.6762	0.5163	0.6762	0.0%	0.0%	0.4352	0.5991	0.4352	0.5991	0.0%	0.0%	0.4136	0.5558	0.4136	0.5558	0.0%	0.0%	0.4044	0.5414	0.4044	0.5414	0.0%	0.0%
	25	0.5163	0.6990	0.5163	0.6990	0.0%	0.0%	0.4352	0.6217	0.4352	0.6217	0.0%	0.0%	0.4136	0.5817	0.4136	0.5817	0.0%	0.0%	0.4044	0.5620	0.4044	0.5620	0.0%	0.0%
	26	0.5528	0.7310	0.5528	0.7310	0.0%	0.0%	0.4578	0.6500	0.4578	0.6500	0.0%	0.0%	0.4136	0.6075	0.4136	0.6075	0.0%	0.0%	0.4044	0.5894	0.4044	0.5894	0.0%	0.0%
	27	0.5894	0.7539	0.5894	0.7539	0.0%	0.0%	0.4804	0.6726	0.4804	0.6726	0.0%	0.0%	0.4201	0.6334	0.4201	0.6334	0.0%	0.0%	0.4044	0.6168	0.4044	0.6168	0.0%	0.0%
	28	0.6122	0.7676	0.6122	0.7676	0.0%	0.0%	0.5030	0.6895	0.5030	0.6895	0.0%	0.0%	0.4395	0.6463	0.4395	0.6463	0.0%	0.0%	0.4181	0.6305	0.4181	0.6305	0.0%	0.0%
	29	0.6259	0.7813	0.6259	0.7813	0.0%	0.0%	0.5143	0.7008	0.5143	0.7008	0.0%	0.0%	0.4524	0.6592	0.4524	0.6592	0.0%	0.0%	0.4318	0.6442	0.4318	0.6442	0.0%	0.0%
	30	0.6351	0.7904	0.6351	0.7904	0.0%	0.0%	0.5256	0.7121	0.5256	0.7121	0.0%	0.0%	0.4718	0.6721	0.4718	0.6721	0.0%	0.0%	0.4455	0.6579	0.4455	0.6579	0.0%	0.0%
	31	0.6442	0.7996	0.6442	0.7996	0.0%	0.0%	0.5426	0.7234	0.5426	0.7234	0.0%	0.0%	0.4847	0.6851	0.4847	0.6851	0.0%	0.0%	0.4660	0.6716	0.4660	0.6716	0.0%	0.0%
	32	0.6625	0.8133	0.6625	0.8133	0.0%	0.0%	0.5652	0.7461	0.5652	0.7461	0.0%	0.0%	0.5106	0.7109	0.5106	0.7109	0.0%	0.0%	0.4935	0.6922	0.4935	0.6922	0.0%	0.0%
	33	0.6853	0.8407	0.6853	0.8407	0.0%	0.0%	0.5935	0.7743	0.5935	0.7743	0.0%	0.0%	0.5429	0.7432	0.5429	0.7432	0.0%	0.0%	0.5277	0.7265	0.5277	0.7265	0.0%	0.0%
	34	0.7128	0.8727	0.7128	0.8727	0.0%	0.0%	0.6330	0.8139	0.6330	0.8139	0.0%	0.0%	0.5817	0.7820	0.5817	0.7820	0.0%	0.0%	0.5688	0.7745	0.5688	0.7745	0.0%	0.0%
	35	0.7493	0.9046	0.7493	0.9046	0.0%	0.0%	0.6669	0.8591	0.6669	0.8591	0.0%	0.0%	0.6269	0.8272	0.6269	0.8272	0.0%	0.0%	0.6100	0.8224	0.6100	0.8224	0.0%	0.0%
	36	0.7767	0.9458	0.7767	0.9458	0.0%	0.0%	0.7065	0.9043	0.7065	0.9043	0.0%	0.0%	0.6657	0.8790	0.6657	0.8790	0.0%	0.0%	0.6511	0.8704	0.6511	0.8704	0.0%	0.0%
	37	0.8041	0.9823	0.8041	0.9823	0.0%	0.0%	0.7348	0.9439	0.7348	0.9439	0.0%	0.0%	0.6980	0.9242	0.6980	0.9242	0.0%	0.0%	0.6854	0.9184	0.6854	0.9184	0.0%	0.0%
	38	0.8224	1.0143	0.8224	1.0143	0.0%	0.0%	0.7574	0.9891	0.7574	0.9891	0.0%	0.0%	0.7238	0.9694	0.7238	0.9694	0.0%	0.0%	0.7059	0.9663	0.7059	0.9663	0.0%	0.0%
	39	0.8407	1.0463	0.8407	1.0463	0.0%	0.0%	0.7743	1.0230	0.7743	1.0230	0.0%	0.0%	0.7432	1.0147	0.7432	1.0147	0.0%	0.0%	0.7265	1.0075	0.7265	1.0075	0.0%	0.0%
	40	0.8590	1.0783	0.8590	1.0783	0.0%	0.0%	0.7969	1.0626	0.7969	1.0626	0.0%	0.0%	0.7626	1.0534	0.7626	1.0534	0.0%	0.0%	0.7470	1.0486	0.7470	1.0486	0.0%	0.0%
	41	0.8818	1.1102	0.8818	1.1102	0.0%	0.0%	0.8252	1.1021	0.8252	1.1021	0.0%	0.0%	0.7949	1.0987	0.7949	1.0987	0.0%	0.0%	0.7813	1.0966	0.7813	1.0966	0.0%	0.0%
	42	0.9184	1.1468	0.9184	1.1468	0.0%	0.0%	0.8704	1.1473	0.8704	1.1473	0.0%	0.0%	0.8402	1.1439	0.8402	1.1439	0.0%	0.0%	0.8293	1.1445	0.8293	1.1445	0.0%	0.0%
	43	0.9686	1.1834	0.9686	1.1834	0.0%	0.0%	0.9326	1.1926	0.9326	1.1926	0.0%	0.0%	0.9113	1.1956	0.9113	1.1956	0.0%	0.0%	0.8978	1.1925	0.8978	1.1925	0.0%	0.0%
	44	1.0326	1.2245	1.0326	1.2245	0.0%	0.0%	1.0060	1.2378	1.0060	1.2378	0.0%	0.0%	0.9888	1.2473	0.9888	1.2473	0.0%	0.0%	0.9869	1.2473	0.9869	1.2473	0.0%	0.0%
	45	1.0965	1.2656	1.0965	1.2656	0.0%	0.0%	1.0852	1.2886	1.0852	1.2886	0.0%	0.0%	1.0793	1.2990	1.0793	1.2990	0.0%	0.0%	1.0760	1.3022	1.0760	1.3022	0.0%	0.0%
	46	1.1651	1.3021	1.1651	1.3021	0.0%	0.0%	1.1643	1.3339	1.1643	1.3339	0.0%	0.0%	1.1633	1.3443	1.1633	1.3443	0.0%	0.0%	1.1651	1.3570	1.1651	1.3570	0.0%	0.0%
	47	1.2199	1.3341	1.2199	1.3341	0.0%	0.0%	1.2321	1.3678	1.2321	1.3678	0.0%	0.0%	1.2344	1.3895	1.2344	1.3895	0.0%	0.0%	1.2336	1.3981	1.2336	1.3981	0.0%	0.0%
	48	1.2610	1.3570	1.2610	1.3570	0.0%	0.0%	1.2830	1.4017	1.2830	1.4017	0.0%	0.0%	1.2926	1.4218	1.2926	1.4218	0.0%	0.0%	1.2953	1.4324	1.2953	1.4324	0.0%	0.0%
	49	1.2930	1.3798	1.2930	1.3798	0.0%	0.0%	1.3226	1.4243	1.3226	1.4243	0.0%	0.0%	1.3314	1.4477	1.3314	1.4477	0.0%	0.0%	1.3364	1.4598	1.3364	1.4598	0.0%	0.0%
	50	1.3250	1.4027	1.3250	1.4027	0.0%	0.0%	1.3565	1.4526	1.3565	1.4526	0.0%	0.0%	1.3701	1.4800	1.3701	1.4800	0.0%	0.0%	1.3776	1.4872	1.3776	1.4872	0.0%	0.0%
	51	1.3615	1.4301	1.3615	1.4301	0.0%	0.0%	1.3960	1.4865	1.3960	1.4865	0.0%	0.0%	1.4154	1.5123	1.4154	1.5123	0.0%	0.0%	1.4255	1.5283	1.4255	1.5283	0.0%	0.0%
	52	1.4027	1.4666	1.4027	1.4666	0.0%	0.0%	1.4526	1.5317	1.4526	1.5317	0.0%	0.0%	1.4735	1.5640	1.4735	1.5640	0.0%	0.0%	1.4872	1.5763	1.4872	1.5763	0.0%	0.0%
	53	1.4621	1.5169	1.4621	1.5169	0.0%	0.0%	1.5204	1.5939	1.5204	1.5939	0.0%	0.0%	1.5511	1.6286	1.5511	1.6286	0.0%	0.0%	1.5626	1.6448	1.5626	1.6448	0.0%	0.0%
	54	1.5306	1.5763	1.5306	1.5763	0.0%	0.0%	1.6052	1.6617	1.6052	1.6617	0.0%	0.0%	1.6416	1.7062	1.6416	1.7062	0.0%	0.0%	1.6586	1.7271	1.6586	1.7271	0.0%	0.0%
	55	1.6083	1.6357	1.6083	1.6357	0.0%	0.0%	1.7012	1.7408	1.7012	1.7408	0.0%	0.0%	1.7450	1.7902	1.7450	1.7902	0.0%	0.0%	1.7682	1.8162	1.7682	1.8162	0.0%	0.0%
	56	1.6905	1.6996	1.6905	1.6996	0.0%	0.0%	1.7973	1.8143	1.7973	1.8143	0.0%	0.0%	1.8484	1.8742	1.8484	1.8742	0.0%	0.0%	1.8710	1.8984	1.8710	1.8984	0.0%	0.0%
	57	1.7682	1.7590	1.7682	1.7590	0.0%	0.0%	1.8878	1.8821	1.8878	1.8821	0.0%	0.0%	1.9518	1.9453	1.9518	1.9453	0.0%	0.0%	1.9738	1.9738	1.9738	1.9738	0.0%	0.0%
	58	1.8413	1.8093	1.8413	1.8093	0.0%	0.0%	1.9782	1.9386	1.9782	1.9386	0.0%	0.0%	2.0423	2.0035	2.0423	2.0035	0.0%	0.0%	2.0698	2.0355	2.0698	2.0355	0.0%	0.0%
	59	1.9098	1.8550	1.9098	1.8550	0.0%	0.0%	2.0517	1.9838	2.0517	1.9838	0.0%	0.0%	2.1263	2.0487	2.1263	2.0487	0.0%	0.0%	2.1589	2.0766	2.1589	2.0766	0.0%	0.0%
	60	1.9738	1.8915	1.9738	1.8915	0.0%	0.0%	2.1251	2.0234	2.1251	2.0234	0.0%	0.0%	2.2038	2.0875	2.2038	2.0875	0.0%	0.0%	2.2343	2.1109	2.2343	2.1109	0.0%	0.0%
	61	2.0332	1.9235	2.0332	1.9235	0.0%	0.0%	2.1873	2.0517	2.1873	2.0517	0.0%	0.0%	2.2685	2.1134	2.2685	2.1134	0.0%	0.0%	2.3028	2.1383	2.3028	2.1383	0.0%	0.0%
	62	2.0834	1.9509	2.0834	1.9509	0.0%	0.0%	2.2438	2.0799	2.2438	2.0799	0.0%	0.0%	2.3266	2.1392	2.3266	2.1392	0.0%	0.0%	2.3576	2.1589	2.3576	2.1589	0.0%	0.0%
	63	2.1291	1.9738	2.1291	1.9738	0.0%	0.0%	2.2890	2.0969	2.2890	2.0969	0.0%	0.0%	2.3783	2.1586	2.3783	2.1586	0.0%	0.0%	2.4124	2.1794	2.4124	2.1794	0.0%	0.0%
	64	2.1657	1.9966	2.1657	1.9966	0.0%	0.0%	2.3343	2.1195	2.3343	2.1195	0.0%	0.0%	2.4171	2.1715	2.4171	2.1715	0.0%	0.0%	2.4536	2.1931	2.4536	2.1931	0.0%	0.0%
	65+	2.1657	1.9966	2.1657	1.9966	0.0%	0.0%	2.3343	2.1195	2.3343	2.1195	0.0%	0.0%	2.4171	2.1715	2.4171	2.1715	0.0%	0.0%	2.4536	2.1931	2.4536	2.1931	0.0%	0.0%

Notes:

(1) Note that the Plan Index Rate is also listed in Exhibit IX-a. Also see Exhibit I for further documentation on plan index rates (i.e. the "Normalized Plan Rates PMPM").

IX-i. Rating Variables - Age/Sex Factors - Tonik and Right Plan - SINGLE and FAMILY CONTRACTS

Single and Family Rates

Plan Index	Tonik 1500						Tonik 3000						Tonik 5000					
	Current		Filed		% Change		Current		Filed		% Change		Current		Filed		% Change	
Rate [1]:	$272.13		$326.56		20.0%		$206.58		$247.90		20.0%		$169.31		$203.17		20.0%	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	0.8411	0.8411	0.8411	0.8411	0.0%	0.0%	0.8590	0.8590	0.8590	0.8590	0.0%	0.0%	0.8620	0.8620	0.8620	0.8620	0.0%	0.0%
1	0.4977	0.4977	0.4977	0.4977	0.0%	0.0%	0.4524	0.4524	0.4524	0.4524	0.0%	0.0%	0.4217	0.4217	0.4217	0.4217	0.0%	0.0%
2	0.4977	0.4977	0.4977	0.4977	0.0%	0.0%	0.4524	0.4524	0.4524	0.4524	0.0%	0.0%	0.4217	0.4217	0.4217	0.4217	0.0%	0.0%
3	0.4977	0.4977	0.4977	0.4977	0.0%	0.0%	0.4524	0.4524	0.4524	0.4524	0.0%	0.0%	0.4217	0.4217	0.4217	0.4217	0.0%	0.0%
4	0.3936	0.3936	0.3936	0.3936	0.0%	0.0%	0.3558	0.3558	0.3558	0.3558	0.0%	0.0%	0.3287	0.3287	0.3287	0.3287	0.0%	0.0%
5	0.3858	0.3858	0.3858	0.3858	0.0%	0.0%	0.3558	0.3558	0.3558	0.3558	0.0%	0.0%	0.3287	0.3287	0.3287	0.3287	0.0%	0.0%
6	0.3743	0.3743	0.3743	0.3743	0.0%	0.0%	0.3558	0.3558	0.3558	0.3558	0.0%	0.0%	0.3287	0.3287	0.3287	0.3287	0.0%	0.0%
7	0.3627	0.3627	0.3627	0.3627	0.0%	0.0%	0.3456	0.3456	0.3456	0.3456	0.0%	0.0%	0.3287	0.3287	0.3287	0.3287	0.0%	0.0%
8	0.3588	0.3588	0.3588	0.3588	0.0%	0.0%	0.3406	0.3406	0.3406	0.3406	0.0%	0.0%	0.3287	0.3287	0.3287	0.3287	0.0%	0.0%
9	0.3704	0.3704	0.3704	0.3704	0.0%	0.0%	0.3507	0.3507	0.3507	0.3507	0.0%	0.0%	0.3411	0.3411	0.3411	0.3411	0.0%	0.0%
10	0.3897	0.3897	0.3897	0.3897	0.0%	0.0%	0.3609	0.3609	0.3609	0.3609	0.0%	0.0%	0.3473	0.3473	0.3473	0.3473	0.0%	0.0%
11	0.4129	0.4129	0.4129	0.4129	0.0%	0.0%	0.3812	0.3812	0.3812	0.3812	0.0%	0.0%	0.3659	0.3659	0.3659	0.3659	0.0%	0.0%
12	0.4399	0.4399	0.4399	0.4399	0.0%	0.0%	0.4015	0.4015	0.4015	0.4015	0.0%	0.0%	0.3783	0.3783	0.3783	0.3783	0.0%	0.0%
13	0.4592	0.4592	0.4592	0.4592	0.0%	0.0%	0.4168	0.4168	0.4168	0.4168	0.0%	0.0%	0.3907	0.3907	0.3907	0.3907	0.0%	0.0%
14	0.4746	0.4746	0.4746	0.4746	0.0%	0.0%	0.4320	0.4320	0.4320	0.4320	0.0%	0.0%	0.4031	0.4031	0.4031	0.4031	0.0%	0.0%
15	0.4785	0.4785	0.4785	0.4785	0.0%	0.0%	0.4371	0.4371	0.4371	0.4371	0.0%	0.0%	0.4093	0.4093	0.4093	0.4093	0.0%	0.0%
16	0.4785	0.4785	0.4785	0.4785	0.0%	0.0%	0.4371	0.4371	0.4371	0.4371	0.0%	0.0%	0.4093	0.4093	0.4093	0.4093	0.0%	0.0%
17	0.4785	0.4785	0.4785	0.4785	0.0%	0.0%	0.4371	0.4371	0.4371	0.4371	0.0%	0.0%	0.4093	0.4093	0.4093	0.4093	0.0%	0.0%
18	0.5055	0.5055	0.5055	0.5055	0.0%	0.0%	0.4524	0.4524	0.4524	0.4524	0.0%	0.0%	0.4217	0.4217	0.4217	0.4217	0.0%	0.0%
19	0.5402	0.5942	0.5402	0.5942	0.0%	0.0%	0.4625	0.5235	0.4625	0.5235	0.0%	0.0%	0.4217	0.4713	0.4217	0.4713	0.0%	0.0%
20	0.5711	0.6559	0.5711	0.6559	0.0%	0.0%	0.4727	0.5642	0.4727	0.5642	0.0%	0.0%	0.4217	0.5023	0.4217	0.5023	0.0%	0.0%
21	0.5711	0.6829	0.5711	0.6829	0.0%	0.0%	0.4727	0.5896	0.4727	0.5896	0.0%	0.0%	0.4217	0.5209	0.4217	0.5209	0.0%	0.0%
22	0.5711	0.6945	0.5711	0.6945	0.0%	0.0%	0.4727	0.5998	0.4727	0.5998	0.0%	0.0%	0.4217	0.5333	0.4217	0.5333	0.0%	0.0%
23	0.5711	0.7061	0.5711	0.7061	0.0%	0.0%	0.4727	0.6099	0.4727	0.6099	0.0%	0.0%	0.4217	0.5457	0.4217	0.5457	0.0%	0.0%
24	0.5711	0.7254	0.5711	0.7254	0.0%	0.0%	0.4727	0.6303	0.4727	0.6303	0.0%	0.0%	0.4217	0.5643	0.4217	0.5643	0.0%	0.0%
25	0.5749	0.7524	0.5749	0.7524	0.0%	0.0%	0.4727	0.6608	0.4727	0.6608	0.0%	0.0%	0.4217	0.5953	0.4217	0.5953	0.0%	0.0%
26	0.6212	0.7794	0.6212	0.7794	0.0%	0.0%	0.5032	0.6862	0.5032	0.6862	0.0%	0.0%	0.4217	0.6202	0.4217	0.6202	0.0%	0.0%
27	0.6598	0.8026	0.6598	0.8026	0.0%	0.0%	0.5286	0.7116	0.5286	0.7116	0.0%	0.0%	0.4403	0.6450	0.4403	0.6450	0.0%	0.0%
28	0.6868	0.8219	0.6868	0.8219	0.0%	0.0%	0.5540	0.7268	0.5540	0.7268	0.0%	0.0%	0.4589	0.6574	0.4589	0.6574	0.0%	0.0%
29	0.6984	0.8296	0.6984	0.8296	0.0%	0.0%	0.5642	0.7370	0.5642	0.7370	0.0%	0.0%	0.4713	0.6698	0.4713	0.6698	0.0%	0.0%
30	0.7061	0.8373	0.7061	0.8373	0.0%	0.0%	0.5794	0.7472	0.5794	0.7472	0.0%	0.0%	0.4837	0.6822	0.4837	0.6822	0.0%	0.0%
31	0.7138	0.8450	0.7138	0.8450	0.0%	0.0%	0.5896	0.7573	0.5896	0.7573	0.0%	0.0%	0.5023	0.6946	0.5023	0.6946	0.0%	0.0%
32	0.7254	0.8566	0.7254	0.8566	0.0%	0.0%	0.6099	0.7777	0.6099	0.7777	0.0%	0.0%	0.5271	0.7194	0.5271	0.7194	0.0%	0.0%
33	0.7447	0.8797	0.7447	0.8797	0.0%	0.0%	0.6354	0.8031	0.6354	0.8031	0.0%	0.0%	0.5581	0.7504	0.5581	0.7504	0.0%	0.0%
34	0.7678	0.9067	0.7678	0.9067	0.0%	0.0%	0.6709	0.8387	0.6709	0.8387	0.0%	0.0%	0.5953	0.7938	0.5953	0.7938	0.0%	0.0%
35	0.7987	0.9376	0.7987	0.9376	0.0%	0.0%	0.7065	0.8793	0.7065	0.8793	0.0%	0.0%	0.6388	0.8372	0.6388	0.8372	0.0%	0.0%
36	0.8257	0.9685	0.8257	0.9685	0.0%	0.0%	0.7370	0.9200	0.7370	0.9200	0.0%	0.0%	0.6760	0.8868	0.6760	0.8868	0.0%	0.0%
37	0.8489	1.0032	0.8489	1.0032	0.0%	0.0%	0.7675	0.9607	0.7675	0.9607	0.0%	0.0%	0.7070	0.9302	0.7070	0.9302	0.0%	0.0%
38	0.8682	1.0302	0.8682	1.0302	0.0%	0.0%	0.7878	0.9962	0.7878	0.9962	0.0%	0.0%	0.7318	0.9736	0.7318	0.9736	0.0%	0.0%
39	0.8836	1.0611	0.8836	1.0611	0.0%	0.0%	0.8031	1.0318	0.8031	1.0318	0.0%	0.0%	0.7504	1.0171	0.7504	1.0171	0.0%	0.0%
40	0.8990	1.0881	0.8990	1.0881	0.0%	0.0%	0.8234	1.0674	0.8234	1.0674	0.0%	0.0%	0.7690	1.0543	0.7690	1.0543	0.0%	0.0%
41	0.9183	1.1151	0.9183	1.1151	0.0%	0.0%	0.8488	1.1081	0.8488	1.1081	0.0%	0.0%	0.8000	1.0977	0.8000	1.0977	0.0%	0.0%
42	0.9492	1.1460	0.9492	1.1460	0.0%	0.0%	0.8895	1.1436	0.8895	1.1436	0.0%	0.0%	0.8496	1.1411	0.8496	1.1411	0.0%	0.0%
43	0.9955	1.1768	0.9955	1.1768	0.0%	0.0%	0.9454	1.1894	0.9454	1.1894	0.0%	0.0%	0.9178	1.1907	0.9178	1.1907	0.0%	0.0%
44	1.0495	1.2116	1.0495	1.2116	0.0%	0.0%	1.0166	1.2300	1.0166	1.2300	0.0%	0.0%	0.9922	1.2465	0.9922	1.2465	0.0%	0.0%
45	1.1074	1.2463	1.1074	1.2463	0.0%	0.0%	1.0928	1.2758	1.0928	1.2758	0.0%	0.0%	1.0791	1.2961	1.0791	1.2961	0.0%	0.0%
46	1.1614	1.2810	1.1614	1.2810	0.0%	0.0%	1.1640	1.3165	1.1640	1.3165	0.0%	0.0%	1.1597	1.3395	1.1597	1.3395	0.0%	0.0%
47	1.2116	1.3080	1.2116	1.3080	0.0%	0.0%	1.2250	1.3520	1.2250	1.3520	0.0%	0.0%	1.2341	1.3829	1.2341	1.3829	0.0%	0.0%
48	1.2463	1.3273	1.2463	1.3273	0.0%	0.0%	1.2707	1.3775	1.2707	1.3775	0.0%	0.0%	1.2837	1.4140	1.2837	1.4140	0.0%	0.0%
49	1.2772	1.3466	1.2772	1.3466	0.0%	0.0%	1.3063	1.4029	1.3063	1.4029	0.0%	0.0%	1.3271	1.4388	1.3271	1.4388	0.0%	0.0%
50	1.3042	1.3659	1.3042	1.3659	0.0%	0.0%	1.3419	1.4283	1.3419	1.4283	0.0%	0.0%	1.3705	1.4698	1.3705	1.4698	0.0%	0.0%
51	1.3350	1.3929	1.3350	1.3929	0.0%	0.0%	1.3775	1.4588	1.3775	1.4588	0.0%	0.0%	1.4140	1.5070	1.4140	1.5070	0.0%	0.0%
52	1.3736	1.4238	1.3736	1.4238	0.0%	0.0%	1.4283	1.4994	1.4283	1.4994	0.0%	0.0%	1.4698	1.5504	1.4698	1.5504	0.0%	0.0%
53	1.4238	1.4662	1.4238	1.4662	0.0%	0.0%	1.4944	1.5554	1.4944	1.5554	0.0%	0.0%	1.5442	1.6186	1.5442	1.6186	0.0%	0.0%
54	1.4817	1.5164	1.4817	1.5164	0.0%	0.0%	1.5706	1.6214	1.5706	1.6214	0.0%	0.0%	1.6310	1.6930	1.6310	1.6930	0.0%	0.0%
55	1.5472	1.5704	1.5472	1.5704	0.0%	0.0%	1.6570	1.6875	1.6570	1.6875	0.0%	0.0%	1.7302	1.7736	1.7302	1.7736	0.0%	0.0%
56	1.6167	1.6244	1.6167	1.6244	0.0%	0.0%	1.7434	1.7587	1.7434	1.7587	0.0%	0.0%	1.8357	1.8543	1.8357	1.8543	0.0%	0.0%
57	1.6862	1.6746	1.6862	1.6746	0.0%	0.0%	1.8298	1.8247	1.8298	1.8247	0.0%	0.0%	1.9349	1.9287	1.9349	1.9287	0.0%	0.0%
58	1.7517	1.7209	1.7517	1.7209	0.0%	0.0%	1.9112	1.8756	1.9112	1.8756	0.0%	0.0%	2.0217	1.9845	2.0217	1.9845	0.0%	0.0%
59	1.8135	1.7595	1.8135	1.7595	0.0%	0.0%	1.9874	1.9213	1.9874	1.9213	0.0%	0.0%	2.1023	2.0341	2.1023	2.0341	0.0%	0.0%
60	1.8714	1.7903	1.8714	1.7903	0.0%	0.0%	2.0535	1.9620	2.0535	1.9620	0.0%	0.0%	2.1767	2.0713	2.1767	2.0713	0.0%	0.0%
61	1.9254	1.8212	1.9254	1.8212	0.0%	0.0%	2.1145	1.9925	2.1145	1.9925	0.0%	0.0%	2.2450	2.0961	2.2450	2.0961	0.0%	0.0%
62	1.9717	1.8443	1.9717	1.8443	0.0%	0.0%	2.1653	2.0179	2.1653	2.0179	0.0%	0.0%	2.3008	2.1209	2.3008	2.1209	0.0%	0.0%
63	2.0103	1.8675	2.0103	1.8675	0.0%	0.0%	2.2110	2.0382	2.2110	2.0382	0.0%	0.0%	2.3504	2.1395	2.3504	2.1395	0.0%	0.0%
64	2.0450	1.8868	2.0450	1.8868	0.0%	0.0%	2.2517	2.0586	2.2517	2.0586	0.0%	0.0%	2.3938	2.1581	2.3938	2.1581	0.0%	0.0%
65+	2.0450	1.8868	2.0450	1.8868	0.0%	0.0%	2.2517	2.0586	2.2517	2.0586	0.0%	0.0%	2.3938	2.1581	2.3938	2.1581	0.0%	0.0%

Plan Index	Right Plan Full RX						Right Plan Generic RX						Right Plan No RX					
	Current		Filed		% Change		Current		Filed		% Change		Current		Filed		% Change	
Rate [1]:	$278.93		$289.46		3.8%		$251.38		$260.87		3.8%		$235.72		$244.62		3.8%	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	0.9121	0.9121	0.9121	0.9121	0.0%	0.0%	0.9066	0.9066	0.9066	0.9066	0.0%	0.0%	0.8993	0.8993	0.8993	0.8993	0.0%	0.0%
1	0.4979	0.4979	0.4979	0.4979	0.0%	0.0%	0.4849	0.4849	0.4849	0.4849	0.0%	0.0%	0.4721	0.4721	0.4721	0.4721	0.0%	0.0%
2	0.4979	0.4979	0.4979	0.4979	0.0%	0.0%	0.4849	0.4849	0.4849	0.4849	0.0%	0.0%	0.4721	0.4721	0.4721	0.4721	0.0%	0.0%
3	0.4979	0.4979	0.4979	0.4979	0.0%	0.0%	0.4849	0.4849	0.4849	0.4849	0.0%	0.0%	0.4721	0.4721	0.4721	0.4721	0.0%	0.0%
4	0.3877	0.3877	0.3877	0.3877	0.0%	0.0%	0.3753	0.3753	0.3753	0.3753	0.0%	0.0%	0.3687	0.3687	0.3687	0.3687	0.0%	0.0%
5	0.3877	0.3877	0.3877	0.3877	0.0%	0.0%	0.3753	0.3753	0.3753	0.3753	0.0%	0.0%	0.3687	0.3687	0.3687	0.3687	0.0%	0.0%
6	0.3763	0.3763	0.3763	0.3763	0.0%	0.0%	0.3669	0.3669	0.3669	0.3669	0.0%	0.0%	0.3642	0.3642	0.3642	0.3642	0.0%	0.0%
7	0.3611	0.3611	0.3611	0.3611	0.0%	0.0%	0.3542	0.3542	0.3542	0.3542	0.0%	0.0%	0.3507	0.3507	0.3507	0.3507	0.0%	0.0%
8	0.3611	0.3611	0.3611	0.3611	0.0%	0.0%	0.3500	0.3500	0.3500	0.3500	0.0%	0.0%	0.3462	0.3462	0.3462	0.3462	0.0%	0.0%
9	0.3725	0.3725	0.3725	0.3725	0.0%	0.0%	0.3584	0.3584	0.3584	0.3584	0.0%	0.0%	0.3552	0.3552	0.3552	0.3552	0.0%	0.0%
10	0.3915	0.3915	0.3915	0.3915	0.0%	0.0%	0.3753	0.3753	0.3753	0.3753	0.0%	0.0%	0.3732	0.3732	0.3732	0.3732	0.0%	0.0%
11	0.4143	0.4143	0.4143	0.4143	0.0%	0.0%	0.4006	0.4006	0.4006	0.4006	0.0%	0.0%	0.3912	0.3912	0.3912	0.3912	0.0%	0.0%
12	0.4371	0.4371	0.4371	0.4371	0.0%	0.0%	0.4259	0.4259	0.4259	0.4259	0.0%	0.0%	0.4137	0.4137	0.4137	0.4137	0.0%	0.0%
13	0.4599	0.4599	0.4599	0.4599	0.0%	0.0%	0.4470	0.4470	0.4470	0.4470	0.0%	0.0%	0.4362	0.4362	0.4362	0.4362	0.0%	0.0%
14	0.4751	0.4751	0.4751	0.4751	0.0%	0.0%	0.4596	0.4596	0.4596	0.4596	0.0%	0.0%	0.4496	0.4496	0.4496	0.4496	0.0%	0.0%
15	0.4789	0.4789	0.4789	0.4789	0.0%	0.0%	0.4638	0.4638	0.4638	0.4638	0.0%	0.0%	0.4541	0.4541	0.4541	0.4541	0.0%	0.0%
16	0.4789	0.4789	0.4789	0.4789	0.0%	0.0%	0.4638	0.4638	0.4638	0.4638	0.0%	0.0%	0.4541	0.4541	0.4541	0.4541	0.0%	0.0%
17	0.4789	0.4789	0.4789	0.4789	0.0%	0.0%	0.4638	0.4638	0.4638	0.4638	0.0%	0.0%	0.4541	0.4541	0.4541	0.4541	0.0%	0.0%
18	0.5093	0.5093	0.5093	0.5093	0.0%	0.0%	0.4891	0.4891	0.4891	0.4891	0.0%	0.0%	0.4766	0.4766	0.4766	0.4766	0.0%	0.0%
19	0.5435	0.5967	0.5435	0.5967	0.0%	0.0%	0.5229	0.5777	0.5229	0.5777	0.0%	0.0%	0.4991	0.5576	0.4991	0.5576	0.0%	0.0%
20	0.5777	0.6575	0.5777	0.6575	0.0%	0.0%	0.5482	0.6325	0.5482	0.6325	0.0%	0.0%	0.5216	0.6115	0.5216	0.6115	0.0%	0.0%
21	0.5777	0.6879	0.5777	0.6879	0.0%	0.0%	0.5482	0.6620	0.5482	0.6620	0.0%	0.0%	0.5216	0.6340	0.5216	0.6340	0.0%	0.0%
22	0.5777	0.6993	0.5777	0.6993	0.0%	0.0%	0.5482	0.6747	0.5482	0.6747	0.0%	0.0%	0.5216	0.6475	0.5216	0.6475	0.0%	0.0%
23	0.5777	0.7107	0.5777	0.7107	0.0%	0.0%	0.5482	0.6831	0.5482	0.6831	0.0%	0.0%	0.5216	0.6565	0.5216	0.6565	0.0%	0.0%
24	0.5777	0.7297	0.5777	0.7297	0.0%	0.0%	0.5482	0.7042	0.5482	0.7042	0.0%	0.0%	0.5216	0.6790	0.5216	0.6790	0.0%	0.0%
25	0.5777	0.7563	0.5777	0.7563	0.0%	0.0%	0.5524	0.7337	0.5524	0.7337	0.0%	0.0%	0.5216	0.7059	0.5216	0.7059	0.0%	0.0%
26	0.6233	0.7829	0.6233	0.7829	0.0%	0.0%	0.5946	0.7590	0.5946	0.7590	0.0%	0.0%	0.5621	0.7329	0.5621	0.7329	0.0%	0.0%
27	0.6651	0.8057	0.6651	0.8057	0.0%	0.0%	0.6325	0.7843	0.6325	0.7843	0.0%	0.0%	0.5980	0.7599	0.5980	0.7599	0.0%	0.0%
28	0.6917	0.8209	0.6917	0.8209	0.0%	0.0%	0.6578	0.8012	0.6578	0.8012	0.0%	0.0%	0.6205	0.7734	0.6205	0.7734	0.0%	0.0%
29	0.7031	0.8323	0.7031	0.8323	0.0%	0.0%	0.6705	0.8096	0.6705	0.8096	0.0%	0.0%	0.6340	0.7869	0.6340	0.7869	0.0%	0.0%
30	0.7107	0.8399	0.7107	0.8399	0.0%	0.0%	0.6789	0.8180	0.6789	0.8180	0.0%	0.0%	0.6430	0.7914	0.6430	0.7914	0.0%	0.0%
31	0.7183	0.8475	0.7183	0.8475	0.0%	0.0%	0.6873	0.8265	0.6873	0.8265	0.0%	0.0%	0.6520	0.8049	0.6520	0.8049	0.0%	0.0%
32	0.7297	0.8627	0.7297	0.8627	0.0%	0.0%	0.7000	0.8433	0.7000	0.8433	0.0%	0.0%	0.6655	0.8183	0.6655	0.8183	0.0%	0.0%
33	0.7487	0.8817	0.7487	0.8817	0.0%	0.0%	0.7211	0.8644	0.7211	0.8644	0.0%	0.0%	0.6924	0.8453	0.6924	0.8453	0.0%	0.0%
34	0.7715	0.9083	0.7715	0.9083	0.0%	0.0%	0.7464	0.8939	0.7464	0.8939	0.0%	0.0%	0.7194	0.8723	0.7194	0.8723	0.0%	0.0%
35	0.8019	0.9387	0.8019	0.9387	0.0%	0.0%	0.7759	0.9235	0.7759	0.9235	0.0%	0.0%	0.7509	0.9083	0.7509	0.9083	0.0%	0.0%
36	0.8285	0.9729	0.8285	0.9729	0.0%	0.0%	0.8054	0.9614	0.8054	0.9614	0.0%	0.0%	0.7824	0.9442	0.7824	0.9442	0.0%	0.0%
37	0.8513	1.0033	0.8513	1.0033	0.0%	0.0%	0.8307	0.9952	0.8307	0.9952	0.0%	0.0%	0.8094	0.9802	0.8094	0.9802	0.0%	0.0%
38	0.8703	1.0337	0.8703	1.0337	0.0%	0.0%	0.8518	1.0247	0.8518	1.0247	0.0%	0.0%	0.8273	1.0162	0.8273	1.0162	0.0%	0.0%
39	0.8855	1.0604	0.8855	1.0604	0.0%	0.0%	0.8644	1.0542	0.8644	1.0542	0.0%	0.0%	0.8453	1.0477	0.8453	1.0477	0.0%	0.0%
40	0.9007	1.0870	0.9007	1.0870	0.0%	0.0%	0.8813	1.0837	0.8813	1.0837	0.0%	0.0%	0.8588	1.0791	0.8588	1.0791	0.0%	0.0%
41	0.9197	1.1136	0.9197	1.1136	0.0%	0.0%	0.9024	1.1132	0.9024	1.1132	0.0%	0.0%	0.8858	1.1106	0.8858	1.1106	0.0%	0.0%
42	0.9501	1.1440	0.9501	1.1440	0.0%	0.0%	0.9361	1.1470	0.9361	1.1470	0.0%	0.0%	0.9218	1.1466	0.9218	1.1466	0.0%	0.0%
43	0.9957	1.1782	0.9957	1.1782	0.0%	0.0%	0.9825	1.1807	0.9825	1.1807	0.0%	0.0%	0.9712	1.1826	0.9712	1.1826	0.0%	0.0%
44	1.0490	1.2124	1.0490	1.2124	0.0%	0.0%	1.0415	1.2186	1.0415	1.2186	0.0%	0.0%	1.0342	1.2230	1.0342	1.2230	0.0%	0.0%
45	1.1060	1.2466	1.1060	1.2466	0.0%	0.0%	1.1006	1.2524	1.1006	1.2524	0.0%	0.0%	1.0971	1.2635	1.0971	1.2635	0.0%	0.0%
46	1.1630	1.2770	1.1630	1.2770	0.0%	0.0%	1.1596	1.2861	1.1596	1.2861	0.0%	0.0%	1.1601	1.2995	1.1601	1.2995	0.0%	0.0%
47	1.2086	1.3036	1.2086	1.3036	0.0%	0.0%	1.2144	1.3156	1.2144	1.3156	0.0%	0.0%	1.2140	1.3309	1.2140	1.3309	0.0%	0.0%
48	1.2466	1.3264	1.2466	1.3264	0.0%	0.0%	1.2524	1.3409	1.2524	1.3409	0.0%	0.0%	1.2590	1.3534	1.2590	1.3534	0.0%	0.0%
49	1.2770	1.3454	1.2770	1.3454	0.0%	0.0%	1.2819	1.3620	1.2819	1.3620	0.0%	0.0%	1.2905	1.3759	1.2905	1.3759	0.0%	0.0%
50	1.3036	1.3644	1.3036	1.3644	0.0%	0.0%	1.3114	1.3831	1.3114	1.3831	0.0%	0.0%	1.3219	1.3984	1.3219	1.3984	0.0%	0.0%
51	1.3302	1.3872	1.3302	1.3872	0.0%	0.0%	1.3451	1.4084	1.3451	1.4084	0.0%	0.0%	1.3579	1.4254	1.3579	1.4254	0.0%	0.0%
52	1.3682	1.4214	1.3682	1.4214	0.0%	0.0%	1.3831	1.4421	1.3831	1.4421	0.0%	0.0%	1.3984	1.4613	1.3984	1.4613	0.0%	0.0%
53	1.4176	1.4594	1.4176	1.4594	0.0%	0.0%	1.4379	1.4843	1.4379	1.4843	0.0%	0.0%	1.4568	1.5108	1.4568	1.5108	0.0%	0.0%
54	1.4784	1.5088	1.4784	1.5088	0.0%	0.0%	1.5012	1.5349	1.5012	1.5349	0.0%	0.0%	1.5243	1.5647	1.5243	1.5647	0.0%	0.0%
55	1.5430	1.5620	1.5430	1.5620	0.0%	0.0%	1.5686	1.5939	1.5686	1.5939	0.0%	0.0%	1.6007	1.6277	1.6007	1.6277	0.0%	0.0%
56	1.6114	1.6190	1.6114	1.6190	0.0%	0.0%	1.6445	1.6530	1.6445	1.6530	0.0%	0.0%	1.6772	1.6906	1.6772	1.6906	0.0%	0.0%
57	1.6798	1.6684	1.6798	1.6684	0.0%	0.0%	1.7162	1.7078	1.7162	1.7078	0.0%	0.0%	1.7536	1.7491	1.7536	1.7491	0.0%	0.0%
58	1.7445	1.7140	1.7445	1.7140	0.0%	0.0%	1.7879	1.7542	1.7879	1.7542	0.0%	0.0%	1.8300	1.7986	1.8300	1.7986	0.0%	0.0%
59	1.8053	1.7521	1.8053	1.7521	0.0%	0.0%	1.8511	1.7963	1.8511	1.7963	0.0%	0.0%	1.8975	1.8435	1.8975	1.8435	0.0%	0.0%
60	1.8623	1.7825	1.8623	1.7825	0.0%	0.0%	1.9102	1.8343	1.9102	1.8343	0.0%	0.0%	1.9604	1.8795	1.9604	1.8795	0.0%	0.0%
61	1.9155	1.8129	1.9155	1.8129	0.0%	0.0%	1.9650	1.8680	1.9650	1.8680	0.0%	0.0%	2.0189	1.9110	2.0189	1.9110	0.0%	0.0%
62	1.9611	1.8357	1.9611	1.8357	0.0%	0.0%	2.0156	1.8975	2.0156	1.8975	0.0%	0.0%	2.0683	1.9379	2.0683	1.9379	0.0%	0.0%
63	1.9991	1.8585	1.9991	1.8585	0.0%	0.0%	2.0578	1.9186	2.0578	1.9186	0.0%	0.0%	2.1133	1.9604	2.1133	1.9604	0.0%	0.0%
64	2.0333	1.8737	2.0333	1.8737	0.0%	0.0%	2.0915	1.9397	2.0915	1.9397	0.0%	0.0%	2.1493	1.9829	2.1493	1.9829	0.0%	0.0%
65+	2.0333	1.8737	2.0333	1.8737	0.0%	0.0%	2.0915	1.9397	2.0915	1.9397	0.0%	0.0%	2.1493	1.9829	2.1493	1.9829	0.0%	0.0%

Notes:

(1) Note that the Plan Index Rate is also listed in Exhibit IX-a. Also see Exhibit I for further documentation on plan index rates (i.e. the "Normalized Plan Rates PMPM").

IX-j. Rating Variables - Age/Sex Factors - SmartSense Generic RX Plans - SINGLE CONTRACTS only

		SmartSense 500 Generic RX						SmartSense 1500 Generic RX						SmartSense 2500 Generic RX						SmartSense 5000 Generic RX						SmartSense 7500 Generic RX					
Plan Index		Current		Filed		% Change		Current		Filed		% Change		Current		Filed		% Change		Current		Filed		% Change		Current		Filed		% Change	
Rate [1]:		$236.84		$258.62		9.2%		$192.56		$210.27		9.2%		$163.29		$178.31		9.2%		$125.85		$137.43		9.2%		$102.21		$111.61		9.2%	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Single Rates	0	0.7625	0.7625	0.7625	0.7625	0.0%	0.0%	0.4853	0.4853	0.4853	0.4853	0.0%	0.0%	0.3923	0.3923	0.3923	0.3923	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
	1	0.6207	0.6207	0.6207	0.6207	0.0%	0.0%	0.4853	0.4853	0.4853	0.4853	0.0%	0.0%	0.3923	0.3923	0.3923	0.3923	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
	2	0.5010	0.5010	0.5010	0.5010	0.0%	0.0%	0.4635	0.4635	0.4635	0.4635	0.0%	0.0%	0.3923	0.3923	0.3923	0.3923	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
	3	0.4389	0.4389	0.4389	0.4389	0.0%	0.0%	0.4253	0.4253	0.4253	0.4253	0.0%	0.0%	0.3730	0.3730	0.3730	0.3730	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
	4	0.3901	0.3901	0.3901	0.3901	0.0%	0.0%	0.3762	0.3762	0.3762	0.3762	0.0%	0.0%	0.3408	0.3408	0.3408	0.3408	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
	5	0.3502	0.3502	0.3502	0.3502	0.0%	0.0%	0.3217	0.3217	0.3217	0.3217	0.0%	0.0%	0.3408	0.3408	0.3408	0.3408	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
	6	0.3502	0.3502	0.3502	0.3502	0.0%	0.0%	0.3217	0.3217	0.3217	0.3217	0.0%	0.0%	0.3408	0.3408	0.3408	0.3408	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
	7	0.3502	0.3502	0.3502	0.3502	0.0%	0.0%	0.3217	0.3217	0.3217	0.3217	0.0%	0.0%	0.3408	0.3408	0.3408	0.3408	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
	8	0.3502	0.3502	0.3502	0.3502	0.0%	0.0%	0.3217	0.3217	0.3217	0.3217	0.0%	0.0%	0.3408	0.3408	0.3408	0.3408	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
	9	0.3502	0.3502	0.3502	0.3502	0.0%	0.0%	0.3217	0.3217	0.3217	0.3217	0.0%	0.0%	0.3408	0.3408	0.3408	0.3408	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
	10	0.3502	0.3502	0.3502	0.3502	0.0%	0.0%	0.3217	0.3217	0.3217	0.3217	0.0%	0.0%	0.3408	0.3408	0.3408	0.3408	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
	11	0.3502	0.3502	0.3502	0.3502	0.0%	0.0%	0.3217	0.3217	0.3217	0.3217	0.0%	0.0%	0.3408	0.3408	0.3408	0.3408	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
	12	0.3591	0.3591	0.3591	0.3591	0.0%	0.0%	0.3326	0.3326	0.3326	0.3326	0.0%	0.0%	0.3408	0.3408	0.3408	0.3408	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
	13	0.4034	0.4034	0.4034	0.4034	0.0%	0.0%	0.3708	0.3708	0.3708	0.3708	0.0%	0.0%	0.3472	0.3472	0.3472	0.3472	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3493	0.3493	0.3493	0.3493	0.0%	0.0%
	14	0.4389	0.4389	0.4389	0.4389	0.0%	0.0%	0.4090	0.4090	0.4090	0.4090	0.0%	0.0%	0.3794	0.3794	0.3794	0.3794	0.0%	0.0%	0.3504	0.3504	0.3504	0.3504	0.0%	0.0%	0.3596	0.3596	0.3596	0.3596	0.0%	0.0%
	15	0.4566	0.4566	0.4566	0.4566	0.0%	0.0%	0.4253	0.4253	0.4253	0.4253	0.0%	0.0%	0.3987	0.3987	0.3987	0.3987	0.0%	0.0%	0.3754	0.3754	0.3754	0.3754	0.0%	0.0%	0.3698	0.3698	0.3698	0.3698	0.0%	0.0%
	16	0.4566	0.4566	0.4566	0.4566	0.0%	0.0%	0.4308	0.4308	0.4308	0.4308	0.0%	0.0%	0.4051	0.4051	0.4051	0.4051	0.0%	0.0%	0.3838	0.3838	0.3838	0.3838	0.0%	0.0%	0.3801	0.3801	0.3801	0.3801	0.0%	0.0%
	17	0.4566	0.4566	0.4566	0.4566	0.0%	0.0%	0.4308	0.4308	0.4308	0.4308	0.0%	0.0%	0.4051	0.4051	0.4051	0.4051	0.0%	0.0%	0.3838	0.3838	0.3838	0.3838	0.0%	0.0%	0.3801	0.3801	0.3801	0.3801	0.0%	0.0%
	18	0.4832	0.4832	0.4832	0.4832	0.0%	0.0%	0.4417	0.4417	0.4417	0.4417	0.0%	0.0%	0.4115	0.4115	0.4115	0.4115	0.0%	0.0%	0.3838	0.3838	0.3838	0.3838	0.0%	0.0%	0.3801	0.3801	0.3801	0.3801	0.0%	0.0%
	19	0.5098	0.5675	0.5098	0.5675	0.0%	0.0%	0.4417	0.5071	0.4417	0.5071	0.0%	0.0%	0.4115	0.4630	0.4115	0.4630	0.0%	0.0%	0.3838	0.4088	0.3838	0.4088	0.0%	0.0%	0.3801	0.3801	0.3801	0.3801	0.0%	0.0%
	20	0.5364	0.6207	0.5364	0.6207	0.0%	0.0%	0.4471	0.5453	0.4471	0.5453	0.0%	0.0%	0.4115	0.4887	0.4115	0.4887	0.0%	0.0%	0.3838	0.4255	0.3838	0.4255	0.0%	0.0%	0.3801	0.3904	0.3801	0.3904	0.0%	0.0%
	21	0.5364	0.6473	0.5364	0.6473	0.0%	0.0%	0.4471	0.5671	0.4471	0.5671	0.0%	0.0%	0.4115	0.5080	0.4115	0.5080	0.0%	0.0%	0.3838	0.4338	0.3838	0.4338	0.0%	0.0%	0.3801	0.3904	0.3801	0.3904	0.0%	0.0%
	22	0.5364	0.6606	0.5364	0.6606	0.0%	0.0%	0.4471	0.5780	0.4471	0.5780	0.0%	0.0%	0.4115	0.5144	0.4115	0.5144	0.0%	0.0%	0.3838	0.4422	0.3838	0.4422	0.0%	0.0%	0.3801	0.4007	0.3801	0.4007	0.0%	0.0%
	23	0.5364	0.6694	0.5364	0.6694	0.0%	0.0%	0.4471	0.5889	0.4471	0.5889	0.0%	0.0%	0.4115	0.5337	0.4115	0.5337	0.0%	0.0%	0.3838	0.4589	0.3838	0.4589	0.0%	0.0%	0.3801	0.4007	0.3801	0.4007	0.0%	0.0%
	24	0.5364	0.6916	0.5364	0.6916	0.0%	0.0%	0.4471	0.6107	0.4471	0.6107	0.0%	0.0%	0.4115	0.5530	0.4115	0.5530	0.0%	0.0%	0.3838	0.4839	0.3838	0.4839	0.0%	0.0%	0.3801	0.4212	0.3801	0.4212	0.0%	0.0%
	25	0.5364	0.7182	0.5364	0.7182	0.0%	0.0%	0.4471	0.6380	0.4471	0.6380	0.0%	0.0%	0.4115	0.5787	0.4115	0.5787	0.0%	0.0%	0.3838	0.5089	0.3838	0.5089	0.0%	0.0%	0.3801	0.4418	0.3801	0.4418	0.0%	0.0%
	26	0.5763	0.7492	0.5763	0.7492	0.0%	0.0%	0.4689	0.6652	0.4689	0.6652	0.0%	0.0%	0.4115	0.6045	0.4115	0.6045	0.0%	0.0%	0.3838	0.5340	0.3838	0.5340	0.0%	0.0%	0.3801	0.4726	0.3801	0.4726	0.0%	0.0%
	27	0.6118	0.7714	0.6118	0.7714	0.0%	0.0%	0.4962	0.6871	0.4962	0.6871	0.0%	0.0%	0.4180	0.6302	0.4180	0.6302	0.0%	0.0%	0.3838	0.5506	0.3838	0.5506	0.0%	0.0%	0.3801	0.4931	0.3801	0.4931	0.0%	0.0%
	28	0.6384	0.7891	0.6384	0.7891	0.0%	0.0%	0.5180	0.7034	0.5180	0.7034	0.0%	0.0%	0.4308	0.6430	0.4308	0.6430	0.0%	0.0%	0.3838	0.5673	0.3838	0.5673	0.0%	0.0%	0.3801	0.5137	0.3801	0.5137	0.0%	0.0%
	29	0.6517	0.7980	0.6517	0.7980	0.0%	0.0%	0.5344	0.7143	0.5344	0.7143	0.0%	0.0%	0.4501	0.6559	0.4501	0.6559	0.0%	0.0%	0.3838	0.5840	0.3838	0.5840	0.0%	0.0%	0.3801	0.5239	0.3801	0.5239	0.0%	0.0%
	30	0.6606	0.8069	0.6606	0.8069	0.0%	0.0%	0.5453	0.7252	0.5453	0.7252	0.0%	0.0%	0.4630	0.6688	0.4630	0.6688	0.0%	0.0%	0.3838	0.6007	0.3838	0.6007	0.0%	0.0%	0.3801	0.5342	0.3801	0.5342	0.0%	0.0%
	31	0.6694	0.8157	0.6694	0.8157	0.0%	0.0%	0.5616	0.7416	0.5616	0.7416	0.0%	0.0%	0.4823	0.6881	0.4823	0.6881	0.0%	0.0%	0.3838	0.6174	0.3838	0.6174	0.0%	0.0%	0.3801	0.5548	0.3801	0.5548	0.0%	0.0%
	32	0.6827	0.8290	0.6827	0.8290	0.0%	0.0%	0.5780	0.7579	0.5780	0.7579	0.0%	0.0%	0.5080	0.7074	0.5080	0.7074	0.0%	0.0%	0.4172	0.6424	0.4172	0.6424	0.0%	0.0%	0.3801	0.5856	0.3801	0.5856	0.0%	0.0%
	33	0.7049	0.8556	0.7049	0.8556	0.0%	0.0%	0.6107	0.7907	0.6107	0.7907	0.0%	0.0%	0.5402	0.7395	0.5402	0.7395	0.0%	0.0%	0.4589	0.6841	0.4589	0.6841	0.0%	0.0%	0.4007	0.6267	0.4007	0.6267	0.0%	0.0%
	34	0.7315	0.8822	0.7315	0.8822	0.0%	0.0%	0.6434	0.8288	0.6434	0.8288	0.0%	0.0%	0.5787	0.7845	0.5787	0.7845	0.0%	0.0%	0.5006	0.7258	0.5006	0.7258	0.0%	0.0%	0.4418	0.6780	0.4418	0.6780	0.0%	0.0%
	35	0.7670	0.9177	0.7670	0.9177	0.0%	0.0%	0.6816	0.8670	0.6816	0.8670	0.0%	0.0%	0.6238	0.8295	0.6238	0.8295	0.0%	0.0%	0.5506	0.7842	0.5506	0.7842	0.0%	0.0%	0.4931	0.7397	0.4931	0.7397	0.0%	0.0%
	36	0.7936	0.9532	0.7936	0.9532	0.0%	0.0%	0.7198	0.9161	0.7198	0.9161	0.0%	0.0%	0.6623	0.8810	0.6623	0.8810	0.0%	0.0%	0.5924	0.8426	0.5924	0.8426	0.0%	0.0%	0.5342	0.8013	0.5342	0.8013	0.0%	0.0%
	37	0.8202	0.9887	0.8202	0.9887	0.0%	0.0%	0.7470	0.9543	0.7470	0.9543	0.0%	0.0%	0.6945	0.9324	0.6945	0.9324	0.0%	0.0%	0.6257	0.8927	0.6257	0.8927	0.0%	0.0%	0.5753	0.8527	0.5753	0.8527	0.0%	0.0%
	38	0.8379	1.0241	0.8379	1.0241	0.0%	0.0%	0.7689	0.9979	0.7689	0.9979	0.0%	0.0%	0.7202	0.9774	0.7202	0.9774	0.0%	0.0%	0.6591	0.9428	0.6591	0.9428	0.0%	0.0%	0.6061	0.9143	0.6061	0.9143	0.0%	0.0%
	39	0.8556	1.0552	0.8556	1.0552	0.0%	0.0%	0.7907	1.0360	0.7907	1.0360	0.0%	0.0%	0.7395	1.0160	0.7395	1.0160	0.0%	0.0%	0.6758	0.9928	0.6758	0.9928	0.0%	0.0%	0.6267	0.9657	0.6267	0.9657	0.0%	0.0%
	40	0.8734	1.0818	0.8734	1.0818	0.0%	0.0%	0.8070	1.0742	0.8070	1.0742	0.0%	0.0%	0.7652	1.0610	0.7652	1.0610	0.0%	0.0%	0.7008	1.0429	0.7008	1.0429	0.0%	0.0%	0.6472	1.0171	0.6472	1.0171	0.0%	0.0%
	41	0.8955	1.1128	0.8955	1.1128	0.0%	0.0%	0.8397	1.1124	0.8397	1.1124	0.0%	0.0%	0.7974	1.1060	0.7974	1.1060	0.0%	0.0%	0.7425	1.0929	0.7425	1.0929	0.0%	0.0%	0.6883	1.0684	0.6883	1.0684	0.0%	0.0%
	42	0.9310	1.1483	0.9310	1.1483	0.0%	0.0%	0.8779	1.1506	0.8779	1.1506	0.0%	0.0%	0.8424	1.1511	0.8424	1.1511	0.0%	0.0%	0.7926	1.1430	0.7926	1.1430	0.0%	0.0%	0.7499	1.1301	0.7499	1.1301	0.0%	0.0%
	43	0.9798	1.1837	0.9798	1.1837	0.0%	0.0%	0.9433	1.1996	0.9433	1.1996	0.0%	0.0%	0.9131	1.2025	0.9131	1.2025	0.0%	0.0%	0.8760	1.2014	0.8760	1.2014	0.0%	0.0%	0.8321	1.1917	0.8321	1.1917	0.0%	0.0%
	44	1.0374	1.2236	1.0374	1.2236	0.0%	0.0%	1.0142	1.2487	1.0142	1.2487	0.0%	0.0%	0.9967	1.2539	0.9967	1.2539	0.0%	0.0%	0.9678	1.2598	0.9678	1.2598	0.0%	0.0%	0.9349	1.2533	0.9349	1.2533	0.0%	0.0%
	45	1.1039	1.2591	1.1039	1.2591	0.0%	0.0%	1.0960	1.2923	1.0960	1.2923	0.0%	0.0%	1.0867	1.3054	1.0867	1.3054	0.0%	0.0%	1.0679	1.3265	1.0679	1.3265	0.0%	0.0%	1.0479	1.3150	1.0479	1.3150	0.0%	0.0%
	46	1.1660	1.2946	1.1660	1.2946	0.0%	0.0%	1.1724	1.3360	1.1724	1.3360	0.0%	0.0%	1.1703	1.3568	1.1703	1.3568	0.0%	0.0%	1.1680	1.3766	1.1680	1.3766	0.0%	0.0%	1.1506	1.3766	1.1506	1.3766	0.0%	0.0%
	47	1.2192	1.3256	1.2192	1.3256	0.0%	0.0%	1.2378	1.3741	1.2378	1.3741	0.0%	0.0%	1.2411	1.4018	1.2411	1.4018	0.0%	0.0%	1.2515	1.4267	1.2515	1.4267	0.0%	0.0%	1.2328	1.4280	1.2328	1.4280	0.0%	0.0%
	48	1.2591	1.3522	1.2591	1.3522	0.0%	0.0%	1.2869	1.4068	1.2869	1.4068	0.0%	0.0%	1.2990	1.4340	1.2990	1.4340	0.0%	0.0%	1.3099	1.4684	1.3099	1.4684	0.0%	0.0%	1.3047	1.4691	1.3047	1.4691	0.0%	0.0%
	49	1.2901	1.3744	1.2901	1.3744	0.0%	0.0%	1.3250	1.4286	1.3250	1.4286	0.0%	0.0%	1.3440	1.4597	1.3440	1.4597	0.0%	0.0%	1.3599	1.4934	1.3599	1.4934	0.0%	0.0%	1.3561	1.4999	1.3561	1.4999	0.0%	0.0%
	50	1.3212	1.3965	1.3212	1.3965	0.0%	0.0%	1.3578	1.4559	1.3578	1.4559	0.0%	0.0%	1.3825	1.4919	1.3825	1.4919	0.0%	0.0%	1.4016	1.5351	1.4016	1.5351	0.0%	0.0%	1.3972	1.5410	1.3972	1.5410	0.0%	0.0%
	51	1.3522	1.4231	1.3522	1.4231	0.0%	0.0%	1.4014	1.4886	1.4014	1.4886	0.0%	0.0%	1.4276	1.5304	1.4276	1.5304	0.0%	0.0%	1.4517	1.5768	1.4517	1.5768	0.0%	0.0%	1.4588	1.5821	1.4588	1.5821	0.0%	0.0%
	52	1.3965	1.4542	1.3965	1.4542	0.0%	0.0%	1.4559	1.5323	1.4559	1.5323	0.0%	0.0%	1.4854	1.5755	1.4854	1.5755	0.0%	0.0%	1.5268	1.6269	1.5268	1.6269	0.0%	0.0%	1.5307	1.6437	1.5307	1.6437	0.0%	0.0%
	53	1.4542	1.4985	1.4542	1.4985	0.0%	0.0%	1.5268	1.5922	1.5268	1.5922	0.0%	0.0%	1.5690	1.6398	1.5690	1.6398	0.0%	0.0%	1.6186	1.7020	1.6186	1.7020	0.0%	0.0%	1.6334	1.7259	1.6334	1.7259	0.0%	0.0%
	54	1.5207	1.5517	1.5207	1.5517	0.0%	0.0%	1.6140	1.6577	1.6140	1.6577	0.0%	0.0%	1.6655	1.7169	1.6655	1.7169	0.0%	0.0%	1.7270	1.7938	1.7270	1.7938	0.0%	0.0%	1.7567	1.8184	1.7567	1.8184	0.0%	0.0%
	55	1.5960	1.6138	1.5960	1.6138	0.0%	0.0%	1.7067	1.7286	1.7067	1.7286	0.0%	0.0%	1.7748	1.8005	1.7748	1.8005	0.0%	0.0%	1.8522	1.8855	1.8522	1.8855	0.0%	0.0%	1.8800	1.9211	1.8800	1.9211	0.0%	0.0%
	56	1.6714	1.6714	1.6714	1.6714	0.0%	0.0%	1.7994	1.8049	1.7994	1.8049	0.0%	0.0%	1.8777	1.8906	1.8777	1.8906	0.0%	0.0%	1.9690	1.9856	1.9690	1.9856	0.0%	0.0%	2.0136	2.0238	2.0136	2.0238	0.0%	0.0%
	57	1.7423	1.7335	1.7423	1.7335	0.0%	0.0%	1.8867	1.8812	1.8867	1.8812	0.0%	0.0%	1.9741	1.9677	1.9741	1.9677	0.0%	0.0%	2.0774	2.0691	2.0774	2.0691	0.0%	0.0%	2.1266	2.1163	2.1266	2.1163	0.0%	0.0%
	58	1.8044	1.7911	1.8044	1.7911	0.0%	0.0%	1.9576	1.9467	1.9576	1.9467	0.0%	0.0%	2.0513	2.0385	2.0513	2.0385	0.0%	0.0%	2.1609	2.1525	2.1609	2.1525	0.0%	0.0%	2.2190	2.1985	2.2190	2.1985	0.0%	0.0%
	59	1.8620	1.8443	1.8620	1.8443	0.0%	0.0%	2.0176	2.0067	2.0176	2.0067	0.0%	0.0%	2.1156	2.1028	2.1156	2.1028	0.0%	0.0%	2.2359	2.2193	2.2359	2.2193	0.0%	0.0%	2.2909	2.2704	2.2909	2.2704	0.0%	0.0%
	60	1.9064	1.8975	1.9064	1.8975	0.0%	0.0%	2.0666	2.0557	2.0666	2.0557	0.0%	0.0%	2.1671	2.1606	2.1671	2.1606	0.0%	0.0%	2.2860	2.2777	2.2860	2.2777	0.0%	0.0%	2.3423	2.3320	2.3423	2.3320	0.0%	0.0%
	61	1.9463	1.9418	1.9463	1.9418	0.0%	0.0%	2.1103	2.1048	2.1103	2.1048	0.0%	0.0%	2.2121	2.2056	2.2121	2.2056	0.0%	0.0%	2.3277	2.3194	2.3277	2.3194	0.0%	0.0%	2.3834	2.3834	2.3834	2.3834	0.0%	0.0%
	62	1.9817	1.9817	1.9817	1.9817	0.0%	0.0%	2.1430	2.1430	2.1430	2.1430	0.0%	0.0%	2.2442	2.2442	2.2442	2.2442	0.0%	0.0%	2.3611	2.3611	2.3611	2.3611	0.0%	0.0%	2.4245	2.4245	2.4245	2.4245	0.0%	0.0%
	63	2.0083	2.0128	2.0083	2.0128	0.0%	0.0%	2.1757	2.1811	2.1757	2.1811	0.0%	0.0%	2.2764	2.2828	2.2764	2.2828	0.0%	0.0%	2.3945	2.4028	2.3945	2.4028	0.0%	0.0%	2.4553	2.4553	2.4553	2.4553	0.0%	0.0%
	64	2.0349	2.0438	2.0349	2.0438	0.0%	0.0%	2.1975	2.2084	2.1975	2.2084	0.0%	0.0%	2.3021	2.3085	2.3021	2.3085	0.0%	0.0%	2.4195	2.4278	2.4195	2.4278	0.0%	0.0%	2.4759	2.4861	2.4759	2.4861	0.0%	0.0%
	65+	2.0349	2.0438	2.0349	2.0438	0.0%	0.0%	2.1975	2.2084	2.1975	2.2084	0.0%	0.0%	2.3021	2.3085	2.3021	2.3085	0.0%	0.0%	2.4195	2.4278	2.4195	2.4278	0.0%	0.0%	2.4759	2.4861	2.4759	2.4861	0.0%	0.0%

Notes:

(1) Note that the Plan Index Rate is also listed in Exhibit IX-a. Also see Exhibit I for further documentation on plan index rates (i.e. the "Normalized Plan Rates PMPM").

IX-j. Rating Variables - Age/Sex Factors - SmartSense Generic RX Plans - FAMILY CONTRACTS only

Plan Index Rate [1]:	SmartSense 500 Generic RX						SmartSense 1500 Generic RX						SmartSense 2500 Generic RX						SmartSense 5000 Generic RX						SmartSense 7500 Generic RX					
	Current		Filed		% Change		Current		Filed		% Change		Current		Filed		% Change		Current		Filed		% Change		Current		Filed		% Change	
	$236.84		$258.62		9.2%		$192.56		$210.27		9.2%		$163.29		$178.31		9.2%		$125.85		$137.43		9.2%		$102.21		$111.61		9.2%	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Family Rates 0	0.7625	0.7625	0.7625	0.7625	0.0%	0.0%	0.4853	0.4853	0.4853	0.4853	0.0%	0.0%	0.3923	0.3923	0.3923	0.3923	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
1	0.6207	0.6207	0.6207	0.6207	0.0%	0.0%	0.4853	0.4853	0.4853	0.4853	0.0%	0.0%	0.3923	0.3923	0.3923	0.3923	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
2	0.5010	0.5010	0.5010	0.5010	0.0%	0.0%	0.4635	0.4635	0.4635	0.4635	0.0%	0.0%	0.3923	0.3923	0.3923	0.3923	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
3	0.4389	0.4389	0.4389	0.4389	0.0%	0.0%	0.4253	0.4253	0.4253	0.4253	0.0%	0.0%	0.3730	0.3730	0.3730	0.3730	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
4	0.3901	0.3901	0.3901	0.3901	0.0%	0.0%	0.3762	0.3762	0.3762	0.3762	0.0%	0.0%	0.3408	0.3408	0.3408	0.3408	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
5	0.3502	0.3502	0.3502	0.3502	0.0%	0.0%	0.3217	0.3217	0.3217	0.3217	0.0%	0.0%	0.3408	0.3408	0.3408	0.3408	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
6	0.3502	0.3502	0.3502	0.3502	0.0%	0.0%	0.3217	0.3217	0.3217	0.3217	0.0%	0.0%	0.3408	0.3408	0.3408	0.3408	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
7	0.3502	0.3502	0.3502	0.3502	0.0%	0.0%	0.3217	0.3217	0.3217	0.3217	0.0%	0.0%	0.3408	0.3408	0.3408	0.3408	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
8	0.3502	0.3502	0.3502	0.3502	0.0%	0.0%	0.3217	0.3217	0.3217	0.3217	0.0%	0.0%	0.3408	0.3408	0.3408	0.3408	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
9	0.3502	0.3502	0.3502	0.3502	0.0%	0.0%	0.3217	0.3217	0.3217	0.3217	0.0%	0.0%	0.3408	0.3408	0.3408	0.3408	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
10	0.3502	0.3502	0.3502	0.3502	0.0%	0.0%	0.3217	0.3217	0.3217	0.3217	0.0%	0.0%	0.3408	0.3408	0.3408	0.3408	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
11	0.3502	0.3502	0.3502	0.3502	0.0%	0.0%	0.3217	0.3217	0.3217	0.3217	0.0%	0.0%	0.3408	0.3408	0.3408	0.3408	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
12	0.3591	0.3591	0.3591	0.3591	0.0%	0.0%	0.3326	0.3326	0.3326	0.3326	0.0%	0.0%	0.3408	0.3408	0.3408	0.3408	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3390	0.3390	0.3390	0.3390	0.0%	0.0%
13	0.4034	0.4034	0.4034	0.4034	0.0%	0.0%	0.3708	0.3708	0.3708	0.3708	0.0%	0.0%	0.3472	0.3472	0.3472	0.3472	0.0%	0.0%	0.3254	0.3254	0.3254	0.3254	0.0%	0.0%	0.3493	0.3493	0.3493	0.3493	0.0%	0.0%
14	0.4389	0.4389	0.4389	0.4389	0.0%	0.0%	0.4090	0.4090	0.4090	0.4090	0.0%	0.0%	0.3794	0.3794	0.3794	0.3794	0.0%	0.0%	0.3504	0.3504	0.3504	0.3504	0.0%	0.0%	0.3596	0.3596	0.3596	0.3596	0.0%	0.0%
15	0.4566	0.4566	0.4566	0.4566	0.0%	0.0%	0.4253	0.4253	0.4253	0.4253	0.0%	0.0%	0.3987	0.3987	0.3987	0.3987	0.0%	0.0%	0.3754	0.3754	0.3754	0.3754	0.0%	0.0%	0.3698	0.3698	0.3698	0.3698	0.0%	0.0%
16	0.4566	0.4566	0.4566	0.4566	0.0%	0.0%	0.4308	0.4308	0.4308	0.4308	0.0%	0.0%	0.4051	0.4051	0.4051	0.4051	0.0%	0.0%	0.3838	0.3838	0.3838	0.3838	0.0%	0.0%	0.3801	0.3801	0.3801	0.3801	0.0%	0.0%
17	0.4566	0.4566	0.4566	0.4566	0.0%	0.0%	0.4308	0.4308	0.4308	0.4308	0.0%	0.0%	0.4051	0.4051	0.4051	0.4051	0.0%	0.0%	0.3838	0.3838	0.3838	0.3838	0.0%	0.0%	0.3801	0.3801	0.3801	0.3801	0.0%	0.0%
18	0.4832	0.4832	0.4832	0.4832	0.0%	0.0%	0.4417	0.4417	0.4417	0.4417	0.0%	0.0%	0.4115	0.4115	0.4115	0.4115	0.0%	0.0%	0.3838	0.3838	0.3838	0.3838	0.0%	0.0%	0.3801	0.3801	0.3801	0.3801	0.0%	0.0%
19	0.5098	0.5675	0.5098	0.5675	0.0%	0.0%	0.4417	0.5071	0.4417	0.5071	0.0%	0.0%	0.4115	0.4630	0.4115	0.4630	0.0%	0.0%	0.3838	0.4088	0.3838	0.4088	0.0%	0.0%	0.3801	0.3801	0.3801	0.3801	0.0%	0.0%
20	0.5364	0.6207	0.5364	0.6207	0.0%	0.0%	0.4471	0.5453	0.4471	0.5453	0.0%	0.0%	0.4115	0.4887	0.4115	0.4887	0.0%	0.0%	0.3838	0.4255	0.3838	0.4255	0.0%	0.0%	0.3801	0.3904	0.3801	0.3904	0.0%	0.0%
21	0.5364	0.6473	0.5364	0.6473	0.0%	0.0%	0.4471	0.5671	0.4471	0.5671	0.0%	0.0%	0.4115	0.5080	0.4115	0.5080	0.0%	0.0%	0.3838	0.4338	0.3838	0.4338	0.0%	0.0%	0.3801	0.3904	0.3801	0.3904	0.0%	0.0%
22	0.5364	0.6606	0.5364	0.6606	0.0%	0.0%	0.4471	0.5780	0.4471	0.5780	0.0%	0.0%	0.4115	0.5144	0.4115	0.5144	0.0%	0.0%	0.3838	0.4422	0.3838	0.4422	0.0%	0.0%	0.3801	0.4007	0.3801	0.4007	0.0%	0.0%
23	0.5364	0.6694	0.5364	0.6694	0.0%	0.0%	0.4471	0.5889	0.4471	0.5889	0.0%	0.0%	0.4115	0.5337	0.4115	0.5337	0.0%	0.0%	0.3838	0.4589	0.3838	0.4589	0.0%	0.0%	0.3801	0.4007	0.3801	0.4007	0.0%	0.0%
24	0.5364	0.6916	0.5364	0.6916	0.0%	0.0%	0.4471	0.6107	0.4471	0.6107	0.0%	0.0%	0.4115	0.5530	0.4115	0.5530	0.0%	0.0%	0.3838	0.4839	0.3838	0.4839	0.0%	0.0%	0.3801	0.4212	0.3801	0.4212	0.0%	0.0%
25	0.5364	0.7182	0.5364	0.7182	0.0%	0.0%	0.4471	0.6380	0.4471	0.6380	0.0%	0.0%	0.4115	0.5787	0.4115	0.5787	0.0%	0.0%	0.3838	0.5089	0.3838	0.5089	0.0%	0.0%	0.3801	0.4418	0.3801	0.4418	0.0%	0.0%
26	0.5763	0.7492	0.5763	0.7492	0.0%	0.0%	0.4689	0.6652	0.4689	0.6652	0.0%	0.0%	0.4115	0.6045	0.4115	0.6045	0.0%	0.0%	0.3838	0.5340	0.3838	0.5340	0.0%	0.0%	0.3801	0.4726	0.3801	0.4726	0.0%	0.0%
27	0.6118	0.7714	0.6118	0.7714	0.0%	0.0%	0.4962	0.6871	0.4962	0.6871	0.0%	0.0%	0.4180	0.6302	0.4180	0.6302	0.0%	0.0%	0.3838	0.5506	0.3838	0.5506	0.0%	0.0%	0.3801	0.4931	0.3801	0.4931	0.0%	0.0%
28	0.6384	0.7891	0.6384	0.7891	0.0%	0.0%	0.5180	0.7034	0.5180	0.7034	0.0%	0.0%	0.4308	0.6430	0.4308	0.6430	0.0%	0.0%	0.3838	0.5673	0.3838	0.5673	0.0%	0.0%	0.3801	0.5137	0.3801	0.5137	0.0%	0.0%
29	0.6517	0.7980	0.6517	0.7980	0.0%	0.0%	0.5344	0.7143	0.5344	0.7143	0.0%	0.0%	0.4501	0.6559	0.4501	0.6559	0.0%	0.0%	0.3838	0.5840	0.3838	0.5840	0.0%	0.0%	0.3801	0.5239	0.3801	0.5239	0.0%	0.0%
30	0.6606	0.8069	0.6606	0.8069	0.0%	0.0%	0.5453	0.7252	0.5453	0.7252	0.0%	0.0%	0.4630	0.6688	0.4630	0.6688	0.0%	0.0%	0.3838	0.6007	0.3838	0.6007	0.0%	0.0%	0.3801	0.5342	0.3801	0.5342	0.0%	0.0%
31	0.6694	0.8157	0.6694	0.8157	0.0%	0.0%	0.5616	0.7416	0.5616	0.7416	0.0%	0.0%	0.4823	0.6881	0.4823	0.6881	0.0%	0.0%	0.3838	0.6174	0.3838	0.6174	0.0%	0.0%	0.3801	0.5548	0.3801	0.5548	0.0%	0.0%
32	0.6827	0.8290	0.6827	0.8290	0.0%	0.0%	0.5780	0.7579	0.5780	0.7579	0.0%	0.0%	0.5080	0.7074	0.5080	0.7074	0.0%	0.0%	0.4172	0.6424	0.4172	0.6424	0.0%	0.0%	0.3801	0.5856	0.3801	0.5856	0.0%	0.0%
33	0.7049	0.8556	0.7049	0.8556	0.0%	0.0%	0.6107	0.7907	0.6107	0.7907	0.0%	0.0%	0.5402	0.7395	0.5402	0.7395	0.0%	0.0%	0.4589	0.6841	0.4589	0.6841	0.0%	0.0%	0.4007	0.6267	0.4007	0.6267	0.0%	0.0%
34	0.7315	0.8822	0.7315	0.8822	0.0%	0.0%	0.6434	0.8288	0.6434	0.8288	0.0%	0.0%	0.5787	0.7845	0.5787	0.7845	0.0%	0.0%	0.5006	0.7258	0.5006	0.7258	0.0%	0.0%	0.4418	0.6780	0.4418	0.6780	0.0%	0.0%
35	0.7670	0.9177	0.7670	0.9177	0.0%	0.0%	0.6816	0.8670	0.6816	0.8670	0.0%	0.0%	0.6238	0.8295	0.6238	0.8295	0.0%	0.0%	0.5506	0.7842	0.5506	0.7842	0.0%	0.0%	0.4931	0.7397	0.4931	0.7397	0.0%	0.0%
36	0.7936	0.9532	0.7936	0.9532	0.0%	0.0%	0.7198	0.9161	0.7198	0.9161	0.0%	0.0%	0.6623	0.8810	0.6623	0.8810	0.0%	0.0%	0.5924	0.8426	0.5924	0.8426	0.0%	0.0%	0.5342	0.8013	0.5342	0.8013	0.0%	0.0%
37	0.8202	0.9887	0.8202	0.9887	0.0%	0.0%	0.7470	0.9543	0.7470	0.9543	0.0%	0.0%	0.6945	0.9324	0.6945	0.9324	0.0%	0.0%	0.6257	0.8927	0.6257	0.8927	0.0%	0.0%	0.5753	0.8527	0.5753	0.8527	0.0%	0.0%
38	0.8379	1.0241	0.8379	1.0241	0.0%	0.0%	0.7689	0.9979	0.7689	0.9979	0.0%	0.0%	0.7202	0.9774	0.7202	0.9774	0.0%	0.0%	0.6591	0.9428	0.6591	0.9428	0.0%	0.0%	0.6061	0.9143	0.6061	0.9143	0.0%	0.0%
39	0.8556	1.0552	0.8556	1.0552	0.0%	0.0%	0.7907	1.0360	0.7907	1.0360	0.0%	0.0%	0.7395	1.0160	0.7395	1.0160	0.0%	0.0%	0.6758	0.9928	0.6758	0.9928	0.0%	0.0%	0.6267	0.9657	0.6267	0.9657	0.0%	0.0%
40	0.8556	1.0552	0.8556	1.0552	0.0%	0.0%	0.7907	1.0360	0.7907	1.0360	0.0%	0.0%	0.7395	1.0160	0.7395	1.0160	0.0%	0.0%	0.7008	1.0429	0.7008	1.0429	0.0%	0.0%	0.6472	1.0171	0.6472	1.0171	0.0%	0.0%
41	0.8556	1.0552	0.8556	1.0552	0.0%	0.0%	0.7961	1.0524	0.7961	1.0524	0.0%	0.0%	0.7524	1.0482	0.7524	1.0482	0.0%	0.0%	0.7425	1.0929	0.7425	1.0929	0.0%	0.0%	0.6883	1.0684	0.6883	1.0684	0.0%	0.0%
42	0.8822	1.0906	0.8822	1.0906	0.0%	0.0%	0.8288	1.0906	0.8288	1.0906	0.0%	0.0%	0.7974	1.0932	0.7974	1.0932	0.0%	0.0%	0.7926	1.1430	0.7926	1.1430	0.0%	0.0%	0.7499	1.1301	0.7499	1.1301	0.0%	0.0%
43	0.9266	1.1217	0.9266	1.1217	0.0%	0.0%	0.8943	1.1396	0.8943	1.1396	0.0%	0.0%	0.8617	1.1382	0.8617	1.1382	0.0%	0.0%	0.8760	1.2014	0.8760	1.2014	0.0%	0.0%	0.8321	1.1917	0.8321	1.1917	0.0%	0.0%
44	0.9842	1.1616	0.9842	1.1616	0.0%	0.0%	0.9597	1.1833	0.9597	1.1833	0.0%	0.0%	0.9453	1.1896	0.9453	1.1896	0.0%	0.0%	0.9678	1.2598	0.9678	1.2598	0.0%	0.0%	0.9349	1.2533	0.9349	1.2533	0.0%	0.0%
45	0.9931	1.1616	0.9931	1.1616	0.0%	0.0%	0.9815	1.1833	0.9815	1.1833	0.0%	0.0%	0.9774	1.1896	0.9774	1.1896	0.0%	0.0%	1.0095	1.2598	1.0095	1.2598	0.0%	0.0%	0.9862	1.2533	0.9862	1.2533	0.0%	0.0%
46	1.0463	1.1616	1.0463	1.1616	0.0%	0.0%	1.0524	1.1996	1.0524	1.1996	0.0%	0.0%	1.0482	1.2154	1.0482	1.2154	0.0%	0.0%	1.1096	1.3015	1.1096	1.3015	0.0%	0.0%	1.0890	1.3047	1.0890	1.3047	0.0%	0.0%
47	1.0951	1.1926	1.0951	1.1926	0.0%	0.0%	1.1124	1.2323	1.1124	1.2323	0.0%	0.0%	1.1125	1.2604	1.1125	1.2604	0.0%	0.0%	1.1847	1.3516	1.1847	1.3516	0.0%	0.0%	1.1712	1.3561	1.1712	1.3561	0.0%	0.0%
48	1.1305	1.2148	1.1305	1.2148	0.0%	0.0%	1.1560	1.2651	1.1560	1.2651	0.0%	0.0%	1.1639	1.2861	1.1639	1.2861	0.0%	0.0%	1.2431	1.3933	1.2431	1.3933	0.0%	0.0%	1.2328	1.3869	1.2328	1.3869	0.0%	0.0%
49	1.1571	1.2369	1.1571	1.2369	0.0%	0.0%	1.1887	1.2814	1.1887	1.2814	0.0%	0.0%	1.2089	1.3118	1.2089	1.3118	0.0%	0.0%	1.2848	1.4183	1.2848	1.4183	0.0%	0.0%	1.2842	1.4177	1.2842	1.4177	0.0%	0.0%
50	1.1882	1.2547	1.1882	1.2547	0.0%	0.0%	1.2214	1.3087	1.2214	1.3087	0.0%	0.0%	1.2411	1.3375	1.2411	1.3375	0.0%	0.0%	1.3265	1.4517	1.3265	1.4517	0.0%	0.0%	1.3253	1.4588	1.3253	1.4588	0.0%	0.0%
51	1.2148	1.2768	1.2148	1.2768	0.0%	0.0%	1.2596	1.3360	1.2596	1.3360	0.0%	0.0%	1.2797	1.3761	1.2797	1.3761	0.0%	0.0%	1.3766	1.4934	1.3766	1.4934	0.0%	0.0%	1.3766	1.4999	1.3766	1.4999	0.0%	0.0%
52	1.2547	1.3079	1.2547	1.3079	0.0%	0.0%	1.3087	1.3741	1.3087	1.3741	0.0%	0.0%	1.3311	1.4147	1.3311	1.4147	0.0%	0.0%	1.4434	1.5435	1.4434	1.5435	0.0%	0.0%	1.4485	1.5615	1.4485	1.5615	0.0%	0.0%
53	1.3079	1.3478	1.3079	1.3478	0.0%	0.0%	1.3741	1.4286	1.3741	1.4286	0.0%	0.0%	1.4083	1.4726	1.4083	1.4726	0.0%	0.0%	1.5351	1.6102	1.5351	1.6102	0.0%	0.0%	1.5513	1.6334	1.5513	1.6334	0.0%	0.0%
54	1.3655	1.3965	1.3655	1.3965	0.0%	0.0%	1.4505	1.4886	1.4505	1.4886	0.0%	0.0%	1.4983	1.5433	1.4983	1.5433	0.0%	0.0%	1.6352	1.7020	1.6352	1.7020	0.0%	0.0%	1.6643	1.7259	1.6643	1.7259	0.0%	0.0%
55	1.5162	1.5295	1.5162	1.5295	0.0%	0.0%	1.6195	1.6413	1.6195	1.6413	0.0%	0.0%	1.6848	1.7105	1.6848	1.7105	0.0%	0.0%	1.8522	1.8855	1.8522	1.8855	0.0%	0.0%	1.8800	1.9211	1.8800	1.9211	0.0%	0.0%
56	1.5872	1.5872	1.5872	1.5872	0.0%	0.0%	1.7067	1.7122	1.7067	1.7122	0.0%	0.0%	1.7812	1.7941	1.7812	1.7941	0.0%	0.0%	1.9690	1.9856	1.9690	1.9856	0.0%	0.0%	2.0136	2.0238	2.0136	2.0238	0.0%	0.0%
57	1.6537	1.6448	1.6537	1.6448	0.0%	0.0%	1.7885	1.7831	1.7885	1.7831	0.0%	0.0%	1.8713	1.8648	1.8713	1.8648	0.0%	0.0%	2.0774	2.0691	2.0774	2.0691	0.0%	0.0%	2.1266	2.1163	2.1266	2.1163	0.0%	0.0%
58	1.7113	1.6980	1.7113	1.6980	0.0%	0.0%	1.8594	1.8485	1.8594	1.8485	0.0%	0.0%	1.9484	1.9356	1.9484	1.9356	0.0%	0.0%	2.1609	2.1525	2.1609	2.1525	0.0%	0.0%	2.2190	2.1985	2.2190	2.1985	0.0%	0.0%
59	1.7689	1.7512	1.7689	1.7512	0.0%	0.0%	1.9140	1.9030	1.9140	1.9030	0.0%	0.0%	2.0063	1.9934	2.0063	1.9934	0.0%	0.0%	2.2359	2.2193	2.2359	2.2193	0.0%	0.0%	2.2909	2.2704	2.2909	2.2704	0.0%	0.0%
60	1.9064	1.8975	1.9064	1.8975	0.0%	0.0%	2.0666	2.0557	2.0666	2.0557	0.0%	0.0%	2.1671	2.1606	2.1671	2.1606	0.0%	0.0%	2.2860	2.2777	2.2860	2.2777	0.0%	0.0%	2.3423	2.3320	2.3423	2.3320	0.0%	0.0%
61	1.9463	1.9418	1.9463	1.9418	0.0%	0.0%	2.1103	2.1048	2.1103	2.1048	0.0%	0.0%	2.2121	2.2056	2.2121	2.2056	0.0%	0.0%	2.3277	2.3194	2.3277	2.3194	0.0%	0.0%	2.3834	2.3834	2.3834	2.3834	0.0%	0.0%
62	1.9817	1.9817	1.9817	1.9817	0.0%	0.0%	2.1430	2.1430	2.1430	2.1430	0.0%	0.0%	2.2442	2.2442	2.2442	2.2442	0.0%	0.0%	2.3611	2.3611	2.3611	2.3611	0.0%	0.0%	2.4245	2.4245	2.4245	2.4245	0.0%	0.0%
63	2.0083	2.0128	2.0083	2.0128	0.0%	0.0%	2.1757	2.1811	2.1757	2.1811	0.0%	0.0%	2.2764	2.2828	2.2764	2.2828	0.0%	0.0%	2.3945	2.4028	2.3945	2.4028	0.0%	0.0%	2.4553	2.4553	2.4553	2.4553	0.0%	0.0%
64	2.0349	2.0438	2.0349	2.0438	0.0%	0.0%	2.1975	2.2084	2.1975	2.2084	0.0%	0.0%	2.3021	2.3085	2.3021	2.3085	0.0%	0.0%	2.4195	2.4278	2.4195	2.4278	0.0%	0.0%	2.4759	2.4861	2.4759	2.4861	0.0%	0.0%
65+	2.0349	2.0438	2.0349	2.0438	0.0%	0.0%	2.1975	2.2084	2.1975	2.2084	0.0%	0.0%	2.3021	2.3085	2.3021	2.3085	0.0%	0.0%	2.4195	2.4278	2.4195	2.4278	0.0%	0.0%	2.4759	2.4861	2.4759	2.4861	0.0%	0.0%

Notes:

(1) Note that the Plan Index Rate is also listed in Exhibit IX-a. Also see Exhibit I for further documentation on plan index rates (i.e. the "Normalized Plan Rates PMPM").

IX-k. Rating Variables - Age/Sex Factors - SmartSense Full RX Plans - SINGLE CONTRACTS only

		SmartSense 500 Full RX						SmartSense 1500 Full RX						SmartSense 2500 Full RX						SmartSense 5000 Full RX						SmartSense 7500 Full RX					
Plan Index		Current		Filed		% Change		Current		Filed		% Change		Current		Filed		% Change		Current		Filed		% Change		Current		Filed		% Change	
Rate [1]:		$275.21		$300.52		9.2%		$221.43		$241.80		9.2%		$187.11		$204.32		9.2%		$145.90		$159.32		9.2%		$118.76		$129.68		9.2%	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Single Rates	0	0.7097	0.7097	0.7097	0.7097	0.0%	0.0%	0.4884	0.4884	0.4884	0.4884	0.0%	0.0%	0.3984	0.3984	0.3984	0.3984	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	1	0.6410	0.6410	0.6410	0.6410	0.0%	0.0%	0.4884	0.4884	0.4884	0.4884	0.0%	0.0%	0.3984	0.3984	0.3984	0.3984	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	2	0.5265	0.5265	0.5265	0.5265	0.0%	0.0%	0.4884	0.4884	0.4884	0.4884	0.0%	0.0%	0.3984	0.3984	0.3984	0.3984	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	3	0.4578	0.4578	0.4578	0.4578	0.0%	0.0%	0.4552	0.4552	0.4552	0.4552	0.0%	0.0%	0.3816	0.3816	0.3816	0.3816	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	4	0.4121	0.4121	0.4121	0.4121	0.0%	0.0%	0.4031	0.4031	0.4031	0.4031	0.0%	0.0%	0.3591	0.3591	0.3591	0.3591	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	5	0.3701	0.3701	0.3701	0.3701	0.0%	0.0%	0.3414	0.3414	0.3414	0.3414	0.0%	0.0%	0.3143	0.3143	0.3143	0.3143	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	6	0.3701	0.3701	0.3701	0.3701	0.0%	0.0%	0.3414	0.3414	0.3414	0.3414	0.0%	0.0%	0.3143	0.3143	0.3143	0.3143	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	7	0.3701	0.3701	0.3701	0.3701	0.0%	0.0%	0.3414	0.3414	0.3414	0.3414	0.0%	0.0%	0.3143	0.3143	0.3143	0.3143	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	8	0.3701	0.3701	0.3701	0.3701	0.0%	0.0%	0.3414	0.3414	0.3414	0.3414	0.0%	0.0%	0.3143	0.3143	0.3143	0.3143	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	9	0.3701	0.3701	0.3701	0.3701	0.0%	0.0%	0.3414	0.3414	0.3414	0.3414	0.0%	0.0%	0.3143	0.3143	0.3143	0.3143	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	10	0.3701	0.3701	0.3701	0.3701	0.0%	0.0%	0.3414	0.3414	0.3414	0.3414	0.0%	0.0%	0.3143	0.3143	0.3143	0.3143	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	11	0.3701	0.3701	0.3701	0.3701	0.0%	0.0%	0.3414	0.3414	0.3414	0.3414	0.0%	0.0%	0.3143	0.3143	0.3143	0.3143	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	12	0.3815	0.3815	0.3815	0.3815	0.0%	0.0%	0.3556	0.3556	0.3556	0.3556	0.0%	0.0%	0.3255	0.3255	0.3255	0.3255	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	13	0.4273	0.4273	0.4273	0.4273	0.0%	0.0%	0.3983	0.3983	0.3983	0.3983	0.0%	0.0%	0.3704	0.3704	0.3704	0.3704	0.0%	0.0%	0.3311	0.3311	0.3311	0.3311	0.0%	0.0%	0.3271	0.3271	0.3271	0.3271	0.0%	0.0%
	14	0.4617	0.4617	0.4617	0.4617	0.0%	0.0%	0.4315	0.4315	0.4315	0.4315	0.0%	0.0%	0.4040	0.4040	0.4040	0.4040	0.0%	0.0%	0.3670	0.3670	0.3670	0.3670	0.0%	0.0%	0.3448	0.3448	0.3448	0.3448	0.0%	0.0%
	15	0.4807	0.4807	0.4807	0.4807	0.0%	0.0%	0.4457	0.4457	0.4457	0.4457	0.0%	0.0%	0.4209	0.4209	0.4209	0.4209	0.0%	0.0%	0.3886	0.3886	0.3886	0.3886	0.0%	0.0%	0.3714	0.3714	0.3714	0.3714	0.0%	0.0%
	16	0.4807	0.4807	0.4807	0.4807	0.0%	0.0%	0.4505	0.4505	0.4505	0.4505	0.0%	0.0%	0.4265	0.4265	0.4265	0.4265	0.0%	0.0%	0.3958	0.3958	0.3958	0.3958	0.0%	0.0%	0.3802	0.3802	0.3802	0.3802	0.0%	0.0%
	17	0.4807	0.4807	0.4807	0.4807	0.0%	0.0%	0.4505	0.4505	0.4505	0.4505	0.0%	0.0%	0.4265	0.4265	0.4265	0.4265	0.0%	0.0%	0.3958	0.3958	0.3958	0.3958	0.0%	0.0%	0.3802	0.3802	0.3802	0.3802	0.0%	0.0%
	18	0.5113	0.5113	0.5113	0.5113	0.0%	0.0%	0.4694	0.4694	0.4694	0.4694	0.0%	0.0%	0.4377	0.4377	0.4377	0.4377	0.0%	0.0%	0.3958	0.3958	0.3958	0.3958	0.0%	0.0%	0.3802	0.3802	0.3802	0.3802	0.0%	0.0%
	19	0.5456	0.6028	0.5456	0.6028	0.0%	0.0%	0.4884	0.5453	0.4884	0.5453	0.0%	0.0%	0.4377	0.4994	0.4377	0.4994	0.0%	0.0%	0.3958	0.4390	0.3958	0.4390	0.0%	0.0%	0.3802	0.3979	0.3802	0.3979	0.0%	0.0%
	20	0.5799	0.6601	0.5799	0.6601	0.0%	0.0%	0.5074	0.5975	0.5074	0.5975	0.0%	0.0%	0.4433	0.5387	0.4433	0.5387	0.0%	0.0%	0.3958	0.4606	0.3958	0.4606	0.0%	0.0%	0.3802	0.4067	0.3802	0.4067	0.0%	0.0%
	21	0.5799	0.6906	0.5799	0.6906	0.0%	0.0%	0.5074	0.6212	0.5074	0.6212	0.0%	0.0%	0.4433	0.5556	0.4433	0.5556	0.0%	0.0%	0.3958	0.4750	0.3958	0.4750	0.0%	0.0%	0.3802	0.4156	0.3802	0.4156	0.0%	0.0%
	22	0.5799	0.7020	0.5799	0.7020	0.0%	0.0%	0.5074	0.6307	0.5074	0.6307	0.0%	0.0%	0.4433	0.5668	0.4433	0.5668	0.0%	0.0%	0.3958	0.4822	0.3958	0.4822	0.0%	0.0%	0.3802	0.4332	0.3802	0.4332	0.0%	0.0%
	23	0.5799	0.7135	0.5799	0.7135	0.0%	0.0%	0.5074	0.6449	0.5074	0.6449	0.0%	0.0%	0.4433	0.5836	0.4433	0.5836	0.0%	0.0%	0.3958	0.4966	0.3958	0.4966	0.0%	0.0%	0.3802	0.4421	0.3802	0.4421	0.0%	0.0%
	24	0.5799	0.7325	0.5799	0.7325	0.0%	0.0%	0.5074	0.6639	0.5074	0.6639	0.0%	0.0%	0.4433	0.6004	0.4433	0.6004	0.0%	0.0%	0.3958	0.5182	0.3958	0.5182	0.0%	0.0%	0.3802	0.4686	0.3802	0.4686	0.0%	0.0%
	25	0.5837	0.7593	0.5837	0.7593	0.0%	0.0%	0.5074	0.6923	0.5074	0.6923	0.0%	0.0%	0.4433	0.6285	0.4433	0.6285	0.0%	0.0%	0.3958	0.5470	0.3958	0.5470	0.0%	0.0%	0.3802	0.4951	0.3802	0.4951	0.0%	0.0%
	26	0.6295	0.7898	0.6295	0.7898	0.0%	0.0%	0.5406	0.7208	0.5406	0.7208	0.0%	0.0%	0.4602	0.6566	0.4602	0.6566	0.0%	0.0%	0.3958	0.5685	0.3958	0.5685	0.0%	0.0%	0.3802	0.5128	0.3802	0.5128	0.0%	0.0%
	27	0.6715	0.8127	0.6715	0.8127	0.0%	0.0%	0.5738	0.7445	0.5738	0.7445	0.0%	0.0%	0.4882	0.6790	0.4882	0.6790	0.0%	0.0%	0.3958	0.5901	0.3958	0.5901	0.0%	0.0%	0.3802	0.5393	0.3802	0.5393	0.0%	0.0%
	28	0.6944	0.8279	0.6944	0.8279	0.0%	0.0%	0.5975	0.7587	0.5975	0.7587	0.0%	0.0%	0.5051	0.6958	0.5051	0.6958	0.0%	0.0%	0.3958	0.6117	0.3958	0.6117	0.0%	0.0%	0.3802	0.5570	0.3802	0.5570	0.0%	0.0%
	29	0.7097	0.8356	0.7097	0.8356	0.0%	0.0%	0.6117	0.7729	0.6117	0.7729	0.0%	0.0%	0.5219	0.7071	0.5219	0.7071	0.0%	0.0%	0.4030	0.6261	0.4030	0.6261	0.0%	0.0%	0.3802	0.5659	0.3802	0.5659	0.0%	0.0%
	30	0.7173	0.8432	0.7173	0.8432	0.0%	0.0%	0.6212	0.7824	0.6212	0.7824	0.0%	0.0%	0.5331	0.7183	0.5331	0.7183	0.0%	0.0%	0.4174	0.6333	0.4174	0.6333	0.0%	0.0%	0.3802	0.5836	0.3802	0.5836	0.0%	0.0%
	31	0.7211	0.8508	0.7211	0.8508	0.0%	0.0%	0.6307	0.7919	0.6307	0.7919	0.0%	0.0%	0.5499	0.7351	0.5499	0.7351	0.0%	0.0%	0.4390	0.6549	0.4390	0.6549	0.0%	0.0%	0.3802	0.6012	0.3802	0.6012	0.0%	0.0%
	32	0.7325	0.8661	0.7325	0.8661	0.0%	0.0%	0.6496	0.8061	0.6496	0.8061	0.0%	0.0%	0.5668	0.7520	0.5668	0.7520	0.0%	0.0%	0.4678	0.6765	0.4678	0.6765	0.0%	0.0%	0.3979	0.6278	0.3979	0.6278	0.0%	0.0%
	33	0.7516	0.8852	0.7516	0.8852	0.0%	0.0%	0.6733	0.8346	0.6733	0.8346	0.0%	0.0%	0.6004	0.7856	0.6004	0.7856	0.0%	0.0%	0.5038	0.7125	0.5038	0.7125	0.0%	0.0%	0.4421	0.6720	0.4421	0.6720	0.0%	0.0%
	34	0.7783	0.9119	0.7783	0.9119	0.0%	0.0%	0.7065	0.8678	0.7065	0.8678	0.0%	0.0%	0.6341	0.8249	0.6341	0.8249	0.0%	0.0%	0.5470	0.7629	0.5470	0.7629	0.0%	0.0%	0.4863	0.7162	0.4863	0.7162	0.0%	0.0%
	35	0.8050	0.9424	0.8050	0.9424	0.0%	0.0%	0.7397	0.9057	0.7397	0.9057	0.0%	0.0%	0.6734	0.8642	0.6734	0.8642	0.0%	0.0%	0.5901	0.8060	0.5901	0.8060	0.0%	0.0%	0.5393	0.7781	0.5393	0.7781	0.0%	0.0%
	36	0.8356	0.9767	0.8356	0.9767	0.0%	0.0%	0.7729	0.9436	0.7729	0.9436	0.0%	0.0%	0.7127	0.9091	0.7127	0.9091	0.0%	0.0%	0.6333	0.8636	0.6333	0.8636	0.0%	0.0%	0.5836	0.8311	0.5836	0.8311	0.0%	0.0%
	37	0.8585	1.0072	0.8585	1.0072	0.0%	0.0%	0.7966	0.9816	0.7966	0.9816	0.0%	0.0%	0.7407	0.9540	0.7407	0.9540	0.0%	0.0%	0.6621	0.9140	0.6621	0.9140	0.0%	0.0%	0.6189	0.8842	0.6189	0.8842	0.0%	0.0%
	38	0.8737	1.0340	0.8737	1.0340	0.0%	0.0%	0.8156	1.0147	0.8156	1.0147	0.0%	0.0%	0.7632	0.9989	0.7632	0.9989	0.0%	0.0%	0.6909	0.9644	0.6909	0.9644	0.0%	0.0%	0.6454	0.9372	0.6454	0.9372	0.0%	0.0%
	39	0.8890	1.0645	0.8890	1.0645	0.0%	0.0%	0.8346	1.0479	0.8346	1.0479	0.0%	0.0%	0.7856	1.0382	0.7856	1.0382	0.0%	0.0%	0.7125	1.0076	0.7125	1.0076	0.0%	0.0%	0.6631	0.9903	0.6631	0.9903	0.0%	0.0%
	40	0.9042	1.0912	0.9042	1.0912	0.0%	0.0%	0.8535	1.0811	0.8535	1.0811	0.0%	0.0%	0.8025	1.0774	0.8025	1.0774	0.0%	0.0%	0.7341	1.0507	0.7341	1.0507	0.0%	0.0%	0.6897	1.0345	0.6897	1.0345	0.0%	0.0%
	41	0.9233	1.1179	0.9233	1.1179	0.0%	0.0%	0.8772	1.1143	0.8772	1.1143	0.0%	0.0%	0.8361	1.1167	0.8361	1.1167	0.0%	0.0%	0.7701	1.1011	0.7701	1.1011	0.0%	0.0%	0.7250	1.0875	0.7250	1.0875	0.0%	0.0%
	42	0.9576	1.1484	0.9576	1.1484	0.0%	0.0%	0.9152	1.1523	0.9152	1.1523	0.0%	0.0%	0.8754	1.1560	0.8754	1.1560	0.0%	0.0%	0.8204	1.1515	0.8204	1.1515	0.0%	0.0%	0.7869	1.1406	0.7869	1.1406	0.0%	0.0%
	43	0.9996	1.1789	0.9996	1.1789	0.0%	0.0%	0.9673	1.1902	0.9673	1.1902	0.0%	0.0%	0.9428	1.2065	0.9428	1.2065	0.0%	0.0%	0.8924	1.2091	0.8924	1.2091	0.0%	0.0%	0.8665	1.2025	0.8665	1.2025	0.0%	0.0%
	44	1.0530	1.2133	1.0530	1.2133	0.0%	0.0%	1.0337	1.2329	1.0337	1.2329	0.0%	0.0%	1.0157	1.2514	1.0157	1.2514	0.0%	0.0%	0.9860	1.2666	0.9860	1.2666	0.0%	0.0%	0.9637	1.2644	0.9637	1.2644	0.0%	0.0%
	45	1.1103	1.2476	1.1103	1.2476	0.0%	0.0%	1.1048	1.2755	1.1048	1.2755	0.0%	0.0%	1.0999	1.3019	1.0999	1.3019	0.0%	0.0%	1.0795	1.3242	1.0795	1.3242	0.0%	0.0%	1.0610	1.3263	1.0610	1.3263	0.0%	0.0%
	46	1.1637	1.2781	1.1637	1.2781	0.0%	0.0%	1.1712	1.3135	1.1712	1.3135	0.0%	0.0%	1.1785	1.3468	1.1785	1.3468	0.0%	0.0%	1.1731	1.3746	1.1731	1.3746	0.0%	0.0%	1.1671	1.3882	1.1671	1.3882	0.0%	0.0%
	47	1.2133	1.3087	1.2133	1.3087	0.0%	0.0%	1.2281	1.3467	1.2281	1.3467	0.0%	0.0%	1.2402	1.3861	1.2402	1.3861	0.0%	0.0%	1.2522	1.4178	1.2522	1.4178	0.0%	0.0%	1.2467	1.4324	1.2467	1.4324	0.0%	0.0%
	48	1.2476	1.3277	1.2476	1.3277	0.0%	0.0%	1.2708	1.3751	1.2708	1.3751	0.0%	0.0%	1.2963	1.4141	1.2963	1.4141	0.0%	0.0%	1.3098	1.4538	1.3098	1.4538	0.0%	0.0%	1.3086	1.4677	1.3086	1.4677	0.0%	0.0%
	49	1.2781	1.3468	1.2781	1.3468	0.0%	0.0%	1.3040	1.3941	1.3040	1.3941	0.0%	0.0%	1.3356	1.4422	1.3356	1.4422	0.0%	0.0%	1.3602	1.4897	1.3602	1.4897	0.0%	0.0%	1.3616	1.5031	1.3616	1.5031	0.0%	0.0%
	50	1.3048	1.3697	1.3048	1.3697	0.0%	0.0%	1.3372	1.4225	1.3372	1.4225	0.0%	0.0%	1.3692	1.4703	1.3692	1.4703	0.0%	0.0%	1.3962	1.5185	1.3962	1.5185	0.0%	0.0%	1.4058	1.5385	1.4058	1.5385	0.0%	0.0%
	51	1.3354	1.3926	1.3354	1.3926	0.0%	0.0%	1.3704	1.4510	1.3704	1.4510	0.0%	0.0%	1.4141	1.5039	1.4141	1.5039	0.0%	0.0%	1.4466	1.5545	1.4466	1.5545	0.0%	0.0%	1.4589	1.5827	1.4589	1.5827	0.0%	0.0%
	52	1.3735	1.4231	1.3735	1.4231	0.0%	0.0%	1.4178	1.4842	1.4178	1.4842	0.0%	0.0%	1.4646	1.5488	1.4646	1.5488	0.0%	0.0%	1.5113	1.6121	1.5113	1.6121	0.0%	0.0%	1.5296	1.6357	1.5296	1.6357	0.0%	0.0%
	53	1.4231	1.4613	1.4231	1.4613	0.0%	0.0%	1.4842	1.5363	1.4842	1.5363	0.0%	0.0%	1.5432	1.6049	1.5432	1.6049	0.0%	0.0%	1.5977	1.6769	1.5977	1.6769	0.0%	0.0%	1.6269	1.7153	1.6269	1.7153	0.0%	0.0%
	54	1.4842	1.5071	1.4842	1.5071	0.0%	0.0%	1.5553	1.5932	1.5553	1.5932	0.0%	0.0%	1.6330	1.6779	1.6330	1.6779	0.0%	0.0%	1.7056	1.7632	1.7056	1.7632	0.0%	0.0%	1.7418	1.8037	1.7418	1.8037	0.0%	0.0%
	55	1.5528	1.5605	1.5528	1.5605	0.0%	0.0%	1.6407	1.6549	1.6407	1.6549	0.0%	0.0%	1.7284	1.7508	1.7284	1.7508	0.0%	0.0%	1.8208	1.8496	1.8208	1.8496	0.0%	0.0%	1.8656	1.9010	1.8656	1.9010	0.0%	0.0%
	56	1.6177	1.6139	1.6177	1.6139	0.0%	0.0%	1.7213	1.7213	1.7213	1.7213	0.0%	0.0%	1.8238	1.8294	1.8238	1.8294	0.0%	0.0%	1.9288	1.9431	1.9288	1.9431	0.0%	0.0%	1.9894	1.9982	1.9894	1.9982	0.0%	0.0%
	57	1.6826	1.6673	1.6826	1.6673	0.0%	0.0%	1.7971	1.7877	1.7971	1.7877	0.0%	0.0%	1.9080	1.9024	1.9080	1.9024	0.0%	0.0%	2.0295	2.0223	2.0295	2.0223	0.0%	0.0%	2.0955	2.0955	2.0955	2.0955	0.0%	0.0%
	58	1.7360	1.7207	1.7360	1.7207	0.0%	0.0%	1.8635	1.8493	1.8635	1.8493	0.0%	0.0%	1.9809	1.9697	1.9809	1.9697	0.0%	0.0%	2.1087	2.1015	2.1087	2.1015	0.0%	0.0%	2.1839	2.1751	2.1839	2.1751	0.0%	0.0%
	59	1.7856	1.7703	1.7856	1.7703	0.0%	0.0%	1.9204	1.9062	1.9204	1.9062	0.0%	0.0%	2.0426	2.0314	2.0426	2.0314	0.0%	0.0%	2.1806	2.1662	2.1806	2.1662	0.0%	0.0%	2.2546	2.2370	2.2546	2.2370	0.0%	0.0%
	60	1.8237	1.8123	1.8237	1.8123	0.0%	0.0%	1.9679	1.9536	1.9679	1.9536	0.0%	0.0%	2.0932	2.0819	2.0932	2.0819	0.0%	0.0%	2.2310	2.2238	2.2310	2.2238	0.0%	0.0%	2.3077	2.2989	2.3077	2.2989	0.0%	0.0%
	61	1.8581	1.8543	1.8581	1.8543	0.0%	0.0%	2.0058	2.0010	2.0058	2.0010	0.0%	0.0%	2.1380	2.1324	2.1380	2.1324	0.0%	0.0%	2.2742	2.2670	2.2742	2.2670	0.0%	0.0%	2.3519	2.3431	2.3519	2.3431	0.0%	0.0%
	62	1.8886	1.8886	1.8886	1.8886	0.0%	0.0%	2.0437	2.0437	2.0437	2.0437	0.0%	0.0%	2.1717	2.1717	2.1717	2.1717	0.0%	0.0%	2.3102	2.3102	2.3102	2.3102	0.0%	0.0%	2.3873	2.3873	2.3873	2.3873	0.0%	0.0%
	63	1.9153	1.9191	1.9153	1.9191	0.0%	0.0%	2.0722	2.0769	2.0722	2.0769	0.0%	0.0%	2.1998	2.2054	2.1998	2.2054	0.0%	0.0%	2.3462	2.3534	2.3462	2.3534	0.0%	0.0%	2.4138	2.4226	2.4138	2.4226	0.0%	0.0%
	64	1.9344	1.9458	1.9344	1.9458	0.0%	0.0%	2.0959	2.1054	2.0959	2.1054	0.0%	0.0%	2.2278	2.2391	2.2278	2.2391	0.0%	0.0%	2.3750	2.3822	2.3750	2.3822	0.0%	0.0%	2.4403	2.4492	2.4403	2.4492	0.0%	0.0%
	65+	1.9344	1.9458	1.9344	1.9458	0.0%	0.0%	2.0959	2.1054	2.0959	2.1054	0.0%	0.0%	2.2278	2.2391	2.2278	2.2391	0.0%	0.0%	2.3750	2.3822	2.3750	2.3822	0.0%	0.0%	2.4403	2.4492	2.4403	2.4492	0.0%	0.0%

Notes:

(1) Note that the Plan Index Rate is also listed in Exhibit IX-a. Also see Exhibit I for further documentation on plan index rates (i.e. the "Normalized Plan Rates PMPM").

IX-k. Rating Variables - Age/Sex Factors - SmartSense Full RX Plans - FAMILY CONTRACTS only

		SmartSense 500 Full RX						SmartSense 1500 Full RX						SmartSense 2500 Full RX						SmartSense 5000 Full RX						SmartSense 7500 Full RX					
Plan Index		Current		Filed		% Change		Current		Filed		% Change		Current		Filed		% Change		Current		Filed		% Change		Current		Filed		% Change	
Rate [1]:		$275.21		$300.52		9.2%		$221.43		$241.80		9.2%		$187.11		$204.32		9.2%		$145.90		$159.32		9.2%		$118.76		$129.68		9.2%	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Family Rates	0	0.7097	0.7097	0.7097	0.7097	0.0%	0.0%	0.4884	0.4884	0.4884	0.4884	0.0%	0.0%	0.3984	0.3984	0.3984	0.3984	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	1	0.6410	0.6410	0.6410	0.6410	0.0%	0.0%	0.4884	0.4884	0.4884	0.4884	0.0%	0.0%	0.3984	0.3984	0.3984	0.3984	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	2	0.5265	0.5265	0.5265	0.5265	0.0%	0.0%	0.4884	0.4884	0.4884	0.4884	0.0%	0.0%	0.3984	0.3984	0.3984	0.3984	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	3	0.4578	0.4578	0.4578	0.4578	0.0%	0.0%	0.4552	0.4552	0.4552	0.4552	0.0%	0.0%	0.3816	0.3816	0.3816	0.3816	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	4	0.4121	0.4121	0.4121	0.4121	0.0%	0.0%	0.4031	0.4031	0.4031	0.4031	0.0%	0.0%	0.3591	0.3591	0.3591	0.3591	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	5	0.3701	0.3701	0.3701	0.3701	0.0%	0.0%	0.3414	0.3414	0.3414	0.3414	0.0%	0.0%	0.3143	0.3143	0.3143	0.3143	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	6	0.3701	0.3701	0.3701	0.3701	0.0%	0.0%	0.3414	0.3414	0.3414	0.3414	0.0%	0.0%	0.3143	0.3143	0.3143	0.3143	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	7	0.3701	0.3701	0.3701	0.3701	0.0%	0.0%	0.3414	0.3414	0.3414	0.3414	0.0%	0.0%	0.3143	0.3143	0.3143	0.3143	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	8	0.3701	0.3701	0.3701	0.3701	0.0%	0.0%	0.3414	0.3414	0.3414	0.3414	0.0%	0.0%	0.3143	0.3143	0.3143	0.3143	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	9	0.3701	0.3701	0.3701	0.3701	0.0%	0.0%	0.3414	0.3414	0.3414	0.3414	0.0%	0.0%	0.3143	0.3143	0.3143	0.3143	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	10	0.3701	0.3701	0.3701	0.3701	0.0%	0.0%	0.3414	0.3414	0.3414	0.3414	0.0%	0.0%	0.3143	0.3143	0.3143	0.3143	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	11	0.3701	0.3701	0.3701	0.3701	0.0%	0.0%	0.3414	0.3414	0.3414	0.3414	0.0%	0.0%	0.3143	0.3143	0.3143	0.3143	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	12	0.3815	0.3815	0.3815	0.3815	0.0%	0.0%	0.3556	0.3556	0.3556	0.3556	0.0%	0.0%	0.3255	0.3255	0.3255	0.3255	0.0%	0.0%	0.3239	0.3239	0.3239	0.3239	0.0%	0.0%	0.3183	0.3183	0.3183	0.3183	0.0%	0.0%
	13	0.4273	0.4273	0.4273	0.4273	0.0%	0.0%	0.3983	0.3983	0.3983	0.3983	0.0%	0.0%	0.3704	0.3704	0.3704	0.3704	0.0%	0.0%	0.3311	0.3311	0.3311	0.3311	0.0%	0.0%	0.3271	0.3271	0.3271	0.3271	0.0%	0.0%
	14	0.4617	0.4617	0.4617	0.4617	0.0%	0.0%	0.4315	0.4315	0.4315	0.4315	0.0%	0.0%	0.4040	0.4040	0.4040	0.4040	0.0%	0.0%	0.3670	0.3670	0.3670	0.3670	0.0%	0.0%	0.3448	0.3448	0.3448	0.3448	0.0%	0.0%
	15	0.4807	0.4807	0.4807	0.4807	0.0%	0.0%	0.4457	0.4457	0.4457	0.4457	0.0%	0.0%	0.4209	0.4209	0.4209	0.4209	0.0%	0.0%	0.3886	0.3886	0.3886	0.3886	0.0%	0.0%	0.3714	0.3714	0.3714	0.3714	0.0%	0.0%
	16	0.4807	0.4807	0.4807	0.4807	0.0%	0.0%	0.4505	0.4505	0.4505	0.4505	0.0%	0.0%	0.4265	0.4265	0.4265	0.4265	0.0%	0.0%	0.3958	0.3958	0.3958	0.3958	0.0%	0.0%	0.3802	0.3802	0.3802	0.3802	0.0%	0.0%
	17	0.4807	0.4807	0.4807	0.4807	0.0%	0.0%	0.4505	0.4505	0.4505	0.4505	0.0%	0.0%	0.4265	0.4265	0.4265	0.4265	0.0%	0.0%	0.3958	0.3958	0.3958	0.3958	0.0%	0.0%	0.3802	0.3802	0.3802	0.3802	0.0%	0.0%
	18	0.5113	0.5113	0.5113	0.5113	0.0%	0.0%	0.4694	0.4694	0.4694	0.4694	0.0%	0.0%	0.4377	0.4377	0.4377	0.4377	0.0%	0.0%	0.3958	0.3958	0.3958	0.3958	0.0%	0.0%	0.3802	0.3802	0.3802	0.3802	0.0%	0.0%
	19	0.5456	0.6028	0.5456	0.6028	0.0%	0.0%	0.4884	0.5453	0.4884	0.5453	0.0%	0.0%	0.4377	0.4994	0.4377	0.4994	0.0%	0.0%	0.3958	0.4390	0.3958	0.4390	0.0%	0.0%	0.3802	0.3979	0.3802	0.3979	0.0%	0.0%
	20	0.5799	0.6601	0.5799	0.6601	0.0%	0.0%	0.5074	0.5975	0.5074	0.5975	0.0%	0.0%	0.4433	0.5387	0.4433	0.5387	0.0%	0.0%	0.3958	0.4606	0.3958	0.4606	0.0%	0.0%	0.3802	0.4067	0.3802	0.4067	0.0%	0.0%
	21	0.5799	0.6906	0.5799	0.6906	0.0%	0.0%	0.5074	0.6212	0.5074	0.6212	0.0%	0.0%	0.4433	0.5556	0.4433	0.5556	0.0%	0.0%	0.3958	0.4750	0.3958	0.4750	0.0%	0.0%	0.3802	0.4156	0.3802	0.4156	0.0%	0.0%
	22	0.5799	0.7020	0.5799	0.7020	0.0%	0.0%	0.5074	0.6307	0.5074	0.6307	0.0%	0.0%	0.4433	0.5668	0.4433	0.5668	0.0%	0.0%	0.3958	0.4822	0.3958	0.4822	0.0%	0.0%	0.3802	0.4332	0.3802	0.4332	0.0%	0.0%
	23	0.5799	0.7135	0.5799	0.7135	0.0%	0.0%	0.5074	0.6449	0.5074	0.6449	0.0%	0.0%	0.4433	0.5836	0.4433	0.5836	0.0%	0.0%	0.3958	0.4966	0.3958	0.4966	0.0%	0.0%	0.3802	0.4421	0.3802	0.4421	0.0%	0.0%
	24	0.5799	0.7325	0.5799	0.7325	0.0%	0.0%	0.5074	0.6639	0.5074	0.6639	0.0%	0.0%	0.4433	0.6004	0.4433	0.6004	0.0%	0.0%	0.3958	0.5182	0.3958	0.5182	0.0%	0.0%	0.3802	0.4686	0.3802	0.4686	0.0%	0.0%
	25	0.5837	0.7593	0.5837	0.7593	0.0%	0.0%	0.5074	0.6923	0.5074	0.6923	0.0%	0.0%	0.4433	0.6285	0.4433	0.6285	0.0%	0.0%	0.3958	0.5470	0.3958	0.5470	0.0%	0.0%	0.3802	0.4951	0.3802	0.4951	0.0%	0.0%
	26	0.6295	0.7898	0.6295	0.7898	0.0%	0.0%	0.5406	0.7208	0.5406	0.7208	0.0%	0.0%	0.4602	0.6566	0.4602	0.6566	0.0%	0.0%	0.3958	0.5685	0.3958	0.5685	0.0%	0.0%	0.3802	0.5128	0.3802	0.5128	0.0%	0.0%
	27	0.6715	0.8127	0.6715	0.8127	0.0%	0.0%	0.5738	0.7445	0.5738	0.7445	0.0%	0.0%	0.4882	0.6790	0.4882	0.6790	0.0%	0.0%	0.3958	0.5901	0.3958	0.5901	0.0%	0.0%	0.3802	0.5393	0.3802	0.5393	0.0%	0.0%
	28	0.6944	0.8279	0.6944	0.8279	0.0%	0.0%	0.5975	0.7587	0.5975	0.7587	0.0%	0.0%	0.5051	0.6958	0.5051	0.6958	0.0%	0.0%	0.3958	0.6117	0.3958	0.6117	0.0%	0.0%	0.3802	0.5570	0.3802	0.5570	0.0%	0.0%
	29	0.7097	0.8356	0.7097	0.8356	0.0%	0.0%	0.6117	0.7729	0.6117	0.7729	0.0%	0.0%	0.5219	0.7071	0.5219	0.7071	0.0%	0.0%	0.4030	0.6261	0.4030	0.6261	0.0%	0.0%	0.3802	0.5659	0.3802	0.5659	0.0%	0.0%
	30	0.7173	0.8432	0.7173	0.8432	0.0%	0.0%	0.6212	0.7824	0.6212	0.7824	0.0%	0.0%	0.5331	0.7183	0.5331	0.7183	0.0%	0.0%	0.4174	0.6333	0.4174	0.6333	0.0%	0.0%	0.3802	0.5836	0.3802	0.5836	0.0%	0.0%
	31	0.7211	0.8508	0.7211	0.8508	0.0%	0.0%	0.6307	0.7919	0.6307	0.7919	0.0%	0.0%	0.5499	0.7351	0.5499	0.7351	0.0%	0.0%	0.4390	0.6549	0.4390	0.6549	0.0%	0.0%	0.3802	0.6012	0.3802	0.6012	0.0%	0.0%
	32	0.7325	0.8661	0.7325	0.8661	0.0%	0.0%	0.6496	0.8061	0.6496	0.8061	0.0%	0.0%	0.5668	0.7520	0.5668	0.7520	0.0%	0.0%	0.4678	0.6765	0.4678	0.6765	0.0%	0.0%	0.3979	0.6278	0.3979	0.6278	0.0%	0.0%
	33	0.7516	0.8852	0.7516	0.8852	0.0%	0.0%	0.6733	0.8346	0.6733	0.8346	0.0%	0.0%	0.6004	0.7856	0.6004	0.7856	0.0%	0.0%	0.5038	0.7125	0.5038	0.7125	0.0%	0.0%	0.4421	0.6720	0.4421	0.6720	0.0%	0.0%
	34	0.7783	0.9119	0.7783	0.9119	0.0%	0.0%	0.7065	0.8678	0.7065	0.8678	0.0%	0.0%	0.6341	0.8249	0.6341	0.8249	0.0%	0.0%	0.5470	0.7629	0.5470	0.7629	0.0%	0.0%	0.4863	0.7162	0.4863	0.7162	0.0%	0.0%
	35	0.8050	0.9424	0.8050	0.9424	0.0%	0.0%	0.7397	0.9057	0.7397	0.9057	0.0%	0.0%	0.6734	0.8642	0.6734	0.8642	0.0%	0.0%	0.5901	0.8060	0.5901	0.8060	0.0%	0.0%	0.5393	0.7781	0.5393	0.7781	0.0%	0.0%
	36	0.8356	0.9767	0.8356	0.9767	0.0%	0.0%	0.7729	0.9436	0.7729	0.9436	0.0%	0.0%	0.7127	0.9091	0.7127	0.9091	0.0%	0.0%	0.6333	0.8636	0.6333	0.8636	0.0%	0.0%	0.5836	0.8311	0.5836	0.8311	0.0%	0.0%
	37	0.8585	1.0072	0.8585	1.0072	0.0%	0.0%	0.7966	0.9816	0.7966	0.9816	0.0%	0.0%	0.7407	0.9540	0.7407	0.9540	0.0%	0.0%	0.6621	0.9140	0.6621	0.9140	0.0%	0.0%	0.6189	0.8842	0.6189	0.8842	0.0%	0.0%
	38	0.8737	1.0340	0.8737	1.0340	0.0%	0.0%	0.8156	1.0147	0.8156	1.0147	0.0%	0.0%	0.7632	0.9989	0.7632	0.9989	0.0%	0.0%	0.6909	0.9644	0.6909	0.9644	0.0%	0.0%	0.6454	0.9372	0.6454	0.9372	0.0%	0.0%
	39	0.8890	1.0645	0.8890	1.0645	0.0%	0.0%	0.8346	1.0479	0.8346	1.0479	0.0%	0.0%	0.7856	1.0382	0.7856	1.0382	0.0%	0.0%	0.7125	1.0076	0.7125	1.0076	0.0%	0.0%	0.6631	0.9903	0.6631	0.9903	0.0%	0.0%
	40	0.8890	1.0645	0.8890	1.0645	0.0%	0.0%	0.8346	1.0479	0.8346	1.0479	0.0%	0.0%	0.7856	1.0382	0.7856	1.0382	0.0%	0.0%	0.7341	1.0507	0.7341	1.0507	0.0%	0.0%	0.6897	1.0345	0.6897	1.0345	0.0%	0.0%
	41	0.8890	1.0645	0.8890	1.0645	0.0%	0.0%	0.8346	1.0574	0.8346	1.0574	0.0%	0.0%	0.7912	1.0606	0.7912	1.0606	0.0%	0.0%	0.7701	1.1011	0.7701	1.1011	0.0%	0.0%	0.7250	1.0875	0.7250	1.0875	0.0%	0.0%
	42	0.9081	1.0874	0.9081	1.0874	0.0%	0.0%	0.8678	1.0906	0.8678	1.0906	0.0%	0.0%	0.8305	1.0943	0.8305	1.0943	0.0%	0.0%	0.8204	1.1515	0.8204	1.1515	0.0%	0.0%	0.7869	1.1406	0.7869	1.1406	0.0%	0.0%
	43	0.9462	1.1179	0.9462	1.1179	0.0%	0.0%	0.9152	1.1286	0.9152	1.1286	0.0%	0.0%	0.8923	1.1448	0.8923	1.1448	0.0%	0.0%	0.8924	1.2091	0.8924	1.2091	0.0%	0.0%	0.8665	1.2025	0.8665	1.2025	0.0%	0.0%
	44	0.9996	1.1522	0.9996	1.1522	0.0%	0.0%	0.9816	1.1712	0.9816	1.1712	0.0%	0.0%	0.9596	1.1841	0.9596	1.1841	0.0%	0.0%	0.9860	1.2666	0.9860	1.2666	0.0%	0.0%	0.9637	1.2644	0.9637	1.2644	0.0%	0.0%
	45	0.9996	1.1522	0.9996	1.1522	0.0%	0.0%	0.9910	1.1712	0.9910	1.1712	0.0%	0.0%	0.9877	1.1841	0.9877	1.1841	0.0%	0.0%	1.0220	1.2666	1.0220	1.2666	0.0%	0.0%	1.0080	1.2644	1.0080	1.2644	0.0%	0.0%
	46	1.0454	1.1522	1.0454	1.1522	0.0%	0.0%	1.0527	1.1807	1.0527	1.1807	0.0%	0.0%	1.0606	1.2121	1.0606	1.2121	0.0%	0.0%	1.1083	1.3026	1.1083	1.3026	0.0%	0.0%	1.1052	1.3174	1.1052	1.3174	0.0%	0.0%
	47	1.0912	1.1751	1.0912	1.1751	0.0%	0.0%	1.1048	1.2092	1.1048	1.2092	0.0%	0.0%	1.1111	1.2458	1.1111	1.2458	0.0%	0.0%	1.1875	1.3458	1.1875	1.3458	0.0%	0.0%	1.1760	1.3528	1.1760	1.3528	0.0%	0.0%
	48	1.1217	1.1942	1.1217	1.1942	0.0%	0.0%	1.1428	1.2376	1.1428	1.2376	0.0%	0.0%	1.1616	1.2682	1.1616	1.2682	0.0%	0.0%	1.2379	1.3746	1.2379	1.3746	0.0%	0.0%	1.2378	1.3882	1.2378	1.3882	0.0%	0.0%
	49	1.1484	1.2095	1.1484	1.2095	0.0%	0.0%	1.1712	1.2518	1.1712	1.2518	0.0%	0.0%	1.2009	1.2963	1.2009	1.2963	0.0%	0.0%	1.2882	1.4106	1.2882	1.4106	0.0%	0.0%	1.2909	1.4235	1.2909	1.4235	0.0%	0.0%
	50	1.1713	1.2324	1.1713	1.2324	0.0%	0.0%	1.1997	1.2803	1.1997	1.2803	0.0%	0.0%	1.2290	1.3187	1.2290	1.3187	0.0%	0.0%	1.3242	1.4394	1.3242	1.4394	0.0%	0.0%	1.3351	1.4589	1.3351	1.4589	0.0%	0.0%
	51	1.2018	1.2514	1.2018	1.2514	0.0%	0.0%	1.2329	1.3040	1.2329	1.3040	0.0%	0.0%	1.2682	1.3524	1.2682	1.3524	0.0%	0.0%	1.3674	1.4754	1.3674	1.4754	0.0%	0.0%	1.3793	1.5031	1.3793	1.5031	0.0%	0.0%
	52	1.2362	1.2781	1.2362	1.2781	0.0%	0.0%	1.2755	1.3324	1.2755	1.3324	0.0%	0.0%	1.3131	1.3917	1.3131	1.3917	0.0%	0.0%	1.4322	1.5257	1.4322	1.5257	0.0%	0.0%	1.4500	1.5473	1.4500	1.5473	0.0%	0.0%
	53	1.2781	1.3125	1.2781	1.3125	0.0%	0.0%	1.3324	1.3799	1.3324	1.3799	0.0%	0.0%	1.3861	1.4422	1.3861	1.4422	0.0%	0.0%	1.5113	1.5905	1.5113	1.5905	0.0%	0.0%	1.5385	1.6269	1.5385	1.6269	0.0%	0.0%
	54	1.3354	1.3544	1.3354	1.3544	0.0%	0.0%	1.3988	1.4320	1.3988	1.4320	0.0%	0.0%	1.4646	1.5095	1.4646	1.5095	0.0%	0.0%	1.6193	1.6697	1.6193	1.6697	0.0%	0.0%	1.6534	1.7065	1.6534	1.7065	0.0%	0.0%
	55	1.4727	1.4804	1.4727	1.4804	0.0%	0.0%	1.5553	1.5695	1.5553	1.5695	0.0%	0.0%	1.6386	1.6611	1.6386	1.6611	0.0%	0.0%	1.8208	1.8496	1.8208	1.8496	0.0%	0.0%	1.8656	1.9010	1.8656	1.9010	0.0%	0.0%
	56	1.5338	1.5300	1.5338	1.5300	0.0%	0.0%	1.6312	1.6312	1.6312	1.6312	0.0%	0.0%	1.7284	1.7340	1.7284	1.7340	0.0%	0.0%	1.9288	1.9431	1.9288	1.9431	0.0%	0.0%	1.9894	1.9982	1.9894	1.9982	0.0%	0.0%
	57	1.5948	1.5834	1.5948	1.5834	0.0%	0.0%	1.7071	1.6976	1.7071	1.6976	0.0%	0.0%	1.8126	1.8070	1.8126	1.8070	0.0%	0.0%	2.0295	2.0223	2.0295	2.0223	0.0%	0.0%	2.0955	2.0955	2.0955	2.0955	0.0%	0.0%
	58	1.6482	1.6330	1.6482	1.6330	0.0%	0.0%	1.7687	1.7545	1.7687	1.7545	0.0%	0.0%	1.8799	1.8687	1.8799	1.8687	0.0%	0.0%	2.1087	2.1015	2.1087	2.1015	0.0%	0.0%	2.1839	2.1751	2.1839	2.1751	0.0%	0.0%
	59	1.6940	1.6787	1.6940	1.6787	0.0%	0.0%	1.8209	1.8066	1.8209	1.8066	0.0%	0.0%	1.9360	1.9248	1.9360	1.9248	0.0%	0.0%	2.1806	2.1662	2.1806	2.1662	0.0%	0.0%	2.2546	2.2370	2.2546	2.2370	0.0%	0.0%
	60	1.8237	1.8123	1.8237	1.8123	0.0%	0.0%	1.9679	1.9536	1.9679	1.9536	0.0%	0.0%	2.0932	2.0819	2.0932	2.0819	0.0%	0.0%	2.2310	2.2238	2.2310	2.2238	0.0%	0.0%	2.3077	2.2989	2.3077	2.2989	0.0%	0.0%
	61	1.8581	1.8543	1.8581	1.8543	0.0%	0.0%	2.0058	2.0010	2.0058	2.0010	0.0%	0.0%	2.1380	2.1324	2.1380	2.1324	0.0%	0.0%	2.2742	2.2670	2.2742	2.2670	0.0%	0.0%	2.3519	2.3431	2.3519	2.3431	0.0%	0.0%
	62	1.8886	1.8886	1.8886	1.8886	0.0%	0.0%	2.0437	2.0437	2.0437	2.0437	0.0%	0.0%	2.1717	2.1717	2.1717	2.1717	0.0%	0.0%	2.3102	2.3102	2.3102	2.3102	0.0%	0.0%	2.3873	2.3873	2.3873	2.3873	0.0%	0.0%
	63	1.9153	1.9191	1.9153	1.9191	0.0%	0.0%	2.0722	2.0769	2.0722	2.0769	0.0%	0.0%	2.1998	2.2054	2.1998	2.2054	0.0%	0.0%	2.3462	2.3534	2.3462	2.3534	0.0%	0.0%	2.4138	2.4226	2.4138	2.4226	0.0%	0.0%
	64	1.9344	1.9458	1.9344	1.9458	0.0%	0.0%	2.0959	2.1054	2.0959	2.1054	0.0%	0.0%	2.2278	2.2391	2.2278	2.2391	0.0%	0.0%	2.3750	2.3822	2.3750	2.3822	0.0%	0.0%	2.4403	2.4492	2.4403	2.4492	0.0%	0.0%
	65+	1.9344	1.9458	1.9344	1.9458	0.0%	0.0%	2.0959	2.1054	2.0959	2.1054	0.0%	0.0%	2.2278	2.2391	2.2278	2.2391	0.0%	0.0%	2.3750	2.3822	2.3750	2.3822	0.0%	0.0%	2.4403	2.4492	2.4403	2.4492	0.0%	0.0%

Notes:

(1) Note that the Plan Index Rate is also listed in Exhibit IX-a. Also see Exhibit I for further documentation on plan index rates (i.e. the "Normalized Plan Rates PMPM").

Anthem Blue Cross and Blue Shield
Colorado Individual Line of Business

IX-l. Rating Variables - Area Definitions

The U.S. Postal Service is shifiting all homes in the 80501 zip code to 80504. 80501 is currently defined as Area 3 so to keep things consistent we will move 80504 to Area 3 as well (80504 is currently defined as Area 1).

Zip From	Zip To	Area	Zip From	Zip To	Area	Zip From	Zip To	Area	Zip From	Zip To	Area
00000	80000	2	80225	80226	3	80515	80515	2	80830	80830	2
80001	80007	3	80227	80227	2	80516	80516	1	80831	80834	4
80008	80010	2	80228	80229	3	80517	80517	2	80835	80835	2
80011	80011	3	80230	80231	2	80518	80520	1	80836	81209	4
80012	80018	2	80232	80234	3	80521	80528	2	81210	81210	1
80019	80024	3	80235	80240	2	80529	80531	1	81211	81211	4
80025	80025	2	80241	80242	3	80532	80532	2	81212	81219	3
80026	80027	3	80243	80259	2	80533	80533	3	81220	81220	4
80028	80028	2	80260	80260	3	80534	80534	1	81221	81223	3
80029	80040	3	80261	80300	2	80535	80539	2	81224	81225	1
80041	80041	2	80301	80422	3	80540	80540	3	81226	81226	3
80042	80043	3	80423	80424	1	80541	80541	2	81227	81229	4
80044	80044	2	80425	80425	3	80542	80543	1	81230	81231	1
80045	80045	3	80426	80426	1	80544	80544	3	81232	81234	3
80046	80101	2	80427	80427	3	80545	80545	2	81235	81236	4
80102	80102	3	80428	80431	1	80546	80546	1	81237	81239	1
80103	80105	2	80432	80433	3	80547	80547	2	81240	81240	3
80106	80106	4	80434	80435	1	80548	80548	1	81241	81241	1
80107	80118	2	80436	80442	3	80549	80549	2	81242	81242	4
80119	80119	1	80443	80443	1	80550	80552	1	81243	81243	1
80120	80122	2	80444	80460	3	80553	80553	2	81244	81246	3
80123	80123	3	80461	80464	1	80554	80600	1	81247	81247	1
80124	80126	2	80465	80466	3	80601	80602	3	81248	81250	4
80127	80128	3	80467	80467	1	80603	80613	1	81251	81251	1
80129	80131	2	80468	80468	3	80614	80614	3	81252	81289	4
80132	80133	4	80469	80469	1	80615	80639	1	81290	81300	3
80134	80135	2	80470	80472	3	80640	80641	3	81301	81600	4
80136	80137	3	80473	80473	1	80642	80801	1	81601	81623	1
80138	80138	2	80474	80476	3	80802	80811	4	81624	81624	4
80139	80149	1	80477	80477	1	80812	80812	1	81625	81629	1
80150	80161	2	80478	80478	3	80813	80819	4	81630	81630	4
80162	80162	3	80479	80480	1	80820	80820	3	81631	81642	1
80163	80163	2	80481	80482	3	80821	80821	4	81643	81644	4
80164	80164	1	80483	80500	1	80822	80822	1	81645	81645	1
80165	80213	2	80501	80504	3	80823	80823	4	81646	81646	4
80214	80215	3	80505	80509	1	80824	80824	1	81647	81658	1
80216	80220	2	80510	80510	3	80825	80826	4	81659	99999	2
80221	80221	3	80511	80513	2	80827	80827	3			
80222	80224	2	80514	80514	1	80828	80829	4			

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Colorado

2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Rocky Mountain Hospital and Medical Service, Inc., dba Anthem Blue Cross and Blue Shield 700 Broadway, Denver, CO 80273	Colorado	Casualty and Health	0671	11011	84-0747736	1620

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Bryan Curley c/o Anthem Blue Cross and Blue Shield 2100 Corporate Center Drive Newbury Park, CA 91320	805.713.5243	805.713.8263	Bryan.Curley@WellPoint.com

5.	Requested Filing Mode	☑ Review & Approval ☐ File & Use ☐ Informational ☐ Combination (please explain): _____ ☐ Other (please explain): _____

6.	Company Tracking Number	
7.	☑ New Submission ☐ Resubmission	Previous file # _____
8.	Market	☑ Individual ☐ Franchise Group: ☐ Small ☐ Large ☐ Small and Large ☐ Employer ☐ Association ☐ Blanket ☐ Discretionary ☐ Trust ☐ Other: _____
9.	Type of Insurance	PPO Medical
10.	Product Coding Matrix Filing Code	H16I.005A
11.	Submitted Documents	☐ **FORMS** ☐ Policy ☐ Outline of Coverage ☐ Certificate ☐ Application/Enrollment ☐ Rider/Endorsement ☐ Advertising ☐ Other ☐ Health Benefit Plan Description Form **Rates** ☐ New Rate ☑ Revised Rate ☐ **FILING OTHER THAN FORM OR RATE:** Please explain: _____ **SUPPORTING DOCUMENTATION** ☐ Articles of Incorporation ☐ Third Party Authorization ☐ Association Bylaws ☐ Trust Agreements ☐ Statement of Variability ☐ Certifications ☑ Actuarial Memorandum ☐ Other _____

12.	**Filing Submission Date**	**September 10, 2009**
13	**Filing Fee (If required)**	Amount _____ Check Date _____ Retaliatory ☐ Yes ☑ No Check Number _____
14.	**Date of Domiciliary Approval**	**N/A**
15.	**Filing Description: Actively Marketed Individual PPO Plans - Rate filing – Effective January 1, 2010**	

See Cover Letter for additional information

16. **Certification (If required)**

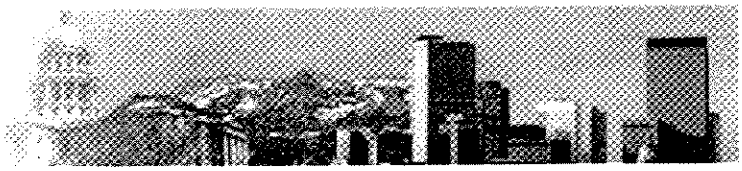
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Colorado.

Print Name **Bryan Curley** Title **Regional VP and Actuary II**

Signature Bryan Curley Date: 9/10/09

Colorado The Official State Web Portal

Dora Division of Insurance
Department of Regulatory Agencies



Insurance Rates and Forms

Click on any of the column headers to re-sort this report.

Printer Friendly Version Download to Spreadsheet

H16I Individual Health - Major Medical Insurance Rates for Rocky Mountain Hospital And Medical Service, Inc.

SERFF Tracking Number	Filing Status	Effective Date	Average % Rate Impact	Number of Affected Policyholders	Maximum % Effect on a Single Policyholder	Minimum % Effect on a Single Policyholder
WLPT-126042460	Closed	07/01/2009	6.4	97008	7	5
WLPT-126201932	Closed	10/01/2009	.6	92742	14.3	0
WLPT-126300776	Closed	01/01/2010	25	41	15	15
WLPT-126300767	Closed	01/01/2010	32.4	874	21.2	20.2
WLPT-126300764	Closed	01/01/2010	22.7	93936	24.5	-14.5

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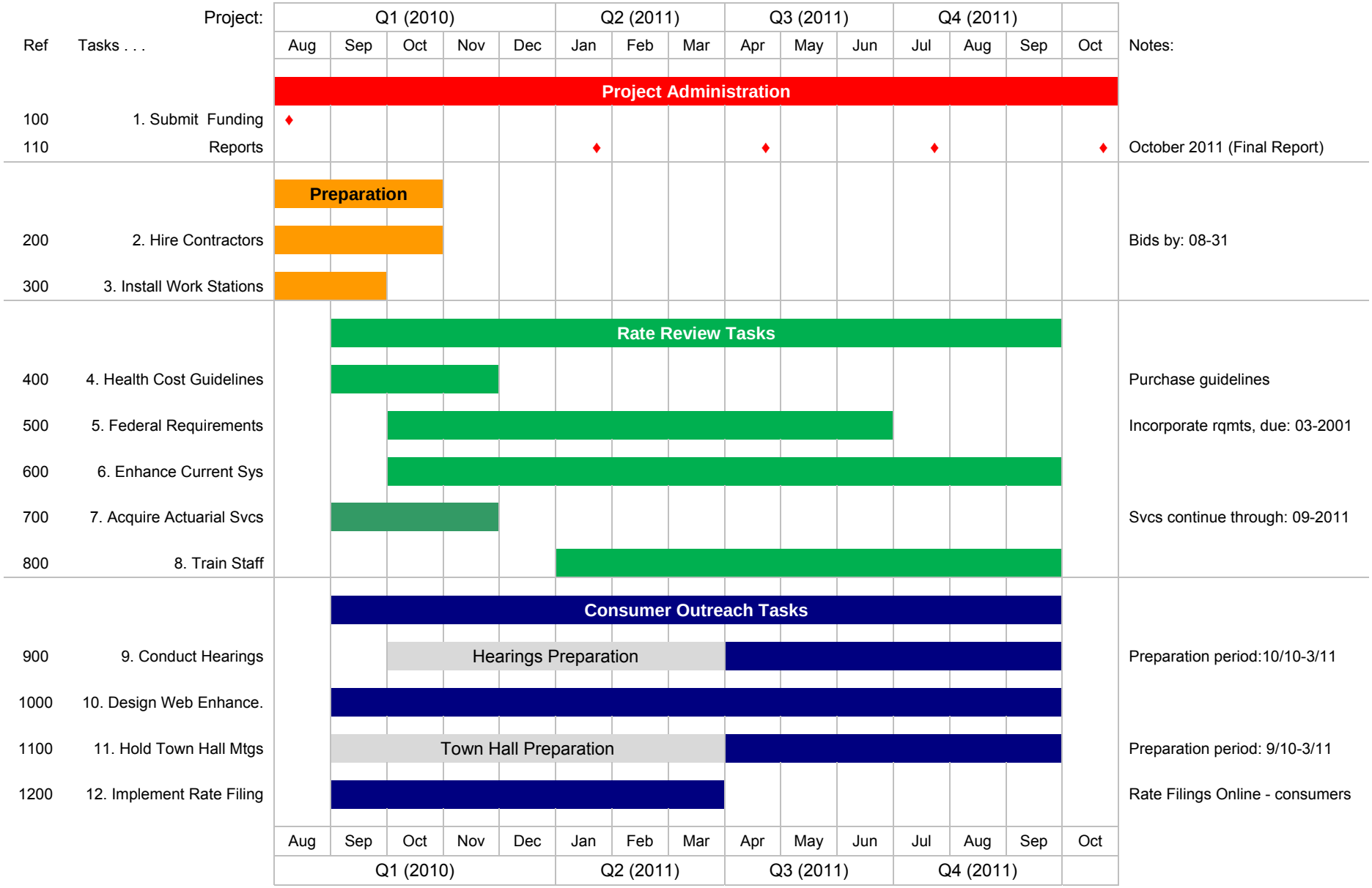
Return to Insurance Rates and Forms Search

E-Mail the Division of Insurance
1560 Broadway, Suite 850
Denver, CO 80202
(303) 894-7490 Phone
(303) 894-7455 Consumer Assistance
(800) 930-3745 Toll Free
(303) 894-7455 FAX
Relay Colorado
(TTY (English & Spanish) Voice VCO, ASCII, 510 Assistance Numbers)
Open Monday through Friday (8:00 a.m. to 5:00 p.m.)

Consumer Protection

Timeline for Basic Work Plan for the ***Colorado Division of Insurance***

OMB Number: 2125-0611



Overview

This document provides information about COFRS options. The State of Colorado may not use all options and features documented in this subsystem. The Procedures in chapters 3 and 4 provide information on specific COFRS usage requirements established by the State Controller's Office and other Central Control agencies.

OVERVIEW

The Grants subsystem serves three primary purposes:

- To provide a budgetary control structure that is independent from appropriations and is tailored to grant requirements
- To provide an automated mechanism of recording both direct and indirect grant costs and associated revenues
- To provide a capability for meeting the specialized financial and management reporting needs of those persons associated with grants such as:
  - Grantor entities
  - Program administrators
  - Agency and central managers
  - Principal investigators

Grants As Unique Entities

In the Grants Subsystem (GRT), grants are treated as unique entities apart from the standard State fund/agency/organization structure. This is because certain complex grants do not fit into an organization structure due to grantee/subgrantee relationships, grant-specific detail budgets or multiple sources of funds.

A transaction is provided to enter management and budgetary information about each grant. This information includes descriptive information such as grantor, grant start and end dates, and reimbursement formulas.

Expenditure budgets can be established for a grant, for all sub-grants, and for detailed budget lines within a grant or sub-grant which do not correspond to the organization or object of expenditure structure. Revenue budgets for grants, if appropriate, may also be established through the regular revenue budget process. If the Grant Indicator field on the Fund/Agency Table (FAGY) has been set to 'Y', then accounting transactions are recorded in the Grants Subsystem tables for the appropriate grant budget line.

Hierarchical Structure

COFRS provides a three-level hierarchical structure for grant planning and accounting. The key component of this hierarchy is the **grant number**. The grant number is a twelve-character code, usually the identification number assigned to the grant by the grantor. It is defined uniquely within an agency. In this way, agencies have the flexibility to determine exactly what defines a grant and to assign their own numbers.

As a second component, COFRS provides the means to break grants down into **grant budget lines**. Again, grant budget lines, in terms of number and description, are agency-defined codes. In order to facilitate processing, however, it is required that every grant have at least one grant budget line. The grant budget line code is four characters in length.

The codes previously described for grant management are all restricted to grants within a single agency. As a third hierarchical component, COFRS provides a higher-level attribute to link together, for reporting, grants in which multiple agencies are participants. This code, the **government-wide grant number**, is twelve characters in length. It may be used, for example, with a block grant where multiple agencies within the State are earmarked as recipients of grant dollars.

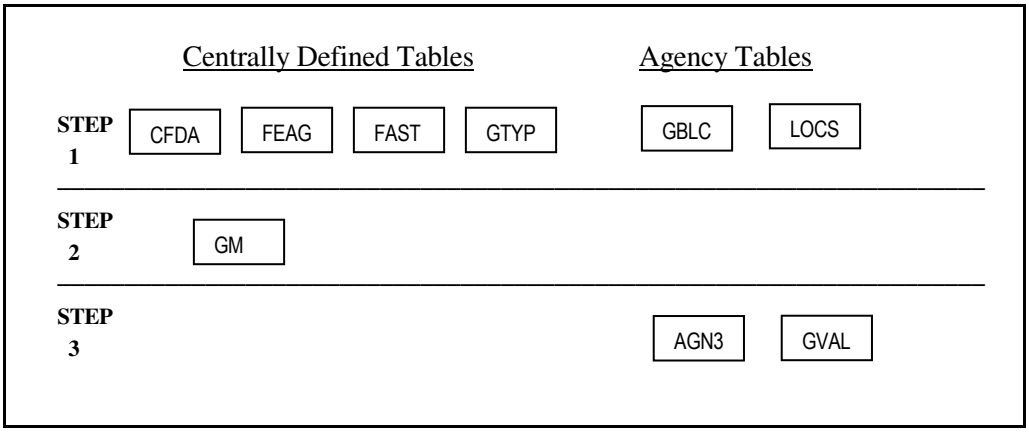
When this model is followed, COFRS accounts for the separate use of grant dollars by all agencies, as well as links them together for central monitoring and reporting.

GRANT PROCESSING

Setup

Grants are established in the Grants Subsystem through entries made in several tables and the Grant Master Transaction (GM). Grant Master Transactions (GM) must be entered to establish valid grant numbers and grant budgets in COFRS. As shown in the Grant Establishment figure, a specific sequence of actions is necessary for the initial establishment of grants.

Grant Establishment



Processing

- Grant activity is recorded using standard COFRS accounting transactions such as Purchase Order Transactions (PO) and Payment Voucher Transactions (PV) with a valid grant budget line code.

- Grant revenue is recorded automatically or manually. Journal Voucher Transactions (JV) and Invoice Transactions (IN) set up receivables when a grant is awarded or a grant billing is sent to the grantor, respectively. This occurs automatically through Revenue Accrual Table (REVA) entries. If a letter of credit is to be used, the Draw Down Balance Request Table (LOCB) and the Draw Down Calculation Request Table (LOCD) control the amount and timing of these draws. When funds are actually received, a Cash Receipt Transaction (CR) entered with a valid grant budget line updates the applicable accounting and grant ledgers and tables.

- The calculation of overhead can be automated by setting up the Overhead Distribution Table (OHDT) and Overhead Rate Table (OHRT).

Inquiry

Grant reports and inquiries are available to support information needs. Standard online inquiries are available for real-time access to grant information. Grant status reports are generated at period end or upon request.

MAJOR FUNCTIONS

The major functions of the Grants Subsystem include the following:

- Aggregation of all grant-related data
- Multi-year inception-to-date budgeting
- Funds control against grant budgets

Each of these is described in the following subsections.

Aggregation of Grant-Related Data

The primary function of the Grants Subsystem is to identify and collect all grant-related financial information. All descriptive and financial information pertaining to a grant that is handled apart from the organization structure is maintained in the Grants Subsystem tables. Each transaction entered with the appropriate agency grant budget line code is recorded in these tables. Inquiries are available against grant budget lines, agency grants, and government-wide grants.

Information is available to support a wide variety of reporting options. Appropriations and revenue budgets related to grants can be set up in COFRS as an adjunct to the grants tables.

Multi-Year Inception-to-Date Budgeting

Frequently, grants are not bound by the same fiscal year as the organization and often extend over more than one year. COFRS addresses this issue by specifically providing for a fiscal year that is independent of the organization's fiscal year.

When a grant is established in the Grants Subsystem, a start date and end date are entered for the grant. Until the end date is passed, the grant remains open and eligible for activity. The end date is not constrained by the current fiscal year and may be several years in the future.

In addition, a fiscal year relevant to the grant may be specified when the grant is established in the Grants Subsystem. The grant fiscal year does not have to be the same as the fiscal year used for the State's financial accounting and reporting. It is defined by identifying the calendar month in which the fiscal year starts. Thus, if a grant fiscal start month of '10' (October) is entered, the grant fiscal year is defined as calendar month 10 of the current year through calendar month 9 of the following year (October through September).

Standard online inquiries are available for grant inception-to-date and grant fiscal-year information. Reports may be obtained by government fiscal year as well as grant fiscal year or inception-to-date.

Funds Control Against Grant Budgets

The Grants Subsystem provides the capability to reject spending transactions that exceed grant budgeted amounts. Available funds checks for grant spending are performed at the grant budget line level. Grant budget lines may be established so that transactions which exceed available funds are rejected.

TABLES

There are reference tables, hybrid tables, and system-maintained tables used by the Grants Subsystem. These tables are described below.

REFERENCE TABLES

Agency Grant Miscellaneous Information Table (AGN3)

The Agency Grant Miscellaneous Information Table (AGN3) is an agency-defined table that contains descriptive information about grants, including data about questioned costs, audit requirements, reports due, and sub-grantees. This table is not updated by the system; however, it does allow manual tracking of information (e.g., data on sub-grants may be maintained in this table).

Catalog of Federal Domestic Aid Table (CFDA)

The Catalog of Domestic Aid Table (CFDA) is a centrally-defined table which identifies CFDA numbers. This table is referenced to verify CFDA numbers entered on Grant Master Transactions (GM). The first two characters of the CFDA number identify the federal granting agency and the last four characters identify the federal program.

Charge Class Reference Table (CHRG)

The Charge Class Reference Table (CHRG) is an agency-defined table that defines charge class codes and assigns each class a standard cost or rate per unit. Charge class codes group types of goods and services. Agencies may add new codes to this table; existing codes may be changed or deleted only by the State Controller's Office.

(**NOTE:** This table is shared with the Project Accounting Subsystems.)

Grant Status Table (FAST)

The Grant Status Table (FAST) defines grant status codes (e.g., awarded, pending approval, on hold, completed, etc.). This table lists all available grant status codes, along with descriptions and short names for each status code. Status codes must be defined prior to entering any grant transactions. Agencies may add new codes, but codes may be changed or deleted only by the State Controller's Office.

When establishing a new grant, a valid status code must be entered on the Grant Master Transaction (GM).

Grant Agency Table (FEAG)

The Grant Agency Table (FEAG), a centrally defined table, lists each grantor from whom the department receives grant funds, along with its two-character federal agency code or centrally assigned code. The grant agency code is used for convenience in referencing the grantor on Grant Master Transactions (GM). The grantor name can then be inferred for reporting as needed.

Grant Budget Line Code Table (GBLC)

The Grant Budget Line Code Table (GBLC) establishes the codes to be associated with each grant spending line, which are agency-defined allotments referred to as *grant budget lines*. The Grant Budget Line Code Table (GBLC) is referenced by COFRS to provide expenditure and revenue reports for grants by those allotment categories (grant budget lines). It must be set up prior to establishing a grant in COFRS. Defined by the agency, the table is organized by fiscal year, agency, and grant budget line.

Revenue Accrual To-GBL Validation Table (GGBL)

This agency-defined table displays valid accounting distributions used in the accrual of revenue for grant budget lines. The table links grant budget lines and agencies to a specific revenue accounting distribution.

Grant Type Table (GTYP)

The Grant Type Table (GTYP) is a centrally defined table that assigns codes indicating the grant type as direct, pass-through, or sub-recipient. This table is referenced to verify grant type codes entered on Grant Master Transactions (GM).

Grant Validation Table (GVAL)

The Grant Validation Table (GVAL) allows agencies to define valid accounting distributions to associate with specific grant budget lines. It also identifies the grant associated with each grant budget line/accounting distribution. Each grant budget line code is listed on this table along with each valid accounting distribution. Valid combinations are also defined by type of transaction, e.g., revenue transactions, using the expenditure/revenue/balance sheet indicator. Depending upon options set in the Fund/Agency Table (FAGY), the organization, object, revenue source code, program, function and reporting category codes may or may not be required. Accounting code combinations may be defined before the Grant Master Transaction (GM) is established if the grant number is known.

This table is referenced by transaction processors when the Grant Indicator is set to 'Y' in the Fund/Agency Table (FAGY) and a grant budget line is coded on the transaction. If the grant budget line code and accounting distribution entered on the transaction does not match an entry in this table, the transaction is rejected. If the grant budget line code and accounting distribution are valid on this table, the grant number is inferred and Grant Subsystem tables are updated.

Letter of Credit Drawdown Calculation Request Table (LOCD)

The Letter of Credit Drawdown Calculation Request Table (LOCD) allows a batch process to be requested that calculates an amount to be drawn down based on one of two calculation methods: expenditures incurred or warrants redeemed. The table is organized by agency, grant, grant budget line, and accounts receivable account. This table also provides the capability for requesting a grant billing (invoice) process.

Overhead Distribution Table (OHDT)

This agency-defined table gives the accounting distributions to be debited and credited for the overhead computed on grants.

Overhead Rate Table (OHRT)

The Overhead Rate Table (OHRT) is an agency-defined table that the overhead rates to be applied to grant expenditures. These rates may be specified in detail at the object code level or at any roll-up level of the object code.

Revenue Accrual Table (REVA)

The Revenue Accrual Table (REVA) is an agency-defined table that establishes reimbursement percentages by revenue source for a project, grant or grant budget line. The table is organized by fiscal year, agency, grant or project, grant budget line, and revenue source. Entries in this table result in accounting entries which record the recognition of revenue (based on expenditures) on a daily basis.

NOTE: This table is used by both the Grants and Project Accounting Subsystems.

HYBRID TABLES

Grant Purge Table (GPRG)

The Grant Purge Table (GPRG) is a system-defined/agency-maintained table that is used by agencies to indicate when records for a grant should be removed (purged) from the Grants Subsystem (GRT). The table is periodically populated by COFRS and lists all closed grants that could be purged. Agencies then use this table to mark specific grants to be purged.

Draw Down Balance Request Table (LOCB)

This table is agency-defined/system-maintained. It identifies grants that use the letter of credit drawdown process.

Letter of Credit Status Table (LOCS)

The Letter of Credit Status Table (LOCS) provides a summary of credit information for each letter of credit entered by an agency. It subtracts the drawdown amount from a letter-of-credit total to derive a remaining available balance. This calculation uses the letter of credit's reimbursement percentage (as entered on the REVA Table) to determine the drawdown amount. The table is organized by letter-of-credit number, and is updated by the Letter of Credit Drawdown Calculation Request Table (LOCD).

SYSTEM-MAINTAINED TABLES

Agency Grant Inquiry Table (AGNT)

The Agency Grant Inquiry Table (AGNT) displays inception-to-date financial information about grants. For government-wide grants (e.g., block grants), partial grant data is maintained on this table; for non-government-wide grants, full grant data is displayed. The table is organized by agency and grant number.

Agency Grant Inquiry Table - 2 (AGN2)

The Agency Grant Inquiry Table - 2 (AGN2) displays descriptive information about grants. The table is organized by agency and grant number.

Agency Grant Inquiry Table - 4 (AGN4)

The Agency Grant Inquiry Table - 4 (AGN4) lists all grants within an agency.

Grant Federal Fiscal Year Inquiry Table (FFFY)

The Grant Federal Fiscal Year Inquiry Table (FFFY) provides summaries of grant data by grant fiscal year. This is in contrast to the other grant tables which maintain inception-to-date data.

Grant Budget Line Inquiry Table (GBLI)

The Grant Budget Line Inquiry Table (GBLI) displays inception-to-date financial information about grant budget lines. The table is organized by agency, grant number, and grant budget line. It is referenced by expenditure transactions that include a grant budget line code to determine whether grant funds are available for the expenditure.

Government-Wide Grant Table (GOVW)

The Government-Wide Grant Table (GOVW) displays information on all grants included in a government-wide grant. The table is organized by government-wide grant number, agency, and grant number.

Grant Budget Line Validation Table (GVA2)

The Grant Budget Line Validation Table (GVA2) is an alternate view of the Grant Validation Table (GVAL). It displays records by fiscal year, agency and grant budget line.

Department Grant Budget Line Validation Table (GVA3)

The Department Grant Budget Line Validation Table (GVA3) is an alternate view of the Grant Validation Table (GVAL). It displays records by fiscal year, department and grant budget line.

Government-Wide Grant Inquiry Table (GVFA)

The Government-Wide Grant Inquiry Table (GVFA) displays summary information about government-wide grants. It shows inception-to-date financial information about each government-wide grant.

Overhead Period Table (OHPD)

The Overhead Period Table (OHPD) displays, by accounting period and grant budget line, the grant expenditure amounts on which overhead is to be calculated. Once the overhead calculations are performed, the expenditure amounts are zeroed out.

Agency Revenue Accrual Table (REV2)

The Agency Revenue Accrual Table (REV2) is an alternate view of the Revenue Accrual Table (REVA). It displays records by fiscal year, agency and grant budget line.

Department Revenue Accrual Table (REV3)

The Department Revenue Accrual Table (REV3) is an alternate view of the Revenue Accrual Table (REVA). It displays records by fiscal year, department and grant budget line.

TRANSACTIONS

GRANT MASTER TRANSACTION (GM)

The Grant Master Transaction (GM) is used to establish a new grant in COFRS, complete with budgetary and descriptive information, or to change the basic information pertaining to an existing grant. A Grant Master Transaction (GM) must be accepted by COFRS before any accounting transactions that reference that grant is accepted. The following types of information are entered on Grant Master Transactions (GM):

- Valid grant number and, if applicable, government-wide grant numbers
- Descriptive information such as starting and ending dates, status, grantor, etc.
- Estimated funding sources by type
- Budget for both the entire grant and each grant budget line
- A funds-control edit to indicate whether funds control outside of the normal appropriation control is placed on the grant at the grant budget line level.

This transaction results in entries being made in the Agency Grant Inquiry Table (AGNT, AGN2, AGN4), the Grant Budget Line Inquiry Table (GBLI), and the Grant Federal Fiscal Year Inquiry Table (FFFY). If a Government-wide Grant Number is specified, the Government-wide Grant Inquiry Table (GVFA) and Government-Wide Grant Table (GOVW) are updated.

CODING THE GRANT MASTER TRANSACTION (GM)

The overall grant budget is established by entering the amounts expected to be received from the various funding sources, (e.g., bonds and federal, state, or local governments). In addition, each grant budget line has its own budget which, added together, must equal the total estimated revenue. These grant budget lines (line items) are in addition to the Expense Budget established for the administering agency.

In order to be able to charge expenses or receive funds against a grant, the grant must have a status indicating approval by the grantor and the grant budget line (line item) referenced must have a status of 'O' (Open). If, at any time during the grant entitlement period, expenses should no longer be charged to a particular budget line item, the status for that line may be changed to 'C' (Closed).

The funds edit control option, also present at the budget line-item level, is used to indicate the degree of control desired in monitoring grant spending. If the funds edit (available funds) is set to 'Y' (Yes), COFRS checks for available budget authority for the grant budget line before accepting expenditure transactions. If the spending transaction would cause the budget to be exceeded, the transaction is rejected.

MODIFYING GRANT DATA

The Grant Master Transaction (GM) is also used to modify existing grant data. Any descriptive or budgetary information except Agency Number and Grant Number may be changed. This transaction also can be used to include a grant in a major grant and/or government-wide grant or to transfer a grant budget from one major grant or government-wide grant to another. If a grant budget is transferred, all accounting actual data is transferred as well.

The Agency Number and Grant Number must be entered on the transaction to provide COFRS the means of locating the grant to be modified. A blank table is provided but only information to be changed needs be entered, as described below:

- Data from fields that are entered overlays the data on the database.
- Data fields that are left blank are unchanged on the database.
- An asterisk (*) entered in a data field blanks out that field on the database.

BATCH PROCESSES

There are five batch processes related to the Grants Subsystem. They are:

- **Revenue Accrual Process (RVAC)**
  This process accrues revenue (account type 31) for grants based on grant expenditures. Run nightly, it reads the Daily General Ledger (GENLEDD) to select eligible (i.e., grant-related) expenditures, computes the revenue accrual, and creates Journal Voucher Transaction(s) (JV) to recognize the accrual.

- **Applicable Transaction Accumulation Process (APPLYTX)**
  The Applicable Transaction Accumulation Process (APPLYTX) is run nightly. It reads the Daily General Ledger (GENLEDD) and accumulates amounts from grant-related transactions into the Overhead Period Table (OHPD) and the Draw Down Balance Request Table (LOCB). These tables are subsequently used as input for the Overhead Calculation Process (LOCO) and the Letter of Credit Drawdown Process (LOCD).

- **Letter of Credit Drawdown (LOCD)**
  This process may be run on a daily, weekly or monthly basis. It determines the amount by which a letter of credit should be drawn down, and creates a Journal Voucher Transaction (JV) to process the draw.

- **Overhead Calculation (LOCO)**
  This monthly process calculates overhead on grant expenditures and creates Journal Voucher Transaction(s) (JV) to recognize this overhead so that the overhead expenses are taken into account by the revenue accrual process.

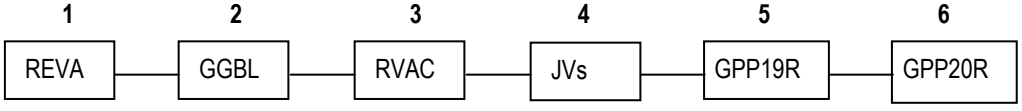
- **Grant Purge Process (GPRG)**
  This process removes information about closed grants from various grant tables and ledgers.

Interactions Between Batch Processes

The REVA, APPLYTX, LOCO and LOCD processes are interrelated, as shown on the attached diagram.

REVENUE ACCRUAL PROCESS (REVA)

In the Grants Subsystem (GRT), revenue is recognized when expenditures are made. The Revenue Accrual Process (RVAC) computes and records the accrual based upon daily expenditures. Steps in this process are briefly explained below:



Put diagram here.

1. Before revenue accrual can be performed, the Revenue Accrual Table (REVA) must be populated. One or more entries on this table are required for each grant/grant budget line combination that will participate in revenue accrual. Agencies must designate on this table the expenditure reimbursement rate (i.e., the percent of expenditures to be credited as revenue) and the balance sheet account code, revenue source code, sub-revenue source code and reporting category code to write on the Journal Voucher Transaction (JV) that accrues revenue. At the agency's option, the output JV accounting distribution can be defined even further by entering the TO-GBL field. This points to another accounting distribution on the Revenue Accrual To-GBL Validation Table (GGBL) table.

2. Records on this table permit the agency to specify the fund, agency, organization, appropriation, program, function, reporting category and grant budget line codes to enter on the revenue accrual JV. The records, with a grant budget line matching a To-GBL on the REVA table, must also be created prior to running revenue accrual.

3. The Revenue Accrual Process (RVAC) is run nightly. The process accrues revenue for all expenditure transactions with a grant budget line code that matches a record on the Revenue Accrual Table (REVA).

   The process retrieves all account types 22 (expenditure/expense) and 23 (expenditure) transactions from the Daily General Ledger (GENLEDD) that have been coded with a grant budget line code. If the fiscal year, agency, grant number and grant budget line code on the expenditure transaction match a REVA entry, COFRS then calculates the revenue earned using the reimbursement percentage indicated on the Revenue Accrual Table (REVA). The revenue accrual process summarizes the earned amounts and creates a Journal Voucher Transaction (JV) to accrue the revenue.

   The accounting distribution on the Journal Voucher Transaction (JV) copies much the accounting distribution from the expenditure transaction, but the revenue source code, sub-revenue source code, balance sheet account code and reporting category code are copied from the Revenue Accrual Table (REVA).

   - If a balance sheet account is shown on the Revenue Accrual Table (REVA), the account type is inferred from the Balance Sheet Account Table (BACC), otherwise it is set to '01'.

   - If a To-GBL exists on the Revenue Accrual Table (REVA) and matches a record on the Revenue Accrual To-GBL Validation Table (GGBL), the agency, fund, organization, appropriation, program, function, reporting category and grant budget line codes from the Revenue Accrual To-GBL Validation Table (GGBL) are copied to the journal voucher's accounting distribution.

4. The Journal Voucher Transaction (JV) is loaded pre-approved onto the Document Suspense File (SUSF) and is scheduled for processing. It is assigned a transaction ID as follows:

JV XXX RYYMMDD9999

where **XXX** represents the agency code, **R** signifies revenue accrual, **YYMMDD** is the date the JV was generated, and **9999** is a system-generated consecutive number.

The Journal Voucher Transaction (JV) creates the following accounting entries:

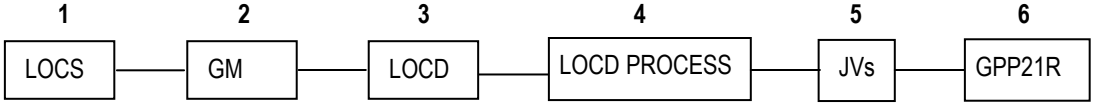
Dr	Balance Sheet Account (specified on the REVA table)	01
Cr	Revenue Source Code (specified on the REVA or GGBL table)	31

5. Two reports documenting the Revenue Accrual Process (RVAC) are produced. The Revenue Accrual Transaction Rejected Report (GPP19R1) lists all transactions that included a grant budget line code but were not used for revenue accrual. The Revenue Accrual Transaction Accepted Report (GPP19R2) lists all expenditure transactions for which revenue was accrued.

6. A third report, the Revenue Accrual Calculation Report (GPP20R), is produced to document the amount of revenue accrued by grant number and grant budget line code.

LETTER OF CREDIT DRAWDOWNS (LOCD)

Letter of credit drawdowns are performed through an offline batch process. This process is used to determine the amount to be drawn for grants that are funded through a Letter of Credit.



1. The Letter of Credit number and amount must be entered on the Letter of Credit Status Table (LOCS). This table will be referenced to validate letter of credit information entered on the Grant Master Transaction (GM).

2. Agencies must identify grants that will use this process by specifying Letter of Credit numbers and amounts using the Grant Master Transaction (GM).

3. Before the draw can be performed, agencies must also set up records on the Draw Down Calculation Request Table (LOCD). This table is used for the calculation of the draw and contains options flags to determine the frequency and method of the draw and whether negative draws should be calculated.

4. Records must be added to the Draw Down Balance Request Table (LOCB) to accumulate the expenditure or cash disbursements amounts that are input to the Letter of Credit Drawdown Process (LOCD).

5. The Letter of Credit Drawdown Process (LOCD) is run at the frequency specified by the agency. It draws down the asset amounts that were accumulated on the Draw Down Balance Request Table (LOCB) by the APPLYTX process. The Letter of Credit Status Table (LOCS) and Draw Down Calculation Request Table (LOCD) are referenced to determine whether and how the draw should be performed. The draw is calculated as the lower of the asset amounts (shown on the LOCB table) or the available balance of the letter of credit (shown on the LOCS table). COFRS will not permit an amount greater than the available amount to be drawn. The process then creates journal vouchers to draw down the letter of credit amounts.

6. The Journal Voucher Transactions (JV) are loaded pre-approved onto the Document Suspense File (SUSF) and are scheduled for processing. These transactions are assigned transaction IDs as follows:

JV XXX LMMDDHHMMSS

where **XXX** represents the agency code, **L** signifies letter of credit, MMDD is the date the JV was generated, and **HHMMSS** is the time stamp for the creation of the first journal voucher by the process. If more journal vouchers are created, the last six digits of the transaction number are incremented sequentially.

The Journal Voucher Transactions (JV) record the cash in transit and reduce the receivable account. Specifically, the entry made by this process is:

Dr.	Cash in Transit (Account 1013)
Cr.	Account Receivable (from the REVA table)

7. Several reports are generated as the result of this process. The Letter of Credit Draw Transaction Report Method 1 (GPP21R1) and Letter of Credit Draw Transaction Report Method 2 (GPP21R2) summarize the amounts drawn and available balance for each letter of credit/grant/grant budget line combination.

LOCD SET-UP REQUIRE-MENTS

Option Settings

Several flags on the Draw Down Calculation Request Table (LOCD) affect the drawdown process. Below is a discussion of the option settings followed by a table showing how the settings affect the process

- **Automatic Draw**
  The Automatic Draw field is optional. If left blank, the LOCD process will not be automatically performed for the agency/grant/grant budget line. To have the drawdown automatically performed, enter 'D' (Daily), 'W' (Weekly) or 'M' (Monthly) to indicate the frequency of drawdown.

- **Calculate Draw**
  This field is used to manually request a drawdown if the Automatic Draw field is blank. Enter 'Y' (Yes) to request the drawdown; COFRS will reset the field to 'N' (No) after the drawdown has been performed in the following nightly cycle.

- **Draw Method**
  This field determines the basis for drawdown. If '1' is entered, the drawdown equals the accrued revenue amount as calculated by the Revenue Accrual (RVAC). If '2' is entered, the drawdown equals the cash disbursed on behalf of the grant from cash account 1100 (bank account code 0001). All cash transactions are considered in calculating the amount of drawdown, including the overhead calculation journal voucher, if appropriate

- **Negative Draw**
  This field determines whether negative draws (i.e., draws of negative amounts) are allowed. Valid codes are 'Y' (Yes) and 'N' (No).

Draw Method 1 (Based upon accrued revenue)

If Draw method 1 (accrued revenue) is being used, the code in the Accounts Receivable Account field on the Draw Down Calculation Request Table (LOCD) must match the code in the Accounts Receivable Account field on the Revenue Accrual Table (REVA). If the accounts are different, COFRS will be able to locate any accrued revenue on which to base the draw.

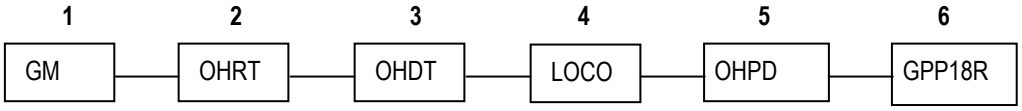
The Accounts Receivable Amount field on the Draw Down Balance Request Table (LOCB) is not updated immediately by the LOCD process. Rather, the field is updated by the APPLYTX transaction during the next nightly cycle when the Journal Voucher Transaction (JV) created by LOCD is processed.

Draw Method 2 (Based on cash disbursements)

The Cash Amount field on the Draw Down Balance Request Table (LOCB) is updated immediately by the LOCD process.

OVERHEAD CALCULATION PROCESS (LOCO)

Overhead is calculated monthly by an offline batch process. The calculation of overhead is dependent upon the entries made in the Grant Master Transaction (GM) and in several tables.



1. A single overhead rate may be applied to all grant expenditures, or several overhead rates may be set for different objects of expenditure. In the Grant Master Transaction (GM), agencies must indicate the roll-up level of the object code at which overhead rates are to be specified on the Overhead Rate Table (OHRT). These roll-up levels, from the most general to the most specific, are:

   - Object Group (G)

- Object Type (T)
- Object Category (C)
- Object Class (L)
- Object Code (O)

2. In the Overhead Rate Table (OHRT), agencies must indicate the overhead rate to be used in calculating the overhead for grant expenditure transactions. Records must be added for each object code or object roll-up code on which overhead is to be calculated.

3. The Overhead Distribution Table (OHDT) must also be populated by agencies before overhead calculation can be performed. This table is used to determine the accounting distribution to receive the overhead recovery. The table is keyed by fiscal year, agency and grant number.

4. Overhead is calculated on a monthly basis (on approximately the 10th and the 25th). The Overhead Calculation Process (LOCO) selects all records from the Overhead Period Table (OHPD) that have a grant budget line code matching an entry on the Overhead Rate Table (OHRT). The overhead is calculated using the overhead rate specified on that table.

5. The overhead calculation is then summarized using the accounting distribution specified on the Overhead Distribution Table (OHDT). From that summarization, a Journal Voucher Transaction(s) (JV) is created to distribute the overhead.

6. The Journal Voucher Transaction(s) (JV) is loaded pre-approved onto the Document Suspense File (SUSF) and is scheduled for processing. It is assigned a transaction ID as follows:

   JV XXX IYYMMDD9999

   where **XXX** represents the agency code, **I** signifies overhead calculation, **YYMMDD** is the date the JV was generated, and **9999** is a system-generated consecutive number.

   The accounting entries created by the Journal Voucher Transaction(s) (JV) are as follows:

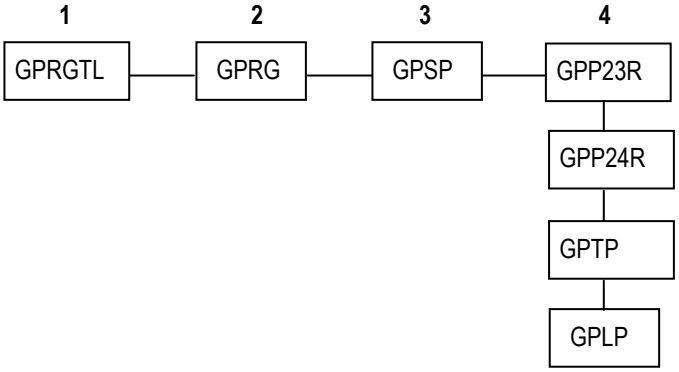
DR	Grant Budget Line (specified on the OHDT table)
CR	Overhead Cost Recovery Account (specified on the OHDT table)

7. All records on the Overhead Period Table (OHPD) that were selected for overhead calculation are zeroed out. Rejected records are left unchanged on the table.

8. Finally, the Overhead Transaction Accepted/Rejected Report (GPP18R) is generated. This report lists all records from the Overhead Period Table (OHPD) and states how they were treated when the Overhead Calculation Process (LOCO) was run.

GRANT PURGE PROCESS (GPTP, GPLP)

The grant purge process is performed three times per year. It includes several batch processes and requires user input.



1. The Grant Purge Table Load Process (GPRGTL) creates records on the Grant Purge Table (GPRG) for grants that have an End Date earlier than a year prior to the date this job is run. Users are notified via the Grants User Group when this step has been performed.

2. Users must now indicate on the Grant Purge Table (GPRG) whether the grant is to be purged or not. They have 4 weeks to complete this step.

3. The Grant Purge Selection Process (GPSP) determines which grants will be purged. It only selects grants that users have designated for purge. It also ensures that the selected grants still meet COFRS purge requirements, e.g., the grant is closed on AGNT.

4. The jobs in this step are performed in any order immediately after the Grant Purge Selection Process (GPSP) has completed:

   - The Purged Grants Listing (GPP23R) is produced, indicating which grants have been selected for purging by the GPSP program.

   - The Grants With Agency Approval Not Purged Report (GPP24R) lists all grants which did not meet COFRS purge requirements.

   - The Grant Purge Tables Process (GPTP) removes (purges) all selected grants from Grants Subsystem (GRT) tables.

   - The Grant Purge Ledgers Process (GPLP) removes (purges) all selected grants from Grants Subsystem (GRT) ledgers.

5. Using the Purged Grants Listing (GPP23R), users must now manually purge the following tables:

- Grant Budget Line Code Table (GBLC)
- Revenue Accrual To-GBL Validation Table (GGBL)

REPORTS

Grant Revenues and Obligations by Month and Year-To-Date (GPP01R)

This report provides a summary of revenue and obligation information for the current month and year to date for grant budget lines within grants within agencies. Each report may be customized for each grant by using Logical Dates Table (LDAT) miscellaneous parameters to specify up to four different account distribution codes by which the information is sorted/accumulated. Use of object/revenue source and sub-object/sub-revenue source codes is optional in the report. This report also compares budgeted positions by grant against the actual FTE for the month. Run monthly. Agencies need to give careful consideration to the type of information to appear on this report for each grant.

Grant Inception-To-Date Budget vs. Obligation Report (GPP05R)

This report provides grant inception-to-date budget versus obligation information summarized by grant budget lines within grants. The unobligated balance for each grant budget line is calculated. This report may be requested for specific agency categories or grant numbers. Run monthly.

NOTE: Comparison of budget to obligation information is only relevant in situations where a grant budget reflects the entire life of the grant.

Summary Trial Balance by Grant Within Agency (GPP09R)

This report provides summary level information for obligations, revenues and grant charges at the balance sheet or object/revenue source level for grants within agencies for the current accounting period. Begin balance reflects inception-to-date balance, debits and credits are summarized for the current month, and ending balance is a calculation. This report may be requested for specific agency categories or grant numbers. Run monthly.

Sub-recipients of Pass-through Grants (GPP14R)

This report lists all payments and adjustments made at a detail level of sub-recipients of pass-through grants, sorted by vendor code within agency. Run monthly.

Grant Detail Report (GPP15R)

This report provides current period beginning and ending balances by grant budget line within grant for the current fiscal year. It does not include any inception-to-date information. The report lists all transaction detail for the grant budget line, except for payment voucher and disbursement transactions, which are summarized.

Apply Transaction Accepted/Rejected Report (GPP17R)

This report lists transactions that were accepted (GPP17R2) or rejected (GPP17R1) for processing by the APPLYTX process.

Overhead Transaction Accepted/Rejected Report (GPP18R)

This report lists by accounting period, document ID, and transaction date the account code information of the transactions that were selected or rejected for overhead calculation. Included on this report is a reason for each rejection.

Revenue Accrual Transaction Rejected Report (GPP19R1)

This report lists, by document ID, transaction date and account code structure, the amount of transactions that contained a grant budget line but for which no revenue accrual was made. Included in the report is the reason the transactions were rejected.

Revenue Accrual Transaction Accepted Report (GPP19R2)

This report lists by document ID, transaction date and account code structure, the amount of transactions that contained a grant budget line and for which a revenue accrual entry was made.

Revenue Accrual Calculation Report (GPP20R)

This report shows by grant number and grant budget line, the account code structure of all expenditures, the percentage reimbursed and the amount of the revenue accrual that was calculated by the system during the nightly cycle.

Letter of Credit Draw Transaction Report Method 1 (GPP21R1)
Letter of Credit Draw Transaction Report Method 2 (GPP21R2)

These reports list by document ID, fiscal year, accounting period and transaction date all of the transactions included in the letter of credit drawdown. It also lists transactions that were not included in the letter of credit draw calculation but that met the criteria to be included in that draw. The reason those transactions were not included is given on this report.

ROLES AND RESPONSIBILITIES

(i) Grant funds management:

The Division of Insurance is one of the agencies that is part of the Department of Regulatory Agencies (DORA). The Controller of DORA administers all grants for the agencies. DORA uses software called the Colorado Financial Reporting System (COFRS) provides a budgetary control structure that is independent from appropriations and is tailored to grant requirements. COFRS provides an automated mechanism of recording both direct and indirect grant costs and associated revenues and provides the capability for meeting specialized financial and management reporting needs for grants. Grants are treated as unique entities apart from the State fund/agency/organization structure.

(ii) Organizational Chart and job responsibilities:

The two rate analyst contractors will review, analyze, refer, and/or approve health insurance rates in relation to new federal requirements related to medical ratios, unreasonableness of rates, and other requirements and will enter data. The contractors will update the procedures manual with new federal requirements. They will spend 100% of their time on grant activity. These contractors will report to the supervisor of the Rates and Forms section. The Supervisor will spend approximately 10% of his time directing and supervising this contractor. The Supervisor of Rates and Forms manages the rates & forms section and regulatory actions against companies and drafts proposed legislation, regulations and bulletins.

The consumer complaint contractor will analyze and respond to consumer health insurance rate complaints related to the Affordable Health Care mandates and changes.

This contractor will train DOI staff on changes required under new federal laws and enter complaint information into the data base. This contractor will spend 100% of his or her time on grant activity and will report to the Supervisor, Life and Health Consumer Affairs. The Supervisor will spend approximately 5% of her time directing and supervising this contractor. The Supervisor, Life and Health section of Consumer Affairs, drafts proposed legislation, regulations and bulletins; oversees the investigation of health insurance related consumer complaints; reviews of regulatory actions; and develops consumer educational materials.

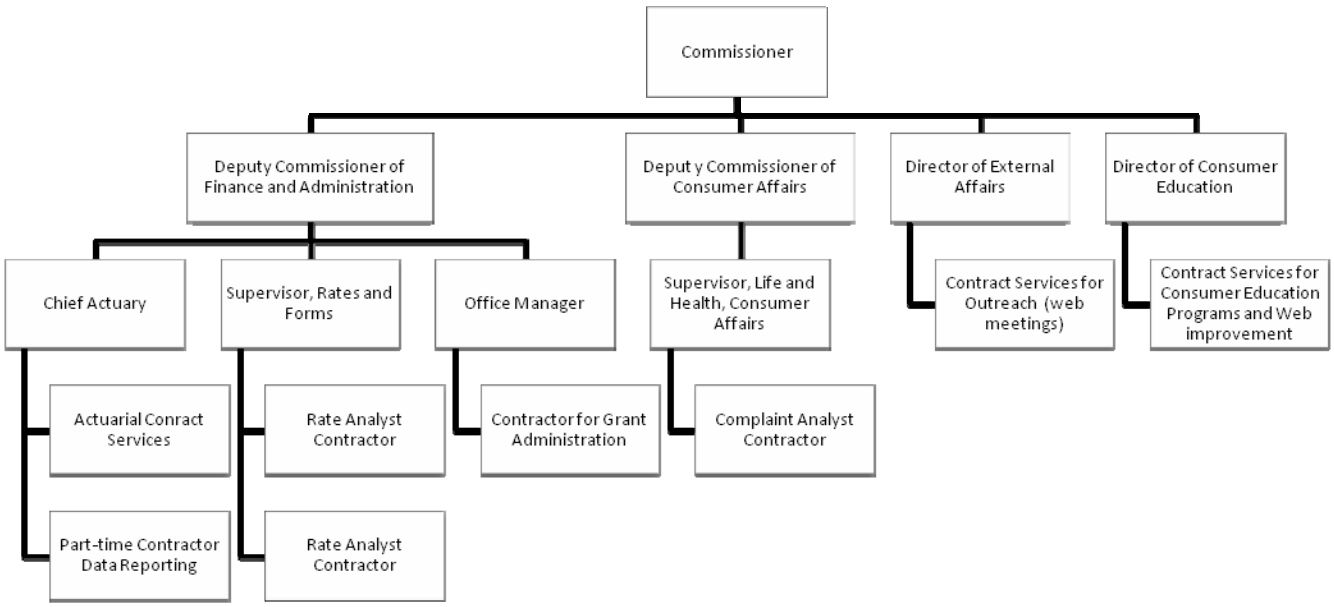
The contractor for grant administration will spend 100% of his or her time ensuring that time-lines are being met and that grant activities are progressing. This contractor will be responsible for reporting to HHS all grant activities as required. This contractor will report to the Office Manager. The Office Manager will spend approximately 10% of her time directing and supervising this contractor. The Office Manager oversees cash management functions, office management, and customer service functions.

The part-time contractor dedicated to grant data collection and HHS reporting requirements will spend 100% of his or her time on grant activities. This contractor will report to the Chief Actuary. Job duties are collection of data, communicating with HHS representatives on the requirements for data reporting, and preparing the reports according to all state and federal requirements. The Chief Actuary will spend approximately 5% of his time directing and supervising this contractor. The Chief Actuary reviews rate filings, assists with financial examinations of companies, and supports other staff on actuarial issues.

The DOI plans to contract for various services related to the enhancement of rate review and consumer education and outreach. Current staff will communicate with contractors and direct the various services provided. The Chief Actuary and the Supervisor of the Rates & Forms department will direct and supervise any of the contracted actuarial services, contracted IT services, and contracted training services for actuaries and rate analysts. The Director of Consumer Education direct and supervise contract services needed for developing consumer education materials related to health care reform, as well as web enhancement. The Director of External Affairs will direct and supervise any contracted services related to consumer outreach programs, including web "town meetings." Each of the current supervisory staff will spend approximately 10% of their time directing contractual services. The Director of Consumer Education/Public Information manages of the DOI's communications through print, video, electronic information, brochures and publications, websites, and news releases and is the primary media contact. The Director of External Affairs is responsible for all outreach efforts to inform both consumers and industry and is the main contact with the Colorado General Assembly developing legislative initiatives and implementation strategies, and conducting policy research and analysis.

The two deputies listed on the organizational chart will spend approximately 5% of their time on grant activities including attending meeting and answering questions. The Deputy Commissioner for Consumer Affairs oversees the consumer complaint system, enforcement and compliance activities, and is a senior policy advisor on legislation, regulation, and management of the Division of Insurance. The Deputy Commissioner of Finance and Administration oversees the DOI budget and appropriations and office

management and oversees the financial examination ,financial affairs, corporate affairs, actuarial, premium tax collection, market regulation, producer licensing, and rates and forms sections.



Job Description for Project Director and Assistant Director

Project Director, Kelli Cheshire, Office Manager:

The Office Manager will spend approximately 10% of her time directing and supervising grant activities. The Office Manager's job description includes overseeing cash management functions; office procedures, space, and equipment; and customer service functions.

Assistant Project Director: John Postolowski, Deputy Commissioner of Finance and Administration

The Deputy Commissioner of Finance and Administration will spend approximately 5% of his time directing grant activities. The Deputy Commissioner of Finance and Administration's job description includes overseeing the DOI budget and appropriations; office management; overseeing the financial examination ,financial affairs, corporate affairs, actuarial, premium tax collection, market regulation, producer licensing, and rates and forms sections.

OMB Number: 0980-0204
Expiration Date: 12/31/2009

Objective Work Plan

Project:

Premium Review Grant

* Year: * Funding Agency Goal:

* Year:	* Funding Agency Goal:
1	Improve the Colorado Division of Insurance's ability to evaluate the reasonableness of health insurance rates.

* Objective:

1. Improve the quality of information used in rate reviews and reduce the amount of time needed to complete each, in compliance with new federal requirements.

* Results or Benefits Expected:

Colorado insurers will submit more reasonable rate increases.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Obtain Health Cost Guideline Software and Manual from Milliman Health or Towers Watson Health.	Chief Actuary	09/01/2010	09/30/2010	0
Update Rating Procedures Manual with new federal requirements and process enhancements.	Contract Rate Analyst	10/01/2010	06/30/2011	1,000
Contract with Actuarial Firm to create summary report for each Colorado health insurer containing financial data, profits, executive salaries, medical trends, dividends, stock options, bonuses, producer commissions, legal costs, etc.	Chief Actuary	10/01/2010	03/31/2011	0
Additional training on federal reform and resulting changes to Rates and Forms.	Training contractor	10/01/2010	12/31/2010	250

OMB Number: 0980-0204
Expiration Date: 12/31/2009

Objective Work Plan

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Collaborate with the NAIC to enhance SERFF to meet reporting requirements.	Supervisor, Rates and Forms	10/01/2010	09/30/2011	0
Collaborate with other states to enhance Sircon or other IT enhancements for enhancement of data availability during rate review.	Supervisor, Rates and Forms	10/01/2010	09/30/2011	0
Add new federal requirements to rate review process	Contract Rate Analyst	10/01/2010	09/30/2011	1,000
Review rate filings for federal requirements	Contract Rate Analyst	10/01/2010	09/30/2011	2,000

* Criteria for Evaluating Results or Benefits Expected:

-Average time to review each rate filing (compared with current)
-Consumer savings per year (compared with current)

OMB Number: 0980-0204
Expiration Date: 12/31/2009

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	Objective_2.pdf	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

OMB Number: 0980-0204
Expiration Date: 12/31/2009

Objective Work Plan

Project:

Grants to States for Health Insurance Premium Review-Cycle I

* Year: 1

* Funding Agency Goal: Improve the ability of Colorado Division of Insurance to evaluate the reasonableness of health insurance rates

* Objective:

To enhance consumer protection, education, and outreach relative to health insurance rates

* Results or Benefits Expected:

Consumers will improve their understanding of health insurance rates that apply to them.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Obtain consumer input regarding information they wish to review on rate summaries required by the state	Contract Analyst	10/01/2010	03/31/2011	320
Develop a plan to improve the DOI website so consumers can find and comprehend information about rate filings	Web Contractor	10/01/2010	09/30/2011	1,000
Outreach through web town hall meetings and additional hearings to educate consumers about available information	Contractor for Web	10/01/2010	09/30/2011	500
Enhance response to consumer complaints and focused effort on new requirements, training staff, and improving current brochures.	Consumer complaint Contractor	10/01/2010	09/30/2011	2,000

OMB Number: 0980-0204
Expiration Date: 12/31/2009

Objective Work Plan

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours

* Criteria for Evaluating Results or Benefits Expected:

-Federal requirements understood by DOI staff
-Complaints and inquiries related to new federal laws answered to the satisfaction of consumers through consumer satisfaction survey
-Brochures and web site updated
-Number of web "town meetings" held

OMB Number: 4040-0003
Expiration Date: 09/30/2011

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

Abstract.pdf

Premium Review Grant Colorado
Project Abstract

The Colorado Division of Insurance (DOI) respectfully requests one million dollars of funding under the opportunity "Grants to States for Health Insurance Premium Review-Cycle I" to improve the quality of information used in rate reviews and reduce the amount of time needed to complete each, as well as assuring compliance with new federal requirements. In addition, the DOI will enhance consumer outreach and education by making enhancements to the web site, including the availability of rate filings on-line, public hearings on rate filings, and consumer participation in town hall meetings on the web.

Colorado currently reviews all health insurance rate increases as well as dental rate increases of 5% or more, but the process is challenging due to manual tracking and data system insufficiencies.

In addition, consumers do not currently have adequate notice and information on rate filings. They may physically come to the DOI office and search on rate summaries, but the information is not in lay language or easily understandable. The Commissioner may hold hearings if insurers do not correct errors to rate filings or if they willfully violate rating laws. However, no such hearings have occurred in the past ten years, and there is no other opportunity for the public to participate in rate hearings.

Grant funds will be used primarily to hire contractors to complete the proposed tasks. Due to Colorado's economic situation and inability to raise taxes and support permanent staff positions, state agencies are not allowed to increase their number of permanent employees next year. The required procurement process for contracts over $25,000 each means that most contractors should be in place by October 1, 2010.

Once the contractors are in place, work will commence on the following activities:

1. Obtaining Health Cost Guidelines software and manual
2. Updating the Rating Procedure manual
3. Creating summary reports for each Colorado health insurer
4. Additional training on federal reform
5. Collaboration with other states to enhance SERF and Sircon data systems
6. Obtaining consumer input on useful information regarding insurance rates
7. Developing a plan for improving the Department website for consumer use
8. Web-based town hall meetings
9. Additional rate hearing
10. Enhanced response to complaints and inquiries
11. Staff education
12. Improved materials and information

Expected benefits of these tasks include:

- Colorado insurers will submit more reasonable rate increases.
- Consumer will improve their understanding of health insurance rates that apply to them.

Additional work, if supported in year two, will include implementing the consumer website improvement plan and continued rate review activities.

Project Narrative File(s)

*** Mandatory Project Narrative File Filename:** NarrativeforFederalGrant.pdf

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

Narrative for "Grants to States for Health Insurance Premium Review-Cycle I"

Colorado Division of Insurance

I. INTRODUCTION

In March 2010, Congress passed sweeping healthcare reform. Many of the mandated changes will be implemented over time. However, a number of changes will occur immediately, or in the very near future, and Colorado — like many other states — is working overtime to determine the best ways to meet the new mandates and guidelines. Colorado's Insurance Commissioner serves on the Governor's new Interagency Health Reform Implementation Board to coordinate work with other state agencies in addition to overseeing the many reforms that specifically impact the Division of Insurance (DOI).

II. CURRENT HEALTH INSURANCE RATE REVIEW AND CAPACITY

General Health Insurance Rate Regulation Information:

Markets and Products Regulated: The Colorado DOI currently licenses and regulates rates and forms for all entities that provide health coverage benefits including health insurers, life insurers, property & casualty insurers, health maintenance organizations (HMO's), non-profits, fraternal benefit societies, pre-paid dental companies, non-profit hospitals, health service corporations, sickness and accident insurance companies. The DOI regulates and reviews rates for all market segments including large groups (228 companies), small groups (24 companies), individuals (303 companies), franchise insurance, comprehensive health insurance, indemnity, managed care (including PPOs), point-of-service, major medical, Medicare Supplement, long-term-care, supplemental health, limited benefit health, prepaid dental, coverage provided by limited service licensed provider networks, disability, and stop-loss plans. The DOI does not regulate self-insured plans, Medicaid, and Medicare.

Legal authority: Legal authority for health insurance rate regulation is found in Title 10, Article 16, Colorado Revised Statutes. Rate regulation is specifically addressed in §§ 10-16-105 and 10-16-107, C.R.S. and in Regulations 4-2-11 (filing requirements) and 4-6-7 (small groups). Filing guidance and a filing format are provided in Bulletin B-4.18. These laws, regulations and the bulletin are provided in the Attachments 3-5.

Rating rules and case characteristics: All health insurance rate increases, and rate increases for dental insurance of 5% or more, are subject to prior approval and must be filed electronically 60 days before the planned increase. If there is no increase in the rate or if it is a new product filing, then rate regulation is "file and use" and rates may be used in concurrence with the filing. All filings are still subject to review. Each company must file at least annually regardless of whether there is a change in the rate. Although all Medicare Supplement polices must be approved by the Commissioner before being used, they are not subject to the 60 day submission requirement.

Rate justification: Filings must be accompanied by an Actuarial Memorandum and an Actuarial Certification that support and certify that the rates are not excessive, inadequate, or unfairly discriminatory. Small group health insurance carriers may use community rating and rating bands for the case characteristics of age, geographic location, family size and tobacco use as defined in Regulation 4-6-7. There are few rating factor restrictions on individual group plans and large group plans. Individual markets that use any rating factors based upon zip codes must adjust them equitably for different expectations of loss. Large groups are allowed to experience rate. For all market segments, Colorado prohibits slope by age which is substantially different from the slope of the ultimate claim cost curve. Premium schedules that provide for attained age premium to a specific age followed by a level premium or the use of reasonable step rating are allowed.

Health Insurance Rate Review and Filing requirements:

Rate Filing Data: Rate filings must be filed in the format specified in Bulletin B-4.18 and include: the company's experience and judgment; experience or data of other entities relied upon; interpretation of any statistical data; descriptions of methods used in making rates; and any other data to support the rates. Minimum data requirements include earned premium, loss experience data, average covered lives and number of claims on a Colorado basis for at least three years or national data if the Colorado data is not credible. Additionally, the Actuarial Memorandum must contain information on underwriting standards; types of underwriting (medical, financial, or other); effect of law changes on rates; rate history, including the cumulative effect of all rate filings; actual loss experience net of savings associated with coordination of benefits and/or subrogation; data regarding the relation of benefits to premium; each specific component of the retention percentage including target load for profit; lifetime loss ratio; explanation of how rates were determined; trend assumptions, both medical trend and insurance trend, used in pricing; discussion of the credibility of the data; projection of the benefits ratio over the rating period, both with and without the rate change; support for all rating factors including geographic area factors, age factors, and gender factors. Large group health benefit plans that negotiate agreements must submit any ranges for negotiated rating variables, an explanation of the method used to apply the rating variables, and a discussion of the need for filed ranges. Medicare Supplement rate filings must also submit the anticipated lifetime loss ratio, future loss ratios, and third year loss ratio data. A sample rate filing is included in the Attachment 6.

Rate Review Process and Implementation: Companies make rate filings on the "System for Electronic Rate and Form Filing" (SERFF) and information feeds into Sircon, the web-based service used by the Colorado DOI (and 17 other states) for tracking data, complaints, investigations, and licensing. An administrative assistant assigns a filing that comes through SERFF and Sircon to one of the four rate analysts. The analysts do an

initial review of all filings, including “file and use” filings, and refer any rate filings where the rate increase is 25% or more to the actuarial section. They also refer all rate filings for domestic companies, long-term-care products, companies in the top 90% of the market for a particular segment, and problem companies to the actuaries. Rate analysts review filings for completeness first so that letters can be sent to the company if something is missing from the filing. The rate analysts review the detail of the Actuarial Memorandum for the rate history and rate justification, also consulting Sircon to review the accuracy of information sent to the DOI. This review can take an hour or more due to system limitations. If the rate analysts see something that is inconsistent or inaccurate in the proposed rate increases or decreases or the Actuarial Memorandum, they consult with the actuaries. If the analysts find no problems in these filings, they approve them. The actuaries review the filings referred to them in depth to determine whether the rate is justified according to Actuarial Standards of Practice and state laws, and determine whether the rates are excessive, inadequate, or unfairly discriminatory.

Grounds for rate approval: Companies are required to submit rate filings which propose rate increases, 60 days in advance of using the requested rates. The DOI is required by Regulation 4-2-11 to notify the company of any deficiency in the required information within 45 days of those rate filings. If the benefits provided are not reasonable in relation to the premiums charged, the filing will be disapproved. Rates that are excessive, inadequate, unfairly discriminatory or otherwise do not comply with the law are disapproved. If a large group rate filing projects an 85% benefits ratio or a small group rate filing projects an 80% benefits ratio, then the DOI will give the rate filing an expedited review. If the rate increase is not justified, the DOI can suggest modifications in the filing and the company can resubmit the filing. In addition to all the factors previously mentioned, the DOI may consider costs of medical care, the financial history of the company, previous rate changes, and other companies’ rates, profits, dividends,

annual rate reports, annual financial statements, subrogation funds credited, investment income or losses, unearned premium reserve, reserve for losses, surpluses, executive salaries, and expected benefits ratios in the review process.

Approval process: Rate increases subject to prior approval must be filed 60 days prior to the effective date of use. If the DOI approves the rate filing within 60 calendar days after the filing date, the insurer may use the rates on the effective date proposed in the filing. If the DOI neither approves nor disapproves the filing within the 60 calendar-day time-frame, then the company may use the filed rates on the filed effective date. However, in essentially all cases the DOI acts on the filing in the first 45 days after the filing. Corrections to any deficiencies in the filing after the 60th calendar day will be required on a prospective basis and no penalty will be applied for non-willful violations. Rate filings with no rate increase are considered to be "file and use".

Retrospective reviews: The DOI may at any time review rates retrospectively. Problems that surface through consumer complaints, market analyses of companies, or financial reviews of companies can trigger a retrospective review. If an error is found, then the DOI can require changes in the rates and premium on a "going forward" basis. If misrepresentations are found in a filing that had been approved, then the DOI can require restitution for consumers for any amount that was overcharged. If rates are reviewed after the 60-days for prior filing, any changes required to the rates would be applied prospectively.

Current Level of Resources:

Electronic Filing: Insurers are required to file all rate and form filings electronically on the "System for Electronic Rate and Form Filing" (SERFF) and data is automatically fed into Sircon. Both systems have limitations which make the rate review process somewhat cumbersome and time-consuming.

Budget and Staffing:

Overall budget of DOI: The overall budget for the DOI for fiscal year 2009-2010 is $11,886,628.00. The finalized numbers for the next fiscal year are not available yet, but there has been no increase over last year due to budget constraints in the state. This budget includes federally funded Senior Health Grants (SHIP) and fraud funds which pass through to the Attorney General's office.

Budget and resources dedicated to rate review process: The total budget dedicated to the rate review process for individual and group markets was $360,430 in the most recent fiscal year (45% of the budget). There are seven staff members in the Rates and Forms section dedicated to health insurance rate and form review in addition to three actuaries dedicated to health insurance in the actuarial section. The total payroll for these ten people, including retirement, Medicare, and H/L/DIS is $798,721.00. The average salary is $72,611.00 per person. The specific time commitment by staff members follows: rate financial analysts - 60% of their time on rate review; actuaries and supervisor - 25% to 50 % of their time on health insurance rate analysis and review; two administrative assistants - 33% and 100% of their time supporting the health insurance rate review process. Staff have many duties in addition to reviewing and analyzing health insurance rates.

Qualifications of the staff:

Supervisor	• 23 years experience with the DOI in consumer affairs and in reviewing rates and forms • 4 years experience in the insurance private sector • 2 masters degrees: management/computer data management and computer information systems • Designations: Fellow Life Management Institute (FLMI), Associate in Life and Health Claims (ALHC), Associate in Customer Service (ACS), Associate in Insurance Services (AIS), Accredited Insurance Examiner (AIE)
Chief Actuary	• 3.5 years with DOI • 20 in the insurance industry • B.S degrees: math and business • Designations: Fellow of the Society of Actuaries (FSA), Fellow, Life Management Institute (FLMI), Member of the American Academy of

	Actuaries (MAAA)
Actuary	• 2 years with DOI • 25 years in insurance • B.S. in statistics • Designations: Associate of the Society of Actuaries (ASA), Member of the Academy of Actuaries (MAAA).
Actuary	• 1 year with DOI • 8 years with consulting firm • B.S. degree in mathematics • Passed three Society of Actuaries exams
Analysts (4)	• 3 have bachelor's degrees • 1 masters degree • Between 2 to 13.5 years with DOI (average of 4 ¾ years) • Between 2 and 19 years experience in health insurance (average of 10 years)

There are no contracted consultants at this time.

Total number of health filings: The DOI receives approximately 1400 health insurance rate filings each year. In fiscal year 2009-2010 of the 1400 filings made, 834 filings were for the individual market, 96 were for small group market, and 470 were for the large group market. It takes the rate financial analysts between one hour and two days to review a filing depending on the size and the complexity, an average of about 3.4 hours per filing. It takes the actuaries between 3 hours and two days to review rate filings, an average of about 1.5 hours per filing. The average overall time to review a filing is about 2.6 hours.

Consumer Protections:

Information to the public: Rate filings and rate increases are not publicly announced in advance or when the rate filing is effective. However, §10-16-107 requires that all health insurance companies file a "rate filing summary" and requires that it be posted on the DOI's web site. Consumers may view any rate filing at the offices of the DOI upon request. An example of the rate filing summary is found in Attachment 7. Consumers choose the name of an insurance company from a list, indicate a time-frame, and then search for a rate summary. The summary is in the form of a chart and gives aggregate

information not specific to any one consumer. Most consumers would not understand the information.

Hearings on rates: Section 10-16-216.5, C.R.S. allows any person aggrieved by a rate charged by an insurance company to request a review of the rating process as applied to that person's policy. If the company does not respond within thirty days, the consumer may file a complaint and request a hearing on the matter. The Commissioner must make a determination of whether there is a possible rate violation of the rating laws. The Commissioner may hold a hearing if the company does not correct the rating error or if there is a willful violation. If after the hearing the commissioner finds that that was a willful violation or a failure to correct the violation, then the commissioner may order that any excess premium plus 8% interest be returned to the consumer. The Commissioner has not held such a hearing in the past ten years. There is no other process for the public to participate in a hearing on a rate filing.

Consumer complaints: In fiscal year 2008-2009 the DOI received 500 consumer complaints and inquiries regarding health insurance rates. In fiscal year 2009-2010, the DOI received 724 consumer complaints and inquiries (45% increase). The DOI is seeing a significant upward trend; there has been a 95 % increase in the number of complaints and inquiries from the first half of fiscal year 2009-2010 to the most recent six months (from 255 to 496). Consumers are primarily complaining or asking about the size and frequency of rate increases.

Examination and Oversight:

Formal actions: Although the DOI has not held any formal rate hearings or taken any formal actions against health insurers in the past two years, the DOI disapproved 1181 filings during this time. In fiscal year 2008-2009 the DOI required that 42 filings be modified resulting in savings for consumers of $13,059,403. In fiscal year 2009-2010, the DOI required that 45 filings be modified resulting in savings for consumers of

$16,153,235. The DOI is currently examining the rates of two large health insurers, and is unable to disclose details of these examinations at this time.

Challenges posed by current process:

The current process requires manual tracking which will be improved by the enhancements to SERFF.

III. PROPOSED ENHANCEMENTS

The Colorado DOI proposes the following enhancements to current health insurance rate review processes:

1. *Improve the quality of information used in rate reviews and reduce the amount of time needed to complete each, in compliance with new federal requirements.* Activities will include obtaining Health Cost Guidelines software and manual, updating the Rating Procedure Manual, creating summary reports for each Colorado health insurer, additional training on federal reform, and collaboration with other states to enhance the SERF and Sircon data systems.
2. *Enhance consumer protection, education and outreach relative to health insurance rates.* Activities will include obtaining consumer input on useful information regarding insurance rates, planning an improved website for consumer use, web-based town hall meetings and additional hearings to educate consumers, enhanced response to complaints and inquiries, staff education, and improved materials and information.

These activities will be performed in accordance with the time line in Attachment 8.

Fiscal limitations for grant proposal:

<u>Use of contractors:</u> The DOI assures that grant funds will be used as described in this proposal. Additional staff to enhance and improve the current rate review process will be contractors. The State of Colorado is not allowing agencies to add to the number of permanent employees for the next fiscal year. Contractors will be supervised by existing

staff as described in Attachment 10, Roles and Responsibilities. Job descriptions for the Project Direct and Assistant Director are found in Attachment 11.

Expanding the scope of current review and approval activities:

Health Cost Guidelines: The DOI proposes to enhance the rate filing reviews in quality, number and scope by purchasing either Milliman Health Cost Guidelines or Towers Watson Health MAPS manual and software. The amount of time required for reviewing a rate filing will be reduced through access to industry-wide data to evaluate the reasonableness of assumptions and the tools necessary for utilizing them. The DOI will evaluate each of these products and purchase one of them in October 2010. The cost of the manual is approximately $30,000.

Enhancing rate review process-staffing:

Contract rate analysts: The DOI will be required to analyze rate filings according to many new requirements resulting from the new federal laws. The DOI proposes to incorporate these new requirements into a department rate procedure manual with support from two contractors who will also review rate filings. The contractors will be hired in the first quarter, new requirements will be added to the review process by the second quarter, and the procedures manual will be finalized by the third quarter. The budget for paying the contractors is $131,040. The budget for cubicles, space rental, computers, phones, operating costs, software maintenance, is $25,600.

Actuarial services: The DOI proposes to contract with an actuarial firm to develop plan summary reports for each Colorado health insurer. The plan summary report will contain information for each company including financial data, profits, executive salaries, medical trends, dividends, stock options, bonuses, producer commissions, costs of legal services and information on policyholders. Having this information in one place will make the review process easier and faster. The DOI wants to place emphasis on new

products, which are “file and use”, and will use the actuarial services firm to review and evaluate new rate filings in accordance with Actuarial Standards of Practice to assure that the rates are not excessive, inadequate, or unfairly discriminatory. Other services will include reviewing rate filings for compliance with the new federal regulations including “Grandfathering”. The DOI will contract for actuarial services in the first quarter with support provided throughout the entire grant year. The DOI has budgeted $300,000 for actuarial services.

Training: Because the number and complexity of the rate filings are increasing due to the new federal laws, the Rates and Forms section proposes to enhance the rate review process through additional training on health insurance and health insurance rate making for rate analysts and actuaries in addition to the regular departmental training. The DOI’s will contract with a trainer in the first quarter, possibly using the actuarial firm mentioned above. The budget for training is $50,260.

Grant administration and reporting: To meet the all reporting requirements and administer the grant, the DOI will hire two part time contractors, one grant administrator and one IT contractor. Among other duties, these individuals will use SERFF to report data and trends to the Secretary. These two contractors will be hired by October 1, 2010. The budget for the grant administrator/project coordinator is $35, 280 and is $52,820 for the contractor for data reporting. The budget for cubicle, space rental, computer, phone, operating costs, software maintenance, for these two contractors is $25,600. Grants funds are administered according to the Colorado Financial Reporting System (COFRS) in Attachment 9.

Enhancing rate review process-IT:

Enhancement of current systems: The DOI proposes to use grant funds to support the NAIC in its efforts to enhance SERFF to meet HHS reporting guidelines. This enhanced system will also be used by DOI actuaries in determining whether rates are excessive,

inadequate, or unfairly discriminatory. The NAIC currently estimates that the cost will be approximately $19,000. At this time the NAIC has not indicated a target date for this project.

The DOI also proposes to collaborate with other states that use Sircon to request updates from the vendor to improve the rate review process. Currently the search features are limited and reviewers spend a great deal of time trying to locate information in order to review each filing. The goal is to begin enhancements to systems in the first quarter for completion by the fourth quarter. The budget for these enhancements is $81,000.

Enhancing consumer protection, education, and outreach:

Consumer complaints and inquiries: The DOI proposes to enhance its efforts at consumer protection and education by adding a full time contractor to answer specific consumer questions and complaints, conduct training for DOI staff, and assist with consumer education efforts (website enhancements and consumer brochures) related to federal law changes and changes to companies' rating practices. The DOI will hire the contractor in the first quarter. The budget for the contractor is $60,480, and for cubicle, space rental, computer, phone, operating costs, software maintenance, is $12,800.

Consumer education and outreach: The DOI plans to contract for website enhancements and consumer "town hall" meetings via the web. The rate summaries currently available on the website are not consumer-friendly. Since the information is hard to find and most consumers would not be able to understand the filing, the DOI plans to obtain consumer input to guide the design of a user-friendly site. The contractor and/or current staff will need to travel in order to reach consumers outside the Denver metro area, particularly those with disabilities or long-term illnesses. The DOI plans to complete website design in Cycle I and hopes to implement it in Cycle II. The DOI has budgeted $5,000 for travel and $50,000 for website improvement. The goal is to contract for services in the first

quarter and complete the web enhancement plans by the fourth quarter. The DOI will hire a contractor to design and implement “town meetings on the web” in order to better inform the public about health insurance and health insurance rates, holding “town meetings” by the third quarter. The budget for this project is $61,200. The total budget for consumer outreach and education is $176,120.

Availability of rate filings on-line: The DOI will purchase an additional server to provide capacity to make rate filings available to the public on-line. Currently consumers who want to see the actual rate filing must travel to the DOI’s office in Denver to review the filing, which is not possible for many consumers because of distance, cost, illnesses, or disabilities. The DOI’s goal is to purchase the server by the second quarter in order to make rate filings available. The budget for the server and implementing on-line access is $30,000.

Hearings: The DOI expects the enhanced consumer education and outreach efforts will produce a significant number of requests for rate hearings. Because the DOI does not currently hold public hearings on health insurance rate filings, grant funds are proposed to support expenses such as an administrative law judge, legal counsel, rental space, and dissemination of information to the public. The goal is to be able to respond to the public once the other consumer outreach programs are in place and start to generate such requests. Thus, the DOI anticipates that there will be requests for hearings by the third quarter. The amount budgeted for hearings on rate filings is $30,000.

IV. CONCLUSION

The DOI appreciates the opportunity to apply for this grant and attests that funds will be spent according to these proposals and appropriate infrastructure will be developed to collect, analyze, and report to the Secretary according to requirements in the grant announcement. The enhancements described above allow the Colorado Division of

Insurance to more thoroughly evaluate health insurance premiums and rate filings via an improved review process that will be more transparent to the public.

Budget Narrative File(s)

*** Mandatory Budget Narrative Filename:** BudgetNarrative.pdf

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 Narrative for "Grants to States for Health Insurance Premium Review – Cycle I"

Colorado Division of Insurance

The current budget for the Colorado Division of Insurance is described in the Grant Narrative, page 6.

Budget by Line Item

The Colorado DOI grant request is for $1 million total. The amounts by line item and quarter are detailed below:

Item	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	% of Budget
Personnel	0	0	0	0	**0**	*0*
Fringe Benefits	0	0	0	0	**0**	*0*
Travel	1,250	1,250	1,250	1,250	**5,000**	*0.5%*
Equipment	38,500	7,500	7,500	7,500	**61,000**	*6.1%*
Contractual	217,750	217,750	217,750	217,750	**871,000**	*87.1%*
Other (operating costs and Rating Guide)	38,250	8,250	8,250	8,250	**63,000**	*6.3%*
Indirect	0	0	0	0	**0**	*0*
Total	**$295,750**	**$234,750**	**$234,750**	**$234,750**	**$1,000,000**	***100%***

Note: All staff hired to work on grant activities must be contractors, as the State of Colorado will not allow additional permanent employees at present. These contractors are included in the "Contractual" line item at a total of $279,620.

Budget by Task

The Colorado DOI's grant request is divided into four activities:

1. Rate Review Enhancement - $617,900

This activity will include two full time contract Rate Reviewers ($131,040) and equipment ($12,400) and supplies ($13,200) to support their work. These Reviewers will provide more thorough review and analysis of rate filings with higher quality information. An additional $300,000 will support a contract with an Actuarial firm that will develop a summary report for

each Colorado insurer. $50,260 is included to support specialized training for Department staff. $81,000 is included for IT enhancements for the Sircon (or potentially a new) system and $30,000 for a Rating Guide/software from Milliman Health or Towers Watson Health.

2. Consumer Outreach and Education - $249,400

This activity includes $60,480 for a contract Complaint Analysis plus $12,800 for equipment, space, and supplies. $50,000 will provide for website enhancement planning to make the Department's site more user friendly and understandable, and $61,120 will pay for web-based town hall meetings to educate consumers about new reform provisions and new information and materials available to them. $30,000 will support additional public hearings (administrative judges, space, outside counsel), plus $5,000 is included for travel for consumer outreach outside of Metro Denver. An additional $30,000 will purchase an additional server to allow rate filings to be available to consumers via the Internet.

3. Grant Administration - $48,080

Grant administration will be performed by a part time contractor ($35,280) supported by $12,800 for work station, space, computer, etc.

4. Reporting - $84,620

The reporting task will include a part time contractor ($52,820) supported by $12,800 for work station, space, computer, supplies, etc., and $19,000 to support enhancements to the NAIC SERFF system.

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. Rate Review Enhancement	93.511	$	$	$ 617,900.00	$	$ 617,900.00
2. Consumer Outreach and Education Enhancement	93.511			249,400.00		249,400.00
3. Grant Administration	93.511			48,080.00		48,080.00
4. Reporting Data to Secretary	93.511			84,620.00		84,620.00
5. Totals		$	$	$ 1,000,000.00	$	$ 1,000,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY (1) Rate Review Enhancement	(2) Consumer Outreach and Education Enhancement	(3) Grant Administration	(4) Reporting Data to Secretary	Total (5)
a. Personnel	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$
b. Fringe Benefits	0.00	0.00	0.00	0.00	
c. Travel	0.00	5,000.00	0.00	0.00	5,000.00
d. Equipment	12,400.00	36,200.00	6,200.00	6,200.00	61,000.00
e. Supplies	0.00	0.00	0.00	0.00	
f. Contractual	562,300.00	201,600.00	35,280.00	71,820.00	871,000.00
g. Construction	0.00	0.00	0.00	0.00	
h. Other	43,200.00	6,600.00	6,600.00	6,600.00	63,000.00
i. Total Direct Charges (sum of 6a-6h)	617,900.00	249,400.00	48,080.00	84,620.00	$ 1,000,000.00
j. Indirect Charges	0.00	0.00	0.00	0.00	$
k. TOTALS (sum of 6i and 6j)	$ 617,900.00	$ 249,400.00	$ 48,080.00	$ 84,620.00	$ 1,000,000.00
7. Program Income	$ 617,900.00	$ 249,400.00	$ 48,080.00	$ 84,620.00	$ 1,000,000.00

SECTION C - NON-FEDERAL RESOURCES

	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	Rate Review Enhancement	$ 0.00	$ 27,000.00	$ 0.00	$ 27,000.00
9.	Consumer Outreach and Education Enhancement	0.00	27,000.00	0.00	27,000.00
10.	Grant Administration	0.00	9,000.00	0.00	9,000.00
11.	Reporting Data to Secretary	0.00	4,000.00	0.00	4,000.00
12.	TOTAL (sum of lines 8-11)	$	$ 67,000.00	$	$ 67,000.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$ 1,000,000.00	$ 295,750.00	$ 234,750.00	$ 234,750.00	$ 234,750.00
14. Non-Federal	$	0.00	0.00	0.00	0.00
15. TOTAL (sum of lines 13 and 14)	$ 1,000,000.00	$ 295,750.00	$ 234,750.00	$ 234,750.00	$ 234,750.00

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.	Rate Review Enhancement	$ 0.00	$ 0.00	$ 0.00	$ 0.00
17.	Consumer Outreach and Education Enhancement	0.00	0.00	0.00	0.00
18.	Grant Administration	0.00	0.00	0.00	0.00
19.	Reporting Data to Secretary	0.00	0.00	0.00	0.00
20.	TOTAL (sum of lines 16 - 19)	$	$	$	$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: 1,000,000

22. Indirect Charges: 0

23. Remarks: State contributions in Section C are the approximate amounts associated with supervision and direction of contractors by current staff per the organizational chart in the "Roles and Responsibilities" attachement.

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

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	* TITLE
Completed on submission to Grants.gov	office Manager
* APPLICANT ORGANIZATION	* DATE SUBMITTED
Colorado Division of Insurance	Completed on submission to Grants.gov

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:
- [ ] a. contract
- [x] b. grant
- [ ] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

2. * Status of Federal Action:
- [ ] a. bid/offer/application
- [x] b. initial award
- [ ] c. post-award

3. * Report Type:
- [x] a. initial filing
- [ ] b. material change

4. Name and Address of Reporting Entity:

[x] Prime [ ] SubAwardee

*Name: Colorado Department of Regulatory Agencies

*Street 1: 1560 Broadway Street 2: Suite 850

*City: Denver State: CO: Colorado Zip: 80202

Congressional District, if known:

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:*
RFA-FD-10-999

9. Award Amount, *if known:*
$ 1,000,000.00

10. a. Name and Address of Lobbying Registrant:

*Prefix: Mr. *First Name: Chris Middle Name: L.

*Last Name: Lines Suffix:

*Street 1: 1560 Broadway Street 2: Suite 1550

*City: Denver State: CO: Colorado Zip: 80202-5152

b. Individual Performing Services (including address if different from No. 10a)

Prefix: *First Name: Chris Middle Name: L.

*Last Name: Lines Suffix:

*Street 1: Street 2:

*City: State: Zip:

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: Ms. *First Name: Kelli Middle Name: Verna

*Last Name: Cheshire Suffix:

Title: Office Manager **Telephone No.:** 303-894-2158 **Date:** Completed on submission to Grants.gov

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OMB Number: 2125-0611
Expiration Date: 03/31/2010

Basic Work Plan

1. Estimated date of established funding agreement with State: 08/09/2010

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: Preparation-Hire contractors

b. Name of person or organization responsible for carrying out task: Kelli Cheshire, Project Director

c. How long will this task take to complete? 2 months

d. Justify how this project task contributes to project completion: (800 character limit - about 133 words)

The project director will prepare the job description and proposals for 5 contractors in accordance with state requirements for hiring by 08-31-2010. The state requires a bidding process for all contractors for amounts of $25,000 or more. The state will post the contract requirements by 09/15/2010. The contractors will be hired no later than 10/30/2010.

3 a. Describe this task or milestone: Preparation- Install Work Stations

b. Name of person or organization responsible for carrying out task: Kelli Cheshire, Project Director

c. How long will this task take to complete? 2 months

d. Justify how this project task contributes to project completion: (800 character limit - about 133 words)

Work stations need to be in place before contractors begin working on the project. The project director will negotiate for lease space, order equipment (computers, phones, desks, chairs, work stations), and contract for installation for completion by 10/01/2010.

4 a. Describe this task or milestone: Rate Review-Purchase health cost guidelines

b. Name of person or organization responsible for carrying out task: Craig Chupp, Chief Actuary

c. How long will this task take to complete? 3 months

d. Justify how this project task contributes to project completion: (800 character limit - about 133 words)

Chief Actuary will identify and review available resources. In consultation with the Supervisor of Rates & Forms, he will choose one resource and contract to purchase the guidelines and software by 11/30/2010.

5 a. Describe this task or milestone: Rate Review-Incorporate federal requirements

b. Name of person or organization responsible for carrying out task: Rate Analyst contractors

c. How long will this task take to complete? 9 months

d. Justify how this project task contributes to project completion: (800 character limit - about 133 words)

The contractors will review and define new federal requirements and, in consultation with the Supervisor of Rates & Forms, will add these new requirements to the rate review process by the end of the second quarter, March 31, 2011. Contractors will finalize procedures manual with the new federal guidelines by the end of the third quarter, June 30, 2011.

6 a. Describe this task or milestone: Rate Review-Enhance Current Systems

b. Name of person or organization responsible for carrying out task: Tom Abel

c. How long will this task take to complete? 12 months

d. Justify how this project task contributes to project completion: (800 character limit - about 133 words)

The DOI will collaborate with other states and the NAIC and find the best alternatives for enhancing systems for enhanced rate review and data reporting. The DOI will begin discussions and review in the first quarter by 09/01/2010 and make decisions by the end of the first quarter, 12/31/2010. Implementation will begin in the second quarter and will be completed by 09/30/2011.

7 a. Describe this task or milestone: Rate Review-Acquire Actuarial services

b. Name of person or organization responsible for carrying out task: Chief Actuary

c. How long will this task take to complete? 3 months

d. Justify how this project task contributes to project completion: (800 character limit - about 133 words)

The Chief Actuary will complete the the state required proposal for the bidding process by 9/01/2010. The contract for actuarial services will be completed by 11/30/2010. Actuarial services will continue for the entire project year ending on 09/30/2011.

8 a. Describe this task or milestone: Rate review- Train staff

b. Name of person or organization responsible for carrying out task: Tom Abel

c. How long will this task take to complete? 9 months

d. Justify how this project task contributes to project completion: (800 character limit - about 133 words)

The Supervisor, Rates & Forms, will complete the state required proposal for the bidding process by 11/01/2010. Contract for training of staff will be in place by 12/31/2010. Training will be completed by 09/30/2011.

9 a. Describe this task or milestone: Consumer- Conduct Hearings

b. Name of person or organization responsible for carrying out task: John Postolowski

c. How long will this task take to complete? 12 months

d. Justify how this project task contributes to project completion: (800 character limit - about 133 words)

With new consumer outreach programs being instituted, the DOI anticipates requests from consumers for hearings regarding rate filings by the third quarter. The DOI will be prepared to respond to consumer requests for hearings by the third quarter, April 1, 2011.

10 a. Describe this task or milestone: Consumer- Enhance Web site

b. Name of person or organization responsible for carrying out task: Cameron Lewis

c. How long will this task take to complete? 13 months

d. Justify how this project task contributes to project completion: (800 character limit - about 133 words)

The Director of Consumer Education will complete the the state required proposal for the bidding process by 9/15/2010. The contract for web enhancement services will be completed by 11/15/2010. The contractor will obtain information from consumers through meetings or surveys in the first two quarters ending 03/31/2011 and will complete the design for the enhanced web site by the end of the 4th quarter, 09/30/2011.

11 a. Describe this task or milestone: Consumer- Hold town hall meetings

b. Name of person or organization responsible for carrying out task: Jo Donlin

c. How long will this task take to complete? 13 months

d. Justify how this project task contributes to project completion: (800 character limit - about 133 words)

The Director of External Affairs will complete the state required proposal for the bidding process by 09/15/2010 for contract services for holding town hall meetings for consumer education and information. The contract for the services will be finalized by 11/15/2010. Town meetings will begin by April 1, 2011.

12 a. Describe this task or milestone: Consumer- Implement rate filings on-line

b. Name of person or organization responsible for carrying out task: Tom Abel

c. How long will this task take to complete? 7 months

d. Justify how this project task contributes to project completion: (800 character limit - about 133 words)

The Supervisor of Rates & Forms will review the designs of other states that have rate filings available on-line and purchase a server for this purpose by 02/01/2011. Rate filings will be available on-line by 04/01/2011.

OMB Number: 0980-0204
Expiration Date: 12/31/2009

Project Abstract Summary

Program Announcement (CFDA)

93.511

*** Program Announcement (Funding Opportunity Number)**

RFA-FD-10-999

*** Closing Date**

07/07/2010

*** Applicant Name**

Colorado Division of Insurance

*** Length of Proposed Project**

13

Application Control No.

Federal Share Requested (for each year)

* Federal Share 1st Year	* Federal Share 2nd Year	* Federal Share 3rd Year
$ 1,000,000	$ 0	$ 0

* Federal Share 4th Year	* Federal Share 5th Year
$ 0	$ 0

Non-Federal Share Requested (for each year)

* Non-Federal Share 1st Year	* Non-Federal Share 2nd Year	* Non-Federal Share 3rd Year
$ 0	$ 0	$ 0

* Non-Federal Share 4th Year	* Non-Federal Share 5th Year
$ 0	$ 0

*** Project Title**

Premium Review Grant

OMB Number: 0980-0204
Expiration Date: 12/31/2009

Project Abstract Summary

*** Project Summary**

The Colorado Division of Insurance (DOI) respectfully requests one million dollars of funding under the opportunity "Grants to States for Health Insurance Premium Review-Cycle I" to improve the quality of information used in rate reviews and reduce the amount of time needed to complete each, as well as assuring compliance with new federal requirements. In addition, the DOI will enhance consumer outreach and education by making enhancements to the web site, including the availability of rate filings on-line, public hearings on rate filings, and consumer participation in town hall meetings on the web.

*** Estimated number of people to be served as a result of the award of this grant.**

5000000

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