

# Schedule 1

## Blue Cross and Blue Shield of Rhode Island Direct Pay Rate Filing Effective April 1, 2011 Table of Contents

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**Schedule 4**

**Section I:**

**Basic Required Rates (Pool I)**

Schedule 5

**Blue Cross & Blue Shield Of Rhode Island  
Class DIR Basic Rate (Pool I)  
Calculation of HealthMate Direct 500 Required Monthly Subscription Rates  
for April 1, 2011 Billing Cycle**

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(i)	Required Monthly Base Rate	\$941.45 (A)
(ii)	Rate Tier Normalization Factor	0.8148 (B)
(iii)	<b>Normalized Required Monthly Base Rate</b>	<b>\$1,155.44 (C)</b>

<u>Age Category</u>	(1)      (2) Individual		(3)      (4) Family	
	<u>Rate Factor</u> (D)	<u>Required Monthly Subscription Rate</u> (E)	<u>Rate Factor</u> (D)	<u>Required Monthly Subscription Rate</u> (F)
Under 25	0.554	\$640.11	1.043	\$1,205.12
25-29	0.560	\$647.05	1.054	\$1,217.83
30-34	0.570	\$658.60	1.073	\$1,239.79
35-39	0.581	\$671.31	1.094	\$1,264.05
40-44	0.587	\$678.24	1.105	\$1,276.76
45-49	0.606	\$700.20	1.141	\$1,318.36
50-54	0.636	\$734.86	1.197	\$1,383.06
55-59	0.676	\$781.08	1.273	\$1,470.88
60-64	0.689	\$796.10	1.297	\$1,498.61
65+	1.084	\$1,252.50	2.041	\$2,358.25

- (A) Per Schedule 19, Column 4 for HealthMate Direct 500.
- (B) Factor to adjust monthly base rates to reflect enrollment distribution by age, contract type and product. Factor is developed in Schedule 10, Line 25.
- (C) Item (i) divided by Item (ii).
- (D) Factor to convert normalized required monthly base rate to required monthly subscription rates for each age and individual/family rating category.
- (E) Item (iii) times Column 1.
- (F) Item (iii) times Column 3.

Schedule 6

**Blue Cross & Blue Shield Of Rhode Island**  
**Class DIR Basic Rate (Pool I)**  
**Calculation of HealthMate Direct 1000 Required Monthly Subscription Rates**  
**for April 1, 2011 Billing Cycle**

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(i)	Required Monthly Base Rate	\$838.20 (A)
(ii)	Rate Tier Normalization Factor	0.8148 (B)
(iii)	<b>Normalized Required Monthly Base Rate</b>	<b>\$1,028.72 (C)</b>

<u>Age Category</u>	(1) Individual		(3) Family	
	<u>Rate Factor</u> (D)	<u>Required Monthly Subscription Rate</u> (E)	<u>Rate Factor</u> (D)	<u>Required Monthly Subscription Rate</u> (F)
Under 25	0.554	\$569.91	1.043	\$1,072.95
25-29	0.560	\$576.08	1.054	\$1,084.27
30-34	0.570	\$586.37	1.073	\$1,103.82
35-39	0.581	\$597.69	1.094	\$1,125.42
40-44	0.587	\$603.86	1.105	\$1,136.74
45-49	0.606	\$623.40	1.141	\$1,173.77
50-54	0.636	\$654.27	1.197	\$1,231.38
55-59	0.676	\$695.41	1.273	\$1,309.56
60-64	0.689	\$708.79	1.297	\$1,334.25
65+	1.084	\$1,115.13	2.041	\$2,099.62

- (A) Per Schedule 19, Column 4 for HealthMate Direct 1000.
- (B) Factor to adjust monthly base rates to reflect enrollment distribution by age, contract type and product. Factor is developed in Schedule 10, Line 25.
- (C) Item (i) divided by Item (ii).
- (D) Factor to convert normalized required monthly base rate to required monthly subscription rates for each age and individual/family rating category.
- (E) Item (iii) times Column 1.
- (F) Item (iii) times Column 3.

Schedule 7

**Blue Cross & Blue Shield Of Rhode Island**  
**Class DIR Basic Rate (Pool I)**  
**Calculation of HealthMate Direct 2000 Required Monthly Subscription Rates**  
**for April 1, 2011 Billing Cycle**

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(i)	Required Monthly Base Rate	\$717.19 (A)
(ii)	Rate Tier Normalization Factor	0.8148 (B)
(iii)	<b>Normalized Required Monthly Base Rate</b>	<b>\$880.20 (C)</b>

<u>Age Category</u>	(1)	(2)	(3)	(4)
	Individual		Family	
	<u>Rate Factor</u> (D)	<u>Required Monthly Subscription Rate</u> (E)	<u>Rate Factor</u> (D)	<u>Required Monthly Subscription Rate</u> (F)
Under 25	0.554	\$487.63	1.043	\$918.05
25-29	0.560	\$492.91	1.054	\$927.73
30-34	0.570	\$501.71	1.073	\$944.45
35-39	0.581	\$511.40	1.094	\$962.94
40-44	0.587	\$516.68	1.105	\$972.62
45-49	0.606	\$533.40	1.141	\$1,004.31
50-54	0.636	\$559.81	1.197	\$1,053.60
55-59	0.676	\$595.02	1.273	\$1,120.49
60-64	0.689	\$606.46	1.297	\$1,141.62
65+	1.084	\$954.14	2.041	\$1,796.49

- (A) Per Schedule 19, Column 4 for HealthMate Direct 2000.
- (B) Factor to adjust monthly base rates to reflect enrollment distribution by age, contract type and product. Factor is developed in Schedule 10, Line 25.
- (C) Item (i) divided by Item (ii).
- (D) Factor to convert normalized required monthly base rate to required monthly subscription rates for each age and individual/family rating category.
- (E) Item (iii) times Column 1.
- (F) Item (iii) times Column 3.

**Schedule 8**

**Blue Cross & Blue Shield Of Rhode Island  
Class DIR Basic Rate (Pool I)  
Calculation of HealthMate for HSA 3000 Required Monthly Subscription Rates  
for April 1, 2011 Billing Cycle**

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(i)	Required Monthly Base Rate	\$613.94 (A)
(ii)	Rate Tier Normalization Factor	0.8148 (B)
(iii)	<b>Normalized Required Monthly Base Rate</b>	<b>\$753.49 (C)</b>

<u>Age Category</u>	(1)	(2)	(3)	(4)
	<u>Individual</u>		<u>Family</u>	
	<u>Rate Factor</u> (D)	<u>Required Monthly Subscription Rate</u> (E)	<u>Rate Factor</u> (D)	<u>Required Monthly Subscription Rate</u> (F)
Under 25	0.554	\$417.43	1.043	\$785.89
25-29	0.560	\$421.95	1.054	\$794.18
30-34	0.570	\$429.49	1.073	\$808.49
35-39	0.581	\$437.78	1.094	\$824.32
40-44	0.587	\$442.30	1.105	\$832.61
45-49	0.606	\$456.61	1.141	\$859.73
50-54	0.636	\$479.22	1.197	\$901.93
55-59	0.676	\$509.36	1.273	\$959.19
60-64	0.689	\$519.15	1.297	\$977.28
65+	1.084	\$816.78	2.041	\$1,537.87

- (A) Per Schedule 19, Column 4 for HealthMate for HSA 3000.
- (B) Factor to adjust monthly base rates to reflect enrollment distribution by age, contract type and product. Factor is developed in Schedule 10, Line 25.
- (C) Item (i) divided by Item (ii).
- (D) Factor to convert normalized required monthly base rate to required monthly subscription rates for each age and individual/family rating category.
- (E) Item (iii) times Column 1.
- (F) Item (iii) times Column 3.



Schedule 9

**Blue Cross & Blue Shield Of Rhode Island**  
**Class DIR Basic Rate (Pool I)**  
**Calculation of HealthMate for HSA 5000 Required Monthly Subscription Rates**  
**for April 1, 2011 Billing Cycle**

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(i)	Required Monthly Base Rate	\$484.05 (A)
(ii)	Rate Tier Normalization Factor	0.8148 (B)
(iii)	<b>Normalized Required Monthly Base Rate</b>	<b>\$594.07 (C)</b>

<u>Age Category</u>	(1)	(2)	(3)	(4)
	Individual		Family	
	<u>Rate Factor</u> (D)	<u>Required Monthly Subscription Rate</u> (E)	<u>Rate Factor</u> (D)	<u>Required Monthly Subscription Rate</u> (F)
Under 25	0.554	\$329.11	1.043	\$619.62
25-29	0.560	\$332.68	1.054	\$626.15
30-34	0.570	\$338.62	1.073	\$637.44
35-39	0.581	\$345.15	1.094	\$649.91
40-44	0.587	\$348.72	1.105	\$656.45
45-49	0.606	\$360.01	1.141	\$677.83
50-54	0.636	\$377.83	1.197	\$711.10
55-59	0.676	\$401.59	1.273	\$756.25
60-64	0.689	\$409.31	1.297	\$770.51
65+	1.084	\$643.97	2.041	\$1,212.50

- (A) Per Schedule 19, Column 4 for HealthMate for HSA 5000.
- (B) Factor to adjust monthly base rates to reflect enrollment distribution by age, contract type and product. Factor is developed in Schedule 10, Line 25.
- (C) Item (i) divided by Item (ii).
- (D) Factor to convert normalized required monthly base rate to required monthly subscription rates for each age and individual/family rating category.
- (E) Item (iii) times Column 1.
- (F) Item (iii) times Column 3.

**Schedule 10**  
**Blue Cross & Blue Shield Of Rhode Island**  
**Class DIR Basic Rate (Pool I)**  
**Calculation of Rate Tier Normalization Factor**

	(1)	(2)	(3)	(4)	(5)	(6)
		<b>Base Period Contract Months</b>				
	<b>Rate</b>	<b>HealthMate</b>	<b>HealthMate</b>	<b>HealthMate</b>	<b>HealthMate</b>	
	<b>Factor</b>	<b>Direct</b>	<b>Direct</b>	<b>for HSA</b>	<b>for HSA</b>	
<b>Rate Tier</b>	<b>(A)</b>	<b>500</b>	<b>2000</b>	<b>3000</b>	<b>5000</b>	<b>Total</b>
1. Individual: Under 25	0.554	584	534	100	212	
2. Individual: 25-29	0.560	876	578	283	119	
3. Individual: 30-34	0.570	475	349	163	102	
4. Individual: 35-39	0.581	379	283	132	119	
5. Individual: 40-44	0.587	470	427	331	137	
6. Individual: 45-49	0.606	1,007	698	453	256	
7. Individual: 50-54	0.636	1,701	1,304	791	465	
8. Individual: 55-59	0.676	3,062	2,247	1,376	921	
9. Individual : 60-64	0.689	7,320	4,577	2,843	1,552	
10. Individual : 65+	1.084	503	91	109	147	
11. Family: Under 25	1.043	2	0	0	0	
12. Family: 25-29	1.054	36	18	0	0	
13. Family: 30-34	1.073	111	25	28	19	
14. Family: 35-39	1.094	331	183	81	32	
15. Family: 40-44	1.105	608	275	134	83	
16. Family: 45-49	1.141	928	433	265	64	
17. Family: 50-54	1.197	1,038	805	436	270	
18. Family: 55-59	1.273	1,466	1,003	594	330	
19. Family: 60-64	1.297	1,820	1,111	634	438	
20. <u>Family: 65+</u>	2.041	<u>69</u>	<u>8</u>	<u>3</u>	<u>12</u>	
21. Total		22,786	14,949	8,756	5,278	51,769
22. Rate Relativity Factor (B)		0.848	0.646	0.553	0.436	
23. Rate Tier and Rate Relativity Adjusted Contract Months (C)		15,937	7,751	3,892	1,853	29,433
24. Rate Relativity Adjusted Contract Months (D)		19,323	9,657	4,842	2,301	36,123
<b>25. Rate Tier Normalization Factor (E)</b>						<b>0.8148</b>

(A) Factor to convert normalized required monthly base rate to required monthly subscription rates for each age and individual/family rating category.

(B) Per Schedule 19, Column 3.

(C) The sum of the products of Column 1 and Columns 2 through 5, times the Rate Relativity Factor (Line 22), for each respective insurance product.

(D) Line 21 times Line 22.

(E) Line 23 divided by Line 24.

**Schedule 11**

**Section II:**

**Preferred Required Rates (Pool II)**

**Schedule 12**  
**Blue Cross & Blue Shield Of Rhode Island**  
**Class DIR Preferred Rate (Pool II)**  
**Calculation of HealthMate Direct 500 Required Monthly Subscription Rates**  
**for April 1, 2011 Billing Cycle**

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(i)	Required Monthly Base Rate	\$479.99 (A)
(ii)	Rate Tier Normalization Factor	1.0504 (B)
(iii)	<b>Normalized Required Monthly Base Rate</b>	<b>\$456.96 (C)</b>

Age Category	(1)	(2)	(3)	(4)	(5)	(6)
	Individual			Family		
	Male		Female		Male/Female	
	Rate Factor (D)	Required Monthly Subscription Rate (E)	Rate Factor (D)	Required Monthly Subscription Rate (F)	Rate Factor (D)	Required Monthly Subscription Rate (G)
Under 25	0.462	\$211.12	0.646	\$295.20	1.548	\$707.37
25-29	0.511	\$233.51	0.732	\$334.49	1.734	\$792.37
30-34	0.582	\$265.95	0.870	\$397.56	1.839	\$840.35
35-39	0.666	\$304.34	0.863	\$394.36	1.941	\$886.96
40-44	0.712	\$325.36	0.944	\$431.37	1.984	\$906.61
45-49	0.861	\$393.44	1.046	\$477.98	2.091	\$955.50
50-54	1.091	\$498.54	1.222	\$558.41	2.329	\$1,064.26
55-59	1.398	\$638.83	1.395	\$637.46	2.607	\$1,191.29
60-64	1.495	\$683.16	1.495	\$683.16	2.833	\$1,294.57

- (A) Per Schedule 20, Column 4 for HealthMate Direct 500.
- (B) Factor to adjust monthly base rates to reflect enrollment distribution by age, gender, contract type, and product. Factor is developed in Schedule 17, Line 32.
- (C) Item (i) divided by Item (ii).
- (D) Factor to convert normalized required monthly base rate to required monthly subscription rates for each age/gender and individual/family rating category. Factors are unchanged from the previous Direct Pay rate filing.
- (E) Item (iii) times Column 1
- (F) Item (iii) times Column 3
- (G) Item (iii) times Column 5

**Schedule 13**  
**Blue Cross & Blue Shield Of Rhode Island**  
**Class DIR Preferred Rate (Pool II)**  
**Calculation of HealthMate Direct 1000 Required Monthly Subscription Rates**  
**for April 1, 2011 Billing Cycle**

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(i)	Required Monthly Base Rate	\$427.35 (A)
(ii)	Rate Tier Normalization Factor	1.0504 (B)
(iii)	<b>Normalized Required Monthly Base Rate</b>	<b>\$406.85 (C)</b>

Age Category	(1)	(2)	(3)	(4)	(5)	(6)
	Individual			Family		
	Male		Female		Male/Female	
	Rate Factor (D)	Required Monthly Subscription Rate (E)	Rate Factor (D)	Required Monthly Subscription Rate (F)	Rate Factor (D)	Required Monthly Subscription Rate (G)
Under 25	0.462	\$187.96	0.646	\$262.83	1.548	\$629.80
25-29	0.511	\$207.90	0.732	\$297.81	1.734	\$705.48
30-34	0.582	\$236.79	0.870	\$353.96	1.839	\$748.20
35-39	0.666	\$270.96	0.863	\$351.11	1.941	\$789.70
40-44	0.712	\$289.68	0.944	\$384.07	1.984	\$807.19
45-49	0.861	\$350.30	1.046	\$425.57	2.091	\$850.72
50-54	1.091	\$443.87	1.222	\$497.17	2.329	\$947.55
55-59	1.398	\$568.78	1.395	\$567.56	2.607	\$1,060.66
60-64	1.495	\$608.24	1.495	\$608.24	2.833	\$1,152.61

- (A) Per Schedule 20, Column 4 for HealthMate Direct 1000.
- (B) Factor to adjust monthly base rates to reflect enrollment distribution by age, gender, contract type, and product. Factor is developed in Schedule 17, Line 32.
- (C) Item (i) divided by Item (ii).
- (D) Factor to convert normalized required monthly base rate to required monthly subscription rates for each age/gender and individual/family rating category. Factors are unchanged from the previous Direct Pay rate filing.
- (E) Item (iii) times Column 1
- (F) Item (iii) times Column 3
- (G) Item (iii) times Column 5

**Schedule 14**  
**Blue Cross & Blue Shield Of Rhode Island**  
**Class DIR Preferred Rate (Pool II)**  
**Calculation of HealthMate Direct 2000 Required Monthly Subscription Rates**  
**for April 1, 2011 Billing Cycle**

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(i)	Required Monthly Base Rate	\$365.65 (A)
(ii)	Rate Tier Normalization Factor	1.0504 (B)
(iii)	<b>Normalized Required Monthly Base Rate</b>	<b>\$348.11 (C)</b>

Age Category	(1)	(2)	(3)	(4)	(5)	(6)
	Individual			Family		
	Male		Female		Male/Female	
	Rate Factor (D)	Required Monthly Subscription Rate (E)	Rate Factor (D)	Required Monthly Subscription Rate (F)	Rate Factor (D)	Required Monthly Subscription Rate (G)
Under 25	0.462	\$160.83	0.646	\$224.88	1.548	\$538.87
25-29	0.511	\$177.88	0.732	\$254.82	1.734	\$603.62
30-34	0.582	\$202.60	0.870	\$302.86	1.839	\$640.17
35-39	0.666	\$231.84	0.863	\$300.42	1.941	\$675.68
40-44	0.712	\$247.85	0.944	\$328.62	1.984	\$690.65
45-49	0.861	\$299.72	1.046	\$364.12	2.091	\$727.90
50-54	1.091	\$379.79	1.222	\$425.39	2.329	\$810.75
55-59	1.398	\$486.66	1.395	\$485.61	2.607	\$907.52
60-64	1.495	\$520.42	1.495	\$520.42	2.833	\$986.20

- (A) Per Schedule 20, Column 4 for HealthMate Direct 2000.
- (B) Factor to adjust monthly base rates to reflect enrollment distribution by age, gender, contract type, and product. Factor is developed in Schedule 17, Line 32.
- (C) Item (i) divided by Item (ii).
- (D) Factor to convert normalized required monthly base rate to required monthly subscription rates for each age/gender and individual/family rating category. Factors are unchanged from the previous Direct Pay rate filing.
- (E) Item (iii) times Column 1
- (F) Item (iii) times Column 3
- (G) Item (iii) times Column 5

**Schedule 15**  
**Blue Cross & Blue Shield Of Rhode Island**  
**Class DIR Preferred Rate (Pool II)**  
**Calculation of HealthMate for HSA 3000 Required Monthly Subscription Rates**  
**for April 1, 2011 Billing Cycle**

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(i)	Required Monthly Base Rate	\$313.01 (A)
(ii)	Rate Tier Normalization Factor	1.0504 (B)
(iii)	<b>Normalized Required Monthly Base Rate</b>	<b>\$297.99 (C)</b>

<u>Age Category</u>	(1)	(2)	(3)	(4)	(5)	(6)
	<b>Individual</b>				<b>Family</b>	
	<b>Male</b>		<b>Female</b>		<b>Male/Female</b>	
	<b>Rate Factor</b>	<b>Required Monthly Subscription Rate</b>	<b>Rate Factor</b>	<b>Required Monthly Subscription Rate</b>	<b>Rate Factor</b>	<b>Required Monthly Subscription Rate</b>
	(D)	(E)	(D)	(F)	(D)	(G)
Under 25	0.462	\$137.67	0.646	\$192.50	1.548	\$461.29
25-29	0.511	\$152.27	0.732	\$218.13	1.734	\$516.71
30-34	0.582	\$173.43	0.870	\$259.25	1.839	\$548.00
35-39	0.666	\$198.46	0.863	\$257.17	1.941	\$578.40
40-44	0.712	\$212.17	0.944	\$281.30	1.984	\$591.21
45-49	0.861	\$256.57	1.046	\$311.70	2.091	\$623.10
50-54	1.091	\$325.11	1.222	\$364.14	2.329	\$694.02
55-59	1.398	\$416.59	1.395	\$415.70	2.607	\$776.86
60-64	1.495	\$445.50	1.495	\$445.50	2.833	\$844.21

- (A) Per Schedule 20, Column 4 for HealthMate for HSA 3000.
- (B) Factor to adjust monthly base rates to reflect enrollment distribution by age, gender, contract type, and product. Factor is developed in Schedule 17, Line 32.
- (C) Item (i) divided by Item (ii).
- (D) Factor to convert normalized required monthly base rate to required monthly subscription rates for each age/gender and individual/family rating category. Factors are unchanged from the previous Direct Pay rate filing.
- (E) Item (iii) times Column 1
- (F) Item (iii) times Column 3
- (G) Item (iii) times Column 5

**Schedule 16**  
**Blue Cross & Blue Shield Of Rhode Island**  
**Class DIR Preferred Rate (Pool II)**  
**Calculation of HealthMate for HSA 5000 Required Monthly Subscription Rates**  
**for April 1, 2011 Billing Cycle**

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(i)	Required Monthly Base Rate	\$246.79 (A)
(ii)	Rate Tier Normalization Factor	1.0504 (B)
(iii)	<b>Normalized Required Monthly Base Rate</b>	<b>\$234.95 (C)</b>

Age Category	(1)	(2)	(3)	(4)	(5)	(6)
	Individual			Family		
	Male		Female		Male/Female	
	Rate Factor (D)	Required Monthly Subscription Rate (E)	Rate Factor (D)	Required Monthly Subscription Rate (F)	Rate Factor (D)	Required Monthly Subscription Rate (G)
Under 25	0.462	\$108.55	0.646	\$151.78	1.548	\$363.70
25-29	0.511	\$120.06	0.732	\$171.98	1.734	\$407.40
30-34	0.582	\$136.74	0.870	\$204.41	1.839	\$432.07
35-39	0.666	\$156.48	0.863	\$202.76	1.941	\$456.04
40-44	0.712	\$167.28	0.944	\$221.79	1.984	\$466.14
45-49	0.861	\$202.29	1.046	\$245.76	2.091	\$491.28
50-54	1.091	\$256.33	1.222	\$287.11	2.329	\$547.20
55-59	1.398	\$328.46	1.395	\$327.76	2.607	\$612.51
60-64	1.495	\$351.25	1.495	\$351.25	2.833	\$665.61

(A) Per Schedule 20, Column 4 for HealthMate for HSA 5000.

(B) Factor to adjust monthly base rates to reflect enrollment distribution by age, gender, contract type, and product. Factor is developed in Schedule 17, Line 32.

(C) Item (i) divided by Item (ii).

(D) Factor to convert normalized required monthly base rate to required monthly subscription rates for each age/gender and individual/family rating category. Factors are unchanged from the previous Direct Pay rate filing.

(E) Item (iii) times Column 1

(F) Item (iii) times Column 3

(G) Item (iii) times Column 5



**Schedule 17**  
**Blue Cross & Blue Shield Of Rhode Island**  
**Class DIR Preferred Rate (Pool II)**  
**Calculation of Rate Tier Normalization Factor**

	(1)	(2)	(3)	(4)	(5)	(6)
	<b>Rate Factor</b>	<b>Base Period Contract Months</b>				<b>Total</b>
		<b>HealthMate Direct</b>	<b>HealthMate Direct</b>	<b>HealthMate for HSA</b>	<b>HealthMate for HSA</b>	
<b>Rate Tier</b>	<b>(A)</b>	<b><u>500</u></b>	<b><u>2000</u></b>	<b><u>3000</u></b>	<b><u>5000</u></b>	
1. Individual Male: Under 25	0.462	3,538	1,978	690	615	
2. Individual Male: 25-29	0.511	3,556	1,778	1,086	437	
3. Individual Male: 30-34	0.582	1,483	660	427	227	
4. Individual Male: 35-39	0.666	1,188	376	237	99	
5. Individual Male: 40-44	0.712	1,189	438	381	217	
6. Individual Male: 45-49	0.861	1,031	534	411	332	
7. Individual Male: 50-54	1.091	888	466	528	462	
8. Individual Male: 55-59	1.398	837	451	459	549	
9. Individual Male: 60-64	1.495	604	397	304	449	
10. Individual Female: Under 25	0.646	2,542	1,966	362	523	
11. Individual Female: 25-29	0.732	1,840	1,637	513	429	
12. Individual Female: 30-34	0.870	794	562	225	167	
13. Individual Female: 35-39	0.863	707	465	218	177	
14. Individual Female: 40-44	0.944	680	531	272	374	
15. Individual Female: 45-49	1.046	772	531	398	409	
16. Individual Female: 50-54	1.222	871	491	571	488	
17. Individual Female: 55-59	1.395	932	770	596	474	
18. Individual Female: 60-64	1.495	1,250	917	974	851	
19. Family: Under 25	1.548	16	27	5	0	
20. Family: 25-29	1.734	46	95	17	3	
21. Family: 30-34	1.839	405	293	91	89	
22. Family: 35-39	1.941	680	437	124	139	
23. Family: 40-44	1.984	1,041	677	269	206	
24. Family: 45-49	2.091	722	469	368	242	
25. Family: 50-54	2.329	809	409	391	258	
26. Family: 55-59	2.607	418	324	234	137	
27. <u>Family: 60-64</u>	<u>2.833</u>	<u>246</u>	<u>169</u>	<u>204</u>	<u>158</u>	
28. Total		29,085	17,848	10,355	8,511	65,799
29. Rate Relativity Factor (B)		0.848	0.646	0.553	0.436	
30. Rate Tier and Rate Relativity Adjusted Contract Months (C)		24,821	12,025	6,678	4,407	47,931
31. Rate Relativity Adjusted Contract Months (D)		24,664	11,530	5,726	3,711	45,631
<b>32. Rate Tier Normalization Factor (E)</b>						<b>1.0504</b>

(A) Factors are unchanged from the previous Direct Pay rate filing.  
(B) Per Schedule 20, Column 3.  
(C) The sum of the products of Column 1 and Columns 2 through 5, times the Rate Relativity Factor (Line 29), for each respective insurance product.  
(D) Line 28 times Line 29.  
(E) Line 30 divided by Line 31.

**Section III:**

**Calculation of Monthly Base Rates for  
Basic and Preferred (Pool I and Pool II)**

**Schedule 19**  
**Blue Cross and Blue Shield of Rhode Island**  
**Class DIR Basic Rate (Pool I)**  
**Calculation of Required Monthly Base Rates**  
**for April 1, 2011 Billing Cycle**

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	(1)	(2)	(3)	(4)
	<b>Base Period Contract Months</b>	<b>Composite Required Monthly Base Rate</b>	<b>Proposed Plan Relativity Factor</b>	<b>Proposed Monthly Base Rate</b>
	(A)	(B)	(C)	(E)
HealthMate Direct 500	22,786	\$774.70	0.848	\$941.45
HealthMate Direct 1000	0	\$774.70	0.755	\$838.20
HealthMate Direct 2000	14,949	\$774.70	0.646	\$717.19
HealthMate for HSA 3000	8,756	\$774.70	0.553	\$613.94
<u>HealthMate for HSA 5000</u>	<u>5,278</u>	<u>\$774.70</u>	<u>0.436</u>	<u>\$484.05</u>
Composite	51,769	\$774.70	0.6978 (D)	\$774.70

- (A) Base Year (6/1/2009-5/31/2010) contract months.  
(B) Per Schedule 21, Column 5, for Basic Rates (Pool I).  
(C) No change from the current plan relativity factors.  
(D) Column 3 weighted by contract months in Column 1.  
(E) Column 2 times Column 3 divided by the composite of Column 3.

**Schedule 20**  
**Blue Cross and Blue Shield of Rhode Island**  
**Class DIR Preferred Rate (Pool II)**  
**Calculation of Required Monthly Base Rates**  
**for April 1, 2011 Billing Cycle**

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	(1)	(2)	(3)	(4)
	<b>Base Period Contract <u>Months</u></b>	<b>Composite Required Monthly <u>Base Rate</u></b>	<b>Proposed Rate Relativity <u>Factor</u></b>	<b>Proposed Monthly <u>Base Rate</u></b>
	(A)	(B)	(C)	(E)
HealthMate Direct 500	29,085	\$392.54	0.848	\$479.99
HealthMate Direct 1000	0	\$392.54	0.755	\$427.35
HealthMate Direct 2000	17,848	\$392.54	0.646	\$365.65
HealthMate for HSA 3000	10,355	\$392.54	0.553	\$313.01
<u>HealthMate for HSA 5000</u>	<u>8,511</u>	<u>\$392.54</u>	<u>0.436</u>	<u>\$246.79</u>
Composite	65,799	\$392.54	0.6935 (D)	\$392.54

- (A) Base Year (6/1/2009-5/31/2010) contract months.  
(B) Per Schedule 21, Column 5, for Preferred Rates (Pool II).  
(C) No change from the current plan relativity factors.  
(D) Column 3 weighted by contract months in Column 1.  
(E) Column 2 times Column 3 divided by the composite of Column 3.

**Schedule 21**  
**Blue Cross and Blue Shield of Rhode Island**  
**Class DIR Basic Rate (Pool I) and Preferred Rate (Pool II)**  
**Calculation of Required Loss Ratios on Current Pool Rate Alignment Basis**  
**for April 1, 2011 Billing Cycle**

	(1)	(2)	(3)	(4)	(5)	(6)
				<u>Current Pool Rate Alignment Basis</u>		
	<b>Projected Contract Months</b>	<b>Projected Incurred Claims Including Assessments</b>	<b>Proposed Income PCPM</b>	<b>Present Rate Income PCPM</b>	<b>Proposed Income PCPM</b>	<b>Required Loss Ratio</b>
	(A)	(B)	(C)		(G)	(H)
Basic Rates (Pool I)	51,573	\$779.85		\$716.77 (D)	\$774.70	1.0066
<u>Preferred Rates (Pool II)</u>	<u>68,838</u>	<u>\$263.56</u>		<u>\$363.19 (E)</u>	<u>\$392.54</u>	<u>0.6714</u>
Composite	120,411	\$484.69	\$556.22	\$514.63 (F)	\$556.22	0.8714

(A) Rate Year (4/1/2011-3/31/2012) projected contract months.

(B) Per Schedule 22, Column 5.

(C) Per Schedule 22, Column 10.

(D) Weighted average present rate of income for Basic Rates effective April 1, 2010.

(E) Weighted average present rate of income for Preferred Rates effective April 1, 2010.

(F) Weighted by contract months in Column 1.

(G) Required Income PCPM, adjusted to reflect current rate alignment between Pools I and II. Calculated as: (Column 3 composite) times (Column 4 divided by Column 4 composite).

(H) Column 2 divided by Column 5.

Schedule 22

**Blue Cross and Blue Shield of Rhode Island**  
**Class DIR Basic Rate (Pool I) and Preferred Rate (Pool II)**  
**Calculation of Required Loss Ratios on Full Experience Basis**  
**for April 1, 2011 Billing Cycle**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	<u>Projected Contract Months</u> (A)	<u>Projected Incurred Claims Expense PCPM</u>	<u>State Assessments Impact</u> (E)	<u>Impact of Coverage for Dependents up to Age 26</u> (F)	<u>Projected Incurred Claims Including Assessments and Coverage up to Age 26</u> (G)	<u>Administrative Expense PCPM</u> (H)	<u>Projected Incurred Claims and Administrative Expense PCPM</u> (I)	<u>New System Expense</u> (J)	<u>Contribution to Reserve/Tax Liability PCPM</u> (K)	<u>Full Experience Basis</u>	
										<u>Required Income PCPM</u> (L)	<u>Required Loss Ratio</u> (M)
Basic Rates (Pool I)	51,573	\$761.10 (B)	1.0159	1.0086	\$779.85	\$51.56	\$831.41	\$2.93	\$28.03	\$862.37	0.9043
<u>Preferred Rates (Pool II)</u>	<u>68,838</u>	<u>\$257.22 (C)</u>	1.0159	1.0086	<u>\$263.56</u>	<u>\$51.56</u>	<u>\$315.12</u>	<u>\$1.11</u>	<u>\$10.62</u>	<u>\$326.85</u>	<u>0.8064</u>
Composite	120,411	\$473.04 (D)			\$484.69	\$51.56	\$536.25	\$1.89	\$18.08	\$556.22	0.8714

(A) Rate Year (4/1/2011-3/31/2012) projected contract months.

(B) Per Schedule 27, Composite of Column 2.

(C) Per Schedule 27, Composite of Column 4.

(D) Weighted by contract months in Column 1.

(E) Per Schedule 24, Line 8.

(F) Per Schedule 25, Line 6.

(G) Column 2 times Column 3 times Column 4.

(H) Per Schedule 37, Line 3.

(I) Column 5 plus Column 6.

(J) Rating component for new 'core payment system' which is 0.34% of the required income.

(K) A 1.00% reserve loading plus 0.25% for federal tax liability plus 2.00% for state premium tax assessment: (Column 7 plus Column 8)/0.9675 - (Column 7 plus Column 8).

(L) Sum of Columns 7 through 9.

(M) Column 5 divided by Column 10.

**Section IV:**

**Calculation of Claims Impact of  
State Assessments and Coverage  
for Dependents up to Age 26**

**Schedule 24**  
**Blue Cross and Blue Shield of Rhode Island**  
**Class DIR Basic Rate (Pool I) and Preferred Rate (Pool II)**  
**Calculation of Claims Impact of State Assessments**  
**for April 1, 2011 Billing Cycle**

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	(1)	(2)	(3) Child Immunization Assessment Percentage (A)	(4) Adult Immunization Assessment Percentage (B)	(5) CEDARR, CIS, and Home Services Assessment Percentage (C)	(6) Assessment Dollars (D)
	<u>Number of Months</u>	<u>Direct Pay Premium</u>			<u>Assessment Percentage</u>	<u>Assessment Dollars</u>
1. Assessment Based on CY 2009 Premium	3	\$56,478,000	0.825%	0.200%	0.493%	\$857,336
2. <u>Assessment Based on CY 2010 Premium</u>	9	\$60,526,000	0.825%	0.200%	0.493%	<u>\$918,785</u>
3. Rate Period Assessment (E)						\$903,423
4. Rate Period Projected Contract Months						120,411
5. Rate Period Per Contract Per Month (F)						\$7.50
6. Rate Period Projected Claims Expense (G)						\$473.04
7. Claims Impact of State Assessment (H)						1.59%
<b>8. State Assessment Claims Impact Factor (I)</b>						<b>1.0159</b>

(A) Percentage of premium for child immunization assessment based on most recent RI Department of Health invoice.

(B) Percentage of premium for adult immunization assessment based on most recent RI Department of Health invoice.

(C) Percentage of premium for CEDARR assessment based on the most recent RI Department of Human Services invoice.

(D) Column 2 times the sum of Columns 3-5.

(E) Weighted average of Lines 1 and 2 weighted by Column 1 months.

(F) Line 3 divided by Line 4.

(G) Weighted average of the projected claims expense for the rating year from Schedule 22, Column 2.

(H) Line 5 divided by Line 6.

(I) Claims Impact Factor reflecting increase in claims expenses due to State Assessments, which is equal to 1 plus Line 7.



Schedule 25

**Blue Cross and Blue Shield of Rhode Island  
Class DIR Basic Rate (Pool I) and Preferred Rate (Pool II)  
Calculation of Claims Impact of Dependents to Age 26  
for April 1, 2011 Billing Cycle**

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1) Approved premium factor for Commercial group (A)	1.25%
2) Approved claims factor for Commercial group (B)	1.47%
3) Percentage of Commercial group contracts that are family (C)	34%
4) Percentage of Direct Pay contracts that are family (D)	20%
5) Claims factor adjusted for Direct Pay tier structure (E)	0.86%
<b>6) Direct Pay claims factor for Dependents to age 26 (F)</b>	<b>1.0086</b>

(A) This factor represents the approved premium factor for commercial groups.

(B) Line 1, divided by Commercial Group's Loss Ratio of .85.

(C) Percent of family contracts for Commercial Group.

(D) Percent of family contracts for Direct Pay.

(E) Line 2, divided by line 3, multiplied by line 4.

(F) Line 5 plus 1.0000.

**Section V:**

**Calculation of Projected Paid Claims  
for Basic and Preferred (Pool I and  
Pool II) Rate Development**

Schedule 27

**Blue Cross and Blue Shield of Rhode Island**  
**Class DIR Basic Rate (Pool I) and Preferred Rate (Pool II)**  
**Calculation of Composite Paid Claims Expense Per Contract Month**  
**for April 1, 2011 Billing Cycle**

	(1)	(2)	(3)	(4)
	<u>Pool I</u>		<u>Pool II</u>	
	<u>Base Year</u> <u>Contract</u> <u>Months</u> (A)	<u>Projected</u> <u>Paid</u> <u>Claims</u> <u>PCPM</u> (B)	<u>Base Year</u> <u>Contract</u> <u>Months</u> (A)	<u>Projected</u> <u>Paid</u> <u>Claims</u> <u>PCPM</u> (B)
HealthMate Direct 500	22,786	\$966.80	29,085	\$321.47
HealthMate Direct 2000	14,949	\$558.16	17,848	\$283.80
HealthMate for HSA 3000	8,756	\$810.66	10,355	\$156.70
<u>HealthMate for HSA 5000</u>	<u>5,278</u>	<u>\$365.63</u>	<u>8,511</u>	<u>\$104.21</u>
<b>TOTAL</b>	<b>51,769</b>	<b>\$761.10</b>	<b>65,799</b>	<b>\$257.22</b>

(A) Base Year (6/1/2009-5/31/2010) contract months.

(B) Per Schedules 28-35, Column 9.

Schedule 28

**Blue Cross & Blue Shield of Rhode Island  
Class DIR Basic Rate (Pool I)  
Calculation of Projected Paid Claims Per Contract Month  
for April 1, 2011 Billing Cycle for HealthMate Direct 500**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	<u>Incurred Allowed Claims</u>	<u>Incurred Allowed Claims PCPM</u>	<u>Projection Factor</u>	<u>Projected Allowed Claims PCPM</u>	<u>Net-to- Allowed Factor</u>	<u>Rx Formulary</u>	<u>Rx Rebates</u>	<u>Utilization Adjustment</u>	<u>Projected Paid Claims PCPM</u>
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Inpatient	\$6,014,463	\$263.95	1.1323	\$298.87	0.8270	N/A	N/A	0.9838	\$243.16
Outpatient	\$5,144,371	\$225.77	1.1191	\$252.66	0.8270	N/A	N/A	0.9838	\$205.56
Surgical/Medical	\$7,850,169	\$344.52	1.0799	\$372.05	0.8270	N/A	N/A	0.9838	\$302.70
<u>Pharmacy</u>	\$5,895,284	\$258.72	1.2279	<u>\$317.68</u>	0.7557	0.9528	0.9322	1.0100	<u>\$215.38</u>
<b>Total</b>				<b>\$1,241.26</b>					<b>\$966.80</b>

- (A) Incurred allowed claims (prior to subscriber cost sharing) for Basic Rate (Pool I) HealthMate 500 for Jun-2009 to May-2010 estimated to 100% complete. Unlike previous filings, Pharmacy claims do not include rebates here (rebates are shown in column (7)).
- (B) Column 1 divided by 22,786 Basic Rate (Pool I) HealthMate 500 contract months for Jun-2009 to May-2010.
- (C) Per Schedule 39, Column 4.
- (D) Column 2 times Column 3.
- (E) Ratio of Projected Incurred Allowed Claims, minus Member Liability, to Projected Incurred Allowed Claims for HealthMate 500 Pool I pharmacy and non-pharmacy claims.
- (F) Factor represents expected reduction to Rx claims expenses due to formulary changes.
- (G) Factor represents expected reduction to Rx claims expenses due to anticipated rebates.
- (H) Expected change in utilization due to benefit changes.
- (I) Column 4 times Column 5 times Column 8 for non-pharmacy claims. Product of Columns 4 through 8 for pharmacy claims.

Schedule 29

**Blue Cross & Blue Shield of Rhode Island  
Class DIR Basic Rate (Pool I)  
Calculation of Projected Paid Claims Per Contract Month  
for April 1, 2011 Billing Cycle for HealthMate Direct 2000**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	<b>Incurred Allowed Claims</b>	<b>Incurred Allowed Claims PCPM</b>	<b>Projection Factor</b>	<b>Projected Allowed Claims PCPM</b>	<b>Net-to- Allowed Factor</b>	<b>Rx Formulary</b>	<b>Rx Rebates</b>	<b>Utilization Adjustment</b>	<b>Projected Paid Claims PCPM</b>
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Inpatient	\$2,362,602	\$158.04	1.1323	\$178.95	0.7358	N/A	N/A	1.0098	\$132.96
Outpatient	\$1,737,027	\$116.20	1.1191	\$130.04	0.7358	N/A	N/A	1.0098	\$96.62
Surgical/Medical	\$3,322,599	\$222.26	1.0799	\$240.02	0.7358	N/A	N/A	1.0098	\$178.34
<u>Pharmacy</u>	\$2,679,160	\$179.22	1.2279	<u>\$220.06</u>	0.7610	0.9528	0.9322	1.0100	<u>\$150.24</u>
<b>Total</b>				<b>\$769.07</b>					<b>\$558.16</b>

- (A) Incurred allowed claims (prior to subscriber cost sharing) for Basic Rate (Pool I) HealthMate Direct 2000 for Jun-2009 to May-2010 estimated to 100% complete. Unlike previous filings, Pharmacy claims do not include rebates here (rebates are shown in column (7)).
- (B) Column 1 divided by 14,949 Basic Rate (Pool I) HealthMate Direct 2000 contract months for Jun-2009 to May-2010.
- (C) Per Schedule 39, Column 4.
- (D) Column 2 times Column 3.
- (E) Ratio of Projected Incurred Allowed Claims, minus Member Liability, to Projected Incurred Allowed Claims for HealthMate Direct 2000 Pool I pharmacy and non-pharmacy claims.
- (F) Factor represents expected reduction to Rx claims expenses due to formulary changes.
- (G) Factor represents expected reduction to Rx claims expenses due to anticipated rebates.
- (H) Expected change in utilization due to benefit changes.
- (I) Column 4 times Column 5 times Column 8 for non-pharmacy claims. Product of Columns 4 through 8 for pharmacy claims.

Schedule 30

**Blue Cross & Blue Shield of Rhode Island  
Class DIR Basic Rate (Pool I)  
Calculation of Projected Paid Claims Per Contract Month  
for April 1, 2011 Billing Cycle for HealthMate for HSA 3000**

	(1) <b>Incurred Allowed Claims</b> (A)	(2) <b>Incurred Allowed Claims PCPM</b> (B)	(3) <b>Projection Factor</b> (C)	(4) <b>Projected Allowed Claims PCPM</b> (D)	(5) <b>Net-to- Allowed Factor</b> (E)	(6) <b>Rx Formulary</b> (F)	(7) <b>Rx Rebates</b> (G)	(8) <b>Utilization Adjustment</b> (H)	(9) <b>Projected Paid Claims PCPM</b> (I)
Inpatient	\$1,731,740	\$197.78	1.1323	\$223.95	0.7832	N/A	N/A	0.9797	\$171.84
Outpatient	\$1,906,371	\$217.72	1.1191	\$243.65	0.7832	N/A	N/A	0.9797	\$186.95
Surgical/Medical	\$2,345,756	\$267.90	1.0799	\$289.31	0.7832	N/A	N/A	0.9797	\$221.99
<u>Pharmacy</u>	\$2,386,197	\$272.52	1.2279	<u>\$334.63</u>	0.7832	0.9447	0.9477	0.9797	<u>\$229.88</u>
<b>Total</b>				<b>\$1,091.54</b>					<b>\$810.66</b>

- (A) Incurred allowed claims (prior to subscriber cost sharing) for Basic Rate (Pool I) HSA 3000 for Jun-2009 to May-2010 estimated to 100% complete. Unlike previous filings, Pharmacy claims do not include rebates here (rebates are shown in column (7)).
- (B) Column 1 divided by 8,756 Basic Rate (Pool I) HSA 3000 contract months for Jun-2009 to May-2010.
- (C) Per Schedule 39, Column 4.
- (D) Column 2 times Column 3.
- (E) Ratio of Projected Incurred Allowed Claims, minus Member Liability, to Projected Incurred Allowed Claims for HealthMate for HSA 3000 Pool I Claims.
- (F) Factor represents expected reduction to Rx claims expenses due to formulary changes.
- (G) Factor represents expected reduction to Rx claims expenses due to anticipated rebates.
- (H) Expected change in utilization due to benefit changes.
- (I) Column 4 times Column 5 times Column 8 for non-pharmacy claims. Product of Columns 4 through 8 for pharmacy claims.

Schedule 31

**Blue Cross & Blue Shield of Rhode Island**  
**Class DIR Basic Rate (Pool I)**  
**Calculation of Projected Paid Claims Per Contract Month**  
**for April 1, 2011 Billing Cycle for HealthMate for HSA 5000**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	<b>Incurred Allowed Claims</b>	<b>Incurred Allowed Claims PCPM</b>	<b>Projection Factor</b>	<b>Projected Allowed Claims PCPM</b>	<b>Net-to- Allowed Factor</b>	<b>Rx Formulary</b>	<b>Rx Rebates</b>	<b>Utilization Adjustment</b>	<b>Projected Paid Claims PCPM</b>
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Inpatient	\$1,008,121	\$191.00	1.1323	\$216.27	0.6639	N/A	N/A	0.9906	\$142.23
Outpatient	\$484,577	\$91.81	1.1191	\$102.74	0.6639	N/A	N/A	0.9906	\$67.57
Surgical/Medical	\$827,168	\$156.72	1.0799	\$169.24	0.6639	N/A	N/A	0.9906	\$111.30
<u>Pharmacy</u>	\$325,062	\$61.59	1.2279	<u>\$75.63</u>	0.6639	0.9447	0.9477	0.9906	<u>\$44.53</u>
<b>Total</b>				<b>\$563.88</b>					<b>\$365.63</b>

(A) Incurred allowed claims (prior to subscriber cost sharing) for Basic Rate (Pool I) HSA 5000 for Jun-2009 to May-2010 estimated to 100% complete.

Unlike previous filings, Pharmacy claims do not include rebates here (rebates are shown in column (7)).

(B) Column 1 divided by 5,278 Basic Rate (Pool I) HSA 5000 contract months for Jun-2009 to May-2010.

(C) Per Schedule 39, Column 4.

(D) Column 2 times Column 3.

(E) Ratio of Projected Incurred Allowed Claims, minus Member Liability, to Projected Incurred Allowed Claims for HealthMate for HSA 5000 Pool I Claims.

(F) Factor represents expected reduction to Rx claims expenses due to formulary changes.

(G) Factor represents expected reduction to Rx claims expenses due to anticipated rebates.

(H) Expected change in utilization due to benefit changes.

(I) Column 4 times Column 5 times Column 8 for non-pharmacy claims. Product of Columns 4 through 8 for pharmacy claims.

Schedule 32

**Blue Cross & Blue Shield of Rhode Island  
Class DIR Preferred Rate (Pool II)  
Calculation of Projected Paid Claims Per Contract Month  
for April 1, 2011 Billing Cycle for HealthMate Direct 500**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	<b>Incurred Allowed Claims</b>	<b>Incurred Allowed Claims PCPM</b>	<b>Projection Factor</b>	<b>Projected Allowed Claims PCPM</b>	<b>Net-to- Allowed Factor</b>	<b>Rx Formulary</b>	<b>Rx Rebates</b>	<b>Utilization Adjustment</b>	<b>Projected Paid Claims PCPM</b>
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Inpatient	\$1,976,597	\$67.96	1.1323	\$76.95	0.7704	N/A	N/A	0.9838	\$58.32
Outpatient	\$2,543,184	\$87.44	1.2886	\$112.68	0.7704	N/A	N/A	0.9838	\$85.40
Surgical/Medical	\$4,671,711	\$160.62	1.1017	\$176.96	0.7704	N/A	N/A	0.9838	\$134.12
<u>Pharmacy</u>	\$1,776,707	\$61.09	1.0742	<u>\$65.62</u>	0.7412	0.9528	0.9322	1.0100	<u>\$43.63</u>
<b>Total</b>				<b>\$432.21</b>					<b>\$321.47</b>

(A) Incurred allowed claims (prior to subscriber cost sharing) for Preferred Rate (Pool II) HealthMate 500 for Jun-2009 to May-2010 estimated to 100% complete.

Unlike previous filings, Pharmacy claims do not include rebates here (rebates are shown in column (7)).

(B) Column 1 divided by 29,085 Preferred Rate (Pool II) HealthMate 500 contract months for Jun-2009 to May-2010.

(C) Per Schedule 40, Column 4.

(D) Column 2 times Column 3.

(E) Ratio of Projected Incurred Allowed Claims, minus Member Liability, to Projected Incurred Allowed Claims for HealthMate 500 Pool II pharmacy and non-pharmacy claims.

(F) Factor represents expected reduction to Rx claims expenses due to formulary changes.

(G) Factor represents expected reduction to Rx claims expenses due to anticipated rebates.

(H) Expected change in utilization due to benefit changes.

(I) Column 4 times Column 5 times Column 8 for non-pharmacy claims. Product of Columns 4 through 8 for pharmacy claims.



**Schedule 33**

**Blue Cross & Blue Shield of Rhode Island  
Class DIR Preferred Rate (Pool II)  
Calculation of Projected Paid Claims Per Contract Month  
for April 1, 2011 Billing Cycle for HealthMate Direct 2000**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	<u>Incurred Allowed Claims</u>	<u>Incurred Allowed Claims PCPM</u>	<u>Projection Factor</u>	<u>Projected Allowed Claims PCPM</u>	<u>Net-to- Allowed Factor</u>	<u>Rx Formulary</u>	<u>Rx Rebates</u>	<u>Utilization Adjustment</u>	<u>Projected Paid Claims PCPM</u>
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Inpatient	\$1,615,638	\$90.52	1.1323	\$102.50	0.7426	N/A	N/A	1.0098	\$76.86
Outpatient	\$1,458,369	\$81.71	1.2886	\$105.29	0.7426	N/A	N/A	1.0098	\$78.95
Surgical/Medical	\$2,131,579	\$119.43	1.1017	\$131.58	0.7426	N/A	N/A	1.0098	\$98.67
<u>Pharmacy</u>	\$735,413	\$41.20	1.0742	<u>\$44.26</u>	0.7385	0.9528	0.9322	1.0100	<u>\$29.32</u>
<b>Total</b>				<b>\$383.63</b>					<b>\$283.80</b>

(A) Incurred allowed claims (prior to subscriber cost sharing) for Preferred Rate (Pool II) HealthMate Direct 2000 for Jun-2009 to May-2010 estimated to 100% complete.

Unlike previous filings, Pharmacy claims do not include rebates here (rebates are shown in column (7)).

(B) Column 1 divided by 17,848 Preferred Rate (Pool II) HealthMate Direct 2000 contract months for Jun-2009 to May-2010.

(C) Per Schedule 40, Column 4.

(D) Column 2 times Column 3.

(E) Ratio of Projected Incurred Allowed Claims, minus Member Liability, to Projected Incurred Allowed Claims for HealthMate Direct 2000 Pool II pharmacy and non-pharmacy claims.

(F) Factor represents expected reduction to Rx claims expenses due to formulary changes.

(G) Factor represents expected reduction to Rx claims expenses due to anticipated rebates.

(H) Expected change in utilization due to benefit changes.

(I) Column 4 times Column 5 times Column 8 for non-pharmacy claims. Product of Columns 4 through 8 for pharmacy claims.

Schedule 34

**Blue Cross & Blue Shield of Rhode Island  
Class DIR Preferred Rate (Pool II)  
Calculation of Projected Paid Claims Per Contract Month  
for April 1, 2011 Billing Cycle for HealthMate for HSA 3000**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	<b>Incurred Allowed Claims</b>	<b>Incurred Allowed Claims PCPM</b>	<b>Projection Factor</b>	<b>Projected Allowed Claims PCPM</b>	<b>Net-to- Allowed Factor</b>	<b>Rx Formulary</b>	<b>Rx Rebates</b>	<b>Utilization Adjustment</b>	<b>Projected Paid Claims PCPM</b>
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Inpatient	\$448,352	\$43.30	1.1323	\$49.03	0.5924	N/A	N/A	0.9906	\$28.77
Outpatient	\$633,355	\$61.16	1.2886	\$78.81	0.5924	N/A	N/A	0.9906	\$46.25
Surgical/Medical	\$989,936	\$95.60	1.1017	\$105.32	0.5924	N/A	N/A	0.9906	\$61.81
<u>Pharmacy</u>	\$364,566	\$35.21	1.0742	<u>\$37.82</u>	0.5924	0.9447	0.9477	0.9906	<u>\$19.87</u>
<b>Total</b>				<b>\$270.98</b>					<b>\$156.70</b>

(A) Incurred allowed claims (prior to subscriber cost sharing) for Preferred Rate (Pool II) HSA 3000 for Jun-2009 to May-2010 estimated to 100% complete.

Unlike previous filings, Pharmacy claims do not include rebates here (rebates are shown in column (7)).

(B) Column 1 divided by 10,355 Preferred Rate (Pool II) HSA 3000 contract months for Jun-2009 to May-2010.

(C) Per Schedule 40, Column 4.

(D) Column 2 times Column 3.

(E) Ratio of Projected Incurred Allowed Claims, minus Member Liability, to Projected Incurred Allowed Claims for HealthMate for HSA 3000 Pool II Claims.

(F) Factor represents expected reduction to Rx claims expenses due to formulary changes.

(G) Factor represents expected reduction to Rx claims expenses due to anticipated rebates.

(H) Expected change in utilization due to benefit changes.

(I) Column 4 times Column 5 times Column 8 for non-pharmacy claims. Product of Columns 4 through 8 for pharmacy claims.

Schedule 35

**Blue Cross & Blue Shield of Rhode Island  
Class DIR Preferred Rate (Pool II)  
Calculation of Projected Paid Claims Per Contract Month  
for April 1, 2011 Billing Cycle for HealthMate for HSA 5000**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	<b>Incurred Allowed Claims</b>	<b>Incurred Allowed Claims PCPM</b>	<b>Projection Factor</b>	<b>Projected Allowed Claims PCPM</b>	<b>Net-to- Allowed Factor</b>	<b>Rx Formulary</b>	<b>Rx Rebates</b>	<b>Utilization Adjustment</b>	<b>Projected Paid Claims PCPM</b>
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Inpatient	\$368,853	\$43.34	1.1323	\$49.07	0.5198	N/A	N/A	0.9961	\$25.41
Outpatient	\$377,247	\$44.32	1.2886	\$57.11	0.5198	N/A	N/A	0.9961	\$29.57
Surgical/Medical	\$632,481	\$74.31	1.1017	\$81.87	0.5198	N/A	N/A	0.9961	\$42.39
<u>Pharmacy</u>	\$116,878	\$13.73	1.0742	<u>\$14.75</u>	0.5198	0.9447	0.9477	0.9961	<u>\$6.84</u>
<b>Total</b>				<b>\$202.80</b>					<b>\$104.21</b>

(A) Incurred allowed claims (prior to subscriber cost sharing) for Preferred Rate (Pool II) HSA 5000 for Jun-2009 to May-2010 estimated to 100% complete.

Unlike previous filings, Pharmacy claims do not include rebates here (rebates are shown in column (7)).

(B) Column 1 divided by 8,511 Preferred Rate (Pool II) HSA 5000 contract months for Jun-2009 to May-2010.

(C) Per Schedule 40, Column 4.

(D) Column 2 times Column 3.

(E) Ratio of Projected Incurred Allowed Claims, minus Member Liability, to Projected Incurred Allowed Claims for HealthMate for HSA 5000 Pool II Claims.

(F) Factor represents expected reduction to Rx claims expenses due to formulary changes.

(G) Factor represents expected reduction to Rx claims expenses due to anticipated rebates.

(H) Expected change in utilization due to benefit changes.

(I) Column 4 times Column 5 times Column 8 for non-pharmacy claims. Product of Columns 4 through 8 for pharmacy claims.

**Schedule 36**

**Section VI:**  
**Administrative Expenses**

**Schedule 37**  
**Blue Cross and Blue Shield of Rhode Island**  
**Class DIR Basic Rate (Pool I) and Preferred Rate (Pool II)**  
**Calculation of Administrative Expense per**  
**Contract Month for April 1, 2011 Billing Cycle**

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	(1)	(2)	(3)	(4)
	<b>Number of Months in <u>Rate Period</u></b>	<b>Calendar Year Administrative <u>Expense Budget</u></b>	<b>Projected Contract <u>Months</u></b>	<b>Administrative Expense Budget <u>PCPM</u></b>
1. CY 2011	9	\$6,178,522 (A)	120,441	\$51.30 (C)
2. <u>CY 2012</u>	3	\$6,297,278 (B)	120,321	<u>\$52.34</u> (C)
3. Rate Year (4/1/2011-3/31/2012)				\$51.56 (D)

- (A) Derived from the 2011 budget for Direct Pay. Includes fees paid to vendors.  
(B) Derived from the 2012 budget for Direct Pay. Includes fees paid to vendors.  
(C) Column 2 divided by Column 3.  
(D) Weighted by months in Column 1.

**Section VII:**  
**Trends and Projection Factors**

Schedule 39

**Blue Cross and Blue Shield of Rhode Island**  
**Class DIR Basic Rate (Pool I)**  
**Projection Factors for Allowed Claims**  
**for April 1, 2011 Billing Cycle**

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	(1)	(2)	(3)	(4)
	<b><u>Price</u></b>	<b><u>Utilization/Mix</u></b>	<b><u>Claim</u></b>	<b><u>Projection</u></b>
	<b><u>Trend Factor</u></b>	<b><u>Trend Factor</u></b>	<b><u>Adjustment</u></b>	<b><u>Factor</u></b>
	(A)	(B)	(G)	(H)
Hospital Inpatient	1.1302	1.0000 (C)	1.0019	1.1323
Hospital Outpatient	1.1191	1.0000 (D)	1.0000	1.1191
Surgical/Medical	1.0412	1.0370 (E)	1.0002	1.0799
Pharmacy		1.2593 (F)	0.9751	1.2279

- (A) Obtained from Blue Cross' Contracting Administration Division for the 22-month projection period.  
(B) Based on annual trend assumption, compounded over the 22-month projection period.  
(C) Based on annual trend increase of 0.00%. See graph in Schedule 41.  
(D) Based on annual trend increase of 0.00%. See graph in Schedule 42.  
(E) Based on annual trend increase of 2.00%. See graph in Schedule 43.  
(F) Based on annual trend increase of 13.40%. See graph in Schedule 44. This factor includes price.  
(G) Factor to adjust claims expenses for anticipated policy changes, contract changes, and one time claims impacts that are not reflected in utilization or pure price trends.  
(H) Column 1 times Column 2 times Column 3 for non-pharmacy. Column 2 times Column 3 for pharmacy.

**Schedule 40**

**Blue Cross and Blue Shield of Rhode Island  
Class DIR Preferred Rate (Pool II)  
Projection Factors for Allowed Claims  
for April 1, 2011 Billing Cycle**

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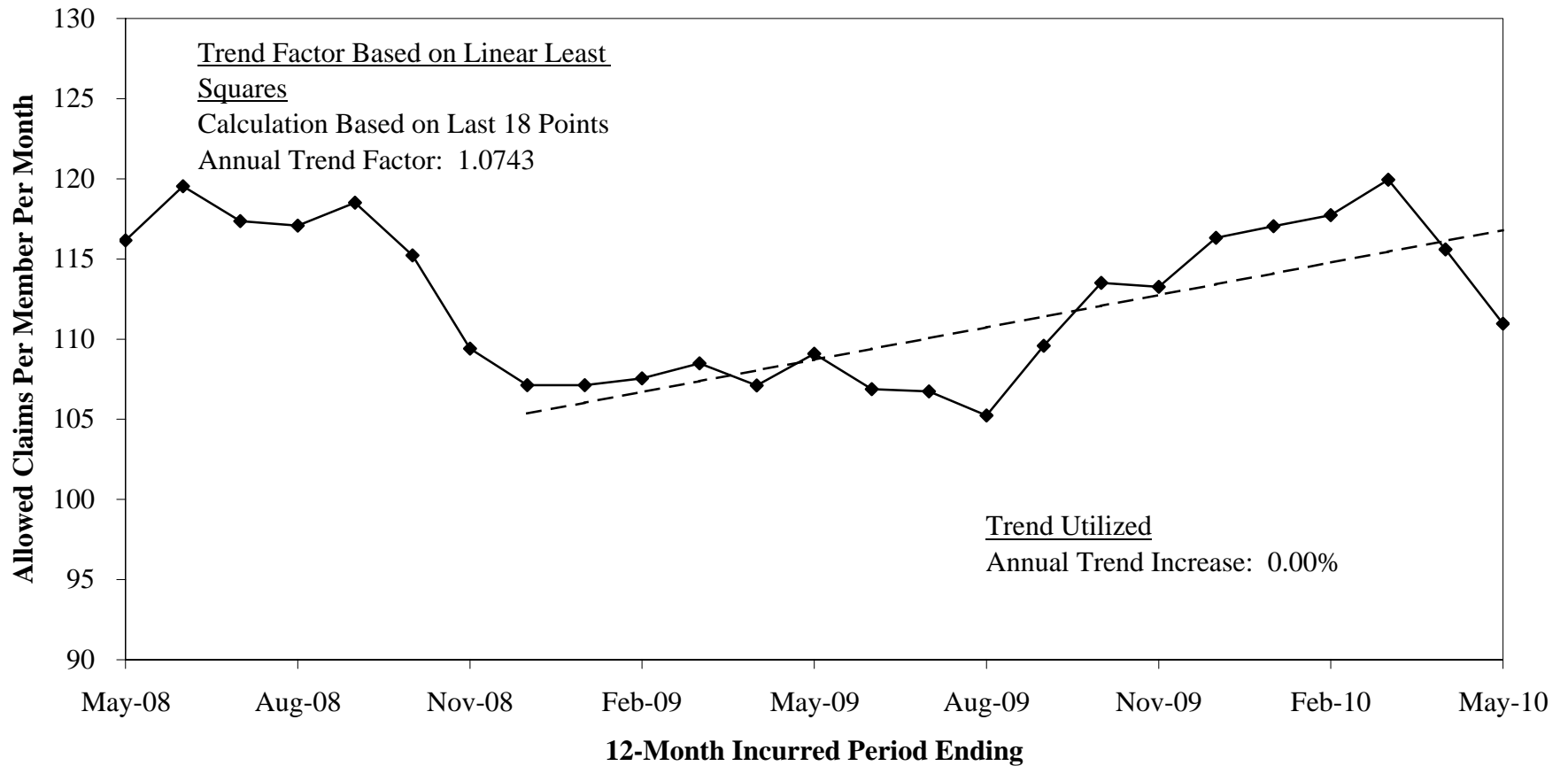
	(1)	(2)	(3)	(4)
	<u>Price Trend Factor</u>	<u>Utilization/Mix Trend Factor</u>	<u>Claim Adjustment Factor</u>	<u>Projection Factor</u>
	(A)	(B)	(G)	(H)
Hospital Inpatient	1.1302	1.0000 (C)	1.0019	1.1323
Hospital Outpatient	1.1191	1.1515 (D)	1.0000	1.2886
Surgical/Medical	1.0412	1.0579 (E)	1.0002	1.1017
Pharmacy		1.1016 (F)	0.9751	1.0742

- (A) Obtained from Blue Cross' Contracting Administration Division for the 22-month projection period.  
 (B) Based on annual trend assumption, compounded over the 22-month projection period.  
 (C) Based on annual trend increase of 0.00%. See graph in Schedule 45.  
 (D) Based on annual trend increase of 8.00%. See graph in Schedule 46.  
 (E) Based on annual trend increase of 3.12%. See graph in Schedule 47.  
 (F) Based on annual trend increase of 5.42%. See graph in Schedule 48. This factor includes price.  
 (G) Factor to adjust claims expenses for anticipated policy changes, contract changes, and one time claims impacts that are not reflected in utilization or pure price trends.  
 (H) Column 1 times Column 2 times Column 3 for non-pharmacy. Column 2 times Column 3 for pharmacy.



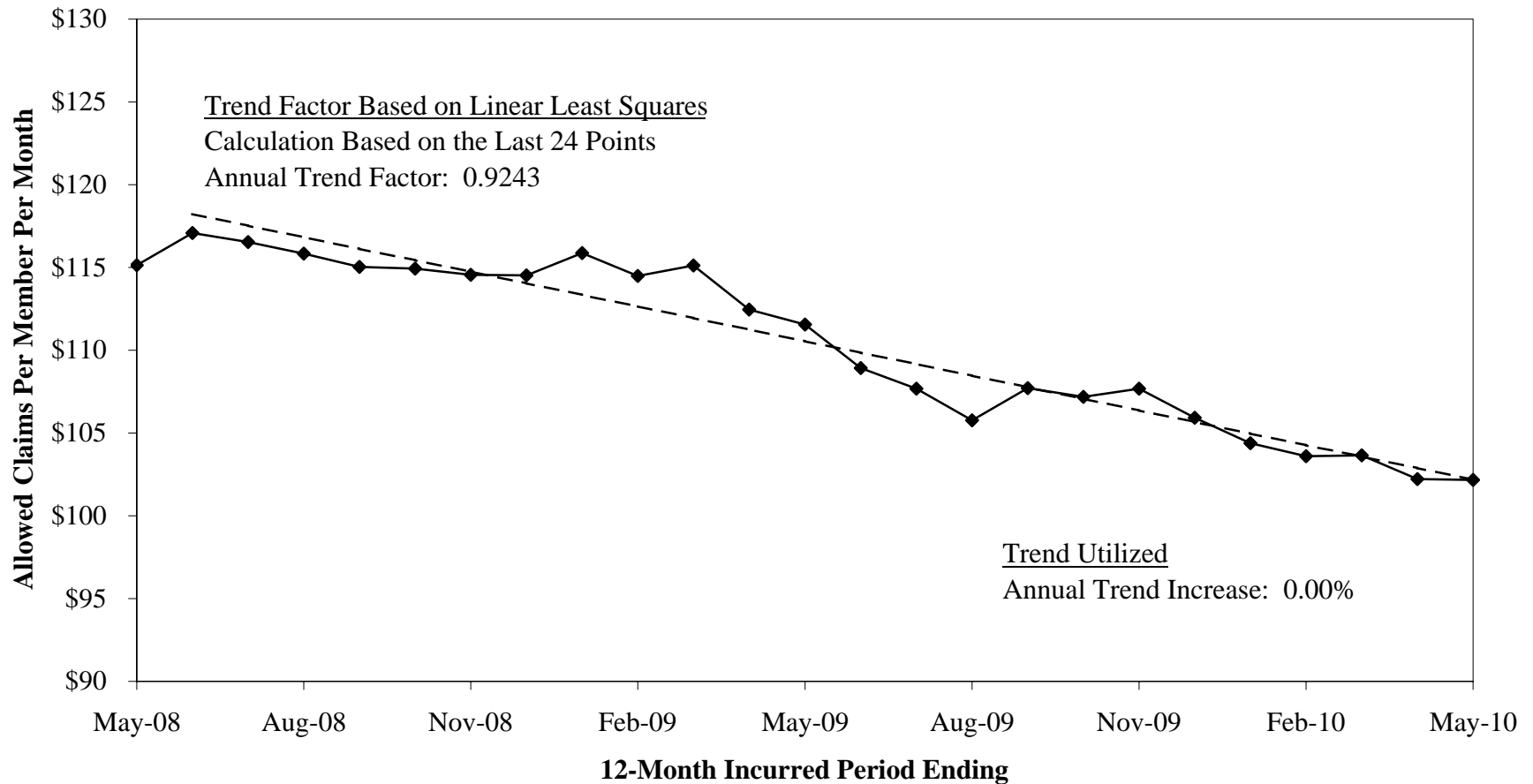
**Blue Cross and Blue Shield of Rhode Island  
Class DIR Basic Rate (Pool I)**

**Hospital Inpatient: Historical Allowed Claims PMPM and  
Utilization/Mix Trends**



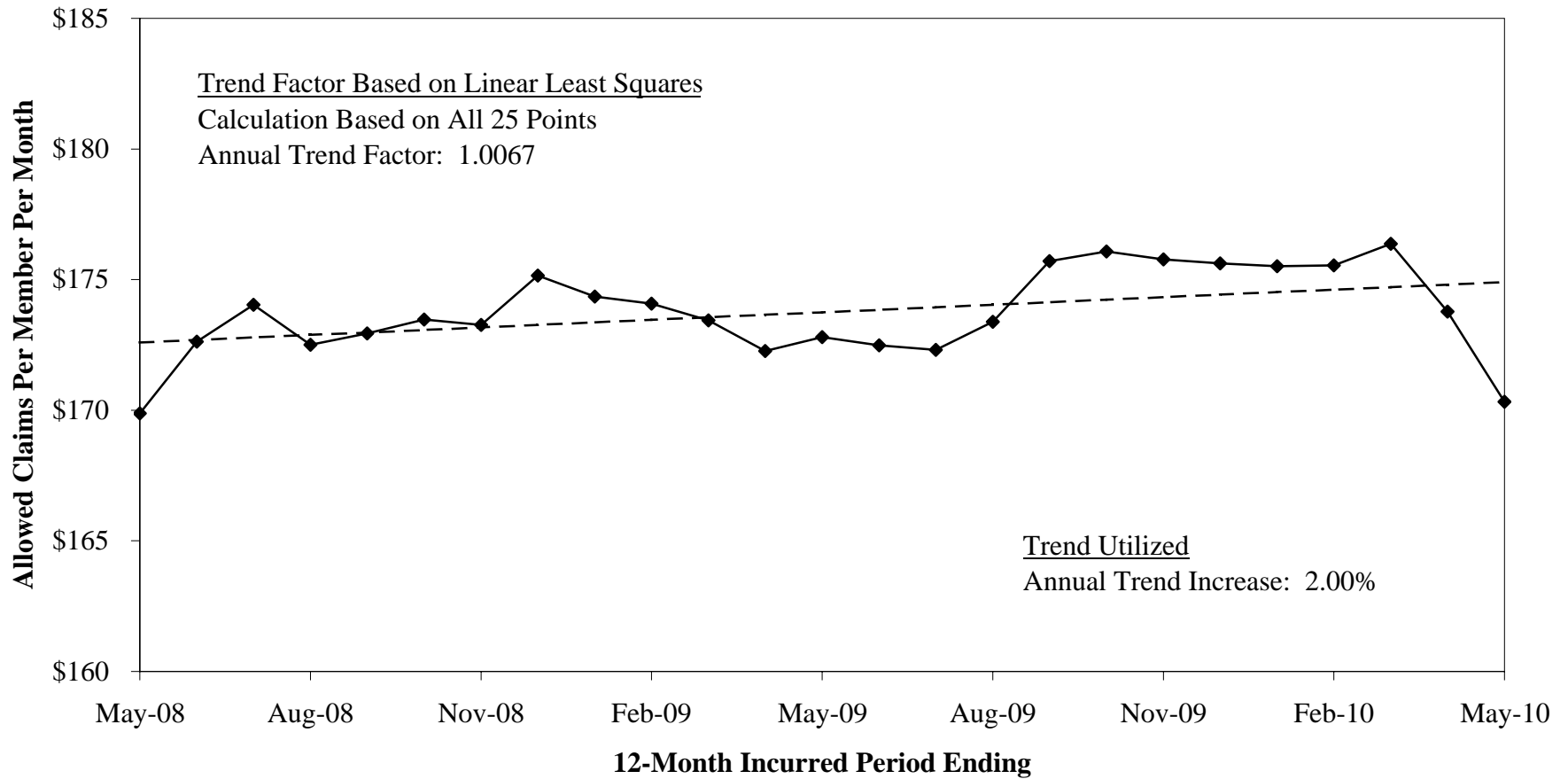
**Blue Cross and Blue Shield of Rhode Island  
Class DIR Basic Rate (Pool I)**

**Hospital Outpatient: Historical Allowed Claims PMPM and  
Utilization/Mix Trends**



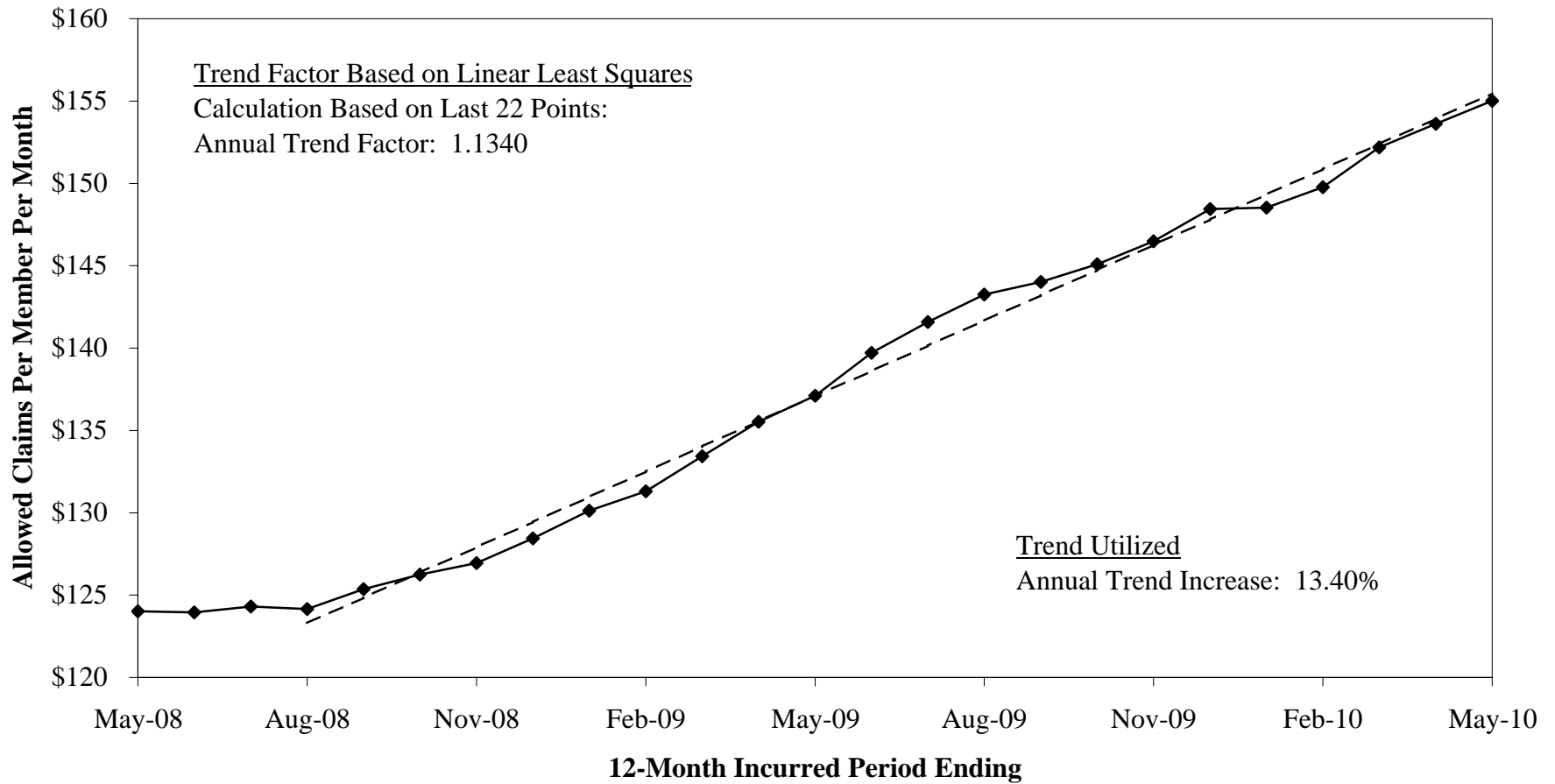
**Blue Cross and Blue Shield of Rhode Island  
Class DIR Basic Rate (Pool I)**

**Surgical/Medical: Historical Allowed Claims PMPM and  
Utilization/Mix Trends**



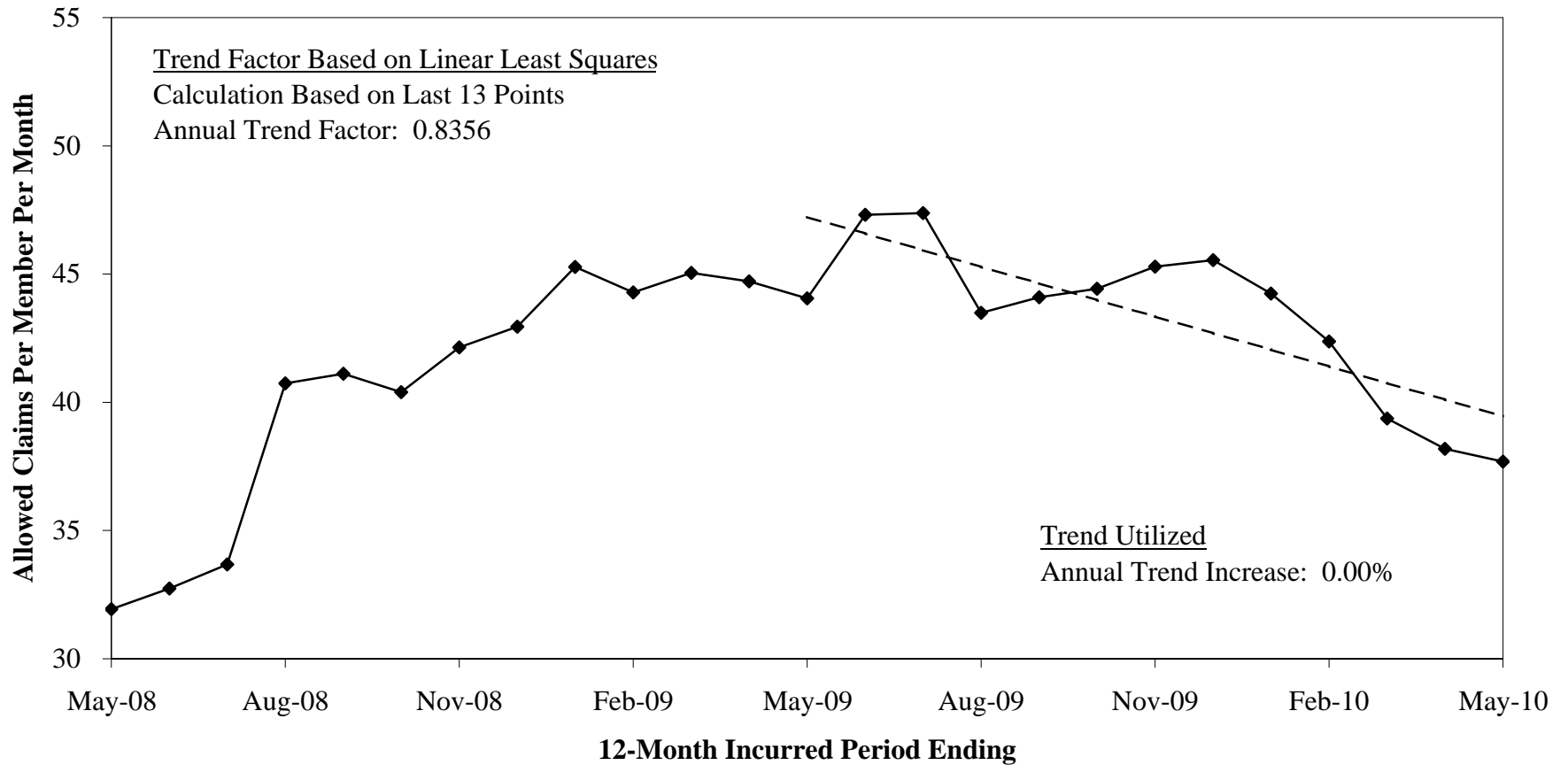
**Blue Cross and Blue Shield of Rhode Island  
Class DIR Basic Rate (Pool I)**

**Pharmacy: Historical Allowed Claims PMPM  
and Allowed Claims PMPM Trends**



**Blue Cross and Blue Shield of Rhode Island  
Class DIR Preferred Rate (Pool II)**

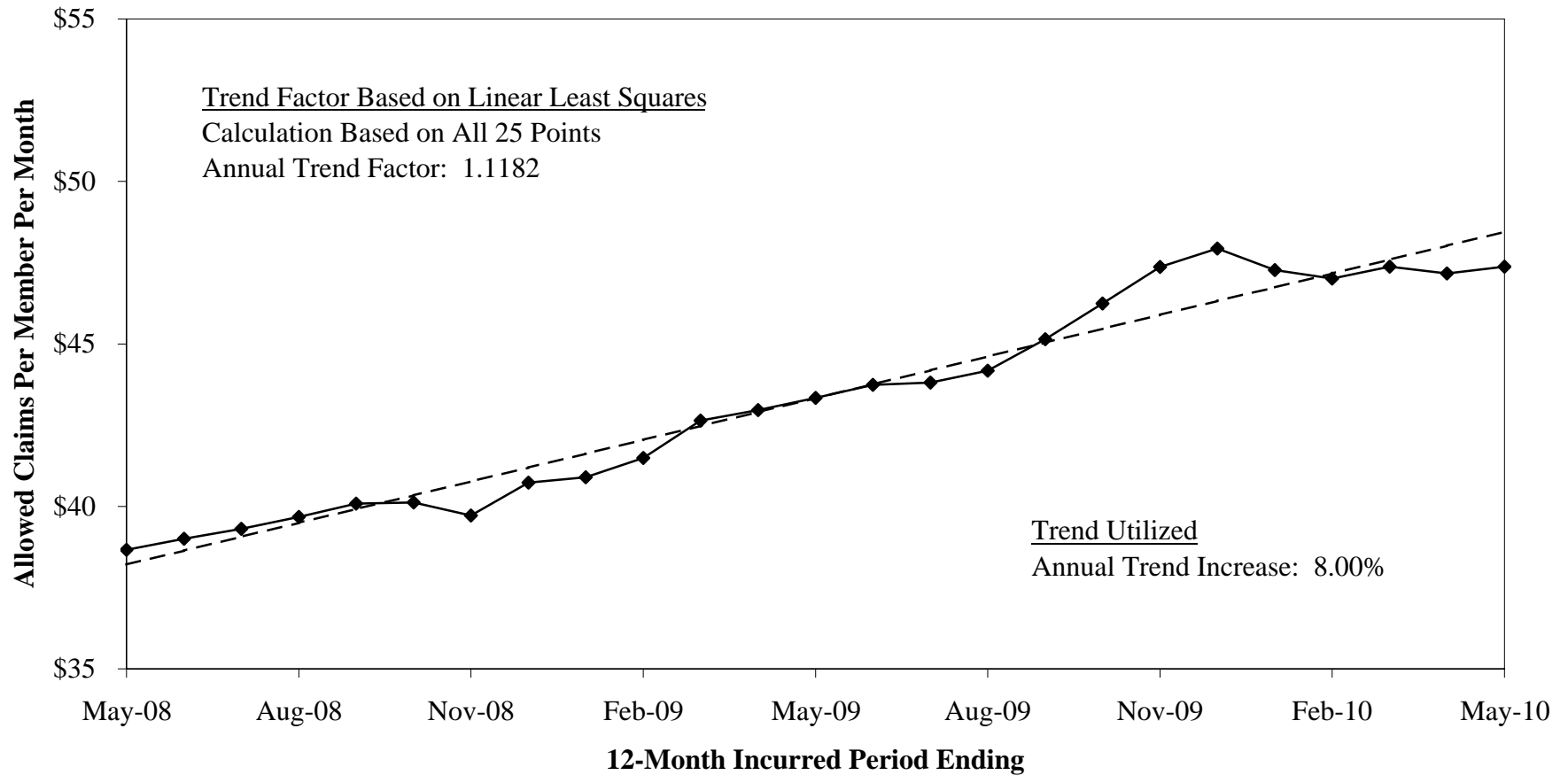
**Hospital Inpatient: Historical Allowed Claims PMPM and  
Utilization/Mix Trends**



Schedule 46

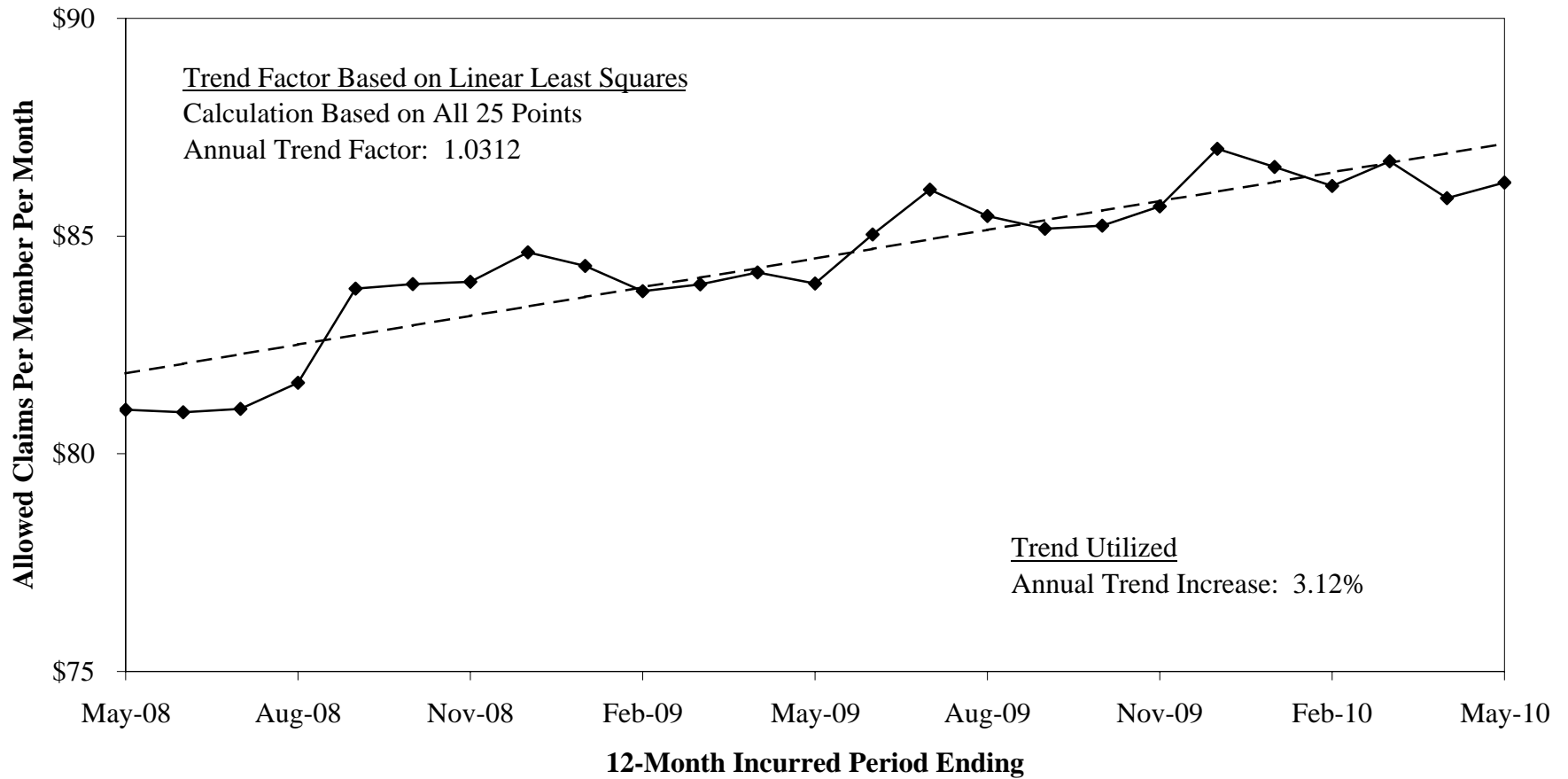
**Blue Cross and Blue Shield of Rhode Island  
Class DIR Preferred Rate (Pool II)**

**Hospital Outpatient: Historical Allowed Claims PMPM and  
Utilization/Mix Trends**



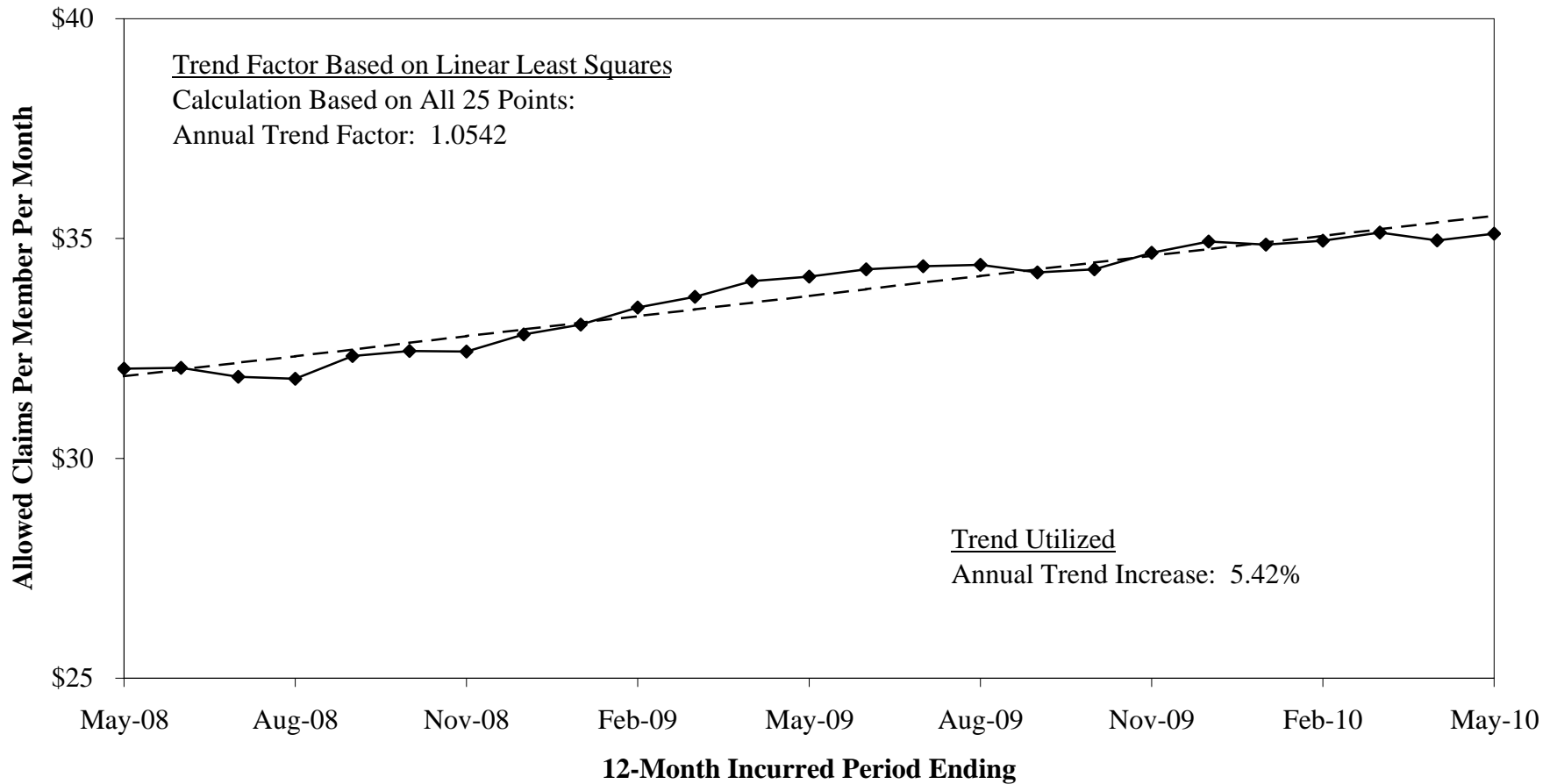
**Blue Cross and Blue Shield of Rhode Island  
Class DIR Preferred Rate (Pool II)**

**Surgical/Medical: Historical Allowed Claims PMPM and  
Utilization/Mix Trends**



**Blue Cross and Blue Shield of Rhode Island  
Class DIR Preferred Rate (Pool II)**

**Pharmacy: Historical Allowed Claims PMPM  
and Allowed Claims PMPM Trends**





**Schedule 49**  
**Blue Cross and Blue Shield of Rhode Island**  
**Class DIR Basic Rate (Pool I)**  
**Point Values Utilized in Development of Trends**

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12-Month Incurred Period Ending	Hospital Inpatient Allowed <u>Claims PMPM</u> (A)	Hospital Outpatient Allowed <u>Claims PMPM</u> (A)	Surgical/ Medical Allowed <u>Claims PMPM</u> (A)	Pharmacy Allowed <u>Claims PMPM</u>
May-08	\$116.15	\$115.14	\$169.88	\$124.02
Jun-08	\$119.54	\$117.09	\$172.63	\$123.96
Jul-08	\$117.36	\$116.54	\$174.03	\$124.31
Aug-08	\$117.09	\$115.84	\$172.50	\$124.15
Sep-08	\$118.52	\$115.03	\$172.94	\$125.36
Oct-08	\$115.22	\$114.93	\$173.47	\$126.25
Nov-08	\$109.41	\$114.56	\$173.26	\$126.95
Dec-08	\$107.12	\$114.52	\$175.15	\$128.44
Jan-09	\$107.13	\$115.86	\$174.35	\$130.12
Feb-09	\$107.54	\$114.49	\$174.08	\$131.31
Mar-09	\$108.49	\$115.11	\$173.43	\$133.43
Apr-09	\$107.11	\$112.46	\$172.27	\$135.52
May-09	\$109.09	\$111.55	\$172.80	\$137.10
Jun-09	\$106.87	\$108.93	\$172.48	\$139.72
Jul-09	\$106.75	\$107.68	\$172.32	\$141.58
Aug-09	\$105.23	\$105.76	\$173.39	\$143.26
Sep-09	\$109.59	\$107.71	\$175.71	\$144.02
Oct-09	\$113.51	\$107.19	\$176.07	\$145.08
Nov-09	\$113.26	\$107.69	\$175.77	\$146.49
Dec-09	\$116.32	\$105.92	\$175.62	\$148.44
Jan-10	\$117.04	\$104.38	\$175.51	\$148.52
Feb-10	\$117.74	\$103.60	\$175.54	\$149.77
Mar-10	\$119.95	\$103.65	\$176.37	\$152.19
Apr-10	\$115.60	\$102.22	\$173.78	\$153.61
May-10	\$110.97	\$102.16	\$170.33	\$155.01

(A) All periods adjusted to the June 2007 provider fee level.

**Schedule 50**  
**Blue Cross and Blue Shield of Rhode Island**  
**Class DIR Preferred Rate (Pool II)**  
**Point Values Utilized in Development of Trends**

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12-Month Incurred Period Ending	Hospital Inpatient Allowed <u>Claims PMPM</u> (A)	Hospital Outpatient Allowed <u>Claims PMPM</u> (A)	Surgical/ Medical Allowed <u>Claims PMPM</u> (A)	Pharmacy Allowed <u>Claims PMPM</u>
May-08	\$31.93	\$38.67	\$81.01	\$32.04
Jun-08	\$32.74	\$39.00	\$80.95	\$32.06
Jul-08	\$33.68	\$39.31	\$81.03	\$31.85
Aug-08	\$40.73	\$39.67	\$81.63	\$31.81
Sep-08	\$41.11	\$40.08	\$83.79	\$32.33
Oct-08	\$40.40	\$40.12	\$83.90	\$32.44
Nov-08	\$42.14	\$39.72	\$83.95	\$32.43
Dec-08	\$42.95	\$40.73	\$84.62	\$32.82
Jan-09	\$45.28	\$40.90	\$84.31	\$33.04
Feb-09	\$44.28	\$41.49	\$83.73	\$33.43
Mar-09	\$45.05	\$42.64	\$83.89	\$33.68
Apr-09	\$44.72	\$42.96	\$84.17	\$34.03
May-09	\$44.05	\$43.34	\$83.91	\$34.13
Jun-09	\$47.31	\$43.74	\$85.04	\$34.30
Jul-09	\$47.37	\$43.81	\$86.07	\$34.37
Aug-09	\$43.49	\$44.17	\$85.46	\$34.40
Sep-09	\$44.10	\$45.15	\$85.17	\$34.23
Oct-09	\$44.43	\$46.24	\$85.24	\$34.30
Nov-09	\$45.29	\$47.37	\$85.68	\$34.68
Dec-09	\$45.54	\$47.93	\$87.00	\$34.93
Jan-10	\$44.24	\$47.27	\$86.59	\$34.86
Feb-10	\$42.38	\$47.01	\$86.15	\$34.95
Mar-10	\$39.37	\$47.37	\$86.72	\$35.14
Apr-10	\$38.18	\$47.17	\$85.87	\$34.96
May-10	\$37.69	\$47.38	\$86.23	\$35.11

(A) All periods adjusted to the June 2007 provider fee level.