

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
OFFICE OF THE HEALTH INSURANCE COMMISSIONER
1511 PONTIAC AVENUE
CRANSTON, RI 02920

NOTICE OF PUBLIC HEARING

Notice is hereby given in accordance with R.I. Gen. Laws Secs. 27-19-1 et seq., 27-20-1 et seq., 42-14.5-1 et seq., 42-14-1 et seq., and 42-35-1 et seq., that the Rhode Island Office of the Health Insurance Commissioner (“OHIC”) will hold public hearings beginning on January 21, 2011 at noon and at 6:00 p.m., and continuing thereafter on February 3, 2011, at 9:30 a.m., each in a hearing room of the Rhode Island Public Utilities Commission at 89 Jefferson Boulevard, Warwick, Rhode Island, regarding a rate filing requesting increases in premium rates for the **Direct Pay** Class submitted by **Blue Cross & Blue Shield of Rhode Island** (“Blue Cross”) on November 19, 2010 (“the Filing”). The Direct Pay Class consists of individuals and families who are not eligible for employer-based coverage (other than a self-employed individual, who may be eligible for this coverage), coverage through State or Federal programs, and those who are enrolled in one of Blue Cross’ Direct Pay products. **The Filing does not apply to any Blue Cross Medicare products.** The hearings may be continued to additional dates following the February 3, 2011 hearing, and those additional dates will be announced at the hearing on February 3, 2011. All persons interested in offering evidence or comments should appear at the hearings on January 21, 2011, and/or file written comments as detailed below.

The Filing proposes to increase premium rates effective April 1, 2011 for five existing Blue Cross Direct Pay products. The five existing products are: HealthMate Coast-to-Coast Direct Plan 500/1000 (HM500); HealthMate Coast-to-Coast Direct Plan 1000/2000 (HM 1000); HealthMate Coast-to-Coast Direct Plan 2000/4000 (HM 2000); HealthMate for HSA Direct Plan 3000/6000 (HM for HSA 3000); and HealthMate for HSA Direct Plan 5000/10000 (HM for HSA 5000). The overall average rate increase for the five existing products (for someone not aging into a new age bracket) is 8.1%. The proposed increases in rates for Basic (Pool I) subscribers range from 0.1% to 12.1% depending upon plan, age and single or family coverage. The proposed change in rates for the Preferred (Pool II) medically underwritten subscribers is 8.1% for all plans, ages, genders and for both single or family coverage. The monthly proposed Basic (Pool I) age rates and the Preferred (Pool II) medically underwritten age/gender rates for the five existing Direct Pay products with the proposed rating and benefit changes noted in the Filing proposed to be effective April 1, 2011 are listed below:

Class DIR Basic (Pool I)
Proposed Rates Effective April 1, 2011

		HM 500	HM 1000	HM 2000	HM for HSA 3000	HM for HSA 5000
Under 25	Individual	\$640.11	\$569.91	\$487.63	\$417.43	\$329.11
	Family	\$1,205.12	\$1,072.95	\$918.05	\$785.89	\$619.62
25-29	Individual	\$647.05	\$576.08	\$492.91	\$421.95	\$332.68
	Family	\$1,217.83	\$1,084.27	\$927.73	\$794.18	\$626.15
30-34	Individual	\$658.60	\$586.37	\$501.71	\$429.49	\$338.62
	Family	\$1,239.79	\$1,103.82	\$944.45	\$808.49	\$637.44
35-39	Individual	\$671.31	\$597.69	\$511.40	\$437.78	\$345.15
	Family	\$1,264.05	\$1,125.42	\$962.94	\$824.32	\$649.91
40-44	Individual	\$678.24	\$603.86	\$516.68	\$442.30	\$348.72
	Family	\$1,276.76	\$1,136.74	\$972.62	\$832.61	\$656.45
45-49	Individual	\$700.20	\$623.40	\$533.40	\$456.61	\$360.01
	Family	\$1,318.36	\$1,173.77	\$1,004.31	\$859.73	\$677.83
50-54	Individual	\$734.86	\$654.27	\$559.81	\$479.22	\$377.83
	Family	\$1,383.06	\$1,231.38	\$1,053.60	\$901.93	\$711.10
55-59	Individual	\$781.08	\$695.41	\$595.02	\$509.36	\$401.59
	Family	\$1,470.88	\$1,309.56	\$1,120.49	\$959.19	\$756.25
60-64	Individual	\$796.10	\$708.79	\$606.46	\$519.15	\$409.31
	Family	\$1,498.61	\$1,334.25	\$1,141.62	\$977.28	\$770.51
65+	Individual	\$1,252.50	\$1,115.13	\$954.14	\$816.78	\$643.97
	Family	\$2,358.25	\$2,099.62	\$1,796.49	\$1,537.87	\$1,212.50

Class DIR Preferred (Pool II)
Proposed Rates Effective April 1, 2011

		HM 500	HM 1000	HM 2000	HM for HSA 3000	HM for HSA 5000
Under 25	Male	\$211.12	\$187.96	\$160.83	\$137.67	\$108.55
	Female	\$295.20	\$262.83	\$224.88	\$192.50	\$151.78
	Family	\$707.37	\$629.80	\$538.87	\$461.29	\$363.70
25-29	Male	\$233.51	\$207.90	\$177.88	\$152.27	\$120.06
	Female	\$334.49	\$297.81	\$254.82	\$218.13	\$171.98
	Family	\$792.37	\$705.48	\$603.62	\$516.71	\$407.40
30-34	Male	\$265.95	\$236.79	\$202.60	\$173.43	\$136.74
	Female	\$397.56	\$353.96	\$302.86	\$259.25	\$204.41
	Family	\$840.35	\$748.20	\$640.17	\$548.00	\$432.07
35-39	Male	\$304.34	\$270.96	\$231.84	\$198.46	\$156.48
	Female	\$394.36	\$351.11	\$300.42	\$257.17	\$202.76
	Family	\$886.96	\$789.70	\$675.68	\$578.40	\$456.04
40-44	Male	\$325.36	\$289.68	\$247.85	\$212.17	\$167.28
	Female	\$431.37	\$384.07	\$328.62	\$281.30	\$221.79
	Family	\$906.61	\$807.19	\$690.65	\$591.21	\$466.14
45-49	Male	\$393.44	\$350.30	\$299.72	\$256.57	\$202.29
	Female	\$477.98	\$425.57	\$364.12	\$311.70	\$245.76
	Family	\$955.50	\$850.72	\$727.90	\$623.10	\$491.28
50-54	Male	\$498.54	\$443.87	\$379.79	\$325.11	\$256.33
	Female	\$558.41	\$497.17	\$425.39	\$364.14	\$287.11
	Family	\$1,064.26	\$947.55	\$810.75	\$694.02	\$547.20
55-59	Male	\$638.83	\$568.78	\$486.66	\$416.59	\$328.46
	Female	\$637.46	\$567.56	\$485.61	\$415.70	\$327.76
	Family	\$1,191.29	\$1,060.66	\$907.52	\$776.86	\$612.51
60-64	Male	\$683.16	\$608.24	\$520.42	\$445.50	\$351.25
	Female	\$683.16	\$608.24	\$520.42	\$445.50	\$351.25
	Family	\$1,294.57	\$1,152.61	\$986.20	\$844.21	\$665.61

A copy of the Filing is on file at OHIC and copies may be obtained from the Administrative Officer of OHIC, 1511 Pontiac Avenue, Building #69-1, Cranston, Rhode Island during normal business hours Monday through Friday 8:30 a.m. to 4:00 p.m. The Filing as well as other information about the Filing may also be viewed at the OHIC's website: <http://www.ohic.ri.gov/>.

All interested persons may submit their comments regarding the proposed rates orally at the public hearings on January 21, 2011, or in writing, either by delivering the same in person or by United States mail with postage prepaid to the Hearing Officer, John Aloysius

Cogan, Jr., Esq., c/o Office of the Health Insurance Commissioner, 1511 Pontiac Avenue, Building #69-1, Cranston, Rhode Island 02920, or by e-mail to HealthInsInquiry@ohic.ri.gov.

All written submissions must be received no later than January 21, 2011 at 6:00 p.m. Any request for intervention into the proceeding must be filed no later than ten days from the date of publication of the Notice of Public Hearing in The Providence Journal.

The hearing room is accessible to the handicapped. Individuals requesting interpreter services for the hearing impaired must notify the OHIC at 462-9517 or TDD 711 not less than seventy-two (72) hours in advance of the hearing date.

Christopher F. Koller
Commissioner

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