Schedule 22

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

	(1) Number of Months	(2) Direct Pay Premium	(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)
1. Assessment Based on CY 2008 Premium	3	$56,356,000	0.73%	0.10%	0.418%	$703,323
2. Assessment Based on CY 2009 Premium	9	$56,797,000	0.73%	0.10%	0.418%	$708,827
3. Rate Period Assessment (E)						$707,451
4. Rate Period Projected Contract Months						120,366
5. Rate Period Per Contract Per Month (F)						$5.88
6. Rate Period Projected Claims Expense (G)						$465.83
7. Claims Impact of State Assessment (H)						1.26%
8. State Assessment Claims Impact Factor (I)						**1.0126**

(A) Percentage of premium for child immunization assessment under Sections 23-1-44 through 23-1-46 of the RI General Laws based on most recent RI Department of Health invoice.
(B) Percentage of premium for adult immunization assessment under Sections 23-1-44 through 23-1-46 of the RI General Laws based on most recent RI Department of Health invoice.
(C) Percentage of premium for CEDARR assessment under Sections 42-12-29 of the RI General Laws 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 20, Column 2.
(H) Line 5 divided by Line 6.
(I) Claims Impact Factor reflecting increase in claims due to State Assessments, which is equal to 1 plus Line 7.

11/19/2009

AG EXHIBIT S