Sched... 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

	(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 2009 Premium	3	$56,478,000	0.825%	0.200%	0.493%	$857,336
2. Assessment Based on CY 2010 Premium	9	$60,526,000	0.825%	0.200%	0.493%	$903,423
3. Rate Period Assessment (E)						120,411
4. Rate Period Projected Contract Months						$7.50
5. Rate Period Per Contract Per Month (F)						$473.04
6. Rate Period Projected Claims Expense (G)						1.59%
7. Claims Impact of State Assessment (H)						**1.0159**
8. State Assessment Claims Impact Factor (I)						

(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.

11/19/2010

AG EXHIBIT T