

Attachment AGBN-1 Large Claim Analysis

Blue Cross - Excess \$100,000 Largest Claims (Allowed Expense)*

	4/06-3/07	4/07-3/08	4/08-3/09	6/08-5/09
\$431,854	\$527,280	\$1,105,025	\$932,705	
\$364,834	\$524,437	\$893,896	\$818,118	
\$273,872	\$374,221	\$410,958	\$430,958	
\$247,303	\$366,490	\$283,827	\$405,698	
\$239,615	\$272,830	\$279,967	\$376,585	
\$232,947	\$257,112	\$259,846	\$375,202	
\$219,875	\$239,075	\$245,346	\$366,542	
\$217,565	\$238,792	\$241,648	\$267,809	
\$216,225	\$207,951	\$226,621	\$258,603	
\$210,712	\$201,576	\$225,097	\$230,705	
\$202,139	\$195,490	\$206,352	\$202,395	
\$199,608	\$191,695	\$201,989	\$188,094	
\$193,943	\$175,348	\$185,693	\$182,844	
\$171,059	\$174,846	\$177,763	\$179,355	
\$166,516	\$172,928	\$176,010	\$158,993	
\$163,711	\$171,438	\$169,009	\$154,926	
\$158,770	\$169,707	\$157,867	\$147,293	
\$155,113	\$164,292	\$151,664	\$146,957	
\$153,190	\$163,027	\$147,295	\$146,380	
\$152,043	\$150,094	\$144,385	\$144,385	
\$151,715	\$147,545	\$139,778	\$142,195	
\$151,074	\$144,526	\$135,174	\$137,210	
\$150,124	\$142,394	\$134,421	\$136,960	
\$147,920	\$139,556	\$133,495	\$136,188	
\$143,151	\$138,793	\$132,656	\$136,004	
\$141,638	\$138,415	\$132,303	\$135,300	
\$139,463	\$136,130	\$125,526	\$134,267	
\$139,137	\$135,206	\$119,803	\$128,460	
\$131,759	\$134,590	\$118,042	\$126,844	
\$128,482	\$132,379	\$116,339	\$125,182	
\$127,620	\$125,151	\$115,883	\$124,101	
\$125,459	\$117,372	\$115,543	\$122,545	
\$121,411	\$117,025	\$111,191	\$120,044	
\$120,071	\$116,639	\$111,160	\$119,538	
\$116,959	\$113,742	\$108,551	\$115,615	
\$116,700	\$113,721	\$108,015	\$109,951	
\$114,376	\$110,911	\$107,495	\$106,622	
\$114,260	\$107,316	\$107,227	\$105,958	
\$111,726	\$103,127	\$106,525	\$104,240	
\$110,243	\$103,028	\$106,464	\$104,002	
\$109,722	\$100,480	\$102,883	\$102,677	
\$107,813	\$100,297		\$101,975	
\$106,508			\$100,946	
\$104,686				
\$102,271				
Claim limit (with trend at 5%)	\$100,000	\$105,000	\$110,250	\$111,150
Excess Claims	\$7,505,182	\$7,250,040	\$7,631,572	\$8,054,998
All Claims	\$61,724,649	\$60,777,794	\$62,910,742	\$63,276,385
Largest claim - percent of total	0.7%	0.9%	1.8%	1.5%
Excess claims - percent of total	12.2%	11.9%	12.1%	12.7%

* Information for the first three periods was provided by Blue Cross in response to OHIC data request 1-2. Information for the period beginning June 1, 2008 was derived from data provided by Blue Cross in response to Data Request AG1 -2

Attachment AGBN-2 Analysis of Facilities & Occupancy Costs

Facilities & Occupancy Costs

Year		Amount	Source
2006	Projected	151,734	Exh 8 2006 Filing ("Rent")
2007	Projected	152,906	Exh 6 2007 Filing
2008	Projected	158,990	Exh 5 2008 Filing
2008	Actual	179,233	Response to AG1-07 (Rev)
2009	Budget	168,579	Exh 7 2007 Filing
2009	Budget	172,217	Exh 5 2008 Filing
2009	Projected	254,196	Exh 6 2009 Filing
2010	Budget	180,827	Exh 6 2008 Filing
2010	Budget	296,081	Exh 6 2009 Filing
2011	Budget	313,552	Exh 7 2009 Filing
Estimated "extra cost" =		\$100,000	

**Attachment AGBN-3
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, 2010 Billing Cycle**

(i)	Required Monthly Base Rate	\$904.98	(A)
(ii)	Rate Tier Normalization Factor	0.9677	(B)
(iii)	Normalized Required Monthly Base Rate	\$935.19	(C)

<u>Age Category</u>	(1)	(2)	(3)	(4)
	<u>Individual</u>		<u>Family</u>	
	<u>Rate Factor</u>	<u>Required Monthly Subscription Rate</u>	<u>Rate Factor</u>	<u>Required Monthly Subscription Rate</u>
	(D)	(E)	(D)	(F)
Under 25	0.706	\$660.24	1.329	\$1,242.87
25-29	0.706	\$660.24	1.329	\$1,242.87
30-34	0.706	\$660.24	1.329	\$1,242.87
35-39	0.706	\$660.24	1.329	\$1,242.87
40-44	0.745	\$696.72	1.403	\$1,312.07
45-49	0.745	\$696.72	1.403	\$1,312.07
50-54	0.784	\$733.19	1.477	\$1,381.28
55-59	0.784	\$733.19	1.477	\$1,381.28
60-64	0.784	\$733.19	1.477	\$1,381.28
65+	1.233	\$1,153.09	2.327	\$2,176.19

- (A) Per Schedule 17, Column 7 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 9, 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. Factors are based on Pool I factors from prior years, but the factors for ages 40 through 49 have been set at 95% of the factor for ages 50 through 64, and factors for under 40 have been set at 90% of the factors for age 50 through 64.*
- (E) Item (iii) times Column 1.
- (F) Item (iii) times Column 3.

Attachment AGBN-3
Schedule 6

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, 2010 Billing Cycle

(i)	Required Monthly Base Rate	\$689.41	(A)
(ii)	Rate Tier Normalization Factor	0.9677	(B)
(iii)	Normalized Required Monthly Base Rate	\$712.42	(C)

<u>Age Category</u>	(1)	(2)	(3)	(4)
	Individual		Family	
	<u>Rate Factor</u>	<u>Required Monthly Subscription Rate</u>	<u>Rate Factor</u>	<u>Required Monthly Subscription Rate</u>
	(D)	(E)	(D)	(F)
Under 25	0.706	\$502.97	1.329	\$946.81
25-29	0.706	\$502.97	1.329	\$946.81
30-34	0.706	\$502.97	1.329	\$946.81
35-39	0.706	\$502.97	1.329	\$946.81
40-44	0.745	\$530.75	1.403	\$999.53
45-49	0.745	\$530.75	1.403	\$999.53
50-54	0.784	\$558.54	1.477	\$1,052.24
55-59	0.784	\$558.54	1.477	\$1,052.24
60-64	0.784	\$558.54	1.477	\$1,052.24
65+	1.233	\$878.41	2.327	\$1,657.80

(A) Per Schedule 17, Column 7 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 9, 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. Factors are based on Pool I factors from prior years, but the factors for ages 40 through 49 have been set at 95% of the factor for ages 50 through 64, and factors for under 40 have been set at 90% of the factors for age 50 through 64.

(E) Item (iii) times Column 1.

(F) Item (iii) times Column 3.

**Attachment AGBN-3
Schedule 7**

**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, 2010 Billing Cycle**

(i)	Required Monthly Base Rate	\$590.16	(A)
(ii)	Rate Tier Normalization Factor	0.9677	(B)
(iii)	Normalized Required Monthly Base Rate	\$609.86	(C)

<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	0.706	\$430.56	1.329	\$810.50
25-29	0.706	\$430.56	1.329	\$810.50
30-34	0.706	\$430.56	1.329	\$810.50
35-39	0.706	\$430.56	1.329	\$810.50
40-44	0.745	\$454.35	1.403	\$855.63
45-49	0.745	\$454.35	1.403	\$855.63
50-54	0.784	\$478.13	1.477	\$900.76
55-59	0.784	\$478.13	1.477	\$900.76
60-64	0.784	\$478.13	1.477	\$900.76
65+	1.233	\$751.96	2.327	\$1,419.14

(A) Per Schedule 17, Column 7 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 9, 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. Factors are based on Pool I factors from prior years, but the factors for ages 40 through 49 have been set at 95% of the factor for ages 50 through 64, and factors for under 40 have been set at 90% of the factors for age 50 through 64.

(E) Item (iii) times Column 1.

(F) Item (iii) times Column 3.

**Attachment AGBN-3
Schedule 8**

**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, 2010 Billing Cycle**

(i)	Required Monthly Base Rate	\$465.30	(A)
(ii)	Rate Tier Normalization Factor	0.9677	(B)
(iii)	Normalized Required Monthly Base Rate	\$480.83	(C)

<u>Age Category</u>	(1)	(2)	(3)	(4)
	Individual		Family	
	Rate Factor	Required Monthly Subscription Rate	Rate Factor	Required Monthly Subscription Rate
	(D)	(E)	(D)	(F)
Under 25	0.706	\$339.47	1.329	\$639.02
25-29	0.706	\$339.47	1.329	\$639.02
30-34	0.706	\$339.47	1.329	\$639.02
35-39	0.706	\$339.47	1.329	\$639.02
40-44	0.745	\$358.22	1.403	\$674.60
45-49	0.745	\$358.22	1.403	\$674.60
50-54	0.784	\$376.97	1.477	\$710.19
55-59	0.784	\$376.97	1.477	\$710.19
60-64	0.784	\$376.97	1.477	\$710.19
65+	1.233	\$592.86	2.327	\$1,118.89

- (A) Per Schedule 17, Column 7 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 9, 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. Factors are based on Pool I factors from prior years, but the factors for ages 40 through 49 have been set at 95% of the factor for ages 50 through 64, and factors for under 40 have been set at 90% of the factors for age 50 through 64.**
- (E) Item (iii) times Column 1.
- (F) Item (iii) times Column 3.

**Attachment AGBN-3
Schedule 9**

**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)
	Rate Factor	Base Period Contract Months				Total
		HealthMate Direct	HealthMate Direct	HealthMate for HSA	HealthMate for HSA	
Rate Tier	(A)	500	2000	3000	5000	
1. Individual: Under 25	0.706	581	344	114	157	
2. Individual: 25-29	0.706	715	366	256	127	
3. Individual: 30-34	0.706	369	269	184	78	
4. Individual: 35-39	0.706	341	261	179	108	
5. Individual: 40-44	0.745	610	343	327	159	
6. Individual: 45-49	0.745	1,163	742	540	222	
7. Individual: 50-54	0.784	1,937	1,057	945	586	
8. Individual: 55-59	0.784	3,188	2,025	1,501	780	
9. Individual : 60-64	0.784	8,100	4,249	3,017	1,405	
10. Individual : 65+	1.233	525	107	108	136	
11. Family: Under 25	1.329	4	0	0	0	
12. Family: 25-29	1.329	56	14	1	12	
13. Family: 30-34	1.329	150	12	36	33	
14. Family: 35-39	1.329	347	221	131	50	
15. Family: 40-44	1.403	728	324	168	76	
16. Family: 45-49	1.403	853	495	369	147	
17. Family: 50-54	1.477	1,212	721	510	232	
18. Family: 55-59	1.477	1,556	935	643	251	
19. Family: 60-64	1.477	1,902	970	670	424	
20. <u>Family: 65+</u>	2.327	<u>100</u>	<u>4</u>	<u>7</u>	<u>12</u>	
21. Total		24,437	13,459	9,706	4,995	52,597
22. Rate Relativity Factor (B)		0.848	0.646	0.553	0.436	
23. Rate Tier and Rate Relativity Adjusted Contract Months (C)		20,218	8,352	5,124	2,076	35,770
24. Rate Relativity Adjusted Contract Months (D)		20,723	8,695	5,367	2,178	36,963
25. Rate Tier Normalization Factor (E)						0.9677

(A) Factor to convert normalized required monthly base rate to required monthly subscription rates for each age and individual/family rating category. Factors are based on Pool I factors from prior years, but the factors for ages 40 through 49 have been set at 95% of the factor for ages 50 through 64, and factors for under 40 have been set at 90% of the factors for age 50 through 64.

(B) Per Schedule 17, Column 6.

(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.

Attachment AGBN-3

Schedule 11

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, 2010 Billing Cycle

(i)	Required Monthly Base Rate	\$459.07	(A)
(ii)	Rate Tier Normalization Factor	1.0521	(B)
(iii)	Normalized Required Monthly Base Rate	\$436.34	(C)

Age Category	(1)	(2)	(3)	(4)	(5)	(6)
	Individual				Family	
	Male	Female	Male	Female	Male/Female	
	Required Monthly Subscription Rate	Required Monthly Subscription Rate	Required Monthly Subscription Rate	Required Monthly Subscription Rate	Required Monthly Subscription Rate	Required Monthly Subscription Rate
	Factor (D)	Factor (E)	Factor (D)	Factor (F)	Factor (D)	Factor (G)
Under 25	0.462	\$201.59	0.646	\$281.88	1.548	\$675.45
25-29	0.511	\$222.97	0.732	\$319.40	1.734	\$756.61
30-34	0.582	\$253.95	0.870	\$379.62	1.839	\$802.43
35-39	0.666	\$290.60	0.863	\$376.56	1.941	\$846.94
40-44	0.712	\$310.67	0.944	\$411.90	1.984	\$865.70
45-49	0.861	\$375.69	1.046	\$456.41	2.091	\$912.39
50-54	1.091	\$476.05	1.222	\$533.21	2.329	\$1,016.24
55-59	1.398	\$610.00	1.395	\$608.69	2.607	\$1,137.54
60-64	1.495	\$652.33	1.495	\$652.33	2.833	\$1,236.15

(A) Per Schedule 18, Column 7 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 15, 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.

**Attachment AGBN-3
Schedule 12**

**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, 2010 Billing Cycle**

(i)	Required Monthly Base Rate	\$349.71	(A)
(ii)	Rate Tier Normalization Factor	1.0521	(B)
(iii)	Normalized Required Monthly Base Rate	\$332.39	(C)

	(1)	(2)	(3)	(4)	(5)	(6)
	Individual				Family	
	Male		Female		Male/Female	
	Required Monthly Subscription Rate		Required Monthly Subscription Rate		Required Monthly Subscription Rate	
Age Category	Factor (D)	Rate (E)	Factor (D)	Rate (F)	Factor (D)	Rate (G)
Under 25	0.462	\$153.56	0.646	\$214.72	1.548	\$514.54
25-29	0.511	\$169.85	0.732	\$243.31	1.734	\$576.36
30-34	0.582	\$193.45	0.870	\$289.18	1.839	\$611.27
35-39	0.666	\$221.37	0.863	\$286.85	1.941	\$645.17
40-44	0.712	\$236.66	0.944	\$313.78	1.984	\$659.46
45-49	0.861	\$286.19	1.046	\$347.68	2.091	\$695.03
50-54	1.091	\$362.64	1.222	\$406.18	2.329	\$774.14
55-59	1.398	\$464.68	1.395	\$463.68	2.607	\$866.54
60-64	1.495	\$496.92	1.495	\$496.92	2.833	\$941.66

(A) Per Schedule 18, Column 7 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 15, 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

**Attachment AGBN-3
Schedule 13**

**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, 2010 Billing Cycle**

(i)	Required Monthly Base Rate	\$299.37	(A)
(ii)	Rate Tier Normalization Factor	1.0521	(B)
(iii)	Normalized Required Monthly Base Rate	\$284.55	(C)

	(1)	(2)	(3)	(4)	(5)	(6)
	Individual				Family	
	Male		Female		Male/Female	
	Rate	Subscription	Rate	Subscription	Rate	Subscription
Age Category	Factor	Rate	Factor	Rate	Factor	Rate
	(D)	(E)	(D)	(F)	(D)	(G)
Under 25	0.462	\$131.46	0.646	\$183.82	1.548	\$440.48
25-29	0.511	\$145.41	0.732	\$208.29	1.734	\$493.41
30-34	0.582	\$165.61	0.870	\$247.56	1.839	\$523.29
35-39	0.666	\$189.51	0.863	\$245.57	1.941	\$552.31
40-44	0.712	\$202.60	0.944	\$268.62	1.984	\$564.55
45-49	0.861	\$245.00	1.046	\$297.64	2.091	\$594.99
50-54	1.091	\$310.44	1.222	\$347.72	2.329	\$662.72
55-59	1.398	\$397.80	1.395	\$396.95	2.607	\$741.82
60-64	1.495	\$425.40	1.495	\$425.40	2.833	\$806.13

(A) Per Schedule 18, Column 7 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 15, 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

Attachment AGBN-3

Schedule 14

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, 2010 Billing Cycle**

(i)	Required Monthly Base Rate	\$236.03	(A)
(ii)	Rate Tier Normalization Factor	1.0521	(B)
(iii)	Normalized Required Monthly Base Rate	\$224.34	(C)

	(1)	(2)	(3)	(4)	(5)	(6)
	Individual				Family	
	Male		Female		Male/Female	
	Rate	Subscription	Rate	Subscription	Rate	Subscription
Age Category	Factor	Rate	Factor	Rate	Factor	Rate
	(D)	(E)	(D)	(F)	(D)	(G)
Under 25	0.462	\$103.65	0.646	\$144.92	1.548	\$347.28
25-29	0.511	\$114.64	0.732	\$164.22	1.734	\$389.01
30-34	0.582	\$130.57	0.870	\$195.18	1.839	\$412.56
35-39	0.666	\$149.41	0.863	\$193.61	1.941	\$435.44
40-44	0.712	\$159.73	0.944	\$211.78	1.984	\$445.09
45-49	0.861	\$193.16	1.046	\$234.66	2.091	\$469.09
50-54	1.091	\$244.75	1.222	\$274.14	2.329	\$522.49
55-59	1.398	\$313.63	1.395	\$312.95	2.607	\$584.85
60-64	1.495	\$335.39	1.495	\$335.39	2.833	\$635.56

(A) Per Schedule 18, Column 7 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 15, 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

**Attachment AGBN-3
Schedule 17**

**Blue Cross and Blue Shield of Rhode Island
Class DIR Basic Rate (Pool I)
Calculation of Required Monthly Base Rates
for April 1, 2010 Billing Cycle**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Base Period Contract Months	Composite Required Monthly Base Rate	Current Plan Relativity Factor	Current Plan Relativity Monthly Base Rate	Redistribution Factor	Proposed Plan Relativity Factor	Proposed Monthly Base Rate
	(A)	(B)		(E)	(F)		(I)
HealthMate Direct 500	24,437	\$749.92	0.861 (C)	\$910.95	0.985	0.848 (G)	\$904.98
HealthMate Direct 2000	13,459	\$749.92	0.646 (C)	\$683.48	1.000	0.646 (G)	\$689.41
HealthMate for HSA 3000	9,706	\$749.92	0.553 (C)	\$585.08	1.000	0.553 (G)	\$590.16
<u>HealthMate for HSA 5000</u>	<u>4,995</u>	<u>\$749.92</u>	<u>0.436</u> (C)	<u>\$461.29</u>	1.000	<u>0.436</u> (G)	<u>\$465.30</u>
Composite	52,597	\$749.92	0.7088 (D)	\$749.92		0.7027 (H)	\$749.92

(A) Base Year (6/1/2008-5/31/2009) contract months.

(B) Per Schedule 19, Column 5, for Basic Rates (Pool I).

(C) Plan Relativities based on the current rate relationships amongst the products.

(D) Column 3 weighted by contract months in Column 1.

(E) Column 2 times Column 3 divided by the composite of Column 3.

(F) These factors are used to modify the Current Plan Relativity Factors in Column 3. The Factors were chosen to give some credit to the HealthMate 500 plan due to the more significant benefit reductions in this plan.

(G) Column 3 times Column 5.

(H) Column 6 weighted by contract months in Column 1.

(I) Column 2 times Column 6 divided by the composite of Column 6.

**Attachment AGBN-3
Schedule 18**

**Blue Cross and Blue Shield of Rhode Island
Class DIR Preferred Rate (Pool II)
Calculation of Required Monthly Base Rates
for April 1, 2010 Billing Cycle**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Base Period Contract Months	Composite Required Monthly Base Rate	Current Plan Relativity Factor	Current Plan Relativity Monthly Base Rate	Redistribution Factor	Rate Relativity Factor	Proposed Monthly Base Rate
	(A)	(B)		(E)	(F)		(I)
HealthMate Direct 500	27,722	<i>\$377.81</i>	0.861 (C)	<i>\$462.20</i>	0.985	0.848 (G)	<i>\$459.07</i>
HealthMate Direct 2000	15,124	<i>\$377.81</i>	0.646 (C)	<i>\$346.78</i>	1.000	0.646 (G)	<i>\$349.71</i>
HealthMate for HSA 3000	10,832	<i>\$377.81</i>	0.553 (C)	<i>\$296.86</i>	1.000	0.553 (G)	<i>\$299.37</i>
<u>HealthMate for HSA 5000</u>	<u>6,902</u>	<u><i>\$377.81</i></u>	<u>0.436 (C)</u>	<u><i>\$234.05</i></u>	1.000	<u>0.436 (G)</u>	<u><i>\$236.03</i></u>
Composite	60,580	<i>\$377.81</i>	0.7038 (D)	<i>\$377.81</i>		0.6979 (H)	<i>\$377.81</i>

(A) Base Year (6/1/2008-5/31/2009) contract months.

(B) Per Schedule 19, Column 5, for Preferred Rates (Pool II).

(C) Plan Relativities based on the current rate relationships amongst the products.

(D) Column 3 weighted by contract months in Column 1.

(E) Column 2 times Column 3 divided by the composite of Column 3.

(F) These factors are used to modify the Current Plan Relativity Factors in Column 3. The Factors were chosen to give some credit to the HealthMate 500 plan due to the more significant benefit reductions in this plan.

(G) Column 3 times Column 5.

(H) Column 6 weighted by contract months in Column 1.

(I) Column 2 times Column 6 divided by the composite of Column 6.

Attachment AGBN-3
Schedule 19
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, 2010 Billing Cycle

	(1)	(2)	(3)	(4)	(5)	(6)
				<u>Current Pool Rate Alignment Basis</u>		
	Projected Contract Months	Projected Incurred Claims Including Assessments	Required Income PCPM	Present Rate Income PCPM	Required Income PCPM	Required Loss Ratio
	(A)	(B)	(C)		(G)	(H)
Basic Rates (Pool I)	50,799	<i>\$761.55</i>		\$684.81 (D)	<i>\$749.92</i>	<i>1.0155</i>
<u>Preferred Rates (Pool II)</u>	<u>69,567</u>	<u><i>\$255.96</i></u>		<u>\$345.01 (E)</u>	<u><i>\$377.81</i></u>	<u><i>0.6775</i></u>
Composite	120,366	<i>\$469.34</i>	<i>\$534.86</i>	\$488.42 (F)	<i>\$534.86</i>	<i>0.8775</i>

(A) Rate Year (4/1/2010-3/31/2011) projected contract months.

(B) Per Schedule 20, Column 4.

(C) Per Schedule 20, Column 10.

(D) Weighted average present rate of income for Basic Rates effective April 1, 2008

(E) Weighted average present rate of income for preferred Rates effective April 1, 2009

(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.

Attachment AGBN-3
Schedule 20

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, 2010 Billing Cycle

	(1)	(2)	(3)	(3.1)	(4)	(5)	(6)	(7)	(8)	(9)	(10) (11) Full Experience Basis	
	Projected Contract Months (A)	Projected Incurred Claims Expense PCPM (B)	State Assessments Impact (E)	Large Claim Adjustment Factor (N)	Projected Incurred Claims Including Assessments (F)	Administrative Expense PCPM (G)	Projected Incurred Claims and Administrative Expense PCPM (H)	Investment Income Credit PCPM (I)	New System Expense (J)	Contribution to Reserve/ Tax Liability PCPM (K)	Required Income PCPM (L)	Required Loss Ratio (M)
Basic Rates (Pool I)	50,799	\$755.85	1.0126	0.995	\$761.55	\$53.00	\$814.55	\$0.00	\$2.84	\$16.68	\$834.07	0.9131
Preferred Rates (Pool II)	69,567	\$254.05	1.0126	0.995	\$255.96	\$53.00	\$308.96	\$0.00	\$1.08	\$6.33	\$316.37	0.8091
Composite	120,366	\$465.83			\$469.34	\$53.00	\$522.34	\$0.00	\$1.82	\$10.70	\$534.86	0.8775

(A) Rate Year (4/1/2010-3/31/2011) projected contract months.

(B) Per Schedule 24, Composite of Column 2.

(C) Per Schedule 24, Composite of Column 4.

(D) Weighted by contract months in Column 1.

(E) Per Schedule 22, Line 8.

(F) Column 2 times Column 3 times Column 3.1.

(G) Per Schedule 34, Line 4.

(H) Column 4 plus Column 5.

(I) No Investment Income credit given in this filing.

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

(K) This amount reflects only the 2.00% state premium tax assessment, since the reserve contribution is 0.00% for this filing.

(L) Sum of Columns 6 through 9.

(M) Column 4 divided by Column 10.

(N) Reduction of 0.5% to adjust for unusual large claims during recent experience period.

Attachment AGBN-3
Schedule 34

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, 2010 Billing Cycle

	(1)	(2)	(3)	(4)
	<u>Number of Months in Rate Period</u>	<u>Calendar Year Administrative Expense Budget</u>	<u>Projected Contract Months</u>	<u>Administrative Expense Budget PCPM</u>
1. CY 2010	9	\$6,325,429 (A)	120,018	\$52.70 (C)
2. <u>CY 2011</u>	3	\$6,545,268 (B)	121,404	<u>\$53.91</u> (C)
3. Rate Year (4/1/2010-3/31/2011)				\$53.00 (D)

(A) Derived from the 2010 budget for Direct Pay, adjusted downward by \$100,000 for Facilities & Occupancy

(B) Derived from the 2011 budget for Direct Pay, adjusted downward by \$100,000 for Facilities & Occupancy

(C) Column 2 divided by Column 3.

(D) Weighted by months in Column 1.

**Attachment AGBN-4
Summary of Rates and Rate Changes**

Basic (Pool I)

		HealthMate 400 to HealthMate 500					HealthMate 1000			HealthMate 2000				
		Requested	AG Rec			To Become	Requested	AG Rec			Requested	AG Rec		
		Rate Eff	Rate Eff	Rate	Rate Eff	Rate	Rate Eff	Rate Eff	Rate	Rate Eff	Rate Eff	Rate	Rate Eff	Rate
		4/1/2008	4/1/2010	Change	4/1/2010	Change	7/1/2010	4/1/2010	4/1/2010	4/1/2008	4/1/2010	Change	4/1/2010	Change
Under 25	Individual	\$660.47	\$621.66	-5.9%	\$660.24	0.0%	\$555.12	\$587.61		\$496.32	\$473.57	-4.6%	\$502.97	1.3%
	Family	\$1,249.23	\$1,242.40	-0.5%	\$1,242.87	-0.5%	\$1,109.43	\$1,106.15		\$939.81	\$946.45	0.7%	\$946.81	0.7%
25-29	Individual	\$660.47	\$631.68	-4.4%	\$660.24	0.0%	\$564.07	\$587.61		\$496.32	\$481.21	-3.0%	\$502.97	1.3%
	Family	\$1,249.23	\$1,268.84	1.6%	\$1,242.87	-0.5%	\$1,133.03	\$1,106.15		\$939.81	\$966.59	2.8%	\$946.81	0.7%
30-34	Individual	\$660.47	\$646.27	-2.1%	\$660.24	0.0%	\$577.10	\$587.61		\$496.32	\$492.32	-0.8%	\$502.97	1.3%
	Family	\$1,249.23	\$1,283.42	2.7%	\$1,242.87	-0.5%	\$1,146.06	\$1,106.15		\$939.81	\$977.70	4.0%	\$946.81	0.7%
35-39	Individual	\$660.47	\$651.74	-1.3%	\$660.24	0.0%	\$581.98	\$587.61		\$496.32	\$496.49	0.0%	\$502.97	1.3%
	Family	\$1,249.23	\$1,298.00	3.9%	\$1,242.87	-0.5%	\$1,159.08	\$1,106.15		\$939.81	\$988.81	5.2%	\$946.81	0.7%
40-44	Individual	\$660.47	\$660.85	0.1%	\$696.72	5.5%	\$590.12	\$620.08		\$496.32	\$503.43	1.4%	\$530.75	6.9%
	Family	\$1,249.23	\$1,304.39	4.4%	\$1,312.07	5.0%	\$1,164.78	\$1,167.74		\$939.81	\$993.67	5.7%	\$999.53	6.4%
45-49	Individual	\$660.47	\$678.17	2.7%	\$696.72	5.5%	\$605.59	\$620.08		\$496.32	\$516.63	4.1%	\$530.75	6.9%
	Family	\$1,249.23	\$1,318.97	5.6%	\$1,312.07	5.0%	\$1,177.80	\$1,167.74		\$939.81	\$1,004.78	6.9%	\$999.53	6.4%
50-54	Individual	\$660.47	\$706.43	7.0%	\$733.19	11.0%	\$630.82	\$652.54		\$496.32	\$538.15	8.4%	\$558.54	12.5%
	Family	\$1,249.23	\$1,352.70	8.3%	\$1,381.28	10.6%	\$1,207.92	\$1,229.34		\$939.81	\$1,030.47	9.6%	\$1,052.24	12.0%
55-59	Individual	\$660.47	\$740.15	12.1%	\$733.19	11.0%	\$660.94	\$652.54		\$496.32	\$563.84	13.6%	\$558.54	12.5%
	Family	\$1,249.23	\$1,390.98	11.3%	\$1,381.28	10.6%	\$1,242.10	\$1,229.34		\$939.81	\$1,059.64	12.8%	\$1,052.24	12.0%
60-64	Individual	\$660.47	\$753.83	14.1%	\$733.19	11.0%	\$673.14	\$652.54		\$496.32	\$574.26	15.7%	\$558.54	12.5%
	Family	\$1,249.23	\$1,422.88	13.9%	\$1,381.28	10.6%	\$1,270.59	\$1,229.34		\$939.81	\$1,083.94	15.3%	\$1,052.24	12.0%
65+	Individual	\$1,036.69	\$1,185.89	14.4%	\$1,153.09	11.2%	\$1,058.96	\$1,026.25		\$778.63	\$903.40	16.0%	\$878.41	12.8%
	Family	\$1,961.48	\$2,244.16	14.4%	\$2,176.19	10.9%	\$2,003.97	\$1,936.81		\$1,474.27	\$1,709.59	16.0%	\$1,657.80	12.4%

Preferred (Pool II)

		HealthMate 400 to HealthMate 500					HealthMate 1000			HealthMate 2000				
		Requested	AG Rec			To Become	Requested	AG Rec			Requested	AG Rec		
		Rate Eff	Rate Eff	Rate	Rate Eff	Rate	Rate Eff	Rate Eff	Rate	Rate Eff	Rate Eff	Rate	Rate Eff	Rate
		4/1/2008	4/1/2010	Change	4/1/2010	Change	7/1/2010	4/1/2010	4/1/2010	4/1/2008	4/1/2010	Change	4/1/2010	Change
Under 25	Male	\$186.40	\$202.82	8.8%	\$201.59	8.1%	\$179.88	\$179.42		\$140.54	\$154.51	9.9%	\$153.56	9.3%
	Female	\$259.36	\$283.59	9.3%	\$281.88	8.7%	\$251.51	\$250.87		\$195.29	\$216.04	10.6%	\$214.72	9.9%
	Family	\$624.38	\$679.57	8.8%	\$675.45	8.2%	\$602.70	\$601.15		\$470.73	\$517.70	10.0%	\$514.54	9.3%
25-29	Male	\$205.82	\$224.33	9.0%	\$222.97	8.3%	\$198.95	\$198.44		\$155.12	\$170.89	10.2%	\$169.85	9.5%
	Female	\$293.46	\$321.35	9.5%	\$319.40	8.8%	\$285.00	\$284.27		\$220.88	\$244.80	10.8%	\$243.31	10.2%
	Family	\$698.13	\$761.23	9.0%	\$756.61	8.4%	\$675.12	\$673.38		\$526.09	\$579.90	10.2%	\$576.36	9.6%
30-34	Male	\$233.99	\$255.50	9.2%	\$253.95	8.5%	\$226.60	\$226.02		\$176.25	\$194.64	10.4%	\$193.45	9.8%
	Female	\$348.18	\$381.93	9.7%	\$379.62	9.0%	\$338.73	\$337.86		\$261.94	\$290.95	11.1%	\$289.18	10.4%
	Family	\$739.77	\$807.32	9.1%	\$802.43	8.5%	\$716.00	\$714.16		\$557.32	\$615.02	10.4%	\$611.27	9.7%
35-39	Male	\$267.29	\$292.37	9.4%	\$290.60	8.7%	\$259.30	\$258.63		\$201.24	\$222.73	10.7%	\$221.37	10.0%
	Female	\$345.42	\$378.86	9.7%	\$376.56	9.0%	\$336.00	\$335.14		\$259.86	\$288.61	11.1%	\$286.85	10.4%
	Family	\$780.21	\$852.10	9.2%	\$846.94	8.6%	\$755.71	\$753.78		\$587.67	\$649.13	10.5%	\$645.17	9.8%
40-44	Male	\$285.53	\$312.57	9.5%	\$310.67	8.8%	\$277.21	\$276.50		\$214.93	\$238.11	10.8%	\$236.66	10.1%
	Female	\$377.54	\$414.42	9.8%	\$411.90	9.1%	\$367.54	\$366.59		\$283.96	\$315.70	11.2%	\$313.78	10.5%
	Family	\$797.26	\$870.98	9.2%	\$865.70	8.6%	\$772.45	\$770.47		\$600.46	\$663.51	10.5%	\$659.46	9.8%
45-49	Male	\$344.61	\$377.98	9.7%	\$375.69	9.0%	\$335.22	\$334.36		\$259.27	\$287.94	11.1%	\$286.19	10.4%
	Female	\$417.98	\$459.19	9.9%	\$456.41	9.2%	\$407.25	\$406.20		\$314.32	\$349.81	11.3%	\$347.68	10.6%
	Family	\$839.69	\$917.95	9.3%	\$912.39	8.7%	\$814.11	\$812.03		\$632.29	\$699.29	10.6%	\$695.03	9.9%
50-54	Male	\$435.82	\$478.95	9.9%	\$476.05	9.2%	\$424.77	\$423.68		\$327.71	\$364.86	11.3%	\$362.64	10.7%
	Female	\$487.76	\$536.46	10.0%	\$533.21	9.3%	\$475.77	\$474.56		\$366.69	\$408.67	11.4%	\$406.18	10.8%
	Family	\$934.06	\$1,022.43	9.5%	\$1,016.24	8.8%	\$906.77	\$904.45		\$703.11	\$778.89	10.8%	\$774.14	10.1%
55-59	Male	\$557.56	\$613.72	10.1%	\$610.00	9.4%	\$544.30	\$542.90		\$419.05	\$467.53	11.6%	\$464.68	10.9%
	Female	\$556.36	\$612.41	10.1%	\$608.69	9.4%	\$543.13	\$541.73		\$418.15	\$466.53	11.6%	\$463.68	10.9%
	Family	\$1,044.29	\$1,144.47	9.6%	\$1,137.54	8.9%	\$1,015.01	\$1,012.41		\$785.84	\$871.86	10.9%	\$866.54	10.3%
60-64	Male	\$596.01	\$656.31	10.1%	\$652.33	9.4%	\$582.06	\$580.57		\$447.90	\$499.97	11.6%	\$496.92	10.9%
	Female	\$596.01	\$656.31	10.1%	\$652.33	9.4%	\$582.06	\$580.57		\$447.90	\$499.97	11.6%	\$496.92	10.9%
	Family	\$1,133.92	\$1,243.69	9.7%	\$1,236.15	9.0%	\$1,103.00	\$1,100.17		\$853.09	\$947.44	11.1%	\$941.66	10.4%

**Attachment AGBN-4
Summary of Rates and Rate Changes**

Basic (Pool I)

		HealthMate for HSA 3000					HealthMate for HSA 5000					
		Requested			AG Rec			Requested			AG Rec	
		Rate Eff	Rate Eff	Rate	Rate Eff	Rate		Rate Eff	Rate Eff	Rate	Rate Eff	Rate
		4/1/2008	4/1/2010	Change	4/1/2010	Change		4/1/2008	4/1/2010	Change	4/1/2010	Change
Under 25	Individual	\$425.46	\$405.39	-4.7%	\$430.56	1.2%		\$336.20	\$319.63	-4.9%	\$339.47	1.0%
	Family	\$806.51	\$810.19	0.5%	\$810.50	0.5%		\$638.33	\$638.80	0.1%	\$639.02	0.1%
25-29	Individual	\$425.46	\$411.93	-3.2%	\$430.56	1.2%		\$336.20	\$324.79	-3.4%	\$339.47	1.0%
	Family	\$806.51	\$827.43	2.6%	\$810.50	0.5%		\$638.33	\$652.39	2.2%	\$639.02	0.1%
30-34	Individual	\$425.46	\$421.44	-0.9%	\$430.56	1.2%		\$336.20	\$332.29	-1.2%	\$339.47	1.0%
	Family	\$806.51	\$836.94	3.8%	\$810.50	0.5%		\$638.33	\$659.89	3.4%	\$639.02	0.1%
35-39	Individual	\$425.46	\$425.01	-0.1%	\$430.56	1.2%		\$336.20	\$335.10	-0.3%	\$339.47	1.0%
	Family	\$806.51	\$846.45	5.0%	\$810.50	0.5%		\$638.33	\$667.39	4.6%	\$639.02	0.1%
40-44	Individual	\$425.46	\$430.95	1.3%	\$454.35	6.8%		\$336.20	\$339.79	1.1%	\$358.22	6.5%
	Family	\$806.51	\$850.62	5.5%	\$855.63	6.1%		\$638.33	\$670.67	5.1%	\$674.60	5.7%
45-49	Individual	\$425.46	\$442.25	3.9%	\$454.35	6.8%		\$336.20	\$348.69	3.7%	\$358.22	6.5%
	Family	\$806.51	\$860.13	6.6%	\$855.63	6.1%		\$638.33	\$678.17	6.2%	\$674.60	5.7%
50-54	Individual	\$425.46	\$460.68	8.3%	\$478.13	12.4%		\$336.20	\$363.22	8.0%	\$376.97	12.1%
	Family	\$806.51	\$882.12	9.4%	\$900.76	11.7%		\$638.33	\$695.51	9.0%	\$710.19	11.3%
55-59	Individual	\$425.46	\$482.67	13.4%	\$478.13	12.4%		\$336.20	\$380.56	13.2%	\$376.97	12.1%
	Family	\$806.51	\$907.08	12.5%	\$900.76	11.7%		\$638.33	\$715.19	12.0%	\$710.19	11.3%
60-64	Individual	\$425.46	\$491.59	15.5%	\$478.13	12.4%		\$336.20	\$387.59	15.3%	\$376.97	12.1%
	Family	\$806.51	\$927.89	15.1%	\$900.76	11.7%		\$638.33	\$731.59	14.6%	\$710.19	11.3%
65+	Individual	\$667.11	\$773.34	15.9%	\$751.96	12.7%		\$526.72	\$609.74	15.8%	\$592.86	12.6%
	Family	\$1,263.96	\$1,463.46	15.8%	\$1,419.14	12.3%		\$998.99	\$1,153.87	15.5%	\$1,118.89	12.0%

Preferred (Pool II)

		HealthMate for HSA 3000					HealthMate for HSA 5000					
		Requested			AG Rec			Requested			AG Rec	
		Rate Eff	Rate Eff	Rate	Rate Eff	Rate		Rate Eff	Rate Eff	Rate	Rate Eff	Rate
		4/1/2008	4/1/2010	Change	4/1/2010	Change		4/1/2008	4/1/2010	Change	4/1/2010	Change
Under 25	Male	\$120.87	\$132.26	9.4%	\$131.46	8.8%		\$95.98	\$104.28	8.6%	\$103.65	8.0%
	Female	\$167.73	\$184.94	10.3%	\$183.82	9.6%		\$132.93	\$145.81	9.7%	\$144.92	9.0%
	Family	\$404.80	\$443.16	9.5%	\$440.48	8.8%		\$321.39	\$349.40	8.7%	\$347.28	8.1%
25-29	Male	\$133.34	\$146.29	9.7%	\$145.41	9.1%		\$105.81	\$115.34	9.0%	\$114.64	8.3%
	Female	\$189.64	\$209.56	10.5%	\$208.29	9.8%		\$150.19	\$165.22	10.0%	\$164.22	9.3%
	Family	\$452.17	\$496.41	9.8%	\$493.41	9.1%		\$358.74	\$391.38	9.1%	\$389.01	8.4%
30-34	Male	\$151.43	\$166.61	10.0%	\$165.61	9.4%		\$120.08	\$131.36	9.4%	\$130.57	8.7%
	Female	\$224.78	\$249.06	10.8%	\$247.56	10.1%		\$177.90	\$196.37	10.4%	\$195.18	9.7%
	Family	\$478.91	\$526.47	9.9%	\$523.29	9.3%		\$379.82	\$415.08	9.3%	\$412.56	8.6%
35-39	Male	\$172.83	\$190.66	10.3%	\$189.51	9.7%		\$136.95	\$150.32	9.8%	\$149.41	9.1%
	Female	\$222.99	\$247.06	10.8%	\$245.57	10.1%		\$176.50	\$194.79	10.4%	\$193.61	9.7%
	Family	\$504.89	\$555.67	10.1%	\$552.31	9.4%		\$400.31	\$438.10	9.4%	\$435.44	8.8%
40-44	Male	\$184.54	\$203.83	10.5%	\$202.60	9.8%		\$146.17	\$160.71	9.9%	\$159.73	9.3%
	Female	\$243.62	\$270.25	10.9%	\$268.62	10.3%		\$192.77	\$213.07	10.5%	\$211.78	9.9%
	Family	\$515.84	\$567.98	10.1%	\$564.55	9.4%		\$408.93	\$447.81	9.5%	\$445.09	8.8%
45-49	Male	\$222.49	\$246.49	10.8%	\$245.00	10.1%		\$176.10	\$194.34	10.4%	\$193.16	9.7%
	Female	\$269.61	\$299.45	11.1%	\$297.64	10.4%		\$213.25	\$236.09	10.7%	\$234.66	10.0%
	Family	\$543.10	\$598.61	10.2%	\$594.99	9.6%		\$430.43	\$471.96	9.6%	\$469.09	9.0%
50-54	Male	\$281.07	\$312.33	11.1%	\$310.44	10.4%		\$222.29	\$246.25	10.8%	\$244.75	10.1%
	Female	\$314.42	\$349.83	11.3%	\$347.72	10.6%		\$248.58	\$275.82	11.0%	\$274.14	10.3%
	Family	\$603.71	\$666.75	10.4%	\$662.72	9.8%		\$478.23	\$525.68	9.9%	\$522.49	9.3%
55-59	Male	\$359.24	\$400.22	11.4%	\$397.80	10.7%		\$283.93	\$315.54	11.1%	\$313.63	10.5%
	Female	\$358.48	\$399.36	11.4%	\$396.95	10.7%		\$283.32	\$314.87	11.1%	\$312.95	10.5%
	Family	\$674.51	\$746.33	10.6%	\$741.82	10.0%		\$534.04	\$588.43	10.2%	\$584.85	9.5%
60-64	Male	\$383.95	\$427.99	11.5%	\$425.40	10.8%		\$303.41	\$337.44	11.2%	\$335.39	10.5%
	Female	\$383.95	\$427.99	11.5%	\$425.40	10.8%		\$303.41	\$337.44	11.2%	\$335.39	10.5%
	Family	\$732.07	\$811.03	10.8%	\$806.13	10.1%		\$579.42	\$639.44	10.4%	\$635.56	9.7%