

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 14, 2009 at 9:00 a.m., and continuing on January 15, 2009, at 4:00 p.m. through 7:00 p.m. and thereafter on January 22, 2009 at 9:00 a.m., each in the main 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 21, 2008 ("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) nor State or Federal programs and have 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 January 22, 2009, and those additional dates will be announced at the hearing on January 22, 2009. All persons interested in offering evidence or comments should appear at the OHIC's hearing on January 14, 2009 or on January 15, 2009, and/or file written comments as detailed below.

The Filing proposes to increase premium rates effective April 1, 2009 for the four existing Blue Cross Direct Pay products. The products are: HealthMate Coast-to-Coast Direct Plan 400/800 (HM 400); 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 someone not aging into a new age bracket) is 5.9%. The increases in the Basic (Pool I) community rates and the Preferred (Pool II) medically underwritten age/gender rates for subscribers age 65 and over are proposed to range from 1.8% to 8.4%. The actual adjustments in rates for Pool II subscribers under age 65 will vary by age, gender and single or family coverage, and are proposed to range from a 1.6% decrease to a 6.2% increase. The monthly proposed Basic (Pool I) community rates and the Preferred (Pool II) medically underwritten age/gender rates for the four Direct Pay products proposed to be effective April 1, 2009 are as follows:

Required Basic (Pool I) Monthly Rates

		HM 400	HM 2000	HM for HSA 3000	HM for HSA 5000
Under 65	Individual	\$714.27	\$535.91	\$437.69	\$345.02
	Family	\$1,345.64	\$1,009.62	\$824.58	\$650.00
65 and over	Individual	\$1,123.34	\$842.83	\$688.36	\$542.62
	Family	\$2,120.04	\$1,590.64	\$1,299.12	\$1,024.07

Required Preferred (Pool II) Monthly Rates

		HM 400	HM 2000	HM for HSA 3000	HM for HSA 5000
Under 25	Male	\$195.61	\$146.77	\$119.87	\$94.49
	Female	\$273.52	\$205.22	\$167.60	\$132.13
	Family	\$655.42	\$491.77	\$401.63	\$316.61
25-29	Male	\$216.36	\$162.33	\$132.58	\$104.51
	Female	\$309.93	\$232.54	\$189.92	\$149.72
	Family	\$734.18	\$550.86	\$449.89	\$354.66
30-34	Male	\$246.42	\$184.89	\$151.00	\$119.04
	Female	\$368.36	\$276.38	\$225.72	\$177.94
	Family	\$778.63	\$584.21	\$477.13	\$376.13
35-39	Male	\$281.98	\$211.57	\$172.79	\$136.22
	Female	\$365.39	\$274.16	\$223.91	\$176.51
	Family	\$821.82	\$616.62	\$503.59	\$396.99
40-44	Male	\$301.46	\$226.19	\$184.73	\$145.63
	Female	\$399.69	\$299.89	\$244.92	\$193.08
	Family	\$840.03	\$630.28	\$514.75	\$405.79
45-49	Male	\$364.55	\$273.52	\$223.39	\$176.10
	Female	\$442.88	\$332.29	\$271.38	\$213.94
	Family	\$885.33	\$664.27	\$542.51	\$427.67
50-54	Male	\$461.93	\$346.59	\$283.06	\$223.14
	Female	\$517.39	\$388.20	\$317.05	\$249.94
	Family	\$986.10	\$739.88	\$604.26	\$476.35
55-59	Male	\$591.91	\$444.12	\$362.71	\$285.93
	Female	\$590.64	\$443.16	\$361.93	\$285.32
	Family	\$1,103.80	\$828.19	\$676.39	\$533.21
60-64	Male	\$632.98	\$474.93	\$387.88	\$305.77
	Female	\$632.98	\$474.93	\$387.88	\$305.77
	Family	\$1,199.49	\$899.99	\$735.02	\$579.43

A copy of the Filing is on file at OHIC and copies may be obtained from the Executive Assistant for Policy and Program Review and Executive Counsel, OHIC, 1511 Pontiac Avenue, 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 14, 2009 or on January 15, 2009, or in writing, either by delivering the same in person or by United States mail with postage prepaid to Hearing Officer, Samuel D. Zurier, Esquire, Oliverio & Marcaccio, LLP, 55 Dorrance Street, Suite 400, Providence, RI 02903 or by e-mail to [*ohic-comments@live.com*](mailto:ohic-comments@live.com).

All written submissions must be received no later than January 15, 2009 at 7:00 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