Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield

Product Name: Individual Closed Bloc Rate Increase	SERFF Tr Num: ARBB-127331613	State: Arkansas
TOI: H16I Individual Health - Major Medical	SERFF Status: Closed-Deemed-Approved	State Tr Num: 49374
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)	Co Tr Num: 17-111	State Status: Deemed-Approved
Filing Type: Rate		Reviewer(s): Rosalind Minor
	Authors: Christi Kittler, Yvonne McNaughton, Frank Sewall, Rita Thatcher, Evelyn Laney	Disposition Date: 08/30/2011
	Date Submitted: 07/22/2011	Disposition Status: Deemed-Approved
Implementation Date Requested: 01/01/2012		Implementation Date: 08/22/2011

State Filing Description:

General Information

Project Name: Closed Bloc Rate Increase
Project Number: 17-111
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 8.1%

Deemer Date:
Submitted By: Christi Kittler
PPACA: Not PPACA-Related
PPACA Notes: null
Filing Description:
Individual Closed Bloc Rate Increase

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Arkansas is our state of domicile.
Market Type: Individual
Individual Market Type: Individual
Filing Status Changed: 08/30/2011
State Status Changed: 08/30/2011
Created By: Christi Kittler
Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

Christi Kittler, Compliance Supervisor
320 West Capitol, Ste 211
Little Rock, AR 72201
cmkittler@arkbluecross.com
501-378-2967 [Phone]
501-378-2975 [FAX]

Filing Company Information

Arkansas Blue Cross and Blue Shield
601 S. Gaines Street
Little Rock, AR 72201
(501) 378-2967 ext. [Phone]

CoCode: 83470
Group Code:
Group Name:
FEIN Number: 71-0226428

State of Domicile: Arkansas
Company Type:
State ID Number: N/A

Filing Fees

Fee Required?	Yes
Fee Amount:	$900.00
Retaliatory?	No
Fee Explanation:	$50.00/form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arkansas Blue Cross and Blue Shield	$900.00	07/22/2011	50007079

SERFF Tracking Number:	*ARBB-127331613*	*State:*	*Arkansas*
Filing Company:	*Arkansas Blue Cross and Blue Shield*	*State Tracking Number:*	*49374*
Company Tracking Number:	*17-111*		
TOI:	*H16I Individual Health - Major Medical*	*Sub-TOI:*	*H16I.005A Individual - Preferred Provider (PPO)*
Product Name:	*Individual Closed Bloc Rate Increase*		
Project Name/Number:	*Closed Bloc Rate Increase/17-111*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Deemed-Approved	Rosalind Minor	08/30/2011	08/30/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Rosalind Minor	07/29/2011	07/29/2011	Christi Kittler	08/03/2011	08/03/2011

Disposition

Disposition Date: 08/30/2011

Implementation Date: 08/22/2011

Status: Deemed-Approved

HHS Status: HHS Approved

State Review: Reviewed by Actuary

Comment:

Your request for an 8.1% rate increase was Deemed Approved as of 8/22/11.

Company Name:	**Overall % Indicated Change:**	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Written Premium for this Program:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**
Arkansas Blue Cross and Blue Shield	8.100%	8.100%	$9,640,167	55,345	$128,539,826	8.100%	8.100%
	Percent Change Approved:						
	Minimum:	8.1%	**Maximum:**	8.1%	**Weighted Average:**		8.1%

SERFF Tracking Number:	*ARBB-127331613*	*State:*	*Arkansas*
Filing Company:	*Arkansas Blue Cross and Blue Shield*	*State Tracking Number:*	*49374*
Company Tracking Number:	*17-111*		
TOI:	*H16I Individual Health - Major Medical*	*Sub-TOI:*	*H16I.005A Individual - Preferred Provider (PPO)*
Product Name:	*Individual Closed Bloc Rate Increase*		
Project Name/Number:	*Closed Bloc Rate Increase/17-111*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Deemed Approved	No
Rate	Premium Rates Exhibit II	Deemed Approved	Yes
Rate	Outline of Benefits	Deemed Approved	Yes

SERFF Tracking Number:	*ARBB-127331613*	*State:*	*Arkansas*
Filing Company:	*Arkansas Blue Cross and Blue Shield*	*State Tracking Number:*	*49374*
Company Tracking Number:	*17-111*		
TOI:	*H16I Individual Health - Major Medical*	*Sub-TOI:*	*H16I.005A Individual - Preferred Provider (PPO)*
Product Name:	*Individual Closed Bloc Rate Increase*		
Project Name/Number:	*Closed Bloc Rate Increase/17-111*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/29/2011
Submitted Date	07/29/2011
Respond By Date	

Dear Christi Kittler,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

Before further review is given to this submission, it is requested that you provide the following information:

1. How many policyholders did you have on this block before the last increase.
2. Of the individuals that came off of this block after the last rate increase, could you provide what percentage of those moved into a new product?

Thank you for your cooperation.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/03/2011
Submitted Date	08/03/2011

Dear Rosalind Minor,

Comments:
Please see answers below.

Response 1

Comments: 1. As of January 1, 2011, there were 39,281 contracts in the closed bloc.(64,999 members)
2. According to our records, .0085% came off the closed bloc and moved into a new product.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Before further review is given to this submission, it is requested that you provide the following information:

1. How many policyholders did you have on this block before the last increase.
2. Of the individuals that came off of this block after the last rate increase, could you provide what percentage of those moved into a new product?

Thank you for your cooperation.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Your continued review of this filing is appreciated. If you have any questions, please let me know.

Thanks so much!
Christi

Sincerely,
Christi Kittler, Evelyn Laney, Frank Sewall, Rita Thatcher, Yvonne McNaughton

SERFF Tracking Number:	*ARBB-127331613*	*State:*	*Arkansas*
Filing Company:	*Arkansas Blue Cross and Blue Shield*	*State Tracking Number:*	*49374*
Company Tracking Number:	*17-111*		
TOI:	*H16I Individual Health - Major Medical*	*Sub-TOI:*	*H16I.005A Individual - Preferred Provider (PPO)*
Product Name:	*Individual Closed Bloc Rate Increase*		
Project Name/Number:	*Closed Bloc Rate Increase/17-111*		

Rate Information

Rate data applies to filing.

Filing Method:	Review and Approve
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	7.000%
Effective Date of Last Rate Revision:	01/01/2011
Filing Method of Last Filing:	Review and Approve

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Arkansas Blue Cross and Blue Shield	Increase	8.100%	8.100%	$9,640,167	55,345	$128,539,826	8.100%	8.100%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:		54,903			2,976			3,723
Policy Holders:		32,757			1,811			2,387

Rate Review Details

COMPANY:

Company Name:	Arkansas Blue Cross and Blue Shield
HHS Issuer Id:	75293
Product Names:	UniqueCare I, UniqueCare II, UniqueCare I Preferred, UniqueCare II Preferred, Farm Bureau FlexPlan I, Farm Bureau Flexplan II, Farm Bureau Flexplan I Preferred, Farm Bureau Flexplan II Preferred, UniqueCare Blue I, Blue Select, Nongroup, Student, BlueCare PPO, BlueCare PPO Plus, HSA Blue PPO, HSA Blue PPO Plus, Blue Solution PPO and Blue Choice
Trend Factors:	See attached.

FORMS:

New Policy Forms:	None
Affected Forms:	17-111, 17-113, 17-125, 17-126, 17-134, 17-135, 17-129, 17-130, 17-147, 17-166, 17-70, 17-93, 17-183, 17-184, 17-236, 17-237, 17-238, 17-247
Other Affected Forms:	

REQUESTED RATE CHANGE INFORMATION:

Change Period:	Annual
Member Months:	858,981
Benefit Change:	None
Percent Change Requested:	Min: 8.1 Max: 8.1 Avg: 8.1

PRIOR RATE:

Total Earned Premium:	138,179,993.00
Total Incurred Claims:	107,510,242.00
Annual $:	Min: 7.00 Max: 7.00 Avg: 7.00

SERFF Tracking Number:	*ARBB-127331613*	*State:*	*Arkansas*
Filing Company:	*Arkansas Blue Cross and Blue Shield*	*State Tracking Number:*	*49374*
Company Tracking Number:	*17-111*		
TOI:	*H16I Individual Health - Major Medical*	*Sub-TOI:*	*H16I.005A Individual - Preferred Provider (PPO)*
Product Name:	*Individual Closed Bloc Rate Increase*		
Project Name/Number:	*Closed Bloc Rate Increase/17-111*		

REQUESTED RATE:

Projected Earned Premium:	128,539,826.00
Projected Incurred Claims:	97,683,862.00
Annual $:	Min: 8.10 Max: 8.10 Avg: 8.10

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Deemed Approved 08/30/2011	Premium Rates Exhibit II	17-111, 17-113, 17-125, 17-126, 17-134, 17-135, 17-129, 17-130, 17-147, 17-166, 17-70, 17-93, 17-183, 17-184, 17-236, 17-237, 17-238, 17-247	New		Premium Rates Exhibit II.pdf
Deemed Approved 08/30/2011	Outline of Benefits	17-111, 17-113, 17-125, 17-126, 17-134, 17-135, 17-129, 17-130, 17-147, 17-166, 17-70, 17-93, 17-183, 17-184, 17-236, 17-237, 17-238, 17-247	New		Outlines of Benefits Exhibit I.pdf

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare I

Policy Forms: 17-111R995, 112-SAE792 and 23-232792

	$500 Deductible			$1000 Deductible		
Stop Loss Amount:	$2,500	$10,000	$50,000	$2,500	$10,000	$50,000
Co-Pay:	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%
Individual						
02-29	$552.66	$531.72	$495.57	$453.20	$437.55	$403.07
30-39	$806.30	$775.79	$717.59	$661.19	$638.31	$588.23
40-44	$955.76	$919.71	$850.71	$782.75	$756.65	$697.30
45-49	$1,165.57	$1,121.45	$1,037.39	$955.67	$922.87	$850.26
50-54	$1,425.40	$1,371.55	$1,268.73	$1,168.82	$1,128.63	$1,039.82
55-64	$2,017.10	$1,944.07	$1,798.25	$1,656.70	$1,599.62	$1,473.94
65-69	$2,823.99	$2,721.68	$2,517.58	$2,319.34	$2,239.46	$2,063.53
Individual and Spouse						
02-29	$1,062.51	$1,022.40	$945.64	$871.15	$841.22	$775.14
30-39	$1,510.62	$1,453.58	$1,344.53	$1,238.65	$1,196.05	$1,102.04
40-44	$1,797.50	$1,729.69	$1,599.89	$1,473.94	$1,423.31	$1,311.29
45-49	$2,119.16	$2,039.10	$1,886.19	$1,737.62	$1,677.85	$1,545.97
50-54	$2,643.70	$2,543.81	$2,353.14	$2,167.79	$2,093.18	$1,928.67
55-64	$3,689.81	$3,550.44	$3,284.19	$3,025.56	$2,921.41	$2,691.81
65-69	$5,165.75	$4,970.64	$4,597.89	$4,235.83	$4,089.99	$3,768.53
Individual and Child						
02-29	$1,168.38	$1,124.16	$1,039.82	$957.99	$925.02	$852.35
30-39	$1,409.17	$1,355.92	$1,254.28	$1,155.52	$1,115.70	$1,028.01
40-44	$1,703.77	$1,639.38	$1,516.49	$1,397.10	$1,348.95	$1,242.91
45-49	$1,696.81	$1,632.82	$1,510.31	$1,391.32	$1,343.46	$1,237.95
50-54	$1,929.29	$1,856.48	$1,717.25	$1,581.98	$1,527.50	$1,407.39
55-64	$2,374.88	$2,285.21	$2,113.87	$1,947.40	$1,880.35	$1,732.57
65-69	$3,324.85	$3,199.34	$2,959.40	$2,726.35	$2,632.47	$2,425.60
Individual, Spouse, and Child						
02-29	$1,729.11	$1,663.82	$1,539.03	$1,417.82	$1,369.10	$1,261.53
30-39	$2,289.11	$2,202.61	$2,037.46	$1,876.99	$1,812.36	$1,669.99
40-44	$2,639.25	$2,540.37	$2,349.20	$2,164.13	$2,089.70	$1,925.55
45-49	$2,982.21	$2,869.56	$2,654.40	$2,445.33	$2,361.16	$2,175.58
50-54	$3,489.25	$3,357.43	$3,105.65	$2,861.07	$2,910.37	$2,545.47
55-64	$4,455.13	$4,286.84	$3,965.46	$3,653.13	$3,527.44	$3,250.12
65-69	$6,237.19	$6,001.63	$5,551.62	$5,114.37	$4,938.45	$4,550.20

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare I

Policy Forms: 17-111R995, 112-SAE792 and 23-232792

	$2500 Deductible			$5000 Deductible		
Stop Loss Amount:	$0	$10,000	$50,000	$0	$10,000	$50,000
Co-Pay:	100%/0%	80%/20%	80%/20%	100%/0%	80%/20%	80%/20%
Individual						
02-29	$313.61	$305.54	$280.36	$259.38	$252.08	$233.74
30-39	$457.49	$445.74	$409.02	$378.45	$367.66	$340.96
40-44	$542.20	$528.39	$484.88	$448.55	$435.93	$404.24
45-49	$661.22	$644.38	$591.35	$547.08	$531.60	$492.95
50-54	$808.73	$788.14	$723.22	$669.14	$650.07	$602.78
55-64	$1,146.25	$1,117.02	$1,025.02	$948.39	$921.49	$854.41
65-69	$1,604.78	$1,563.81	$1,435.06	$1,327.72	$1,290.08	$1,196.15
Individual and Spouse						
02-29	$602.78	$587.49	$539.04	$509.29	$494.93	$458.86
30-39	$857.07	$835.21	$766.42	$724.10	$703.58	$652.43
40-44	$1,019.86	$993.85	$912.00	$861.60	$837.29	$776.32
45-49	$1,202.29	$1,171.60	$1,075.16	$1,015.89	$987.00	$915.28
50-54	$1,499.90	$1,461.68	$1,341.30	$1,267.32	$1,231.39	$1,142.87
55-64	$2,093.37	$2,040.02	$1,872.05	$1,768.76	$1,718.66	$1,593.66
65-69	$2,930.71	$2,856.05	$2,620.90	$2,476.28	$2,406.07	$2,231.08
Individual and Child						
02-29	$662.85	$645.93	$592.74	$553.95	$538.22	$499.16
30-39	$799.54	$780.93	$715.02	$668.18	$649.27	$602.05
40-44	$966.64	$941.92	$864.37	$807.83	$784.96	$727.88
45-49	$962.70	$938.19	$860.82	$804.51	$781.78	$724.88
50-54	$1,094.53	$1,066.64	$978.88	$914.82	$888.85	$824.18
55-64	$1,347.36	$1,313.09	$1,204.95	$1,126.09	$1,094.11	$1,014.62
65-69	$1,886.30	$1,838.29	$1,686.91	$1,576.53	$1,531.78	$1,420.49
Individual, Spouse, and Child						
02-29	$981.00	$956.06	$877.23	$828.91	$805.40	$746.85
30-39	$1,298.70	$1,265.66	$1,161.43	$1,097.29	$1,066.21	$988.62
40-44	$1,497.37	$1,459.25	$1,338.99	$1,265.21	$1,229.39	$1,139.87
45-49	$1,691.97	$1,648.85	$1,513.02	$1,429.61	$1,389.06	$1,287.97
50-54	$1,979.55	$1,929.20	$1,770.22	$1,672.60	$1,625.18	$1,506.98
55-64	$2,527.54	$2,463.24	$2,260.34	$2,135.63	$2,075.06	$1,924.14
65-69	$3,538.53	$3,448.57	$3,164.45	$2,989.89	$2,905.10	$2,693.82

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare I

Policy Forms: 17-111R995, 112-SAE792 and 23-232792

	$10,000 Deductible		$25,000 Deductible	
Stop Loss Amount:	$0	$50,000	$0	$50,000
Co-Pay:	100%/0%	80%/20%	100%/0%	80%/20%
Individual				
02-29	$185.78	$170.05	$102.17	$96.39
30-39	$271.04	$248.04	$149.06	$140.66
40-44	$321.35	$294.00	$176.69	$166.80
45-49	$391.83	$358.64	$215.54	$203.39
50-54	$479.29	$438.51	$265.19	$248.65
55-64	$679.29	$621.63	$373.63	$352.42
65-69	$950.94	$870.28	$523.09	$493.43
Individual and Spouse				
02-29	$368.56	$337.36	$202.71	$191.34
30-39	$524.05	$479.65	$288.24	$271.88
40-44	$623.55	$570.67	$342.97	$323.63
45-49	$735.14	$672.73	$404.29	$381.53
50-54	$917.10	$839.32	$504.47	$475.90
55-64	$1,280.13	$1,171.47	$704.08	$664.35
65-69	$1,792.18	$1,640.08	$985.69	$930.04
Individual and Child				
02-29	$398.82	$364.89	$219.31	$206.99
30-39	$481.07	$440.16	$264.61	$249.64
40-44	$581.60	$532.17	$319.89	$301.78
45-49	$579.19	$530.04	$318.55	$300.51
50-54	$658.49	$602.58	$362.26	$341.74
55-64	$810.67	$741.89	$445.88	$420.69
65-69	$1,134.93	$1,038.65	$624.29	$588.97
Individual, Spouse, and Child				
02-29	$599.92	$548.94	$329.94	$311.31
30-39	$794.20	$726.77	$436.84	$412.12
40-44	$915.62	$837.88	$503.61	$475.13
45-49	$1,034.56	$946.72	$569.05	$536.88
50-54	$1,210.54	$1,107.74	$665.73	$628.10
55-64	$1,545.61	$1,414.43	$850.14	$801.99
65-69	$2,163.85	$1,980.18	$1,190.17	$1,122.82

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare I

Policy Forms: 17-111R995, 112-SAE792 and 23-232792

Supplemental Accident Endorsement
($500 and $1,000 Deductibles Only)

$500 CMM Deductible	Rates
Individual	$28.57
Individual and Spouse	$57.10
Individual and Child	$69.22
Individual, Spouse, Children	$114.59

$1,000 CMM Deductible	
Individual	$35.34
Individual and Spouse	$70.60
Individual and Child	$85.55
Individual, Spouse, Children	$141.50

Optional Riders

TMJ	
Individual	$5.09
Individual and Spouse	$10.15
Individual and Child	$12.23
Individual, Spouse, Children	$20.36

Maternity Rider ($500 and $1,000 Deductibles Only)	$1,396.09

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare II

Policy Forms: 17-113R995, 112-SAE792 and 23-232792

	$500 Deductible			$1000 Deductible		
Stop Loss Amount:	$2,500	$10,000	$50,000	$2,500	$10,000	$50,000
Co-Pay:	50/50	50/50	50/50	50/50	50/50	50/50
Individual						
02-29	$342.02	$293.35	$233.18	$289.61	$248.81	$193.70
30-39	$498.88	$428.01	$340.19	$422.53	$363.00	$282.57
40-44	$591.44	$507.40	$403.23	$500.81	$430.31	$335.03
45-49	$721.23	$618.78	$491.78	$610.71	$524.77	$408.52
50-54	$882.03	$756.73	$601.43	$746.97	$641.83	$499.63
55-64	$1,250.25	$1,072.62	$852.44	$1,058.68	$909.73	$708.18
65-69	$1,750.36	$1,501.70	$1,193.49	$1,482.14	$1,273.59	$991.47
Individual and Spouse						
02-29	$657.45	$564.02	$448.29	$556.74	$478.44	$372.40
30-39	$934.78	$801.99	$637.38	$791.58	$680.14	$529.55
40-44	$1,112.33	$954.37	$758.45	$941.92	$809.37	$630.08
45-49	$1,311.29	$1,125.06	$894.14	$1,110.50	$954.13	$742.76
50-54	$1,635.93	$1,403.55	$1,115.46	$1,385.34	$1,190.34	$926.67
55-64	$2,283.22	$1,958.87	$1,556.80	$1,933.47	$1,661.27	$1,293.32
65-69	$3,196.50	$2,742.41	$2,179.49	$2,706.89	$2,325.80	$1,810.64
Individual and Child						
02-29	$722.98	$620.26	$492.95	$612.26	$526.06	$409.54
30-39	$871.93	$748.13	$594.56	$738.43	$634.48	$493.94
40-44	$1,054.31	$904.52	$718.83	$892.80	$767.15	$597.18
45-49	$1,049.98	$900.86	$715.92	$889.17	$764.02	$594.72
50-54	$1,193.87	$1,024.26	$813.99	$1,010.97	$868.59	$676.22
55-64	$1,469.61	$1,260.87	$1,002.03	$1,244.48	$1,069.29	$832.42
65-69	$2,057.41	$1,765.14	$1,402.85	$1,742.32	$1,497.04	$1,165.37
Individual, Spouse, and Child						
02-29	$1,069.97	$918.00	$729.60	$906.14	$778.60	$606.08
30-39	$1,416.41	$1,215.24	$965.82	$1,199.50	$1,030.63	$802.36
40-44	$1,633.20	$1,401.21	$1,113.59	$1,383.03	$1,188.34	$925.11
45-49	$1,845.33	$1,583.28	$1,258.23	$1,562.74	$1,342.77	$1,045.26
50-54	$2,159.10	$1,852.33	$1,472.16	$1,828.39	$1,571.03	$1,222.98
55-64	$2,756.81	$2,365.16	$1,879.66	$2,334.56	$2,005.93	$1,561.56
65-69	$3,859.53	$3,311.23	$2,631.59	$3,268.36	$2,808.27	$2,186.25

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare II

Policy Forms: 17-113R995, 112-SAE792 and 23-232792

	$2500 Deductible		$5000 Deductible	
Stop Loss Amount:	$10,000	$50,000	$10,000	$50,000
Co-Pay:	50/50	50/50	50/50	50/50
Individual				
02-29	$184.85	$140.67	$154.02	$118.92
30-39	$269.64	$205.23	$224.63	$173.47
40-44	$319.62	$243.33	$266.26	$205.68
45-49	$389.81	$296.70	$324.74	$250.80
50-54	$476.70	$362.26	$397.19	$306.78
55-64	$675.70	$514.29	$562.96	$434.77
65-69	$945.97	$719.96	$788.17	$608.65
Individual and Spouse				
02-29	$355.31	$270.48	$302.38	$233.49
30-39	$505.18	$384.50	$429.88	$331.93
40-44	$601.19	$457.54	$511.56	$394.98
45-49	$708.73	$539.39	$602.98	$465.66
50-54	$884.15	$672.89	$752.35	$580.97
55-64	$1,233.98	$939.26	$1,049.98	$810.87
65-69	$1,727.62	$1,314.97	$1,469.98	$1,135.29
Individual and Child				
02-29	$390.66	$297.38	$328.89	$253.99
30-39	$471.28	$358.68	$396.62	$306.39
40-44	$569.78	$433.72	$479.56	$370.37
45-49	$567.53	$431.95	$477.65	$368.93
50-54	$645.19	$491.08	$543.06	$419.40
55-64	$794.31	$604.51	$668.48	$516.27
65-69	$1,112.00	$846.31	$935.96	$722.77
Individual, Spouse, and Child				
02-29	$578.35	$440.17	$492.08	$379.97
30-39	$765.54	$582.68	$651.41	$503.08
40-44	$882.73	$671.87	$751.04	$580.05
45-49	$997.35	$759.10	$848.63	$655.44
50-54	$1,166.93	$888.18	$992.94	$766.81
55-64	$1,490.00	$1,134.01	$1,267.81	$979.08
65-69	$2,085.97	$1,587.61	$1,774.93	$1,370.68

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare II

Policy Forms: 17-113R995, 112-SAE792 and 23-232792

	$10,000 Deductible	$25,000 Deductible
Stop Loss Amount:	$50,000	$50,000
Co-Pay:	50/50	50/50
Individual		
02-29	$89.52	$54.24
30-39	$130.58	$79.15
40-44	$154.77	$93.87
45-49	$188.73	$114.46
50-54	$230.83	$140.07
55-64	$327.23	$198.42
65-69	$458.10	$277.80
Individual and Spouse		
02-29	$177.57	$107.65
30-39	$252.46	$153.12
40-44	$300.42	$182.27
45-49	$354.10	$214.77
50-54	$441.77	$267.95
55-64	$616.60	$374.00
65-69	$863.24	$523.57
Individual and Child		
02-29	$192.05	$116.48
30-39	$231.68	$140.56
40-44	$280.15	$169.86
45-49	$278.98	$169.23
50-54	$317.25	$192.43
55-64	$390.55	$236.85
65-69	$546.78	$331.56
Individual, Spouse, and Child		
02-29	$288.97	$175.29
30-39	$382.57	$232.00
40-44	$441.07	$267.54
45-49	$498.42	$302.25
50-54	$583.12	$353.57
55-64	$744.53	$451.52
65-69	$1,042.29	$632.13

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare II

Policy Forms: 17-113R995, 112-SAE792 and 23-232792

Supplemental Accident Endorsement
($500 and $1,000 Deductibles Only)

$500 CMM Deductible	Rates
Individual	$20.28
Individual and Spouse	$40.49
Individual and Child	$49.13
Individual, Spouse, Children	$81.27

$1,000 CMM Deductible	
Individual	$25.07
Individual and Spouse	$50.08
Individual and Child	$60.70
Individual, Spouse, Children	$100.41

Optional Riders

TMJ	
Individual	$5.09
Individual and Spouse	$10.15
Individual and Child	$12.23
Individual, Spouse, Children	$20.36

Maternity Rider	$990.44
($500 and $1,000 Deductibles Only)	

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare I Preferred

Policy Forms: 17-1251193, 17-127SAE1193 and 23-3071193

	$500 Deductible			$1000 Deductible		
Stop Loss Amount:	$2,500	$10,000	$50,000	$2,500	$10,000	$50,000
Co-Pay In-Network:	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%
Co-Pay Out-of-Network:	60%/40%	60%/40%	60%/40%	60%/40%	60%/40%	60%/40%
Individual						
00-24	$470.13	$439.40	$405.60	$409.75	$380.87	$350.60
25-29	$587.65	$550.01	$508.76	$511.26	$475.90	$438.90
30-34	$680.77	$638.51	$591.99	$591.06	$551.10	$509.29
35-39	$818.33	$768.03	$712.72	$709.64	$662.31	$612.73
40-44	$979.60	$920.68	$855.98	$847.94	$792.54	$734.43
45-49	$1,126.73	$1,060.39	$987.46	$973.73	$911.35	$845.90
50-54	$1,354.98	$1,275.42	$1,188.20	$1,170.44	$1,095.72	$1,017.32
55-59	$1,743.62	$1,641.52	$1,529.51	$1,505.82	$1,409.78	$1,309.47
60-64	$2,159.62	$2,033.85	$1,895.83	$1,864.44	$1,746.15	$1,622.34
65-69	$2,699.52	$2,542.25	$2,369.79	$2,330.52	$2,182.70	$2,027.95
Individual and Spouse						
00-24	$876.15	$819.23	$756.61	$763.30	$709.64	$653.66
25-29	$1,100.47	$1,029.72	$952.17	$957.71	$891.25	$821.58
30-34	$1,273.87	$1,193.87	$1,106.27	$1,106.27	$1,031.24	$952.54
35-39	$1,517.57	$1,424.20	$1,321.73	$1,315.85	$1,228.08	$1,136.13
40-44	$1,792.49	$1,685.67	$1,568.60	$1,550.22	$1,449.98	$1,344.71
45-49	$2,058.19	$1,938.30	$1,806.66	$1,776.81	$1,664.30	$1,546.10
50-54	$2,512.17	$2,365.20	$2,204.02	$2,169.48	$2,031.39	$1,886.72
55-59	$3,319.37	$3,128.90	$2,919.82	$2,862.39	$2,683.31	$2,495.65
60-64	$4,139.77	$3,897.80	$3,632.27	$3,575.00	$3,347.60	$3,109.26
65-69	$5,174.74	$4,872.25	$4,540.42	$4,468.77	$4,184.52	$3,886.57
Individual and Child						
00-24	$1,005.31	$939.85	$868.19	$875.77	$814.43	$750.00
25-29	$1,256.98	$1,177.45	$1,090.17	$1,092.40	$1,017.77	$939.50
30-34	$1,392.03	$1,305.76	$1,211.17	$1,207.83	$1,126.73	$1,041.74
35-39	$1,648.35	$1,547.64	$1,437.03	$1,428.64	$1,333.87	$1,234.61
40-44	$1,790.50	$1,682.61	$1,564.38	$1,549.88	$1,448.62	$1,342.36
45-49	$1,804.70	$1,696.94	$1,578.64	$1,561.27	$1,459.93	$1,353.68
50-54	$1,980.36	$1,863.09	$1,734.40	$1,711.90	$1,601.61	$1,486.16
55-59	$2,312.00	$2,175.99	$2,026.96	$1,997.55	$1,869.79	$1,735.96
60-64	$2,698.50	$2,539.23	$2,364.38	$2,332.00	$2,182.53	$2,025.61
65-69	$3,373.17	$3,174.05	$2,955.51	$2,914.97	$2,728.15	$2,531.97
Individual, Spouse, and Child						
00-24	$1,452.07	$1,358.56	$1,255.82	$1,263.98	$1,176.16	$1,083.99
25-29	$1,825.33	$1,710.15	$1,583.75	$1,586.09	$1,477.93	$1,364.47
30-34	$2,194.07	$2,058.89	$1,910.40	$1,902.78	$1,775.72	$1,642.53
35-39	$2,499.46	$2,329.34	$2,180.79	$2,165.03	$2,022.36	$1,872.59
40-44	$2,755.33	$2,590.81	$2,410.35	$2,383.36	$2,228.76	$2,066.83
45-49	$2,923.22	$2,750.62	$2,561.42	$2,526.29	$2,364.11	$2,194.18
50-54	$3,239.90	$3,048.61	$2,838.82	$2,799.88	$2,620.24	$2,431.90
55-59	$4,023.41	$3,791.02	$3,536.37	$3,470.96	$3,252.74	$3,024.03
60-64	$4,718.01	$4,439.93	$4,134.89	$4,076.87	$3,815.65	$3,541.72
65-69	$5,897.58	$5,549.94	$5,168.63	$5,096.14	$4,769.57	$4,427.11

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare I Preferred

Policy Forms: 17-1251193, 17-127SAE1193 and 23-3071193

	$2500 Deductible			$5000 Deductible		
Stop Loss Amount:	$0	$10,000	$50,000	$0	$10,000	$50,000
Co-Pay In-Network:	100%0%	80%/20%	80%/20%	100%/0%	80%/20%	80%/20%
Co-Pay Out-of-Network:	80%/20%	60%/40%	60%/40%	80%/20%	60%/40%	60%/40%
Individual						
00-24	$333.10	$300.79	$274.29	$244.10	$223.25	$202.26
25-29	$414.86	$375.28	$342.70	$303.45	$278.00	$252.29
30-34	$478.46	$433.92	$397.09	$349.24	$320.51	$291.56
35-39	$573.88	$521.03	$477.56	$418.44	$384.60	$350.20
40-44	$684.60	$622.77	$571.72	$498.43	$458.70	$418.53
45-49	$784.84	$715.17	$657.70	$570.83	$525.95	$480.71
50-54	$943.39	$859.79	$790.89	$685.84	$632.21	$577.77
55-59	$1,213.39	$1,106.18	$1,017.88	$881.98	$812.98	$743.43
60-64	$1,501.90	$1,369.90	$1,260.76	$1,091.29	$1,006.37	$920.53
65-69	$1,877.39	$1,712.36	$1,575.91	$1,364.06	$1,257.99	$1,150.63
Individual and Spouse						
00-24	$620.26	$560.29	$510.95	$463.25	$423.96	$384.28
25-29	$777.34	$703.04	$641.81	$579.97	$531.21	$481.96
30-34	$896.25	$812.34	$743.12	$667.28	$612.16	$556.47
35-39	$1,064.41	$966.38	$885.53	$791.38	$726.81	$661.79
40-44	$1,250.87	$1,138.79	$1,046.27	$927.25	$853.72	$779.25
45-49	$1,431.23	$1,305.51	$1,201.48	$1,059.12	$976.38	$892.90
50-54	$1,748.23	$1,593.86	$1,466.53	$1,293.96	$1,192.59	$1,090.17
55-59	$2,303.21	$2,103.27	$1,938.20	$1,702.35	$1,570.88	$1,438.11
60-64	$2,880.32	$2,626.30	$2,416.61	$2,132.02	$1,965.21	$1,796.46
65-69	$3,600.38	$3,282.85	$3,020.77	$2,665.00	$2,456.57	$2,245.56
Individual and Child						
00-24	$711.43	$642.89	$586.11	$526.06	$481.39	$436.38
25-29	$885.48	$801.94	$733.16	$653.26	$599.08	$544.13
30-34	$977.55	$886.91	$812.18	$719.84	$660.98	$601.60
35-39	$1,155.02	$1,049.20	$961.86	$849.72	$781.03	$711.54
40-44	$1,251.55	$1,138.31	$1,044.80	$919.67	$846.01	$771.70
45-49	$1,260.00	$1,146.71	$1,053.36	$925.28	$851.82	$777.49
50-54	$1,380.75	$1,257.59	$1,155.93	$1,013.21	$933.37	$852.44
55-59	$1,609.89	$1,467.35	$1,349.62	$1,181.02	$1,088.26	$994.53
60-64	$1,880.45	$1,713.18	$1,575.11	$1,379.73	$1,271.16	$1,161.30
65-69	$2,350.56	$2,141.53	$1,968.88	$1,724.72	$1,588.92	$1,451.61
Individual, Spouse, and Child						
00-24	$1,026.09	$927.93	$846.84	$765.75	$701.26	$636.07
25-29	$1,285.55	$1,164.55	$1,064.75	$957.78	$878.30	$797.96
30-34	$1,539.37	$1,397.50	$1,280.30	$1,144.47	$1,051.06	$956.87
35-39	$1,749.80	$1,590.26	$1,458.56	$1,299.29	$1,194.45	$1,088.63
40-44	$1,923.19	$1,750.58	$1,608.06	$1,425.97	$1,312.62	$1,197.96
45-49	$2,036.95	$1,855.84	$1,706.33	$1,508.90	$1,389.87	$1,269.65
50-54	$2,257.42	$2,056.73	$1,891.12	$1,672.20	$1,540.30	$1,407.07
55-59	$2,793.89	$2,550.20	$2,348.82	$2,065.77	$1,905.63	$1,743.79
60-64	$3,286.76	$2,994.88	$2,753.97	$2,434.53	$2,242.68	$2,049.07
65-69	$4,108.48	$3,743.59	$3,442.51	$3,043.21	$2,803.38	$2,561.31

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare I Preferred

Policy Forms: 17-1251193, 17-127SAE1193 and 23-3071193

	$10,000 Deductible		$25,000 Deductible	
Stop Loss Amount:	$0	$50,000	$0	$50,000
Co-Pay In-Network:	100%/0%	80%/20%	100%/0%	80%/20%
Co-Pay Out-of-Network:	80%/20%	60%/40%	80%/20%	60%/40%
Individual				
00-24	$153.20	$132.39	$57.38	$56.66
25-29	$192.25	$166.80	$75.01	$74.03
30-34	$223.85	$195.09	$91.73	$90.67
35-39	$269.95	$235.84	$113.08	$111.69
40-44	$324.62	$284.68	$140.98	$139.36
45-49	$374.63	$329.68	$167.59	$165.78
50-54	$450.93	$396.91	$202.98	$200.83
55-59	$580.65	$511.35	$262.40	$259.62
60-64	$719.72	$634.34	$327.61	$324.04
65-69	$899.63	$792.98	$409.45	$405.07
Individual and Spouse				
00-24	$293.95	$254.11	$110.60	$108.94
25-29	$370.02	$320.66	$142.51	$140.54
30-34	$430.12	$374.30	$173.11	$170.75
35-39	$514.00	$448.67	$213.56	$210.95
40-44	$610.39	$535.73	$266.81	$263.88
45-49	$703.21	$619.42	$317.55	$314.19
50-54	$857.70	$754.88	$384.97	$380.83
55-59	$1,136.59	$1,003.40	$523.77	$518.32
60-64	$1,413.56	$1,244.37	$635.18	$628.29
65-69	$1,767.00	$1,555.49	$793.94	$785.32
Individual and Child				
00-24	$332.49	$287.48	$125.58	$123.81
25-29	$417.77	$363.18	$166.34	$164.15
30-34	$464.41	$404.94	$191.38	$189.03
35-39	$551.29	$481.96	$232.19	$229.42
40-44	$600.44	$526.21	$258.99	$256.10
45-49	$606.03	$531.81	$264.80	$261.76
50-54	$666.01	$585.31	$294.81	$291.49
55-59	$778.49	$684.96	$348.48	$344.62
60-64	$908.04	$798.52	$403.86	$399.55
65-69	$1,135.02	$998.14	$504.82	$499.39
Individual, Spouse, and Child				
00-24	$488.13	$422.68	$187.33	$184.58
25-29	$615.72	$535.12	$245.11	$241.79
30-34	$742.95	$648.26	$307.87	$303.85
35-39	$848.20	$741.96	$359.36	$355.02
40-44	$937.78	$822.89	$408.96	$404.24
45-49	$996.63	$875.86	$441.64	$436.76
50-54	$1,104.52	$970.90	$489.73	$484.21
55-59	$1,376.38	$1,213.95	$629.47	$622.77
60-64	$1,609.14	$1,414.61	$714.63	$706.74
65-69	$2,011.44	$1,768.26	$893.30	$883.41

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare I Preferred

Policy Forms: 17-1251193, 17-127SAE1193 and 23-3071193

Supplemental Accident Endorsement
($500 and $1,000 Deductibles Only)

$500 CMM Deductible	Rates
Individual	$35.46
Individual and Spouse	$71.06
Individual and Child	$90.43
Individual, Spouse, Children	$141.96

$1,000 CMM Deductible	
Individual	$55.22
Individual and Spouse	$110.60
Individual and Child	$140.75
Individual, Spouse, Children	$221.11

Optional Riders

TMJ	
Individual	$5.09
Individual and Spouse	$10.15
Individual and Child	$12.23
Individual, Spouse, Children	$20.36

Maternity Rider

Maximum Benefit	
$2,000	$247.58
$3,000	$503.26
$5,000	$838.83

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare II Preferred

Policy Forms: 17-1261193, 17-127SAE1193 and 23-3071193

	$500 Deductible			$1000 Deductible		
Stop Loss Amount:	$2,500	$10,000	$50,000	$2,500	$10,000	$50,000
Co-Pay In-Network:	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%
Co-Pay Out-of-Network:	30%/70%	30%/70%	30%/70%	30%/70%	30%/70%	30%/70%
Individual						
00-24	$283.19	$235.81	$187.83	$253.79	$209.88	$164.78
25-29	$352.09	$294.05	$235.34	$314.97	$261.17	$206.11
30-34	$404.85	$339.62	$273.43	$361.40	$300.87	$238.66
35-39	$485.10	$407.60	$329.16	$432.65	$360.66	$287.04
40-44	$577.52	$486.79	$394.89	$514.04	$429.81	$343.60
45-49	$661.02	$558.73	$455.11	$587.49	$492.56	$395.26
50-54	$794.10	$671.53	$547.44	$705.49	$591.78	$475.32
55-59	$1,021.10	$863.86	$704.75	$907.02	$761.10	$611.68
60-64	$1,263.38	$1,069.64	$873.35	$1,121.76	$941.91	$757.62
65-69	$1,579.23	$1,337.03	$1,091.69	$1,402.21	$1,177.35	$947.02
Individual and Spouse						
00-24	$558.73	$465.22	$370.69	$500.74	$414.08	$325.15
25-29	$699.10	$583.19	$465.84	$626.06	$518.42	$408.30
30-34	$803.41	$672.50	$539.86	$717.95	$596.41	$471.89
35-39	$951.72	$798.63	$643.66	$849.32	$707.31	$561.67
40-44	$1,113.59	$938.73	$761.40	$991.28	$828.82	$662.42
45-49	$1,270.56	$1,074.12	$875.09	$1,129.20	$946.83	$760.06
50-54	$1,552.75	$1,311.84	$1,067.96	$1,380.31	$1,156.78	$927.76
55-59	$2,040.71	$1,728.51	$1,412.25	$1,811.63	$1,521.68	$1,224.84
60-64	$2,558.19	$2,161.59	$1,759.97	$2,274.07	$1,905.88	$1,528.77
65-69	$3,197.71	$2,702.00	$2,199.95	$2,842.61	$2,382.37	$1,910.96
Individual and Child						
00-24	$616.28	$513.50	$409.45	$552.11	$456.72	$358.99
25-29	$764.55	$639.63	$513.17	$683.45	$567.54	$448.74
30-34	$842.16	$706.54	$569.34	$751.64	$625.89	$496.90
35-39	$993.81	$835.35	$674.94	$886.07	$738.94	$588.39
40-44	$1,075.07	$905.65	$734.06	$957.33	$800.06	$638.88
45-49	$1,081.36	$911.91	$740.39	$962.47	$805.11	$643.92
50-54	$1,184.01	$999.67	$812.96	$1,053.00	$881.84	$706.53
55-59	$1,379.60	$1,165.99	$949.67	$1,226.20	$1,027.91	$824.76
60-64	$1,612.04	$1,361.60	$1,108.04	$1,433.21	$1,200.81	$962.67
65-69	$2,015.07	$1,702.02	$1,385.05	$1,791.49	$1,500.97	$1,203.36
Individual, Spouse, and Child						
00-24	$923.08	$769.86	$614.65	$826.71	$684.42	$538.63
25-29	$1,153.34	$964.55	$773.36	$1,031.28	$856.05	$676.53
30-34	$1,376.72	$1,155.07	$930.64	$1,228.72	$1,022.97	$812.25
35-39	$1,562.12	$1,313.09	$1,060.83	$1,392.56	$1,161.36	$924.61
40-44	$1,712.71	$1,443.19	$1,170.38	$1,524.82	$1,274.66	$1,018.38
45-49	$1,811.42	$1,528.58	$1,242.19	$1,611.35	$1,348.88	$1,080.03
50-54	$2,007.41	$1,694.08	$1,376.80	$1,785.69	$1,494.89	$1,196.96
55-59	$2,477.36	$2,096.83	$1,711.43	$2,200.14	$1,846.86	$1,484.99
60-64	$2,922.15	$2,466.50	$2,005.00	$2,599.20	$2,176.23	$1,742.93
65-69	$3,652.73	$3,083.09	$2,506.29	$3,248.98	$2,720.29	$2,178.68

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare II Preferred

Policy Forms: 17-1261193, 17-127SAE1193 and 23-3071193

	$2500 Deductible		$5000 Deductible	
Stop Loss Amount:	$10,000	$50,000	$10,000	$50,000
Co-Pay In-Network:	50%/50%	50%/50%	50%/50%	50%/50%
Co-Pay Out-of-Network:	30%/70%	30%/70%	30%/70%	30%/70%
Individual				
00-24	$172.90	$132.74	$133.80	$100.81
25-29	$214.87	$165.78	$165.93	$125.58
30-34	$247.05	$191.66	$190.39	$144.74
35-39	$295.78	$230.16	$227.67	$173.66
40-44	$351.97	$274.95	$270.27	$207.07
45-49	$402.59	$315.89	$308.61	$237.28
50-54	$483.62	$379.82	$370.58	$285.15
55-59	$621.89	$488.72	$476.40	$366.70
60-64	$769.38	$605.09	$589.04	$453.90
65-69	$961.71	$756.35	$736.28	$567.36
Individual and Spouse				
00-24	$341.29	$262.13	$264.09	$198.99
25-29	$426.94	$328.60	$329.98	$249.17
30-34	$490.23	$379.24	$378.13	$286.82
35-39	$580.49	$450.76	$447.10	$340.37
40-44	$678.73	$530.44	$521.23	$399.15
45-49	$773.92	$607.44	$593.19	$456.23
50-54	$945.86	$741.76	$725.19	$557.24
55-59	$1,242.61	$978.07	$951.15	$733.48
60-64	$1,558.32	$1,224.18	$1,194.74	$918.18
65-69	$1,947.88	$1,530.21	$1,493.42	$1,147.74
Individual and Child				
00-24	$376.34	$289.21	$291.22	$219.57
25-29	$466.60	$360.74	$360.11	$272.98
30-34	$513.72	$398.82	$395.71	$301.19
35-39	$605.97	$471.73	$466.20	$355.75
40-44	$655.30	$511.68	$503.41	$385.14
45-49	$659.10	$515.39	$505.97	$387.82
50-54	$721.47	$565.19	$553.32	$424.82
55-59	$840.33	$659.36	$644.17	$495.22
60-64	$981.99	$769.86	$753.04	$578.51
65-69	$1,227.52	$962.27	$941.32	$723.15
Individual, Spouse, and Child				
00-24	$563.61	$433.73	$435.86	$328.99
25-29	$703.88	$543.93	$543.35	$411.72
30-34	$839.69	$651.81	$646.81	$492.27
35-39	$952.43	$741.36	$732.65	$559.04
40-44	$1,043.75	$815.48	$801.64	$613.81
45-49	$1,103.65	$864.05	$846.84	$649.74
50-54	$1,223.03	$957.58	$938.52	$719.96
55-59	$1,508.59	$1,186.09	$1,155.36	$890.04
60-64	$1,780.39	$1,394.25	$1,365.98	$1,048.31
65-69	$2,225.48	$1,742.79	$1,707.48	$1,310.40

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare II Preferred

Policy Forms: 17-1261193, 17-127SAE1193 and 23-3071193

	$10,000 Deductible	$25,000 Deductible
Stop Loss Amount:	$50,000	$50,000
Co-Pay In-Network:	50%/50%	50%/50%
Co-Pay Out-of-Network:	30%/70%	30%/70%
Individual		
00-24	$69.22	$35.34
25-29	$86.91	$45.40
30-34	$101.25	$54.42
35-39	$121.98	$66.48
40-44	$146.56	$81.60
45-49	$169.11	$95.81
50-54	$203.47	$115.73
55-59	$261.95	$149.35
60-64	$324.80	$185.91
65-69	$405.99	$232.39
Individual and Spouse		
00-24	$136.81	$69.79
25-29	$171.89	$88.85
30-34	$199.61	$105.79
35-39	$238.37	$128.78
40-44	$282.50	$157.09
45-49	$325.25	$184.43
50-54	$396.81	$224.18
55-59	$525.34	$301.65
60-64	$653.86	$369.73
65-69	$817.31	$462.16
Individual and Child		
00-24	$151.03	$77.40
25-29	$189.79	$100.23
30-34	$210.81	$113.63
35-39	$250.15	$136.63
40-44	$272.18	$150.72
45-49	$274.84	$153.47
50-54	$301.96	$169.84
55-59	$352.89	$199.79
60-64	$411.63	$232.19
65-69	$514.58	$290.25
Individual, Spouse, and Child		
00-24	$226.88	$117.03
25-29	$285.88	$150.54
30-34	$344.55	$185.70
35-39	$393.11	$214.64
40-44	$434.26	$241.12
45-49	$461.27	$258.60
50-54	$511.25	$286.70
55-59	$636.46	$363.67
60-64	$744.64	$418.07
65-69	$930.81	$522.58

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare II Preferred

Policy Forms: 17-1261193, 17-127SAE1193 and 23-3071193

Supplemental Accident Endorsement
($500 and $1,000 Deductibles Only)

$500 CMM Deductible	Rates
Individual	$25.12
Individual and Spouse	$50.42
Individual and Child	$64.10
Individual, Spouse, Children	$100.71

$1,000 CMM Deductible	
Individual	$39.19
Individual and Spouse	$78.47
Individual and Child	$99.83
Individual, Spouse, Children	$156.84

Optional Riders

TMJ	
Individual	$5.09
Individual and Spouse	$10.15
Individual and Child	$12.23
Individual, Spouse, Children	$20.36

Maternity Rider

Maximum Benefit	
$2,000	$175.66
$3,000	$357.03
$5,000	$595.11

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Farm Bureau Flexplan I

Policy Forms: 17-134594, 17-136SAE594 and 23-346594

	$500 Deductible			$1000 Deductible		
Stop Loss Amount:	$2,500	$10,000	$50,000	$2,500	$10,000	$50,000
Co-Pay:	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%
Individual						
00-24	$525.56	$490.82	$452.53	$458.23	$425.56	$391.34
25-29	$654.98	$612.44	$565.82	$570.09	$530.15	$488.26
30-34	$755.87	$708.06	$655.49	$656.80	$611.67	$564.49
35-39	$906.94	$850.14	$787.57	$787.30	$733.79	$677.82
40-44	$1,082.54	$1,016.03	$942.85	$938.11	$875.53	$809.93
45-49	$1,241.91	$1,166.89	$1,084.35	$1,074.70	$1,004.21	$930.36
50-54	$1,492.61	$1,402.65	$1,304.02	$1,291.31	$1,206.88	$1,118.36
55-59	$1,920.09	$1,804.77	$1,678.05	$1,660.66	$1,552.21	$1,438.78
60-64	$2,376.76	$2,234.59	$2,078.56	$2,054.98	$1,921.27	$1,781.40
65-69	$2,970.97	$2,793.24	$2,598.19	$2,568.73	$2,401.65	$2,226.82
Individual and Spouse						
00-24	$978.80	$914.41	$843.56	$853.10	$792.49	$729.10
25-29	$1,227.16	$1,147.12	$1,059.41	$1,068.57	$993.51	$914.71
30-34	$1,415.66	$1,325.23	$1,226.18	$1,230.48	$1,145.78	$1,056.76
35-39	$1,682.17	$1,576.61	$1,460.72	$1,460.12	$1,360.98	$1,257.01
40-44	$1,978.41	$1,857.64	$1,725.21	$1,713.32	$1,599.99	$1,481.08
45-49	$2,265.15	$2,129.55	$1,980.87	$1,958.54	$1,831.41	$1,697.80
50-54	$2,766.27	$2,600.12	$2,417.91	$2,392.48	$2,236.46	$2,072.91
55-59	$3,646.35	$3,430.83	$3,194.45	$3,149.40	$2,947.17	$2,735.08
60-64	$4,558.09	$4,284.48	$3,984.25	$3,942.08	$3,685.12	$3,415.81
65-69	$5,697.63	$5,355.60	$4,980.33	$4,927.60	$4,606.38	$4,269.76
Individual and Child						
00-24	$1,122.91	$1,048.93	$967.91	$978.65	$909.34	$836.50
25-29	$1,398.57	$1,308.59	$1,210.04	$1,216.32	$1,131.96	$1,043.55
30-34	$1,544.51	$1,447.03	$1,339.95	$1,341.36	$1,249.73	$1,153.79
35-39	$1,825.60	$1,711.75	$1,586.63	$1,584.00	$1,476.87	$1,364.67
40-44	$2,011.25	$1,886.99	$1,750.78	$1,743.33	$1,626.82	$1,504.55
45-49	$1,946.79	$1,828.19	$1,698.07	$1,685.88	$1,574.50	$1,457.66
50-54	$2,184.25	$2,051.63	$1,906.02	$1,890.68	$1,766.16	$1,635.72
55-59	$2,547.34	$2,393.65	$2,225.16	$2,204.13	$2,059.69	$1,908.48
60-64	$2,974.99	$2,794.81	$2,597.24	$2,574.56	$2,405.48	$2,228.23
65-69	$3,718.68	$3,493.52	$3,246.51	$3,218.16	$3,006.88	$2,785.27
Individual, Spouse, and Child						
00-24	$1,619.81	$1,513.96	$1,397.91	$1,410.60	$1,311.33	$1,207.25
25-29	$2,030.40	$1,900.21	$1,757.22	$1,765.64	$1,643.40	$1,515.13
30-34	$2,432.69	$2,279.90	$2,112.04	$2,111.84	$1,968.26	$1,817.68
35-39	$2,766.10	$2,594.36	$2,405.82	$2,398.93	$2,237.64	$2,068.40
40-44	$3,041.87	$2,855.85	$2,651.80	$2,634.58	$2,460.04	$2,277.04
45-49	$3,222.56	$3,027.55	$2,813.51	$2,789.00	$2,605.78	$2,413.76
50-54	$3,571.51	$3,355.34	$3,118.18	$3,090.82	$2,887.89	$2,675.10
55-59	$4,422.66	$4,160.03	$3,871.98	$3,821.65	$3,575.09	$3,316.63
60-64	$5,200.27	$4,885.71	$4,540.81	$4,499.94	$4,204.73	$3,895.28
65-69	$6,500.29	$6,107.16	$5,676.01	$5,624.92	$5,255.89	$4,869.11

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Farm Bureau Flexplan I

Policy Forms: 17-134594, 17-136SAE594 and 23-346594

	$2500 Deductible			$5000 Deductible		
Stop Loss Amount:	$0	$10,000	$50,000	$0	$10,000	$50,000
Co-Pay:	100% / 0%	80%/20%	80%/20%	100% / 0%	80%/20%	80%/20%
Individual						
00-24	$371.96	$335.56	$305.60	$272.44	$248.94	$225.36
25-29	$462.16	$417.62	$380.87	$337.79	$309.28	$280.36
30-34	$531.33	$481.21	$439.60	$387.81	$355.48	$322.88
35-39	$636.46	$576.91	$527.80	$464.00	$425.88	$387.25
40-44	$757.36	$687.65	$630.08	$551.49	$506.73	$461.48
45-49	$866.34	$787.75	$722.98	$630.19	$579.69	$528.70
50-54	$1,040.82	$946.61	$868.99	$756.75	$696.43	$635.25
55-59	$1,338.30	$1,217.44	$1,117.93	$972.96	$895.34	$817.03
60-64	$1,655.64	$1,506.72	$1,383.69	$1,203.09	$1,107.57	$1,010.97
65-69	$2,069.49	$1,883.40	$1,729.62	$1,503.94	$1,384.51	$1,263.68
Individual and Spouse						
00-24	$692.34	$624.79	$569.14	$516.86	$472.58	$427.86
25-29	$866.44	$782.76	$713.67	$646.05	$591.29	$535.77
30-34	$996.27	$901.72	$823.68	$741.60	$679.58	$616.79
35-39	$1,180.52	$1,069.97	$978.92	$877.74	$805.11	$731.86
40-44	$1,382.32	$1,255.88	$1,151.65	$1,025.07	$942.32	$858.51
45-49	$1,577.81	$1,435.97	$1,318.80	$1,168.23	$1,075.16	$981.08
50-54	$1,928.01	$1,754.05	$1,610.47	$1,427.86	$1,313.85	$1,198.60
55-59	$2,534.90	$2,309.44	$2,123.35	$1,874.95	$1,726.93	$1,577.58
60-64	$3,176.41	$2,890.02	$2,653.64	$2,352.45	$2,164.73	$1,974.92
65-69	$3,970.50	$3,612.54	$3,317.07	$2,940.61	$2,705.93	$2,468.63
Individual and Child						
00-24	$794.24	$716.80	$652.89	$586.82	$536.54	$485.80
25-29	$985.21	$890.95	$813.42	$726.50	$665.43	$603.76
30-34	$1,085.02	$982.93	$898.67	$798.93	$732.66	$665.77
35-39	$1,280.13	$1,160.90	$1,062.41	$941.68	$864.34	$786.20
40-44	$1,407.72	$1,277.69	$1,170.53	$1,034.92	$950.45	$865.23
45-49	$1,360.05	$1,235.70	$1,133.30	$998.60	$918.14	$836.78
50-54	$1,524.93	$1,386.06	$1,271.49	$1,119.44	$1,029.34	$938.42
55-59	$1,776.53	$1,615.70	$1,483.00	$1,303.53	$1,199.19	$1,093.76
60-64	$2,075.94	$1,887.42	$1,731.73	$1,523.62	$1,401.31	$1,277.80
65-69	$2,594.96	$2,359.26	$2,164.71	$1,904.49	$1,751.67	$1,597.26
Individual, Spouse, and Child						
00-24	$1,144.07	$1,033.44	$941.97	$853.32	$780.80	$707.44
25-29	$1,430.07	$1,293.67	$1,181.12	$1,065.07	$975.68	$885.31
30-34	$1,707.79	$1,547.73	$1,415.57	$1,269.66	$1,164.54	$1,058.42
35-39	$1,938.01	$1,758.19	$1,609.78	$1,439.29	$1,321.37	$1,202.29
40-44	$2,125.78	$1,931.18	$1,770.54	$1,576.75	$1,449.07	$1,320.06
45-49	$2,248.79	$2,044.57	$1,875.99	$1,666.60	$1,532.66	$1,397.31
50-54	$2,491.51	$2,265.88	$2,079.15	$1,846.86	$1,698.38	$1,548.46
55-59	$3,076.80	$2,802.01	$2,575.06	$2,276.59	$2,096.29	$1,914.26
60-64	$3,627.94	$3,298.80	$3,027.26	$2,688.39	$2,472.64	$2,254.57
65-69	$4,534.91	$4,123.53	$3,784.08	$3,360.48	$3,090.78	$2,818.26

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Farm Bureau Flexplan I

Policy Forms: 17-134594, 17-136SAE594 and 23-346594

	$10,000 Deductible		$25,000 Deductible	
Stop Loss Amount:	$0	$50,000	$0	$50,000
Co-Pay:	100% / 0%	80%/20%	100% / 0%	80%/20%
Individual				
00-24	$169.44	$146.10	$61.87	$61.04
25-29	$212.03	$183.37	$80.44	$79.39
30-34	$245.81	$213.58	$97.51	$96.20
35-39	$295.79	$257.59	$119.80	$118.21
40-44	$354.52	$309.79	$148.52	$146.72
45-49	$407.96	$357.48	$175.67	$173.55
50-54	$490.71	$430.23	$212.41	$210.08
55-59	$631.55	$554.14	$274.60	$271.55
60-64	$782.37	$686.75	$342.37	$338.45
65-69	$977.97	$858.43	$427.97	$423.05
Individual and Spouse				
00-24	$324.98	$280.36	$119.33	$117.55
25-29	$408.30	$352.88	$153.08	$150.82
30-34	$472.89	$410.19	$184.53	$181.87
35-39	$563.53	$490.38	$226.52	$223.52
40-44	$666.11	$582.40	$280.63	$277.31
45-49	$764.99	$671.01	$332.23	$328.47
50-54	$933.70	$818.43	$403.23	$398.58
55-59	$1,234.15	$1,084.83	$546.41	$540.40
60-64	$1,538.70	$1,348.95	$665.25	$657.57
65-69	$1,923.38	$1,686.15	$831.58	$822.00
Individual and Child				
00-24	$367.53	$317.06	$135.36	$133.31
25-29	$459.78	$398.51	$177.60	$175.21
30-34	$509.61	$442.94	$203.25	$200.55
35-39	$603.76	$525.91	$245.60	$242.47
40-44	$666.39	$581.71	$276.29	$272.97
45-49	$646.59	$565.65	$274.00	$270.67
50-54	$726.02	$635.56	$309.50	$305.79
55-59	$847.68	$742.87	$365.14	$360.78
60-64	$989.29	$866.55	$423.64	$418.76
65-69	$1,236.63	$1,083.16	$529.57	$523.47
Individual, Spouse, and Child				
00-24	$538.81	$465.57	$201.26	$198.41
25-29	$677.57	$587.31	$261.87	$258.10
30-34	$814.77	$708.73	$326.57	$322.21
35-39	$928.34	$809.29	$379.82	$375.06
40-44	$1,023.61	$894.83	$430.29	$425.02
45-49	$1,086.31	$951.05	$463.49	$458.07
50-54	$1,203.82	$1,054.00	$513.99	$507.82
55-59	$1,495.75	$1,313.70	$657.57	$650.07
60-64	$1,753.37	$1,535.36	$749.80	$740.96
65-69	$2,191.77	$1,919.23	$937.24	$926.18

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Farm Bureau Flexplan I

Policy Forms: 17-134594, 17-136SAE594 and 23-346594

Supplemental Accident Endorsement
($500 and $1,000 Deductibles Only)

$500 CMM Deductible	
Individual	$14.84
Individual and Spouse	$29.76
Individual and Child	$37.91
Individual, Spouse, Children	$59.53

$1,000 CMM Deductible	
Individual	$18.11
Individual and Spouse	$36.30
Individual and Child	$46.09
Individual, Spouse, Children	$72.36

Optional Riders

TMJ	
Individual	$5.09
Individual and Spouse	$10.15
Individual and Child	$12.23
Individual, Spouse, Children	$20.36

Maternity Rider

	CMM Benefit	$1,347.75
	Maximum Benefit	
	$2,000	$247.58
	$3,000	$503.26
	$5,000	$838.83

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Farm Bureau Flexplan II

Policy Forms: 17-135594, 17-136SAE594 and 23-246594

	$500 Deductible			$1000 Deductible		
Stop Loss Amount:	$2,500	$10,000	$50,000	$2,500	$10,000	$50,000
Co-Pay:	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%
Individual						
00-24	$317.47	$263.98	$209.67	$284.66	$234.96	$184.09
25-29	$393.86	$328.23	$261.92	$352.47	$291.68	$229.52
30-34	$451.61	$377.81	$303.02	$403.57	$335.06	$264.88
35-39	$540.42	$452.80	$364.07	$482.37	$401.13	$317.82
40-44	$641.85	$539.31	$435.38	$572.05	$476.92	$379.40
45-49	$733.15	$617.49	$500.36	$652.50	$545.23	$435.28
50-54	$880.45	$741.89	$601.57	$783.30	$654.86	$523.24
55-59	$1,131.76	$953.97	$774.01	$1,006.75	$841.93	$673.04
60-64	$1,399.55	$1,180.48	$958.53	$1,244.58	$1,041.37	$833.18
65-69	$1,749.40	$1,475.58	$1,198.19	$1,555.70	$1,301.74	$1,041.48
Individual and Spouse						
00-24	$626.55	$520.83	$413.87	$561.60	$463.68	$363.22
25-29	$782.87	$651.83	$519.15	$701.36	$579.69	$455.24
30-34	$897.48	$749.42	$599.53	$802.66	$665.30	$524.63
35-39	$1,061.16	$888.12	$712.89	$947.78	$787.30	$622.84
40-44	$1,237.82	$1,040.01	$839.55	$1,103.10	$919.52	$731.49
45-49	$1,409.16	$1,187.04	$962.01	$1,254.06	$1,047.93	$836.98
50-54	$1,722.76	$1,450.43	$1,174.63	$1,533.45	$1,280.91	$1,022.15
55-59	$2,260.04	$1,907.01	$1,549.46	$2,009.30	$1,681.79	$1,346.42
60-64	$2,838.02	$2,389.62	$1,935.55	$2,526.29	$2,110.28	$1,684.27
65-69	$3,547.58	$2,987.04	$2,419.38	$3,157.84	$2,637.91	$2,105.30
Individual and Child						
00-24	$690.69	$574.49	$456.84	$619.03	$511.25	$400.85
25-29	$854.41	$713.17	$570.18	$764.29	$633.28	$499.02
30-34	$939.21	$785.90	$630.66	$839.01	$696.83	$551.21
35-39	$1,106.77	$927.65	$746.19	$987.83	$821.58	$651.41
40-44	$1,215.64	$1,020.52	$822.74	$1,083.99	$902.93	$717.39
45-49	$1,172.76	$986.16	$797.32	$1,044.75	$871.63	$694.36
50-54	$1,314.38	$1,105.91	$894.83	$1,170.53	$977.07	$778.98
55-59	$1,530.30	$1,288.79	$1,044.19	$1,362.03	$1,137.94	$908.44
60-64	$1,788.85	$1,505.76	$1,218.97	$1,592.57	$1,329.99	$1,060.97
65-69	$2,236.07	$1,882.12	$1,523.72	$1,990.76	$1,662.46	$1,326.20
Individual, Spouse, and Child						
00-24	$1,033.93	$860.61	$685.19	$926.29	$765.54	$600.80
25-29	$1,289.34	$1,075.80	$859.62	$1,153.52	$955.46	$752.71
30-34	$1,535.33	$1,284.70	$1,030.86	$1,371.53	$1,138.95	$900.82
35-39	$1,739.60	$1,458.10	$1,172.93	$1,552.42	$1,291.19	$1,023.65
40-44	$1,903.95	$1,599.21	$1,290.70	$1,697.09	$1,414.33	$1,124.90
45-49	$2,011.58	$1,691.74	$1,367.94	$1,791.65	$1,495.15	$1,191.24
50-54	$2,229.09	$1,874.81	$1,516.06	$1,985.45	$1,656.81	$1,320.18
55-59	$2,744.98	$2,314.78	$1,879.03	$2,441.43	$2,042.32	$1,633.40
60-64	$3,244.46	$2,729.27	$2,207.51	$2,889.52	$2,411.68	$1,922.13
65-69	$4,055.61	$3,411.65	$2,759.36	$3,611.95	$3,014.60	$2,402.67

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Farm Bureau Flexplan II

Policy Forms: 17-135594, 17-136SAE594 and 23-246594

	$2500 Deductible		$5000 Deductible	
Stop Loss Amount:	$10,000	$50,000	$10,000	$50,000
Co-Pay:	50%/50%	50%/50%	50%/50%	50%/50%
Individual				
00-24	$193.42	$148.15	$149.60	$112.40
25-29	$239.85	$184.49	$185.16	$139.68
30-34	$274.98	$212.60	$211.80	$160.46
35-39	$328.87	$254.78	$253.03	$192.34
40-44	$390.38	$303.66	$299.89	$228.76
45-49	$445.70	$348.03	$341.93	$261.57
50-54	$535.20	$418.14	$410.40	$314.26
55-59	$688.02	$537.74	$527.41	$404.03
60-64	$850.71	$665.51	$651.83	$499.81
65-69	$1,063.38	$831.86	$814.80	$624.75
Individual and Spouse				
00-24	$381.74	$292.46	$295.26	$221.89
25-29	$476.92	$366.10	$368.51	$277.60
30-34	$546.41	$421.29	$421.36	$318.72
35-39	$645.79	$499.55	$497.35	$377.23
40-44	$752.75	$585.56	$578.35	$440.97
45-49	$856.67	$668.94	$657.00	$502.86
50-54	$1,047.39	$817.26	$803.57	$614.57
55-59	$1,373.53	$1,075.24	$1,052.25	$807.25
60-64	$1,725.43	$1,346.59	$1,323.68	$1,012.41
65-69	$2,156.80	$1,683.24	$1,654.62	$1,265.57
Individual and Child				
00-24	$420.73	$322.54	$325.36	$244.70
25-29	$520.21	$400.85	$401.33	$303.34
30-34	$571.67	$442.04	$440.38	$333.90
35-39	$673.46	$522.11	$518.25	$393.89
40-44	$739.43	$574.49	$568.42	$432.91
45-49	$713.17	$555.54	$547.59	$418.14
50-54	$799.30	$623.05	$613.46	$468.75
55-59	$930.36	$726.26	$713.61	$545.99
60-64	$1,087.55	$848.38	$834.59	$638.11
65-69	$1,359.42	$1,060.44	$1,043.26	$797.66
Individual, Spouse, and Child				
00-24	$629.76	$483.37	$486.79	$366.49
25-29	$785.03	$604.59	$605.84	$457.67
30-34	$934.42	$722.56	$719.73	$545.79
35-39	$1,058.33	$820.45	$814.43	$618.98
40-44	$1,157.97	$900.58	$889.75	$678.33
45-49	$1,223.12	$953.00	$939.11	$717.11
50-54	$1,355.39	$1,056.08	$1,040.62	$794.76
55-59	$1,668.44	$1,304.86	$1,278.75	$980.18
60-64	$1,972.88	$1,537.48	$1,514.46	$1,156.91
65-69	$2,466.06	$1,921.87	$1,893.08	$1,446.12

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Farm Bureau Flexplan II

Policy Forms: 17-135594, 17-136SAE594 and 23-246594

	$10,000 Deductible	$25,000 Deductible
Stop Loss Amount:	$50,000	$50,000
Co-Pay:	50%/50%	50%/50%
Individual		
00-24	$76.61	$38.51
25-29	$95.84	$49.23
30-34	$111.12	$58.53
35-39	$133.69	$71.36
40-44	$160.14	$87.18
45-49	$184.27	$101.90
50-54	$221.58	$122.93
55-59	$285.22	$158.65
60-64	$353.26	$197.25
65-69	$441.57	$246.54
Individual and Spouse		
00-24	$151.32	$76.06
25-29	$189.91	$96.61
30-34	$219.66	$114.30
35-39	$261.56	$138.41
40-44	$308.61	$167.74
45-49	$354.25	$196.06
50-54	$432.43	$238.57
55-59	$571.12	$319.84
60-64	$712.57	$393.31
65-69	$890.75	$491.66
Individual and Child		
00-24	$167.01	$84.25
25-29	$208.82	$108.27
30-34	$231.38	$122.24
35-39	$274.12	$146.50
40-44	$302.28	$163.27
45-49	$293.34	$160.56
50-54	$329.33	$180.89
55-59	$384.48	$212.50
60-64	$448.74	$247.17
65-69	$560.88	$308.93
Individual, Spouse, and Child		
00-24	$250.61	$127.24
25-29	$314.87	$162.87
30-34	$378.16	$199.75
35-39	$430.72	$230.20
40-44	$474.57	$257.62
45-49	$503.41	$275.72
50-54	$557.84	$305.60
55-59	$692.46	$386.04
60-64	$812.30	$445.51
65-69	$1,015.34	$556.89

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Farm Bureau Flexplan II

Policy Forms: 17-135594, 17-136SAE594 and 23-246594

Supplemental Accident Endorsement
($500 and $1,000 Deductibles Only)

$500 CMM Deductible	Rate
Individual	$10.55
Individual and Spouse	$21.16
Individual and Child	$26.92
Individual, Spouse, Children	$42.20

$1,000 CMM Deductible	
Individual	$12.83
Individual and Spouse	$25.72
Individual and Child	$32.69
Individual, Spouse, Children	$51.37

Optional Riders

TMJ	
Individual	$5.09
Individual and Spouse	$10.15
Individual and Child	$12.23
Individual, Spouse, Children	$20.36

Maternity Rider

	CMM Benefit	$956.18
	Maximum Benefit	
	$2,000	$175.66
	$3,000	$357.03
	$5,000	$595.11

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Farm Bureau Flexplan I Preferred

Policy Forms: 17-129294, 17131SAE294 and 23-314294

	$500 Deductible			$1000 Deductible		
Stop Loss Amount:	$2,500	$10,000	$50,000	$2,500	$10,000	$50,000
Co-Pay In-Network:	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%
Co-Pay Out-of-Network:	60%/40%	60%/40%	60%/40%	60%/40%	60%/40%	60%/40%
Individual						
00-24	$493.43	$461.52	$426.38	$425.14	$395.87	$365.12
25-29	$616.05	$577.01	$534.07	$530.04	$494.20	$456.54
30-34	$712.57	$668.58	$620.15	$611.94	$571.47	$529.13
35-39	$855.94	$803.70	$746.29	$734.34	$686.45	$636.11
40-44	$1,023.47	$962.27	$895.02	$876.68	$820.57	$761.74
45-49	$1,175.80	$1,106.97	$1,031.13	$1,005.96	$942.78	$876.38
50-54	$1,413.71	$1,331.10	$1,240.35	$1,209.18	$1,133.37	$1,053.88
55-59	$1,818.97	$1,713.05	$1,596.56	$1,555.34	$1,458.17	$1,356.29
60-64	$2,252.36	$2,121.83	$1,978.34	$1,925.48	$1,805.64	$1,680.03
65-69	$2,815.46	$2,652.32	$2,472.84	$2,406.85	$2,257.02	$2,100.02
Individual and Spouse						
00-24	$919.33	$860.21	$795.01	$791.89	$737.57	$680.58
25-29	$1,153.84	$1,080.36	$999.70	$992.96	$925.68	$854.97
30-34	$1,333.78	$1,250.85	$1,159.70	$1,145.87	$1,069.77	$990.00
35-39	$1,587.33	$1,490.30	$1,383.81	$1,361.94	$1,273.02	$1,179.67
40-44	$1,871.69	$1,760.88	$1,639.00	$1,602.44	$1,500.73	$1,393.98
45-49	$2,146.67	$2,022.18	$1,885.35	$1,835.02	$1,720.92	$1,601.06
50-54	$2,620.66	$2,468.17	$2,300.48	$2,240.92	$2,100.98	$1,954.07
55-59	$3,459.49	$3,261.68	$3,044.29	$2,954.45	$2,773.07	$2,582.64
60-64	$4,318.43	$4,067.22	$3,791.11	$3,692.49	$3,462.03	$3,220.19
65-69	$5,398.07	$5,084.02	$4,738.87	$4,615.62	$4,327.47	$4,025.22
Individual and Child						
00-24	$1,054.76	$986.87	$912.29	$908.45	$846.23	$780.81
25-29	$1,316.72	$1,234.15	$1,143.48	$1,131.86	$1,056.18	$976.77
30-34	$1,456.62	$1,367.02	$1,268.60	$1,250.37	$1,168.26	$1,081.99
35-39	$1,723.61	$1,619.01	$1,503.96	$1,478.24	$1,382.19	$1,281.47
40-44	$1,900.63	$1,786.59	$1,661.27	$1,628.66	$1,524.03	$1,414.30
45-49	$1,842.01	$1,733.12	$1,613.34	$1,576.90	$1,476.88	$1,372.03
50-54	$2,067.32	$1,945.55	$1,811.66	$1,769.14	$1,657.48	$1,540.30
55-59	$2,412.58	$2,271.41	$2,116.37	$2,063.61	$1,934.09	$1,798.30
60-64	$2,816.47	$2,651.08	$2,469.29	$2,409.69	$2,258.00	$2,098.90
65-69	$3,520.58	$3,313.86	$3,086.61	$3,012.11	$2,822.59	$2,623.61
Individual, Spouse, and Child						
00-24	$1,522.71	$1,425.63	$1,318.80	$1,310.60	$1,221.50	$1,128.10
25-29	$1,911.95	$1,792.36	$1,660.91	$1,643.33	$1,533.60	$1,418.51
30-34	$2,295.22	$2,154.83	$2,000.36	$1,969.44	$1,840.68	$1,705.56
35-39	$2,612.70	$2,455.01	$2,281.57	$2,239.78	$2,095.18	$1,943.23
40-44	$2,877.36	$2,706.62	$2,518.97	$2,463.65	$2,307.04	$2,142.68
45-49	$3,050.85	$2,871.82	$2,674.91	$2,610.38	$2,446.07	$2,273.63
50-54	$3,381.37	$3,182.80	$2,964.62	$2,892.86	$2,710.92	$2,519.84
55-59	$4,194.40	$3,953.22	$3,688.27	$3,583.41	$3,362.22	$3,130.23
60-64	$4,923.71	$4,635.04	$4,317.77	$4,212.24	$3,947.43	$3,669.66
65-69	$6,154.66	$5,793.82	$5,397.20	$5,265.27	$4,934.31	$4,587.04

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Farm Bureau Flexplan I Preferred

Policy Forms: 17-129294, 17131SAE294 and 23-314294

	$2500 Deductible			$5000 Deductible		
Stop Loss Amount:	$0	$10,000	$50,000	$0	$10,000	$50,000
Co-Pay In-Network:	100%/0%	80%/20%	80%/20%	100%/0%	80%/20%	80%/20%
Co-Pay Out-of-Network:	80%/20%	60%/40%	60%/40%	80%/20%	60%/40%	60%/40%
Individual						
00-24	$351.30	$314.32	$288.01	$260.37	$233.77	$214.06
25-29	$437.15	$391.83	$359.54	$323.34	$290.91	$266.64
30-34	$503.41	$452.42	$416.00	$371.66	$335.06	$307.78
35-39	$603.48	$542.86	$499.85	$445.00	$401.71	$369.35
40-44	$719.11	$648.25	$597.71	$529.43	$478.65	$440.76
45-49	$823.68	$743.74	$686.92	$605.62	$548.36	$505.65
50-54	$989.74	$893.98	$825.86	$727.48	$658.90	$607.68
55-59	$1,272.82	$1,150.01	$1,062.61	$935.39	$847.29	$781.71
60-64	$1,575.02	$1,423.72	$1,315.85	$1,156.99	$1,048.59	$967.67
65-69	$1,968.84	$1,779.62	$1,644.82	$1,446.24	$1,310.74	$1,209.55
Individual and Spouse						
00-24	$653.99	$585.45	$536.54	$494.20	$443.93	$406.51
25-29	$819.15	$734.06	$673.50	$618.26	$556.06	$509.58
30-34	$943.35	$847.21	$778.77	$710.47	$640.08	$587.55
35-39	$1,119.29	$1,006.93	$926.94	$841.53	$759.27	$697.90
40-44	$1,313.22	$1,184.77	$1,093.28	$984.53	$890.52	$820.31
45-49	$1,501.09	$1,356.87	$1,254.10	$1,123.20	$1,017.57	$938.82
50-54	$1,833.74	$1,656.88	$1,530.99	$1,372.63	$1,243.13	$1,146.63
55-59	$2,413.81	$2,184.55	$2,021.31	$1,803.89	$1,636.03	$1,510.91
60-64	$3,021.30	$2,730.16	$2,522.84	$2,261.41	$2,048.30	$1,889.34
65-69	$3,776.60	$3,412.65	$3,153.48	$2,826.77	$2,560.35	$2,361.73
Individual and Child						
00-24	$750.33	$671.68	$615.58	$561.05	$504.08	$461.63
25-29	$932.38	$836.72	$768.68	$695.68	$626.44	$574.77
30-34	$1,028.27	$924.45	$850.44	$765.83	$690.67	$634.67
35-39	$1,214.24	$1,092.96	$1,006.53	$903.38	$815.63	$750.11
40-44	$1,336.31	$1,204.15	$1,110.04	$993.24	$897.54	$826.22
45-49	$1,292.23	$1,194.68	$1,075.96	$959.28	$867.85	$799.68
50-54	$1,449.25	$1,308.09	$1,207.54	$1,075.48	$973.28	$897.12
55-59	$1,689.20	$1,525.82	$1,409.31	$1,252.95	$1,134.55	$1,046.17
60-64	$1,973.38	$1,781.70	$1,645.13	$1,464.16	$1,325.33	$1,221.87
65-69	$2,466.71	$2,227.12	$2,056.45	$1,830.13	$1,656.71	$1,527.28
Individual, Spouse, and Child						
00-24	$1,081.42	$968.89	$888.81	$816.38	$734.02	$672.65
25-29	$1,353.61	$1,214.94	$1,116.20	$1,019.97	$918.46	$842.78
30-34	$1,618.82	$1,456.14	$1,340.25	$1,217.32	$1,098.16	$1,009.29
35-39	$1,838.87	$1,656.01	$1,525.82	$1,381.37	$1,247.20	$1,147.42
40-44	$2,019.35	$1,821.59	$1,680.59	$1,514.16	$1,369.32	$1,261.32
45-49	$2,137.70	$1,929.98	$1,782.16	$1,601.34	$1,449.34	$1,336.01
50-54	$2,369.07	$2,139.00	$1,975.11	$1,774.62	$1,606.15	$1,480.65
55-59	$2,928.89	$2,649.54	$2,450.48	$2,189.85	$1,985.31	$1,832.80
60-64	$3,449.06	$3,114.47	$2,876.21	$2,583.33	$2,338.43	$2,155.88
65-69	$4,311.31	$3,893.06	$3,595.25	$3,229.16	$2,922.98	$2,694.81

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Farm Bureau Flexplan I Preferred

Policy Forms: 17-129294, 17131SAE294 and 23-314294

	$10,000 Deductible		$25,000 Deductible	
Stop Loss Amount:	$0	$50,000	$0	$50,000
Co-Pay In-Network:	100%/0%	80%/20%	100%/0%	80%/20%
Co-Pay Out-of-Network:	80%/20%	60%/40%	80%/20%	60%/40%
Individual				
00-24	$180.92	$153.10	$104.47	$93.15
25-29	$226.22	$192.15	$132.66	$118.79
30-34	$262.20	$223.76	$156.73	$160.32
35-39	$315.26	$269.67	$190.05	$171.42
40-44	$377.55	$324.14	$230.99	$209.17
45-49	$434.26	$374.05	$269.01	$244.41
50-54	$522.20	$450.10	$324.33	$294.92
55-59	$672.08	$579.59	$418.14	$380.40
60-64	$832.45	$718.35	$519.44	$472.89
65-69	$1,040.54	$897.89	$649.34	$591.07
Individual and Spouse				
00-24	$347.18	$293.85	$200.83	$179.13
25-29	$435.97	$369.83	$254.37	$227.39
30-34	$504.47	$429.69	$299.34	$268.77
35-39	$600.80	$513.40	$361.01	$325.36
40-44	$709.28	$609.41	$435.12	$394.41
45-49	$814.07	$702.02	$506.28	$460.55
50-54	$993.72	$856.36	$616.47	$560.38
55-59	$1,312.70	$1,134.55	$823.48	$750.82
60-64	$1,637.55	$1,411.20	$1,016.24	$923.96
65-69	$2,046.97	$1,764.00	$1,270.29	$1,154.91
Individual and Child				
00-24	$392.38	$332.30	$227.30	$202.73
25-29	$490.61	$417.45	$289.84	$260.07
30-34	$543.34	$463.90	$325.45	$293.07
35-39	$643.42	$550.69	$388.71	$350.90
40-44	$709.98	$608.83	$432.43	$391.26
45-49	$688.54	$591.94	$423.44	$384.05
50-54	$773.00	$665.02	$476.62	$432.61
55-59	$902.31	$777.31	$559.10	$507.99
60-64	$1,053.23	$906.67	$650.82	$591.07
65-69	$1,316.51	$1,133.30	$813.54	$738.87
Individual, Spouse, and Child				
00-24	$575.34	$487.86	$335.16	$299.52
25-29	$722.93	$615.19	$427.17	$383.18
30-34	$868.61	$742.16	$521.37	$469.67
35-39	$989.33	$847.21	$599.14	$541.12
40-44	$1,090.26	$936.55	$668.07	$605.42
45-49	$1,156.50	$995.09	$713.54	$647.62
50-54	$1,281.76	$1,102.96	$790.89	$717.95
55-59	$1,591.30	$1,374.09	$995.04	$906.39
60-64	$1,866.61	$1,606.46	$1,152.68	$1,046.60
65-69	$2,333.24	$2,008.10	$1,440.85	$1,308.19

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Farm Bureau Flexplan I Preferred

Policy Forms: 17-129294, 17131SAE294 and 23-314294

Supplemental Accident Endorsement
($500 and $1,000 Deductibles Only)

$500 CMM Deductible	Rate
Individual	$38.05
Individual and Spouse	$75.97
Individual and Child	$96.77
Individual, Spouse, Children	$152.00

$1,000 CMM Deductible	
Individual	$56.19
Individual and Spouse	$112.31
Individual and Child	$142.99
Individual, Spouse, Children	$224.72

Optional Riders

TMJ	
Individual	$5.09
Individual and Spouse	$10.15
Individual and Child	$12.23
Individual, Spouse, Children	$20.36

Maternity Rider

Maximum Benefit	
$2,000	$247.58
$3,000	$503.26
$5,000	$838.83

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Farm Bureau Flexplan II Preferred

Policy Forms: 17-130294, 17-131SAE294 and 23-314294

	$500 Deductible			$1000 Deductible		
Stop Loss Amount:	$2,500	$10,000	$50,000	$2,500	$10,000	$50,000
Co-Pay In-Network:	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%
Co-Pay Out-of-Network:	30%/70%	30%/70%	30%/70%	30%/70%	30%/70%	30%/70%
Individual						
00-24	$417.17	$348.03	$277.91	$367.78	$305.31	$241.27
25-29	$518.22	$433.51	$347.76	$456.13	$379.61	$301.24
30-34	$595.40	$500.02	$403.36	$523.28	$436.95	$348.64
35-39	$712.91	$599.84	$485.03	$626.06	$523.67	$418.81
40-44	$848.07	$715.51	$581.30	$743.62	$623.75	$500.88
45-49	$969.96	$820.51	$669.05	$849.34	$714.25	$575.73
50-54	$1,165.10	$986.12	$804.78	$1,019.86	$858.07	$692.19
55-59	$1,497.93	$1,268.34	$1,035.73	$1,310.96	$1,103.43	$890.75
60-64	$1,852.95	$1,569.96	$1,283.10	$1,621.22	$1,365.29	$1,103.01
65-69	$2,316.20	$1,962.47	$1,603.85	$2,026.56	$1,706.63	$1,378.80
Individual and Spouse						
00-24	$776.33	$648.05	$518.08	$684.22	$568.32	$449.41
25-29	$971.48	$812.34	$651.01	$855.58	$711.59	$564.22
30-34	$1,116.40	$936.61	$754.47	$981.57	$819.02	$652.43
35-39	$1,322.57	$1,112.46	$899.54	$1,161.32	$971.41	$776.64
40-44	$1,547.73	$1,307.49	$1,063.96	$1,356.10	$1,138.86	$916.28
45-49	$1,765.95	$1,496.21	$1,222.78	$1,545.09	$1,301.18	$1,051.26
50-54	$2,158.05	$1,827.39	$1,492.24	$1,888.71	$1,589.65	$1,283.28
55-59	$2,836.46	$2,407.75	$1,973.38	$2,479.38	$2,091.70	$1,694.50
60-64	$3,555.46	$3,011.02	$2,459.24	$3,111.56	$2,619.19	$2,114.70
65-69	$4,444.30	$3,763.83	$3,074.06	$3,889.49	$3,274.04	$2,643.33
Individual and Child						
00-24	$890.52	$743.47	$594.42	$784.86	$651.90	$515.59
25-29	$1,104.19	$925.38	$744.17	$971.41	$809.67	$643.97
30-34	$1,215.70	$1,021.61	$824.89	$1,068.00	$892.51	$712.65
35-39	$1,433.98	$1,207.25	$977.36	$1,258.73	$1,053.60	$843.45
40-44	$1,576.61	$1,329.50	$1,079.05	$1,382.69	$1,159.24	$930.27
45-49	$1,522.71	$1,286.57	$1,047.25	$1,334.18	$1,120.60	$901.72
50-54	$1,707.21	$1,443.30	$1,175.80	$1,495.36	$1,256.69	$1,012.11
55-59	$1,988.75	$1,682.99	$1,373.10	$1,741.09	$1,464.61	$1,181.30
60-64	$2,323.99	$1,965.63	$1,602.44	$2,035.18	$1,711.02	$1,378.93
65-69	$2,905.01	$2,456.99	$2,003.01	$2,543.90	$2,138.82	$1,723.67
Individual, Spouse, and Child						
00-24	$1,282.65	$1,072.21	$859.03	$1,129.74	$939.50	$744.44
25-29	$1,602.68	$1,343.53	$1,080.78	$1,409.78	$1,175.35	$935.19
30-34	$1,913.16	$1,608.86	$1,300.49	$1,680.18	$1,404.95	$1,123.02
35-39	$2,170.76	$1,828.87	$1,482.35	$1,904.64	$1,595.39	$1,278.57
40-44	$2,380.32	$2,010.25	$1,635.37	$2,085.97	$1,751.35	$1,408.55
45-49	$2,517.57	$2,129.22	$1,735.83	$2,204.56	$1,853.54	$1,493.80
50-54	$2,789.90	$2,359.70	$1,923.83	$2,443.10	$2,054.06	$1,655.53
55-59	$3,443.28	$2,920.83	$2,391.31	$3,010.94	$2,538.44	$2,054.26
60-64	$4,061.33	$3,435.80	$2,801.75	$3,556.09	$2,990.49	$2,410.71
65-69	$5,076.68	$4,294.77	$3,502.21	$4,445.14	$3,738.09	$3,013.36

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Farm Bureau Flexplan II Preferred

Policy Forms: 17-130294, 17-131SAE294 and 23-314294

	$2500 Deductible		$5000 Deductible	
Stop Loss Amount:	$10,000	$50,000	$10,000	$50,000
Co-Pay In-Network:	50%/50%	50%/50%	50%/50%	50%/50%
Co-Pay Out-of-Network:	30%/70%	30%/70%	30%/70%	30%/70%
Individual				
00-24	$250.46	$195.08	$191.15	$147.84
25-29	$311.07	$243.24	$236.92	$183.94
30-34	$357.35	$280.92	$271.60	$211.74
35-39	$427.86	$337.09	$324.80	$253.92
40-44	$508.70	$402.47	$385.50	$302.47
45-49	$581.65	$461.90	$440.00	$346.51
50-54	$698.64	$555.27	$528.38	$416.30
55-59	$898.20	$714.25	$679.16	$535.38
60-64	$1,111.00	$884.15	$839.72	$662.45
65-69	$1,388.77	$1,105.24	$1,049.66	$828.02
Individual and Spouse				
00-24	$466.15	$363.38	$362.73	$280.72
25-29	$583.22	$455.66	$453.28	$351.49
30-34	$670.00	$525.96	$519.54	$404.56
35-39	$793.53	$625.16	$614.25	$479.88
40-44	$928.24	$735.70	$716.41	$562.63
45-49	$1,058.87	$842.69	$815.42	$642.97
50-54	$1,293.96	$1,029.08	$996.92	$785.50
55-59	$1,700.40	$1,356.98	$1,307.75	$1,033.62
60-64	$2,131.84	$1,695.65	$1,642.37	$1,294.15
65-69	$2,664.81	$2,119.57	$2,052.99	$1,617.65
Individual and Child				
00-24	$534.72	$416.88	$411.81	$318.73
25-29	$662.74	$519.44	$509.09	$395.97
30-34	$729.48	$573.99	$559.40	$436.57
35-39	$860.40	$678.63	$658.97	$515.55
40-44	$945.76	$747.71	$723.64	$567.16
45-49	$913.28	$723.97	$697.76	$548.45
50-54	$1,023.80	$812.34	$781.98	$615.00
55-59	$1,192.54	$947.59	$910.30	$716.80
60-64	$1,393.64	$1,106.49	$1,064.15	$837.39
65-69	$1,742.04	$1,383.10	$1,330.17	$1,046.80
Individual, Spouse, and Child				
00-24	$769.97	$601.43	$598.66	$464.03
25-29	$961.95	$754.28	$746.48	$580.65
30-34	$1,147.89	$904.08	$888.81	$694.12
35-39	$1,302.21	$1,028.32	$1,006.93	$788.22
40-44	$1,427.54	$1,131.16	$1,101.88	$865.25
45-49	$1,509.66	$1,198.60	$1,164.14	$915.79
50-54	$1,673.03	$1,328.42	$1,290.04	$1,014.88
55-59	$2,064.21	$1,645.62	$1,588.49	$1,254.28
60-64	$2,435.42	$1,934.23	$1,876.01	$1,477.54
65-69	$3,044.29	$2,417.73	$2,345.00	$1,846.97

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Farm Bureau Flexplan II Preferred

Policy Forms: 17-130294, 17-131SAE294 and 23-314294

	$10,000 Deductible	$25,000 Deductible
Stop Loss Amount:	$50,000	$50,000
Co-Pay In-Network:	50%/50%	50%/50%
Co-Pay Out-of-Network:	30%/70%	30%/70%
Individual		
00-24	$108.55	$70.87
25-29	$135.77	$89.67
30-34	$157.60	$105.65
35-39	$189.55	$127.89
40-44	$227.18	$155.03
45-49	$261.57	$180.16
50-54	$314.59	$217.13
55-59	$404.99	$279.86
60-64	$501.67	$347.47
65-69	$627.10	$434.30
Individual and Spouse		
00-24	$208.30	$136.05
25-29	$261.57	$172.08
30-34	$303.12	$201.94
35-39	$361.19	$243.04
40-44	$426.96	$291.86
45-49	$490.54	$338.81
50-54	$598.66	$412.75
55-59	$791.39	$550.37
60-64	$986.59	$680.38
65-69	$1,233.16	$850.50
Individual and Child		
00-24	$235.34	$154.05
25-29	$294.60	$195.75
30-34	$326.60	$219.24
35-39	$387.03	$261.50
40-44	$427.17	$290.44
45-49	$414.56	$283.97
50-54	$465.47	$319.39
55-59	$543.54	$374.43
60-64	$634.37	$436.06
65-69	$792.99	$545.12
Individual, Spouse, and Child		
00-24	$345.24	$226.83
25-29	$434.18	$288.38
30-34	$522.20	$350.98
35-39	$595.13	$402.78
40-44	$656.28	$448.28
45-49	$696.52	$478.16
50-54	$771.89	$530.04
55-59	$959.19	$665.31
60-64	$1,124.16	$772.30
65-69	$1,405.24	$965.42

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Farm Bureau Flexplan II Preferred

Policy Forms: 17-130294, 17-131SAE294 and 23-314294

Supplemental Accident Endorsement
($500 and $1,000 Deductibles Only)

$500 CMM Deductible	Rate
Individual	$38.05
Individual and Spouse	$75.97
Individual and Child	$96.77
Individual, Spouse, Children	$152.00

$1,000 CMM Deductible	
Individual	$56.19
Individual and Spouse	$112.31
Individual and Child	$142.99
Individual, Spouse, Children	$224.72

Optional Riders

TMJ	
Individual	$5.09
Individual and Spouse	$10.15
Individual and Child	$12.23
Individual, Spouse, Children	$20.36

Maternity Rider

Maximum Benefit	
$2,000	$247.58
$3,000	$503.26
$5,000	$838.83

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare Blue I
Policy Forms: 17-147896, 23-561896, 149SAE896

$500 Deductible

Stop Loss Amount:	$2500		$10,000		$50,000	
Co-Pay:	80%/20%		80%/20%		80%/20%	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**
Individual						
00-24	$250.79	$388.05	$241.28	$373.42	$223.16	$345.36
25-29	$304.24	$499.81	$292.76	$480.89	$270.78	$444.81
30-34	$341.39	$583.61	$328.53	$561.58	$303.85	$519.47
35-39	$411.54	$699.88	$396.01	$673.46	$366.33	$622.96
40-44	$493.40	$801.99	$474.72	$771.70	$439.15	$713.81
45-49	$656.07	$923.96	$631.26	$889.00	$583.98	$822.38
50-54	$878.77	$1,054.12	$845.55	$1,014.28	$782.15	$938.20
55-59	$1,269.45	$1,312.59	$1,221.48	$1,263.01	$1,129.85	$1,168.27
60-64	$1,770.22	$1,604.03	$1,703.35	$1,543.42	$1,575.59	$1,427.63
65-69	$2,212.75	$2,005.00	$2,129.16	$1,929.27	$1,969.44	$1,784.56
Individual and Spouse						
00-24	$601.20	$601.20	$578.51	$578.51	$535.04	$535.04
25-29	$756.65	$756.65	$728.10	$728.10	$673.46	$673.46
30-34	$870.67	$870.67	$837.79	$837.79	$774.93	$774.93
35-39	$1,046.06	$1,046.06	$1,006.56	$1,006.56	$931.04	$931.04
40-44	$1,219.15	$1,219.15	$1,173.12	$1,173.12	$1,085.03	$1,085.03
45-49	$1,437.20	$1,437.20	$1,382.94	$1,382.94	$1,279.20	$1,279.20
50-54	$1,792.96	$1,792.96	$1,725.21	$1,725.21	$1,595.89	$1,595.89
55-59	$2,394.60	$2,394.60	$2,304.08	$2,304.08	$2,131.29	$2,131.29
60-64	$3,128.53	$3,128.53	$3,010.30	$3,010.30	$2,784.57	$2,784.57
65-69	$3,910.66	$3,910.66	$3,762.81	$3,762.81	$3,480.66	$3,480.66
Individual and Child						
00-24	$663.69	$833.60	$638.59	$802.07	$590.74	$741.96
25-29	$729.84	$971.80	$702.23	$935.07	$649.58	$864.97
30-34	$775.86	$1,075.56	$746.55	$1,034.93	$690.58	$957.33
35-39	$862.66	$1,219.47	$830.06	$1,173.35	$767.79	$1,085.35
40-44	$963.88	$1,345.83	$927.45	$1,294.92	$857.96	$1,197.83
45-49	$1,079.40	$1,383.51	$1,038.65	$1,331.21	$960.73	$1,231.40
50-54	$1,217.22	$1,399.08	$1,171.19	$1,346.22	$1,083.36	$1,245.24
55-59	$1,622.41	$1,667.15	$1,561.14	$1,604.27	$1,444.06	$1,483.87
60-64	$2,141.86	$1,969.44	$2,060.90	$1,895.06	$1,906.27	$1,752.88
65-69	$2,677.32	$2,461.82	$2,576.13	$2,368.88	$2,382.91	$2,191.11
Individual, Spouse, and Child						
00-24	$1,046.61	$1,046.61	$1,007.14	$1,007.14	$931.56	$931.56
25-29	$1,233.62	$1,233.62	$1,187.06	$1,187.06	$1,098.04	$1,098.04
30-34	$1,370.68	$1,370.68	$1,318.96	$1,318.96	$1,219.98	$1,219.98
35-39	$1,581.73	$1,581.73	$1,522.04	$1,522.04	$1,407.87	$1,407.87
40-44	$1,790.02	$1,790.02	$1,722.40	$1,722.40	$1,593.24	$1,593.24
45-49	$2,022.53	$2,022.53	$1,946.15	$1,946.15	$1,800.15	$1,800.15
50-54	$2,366.42	$2,366.42	$2,276.96	$2,276.96	$2,106.22	$2,106.22
55-59	$3,055.93	$3,055.93	$2,940.48	$2,940.48	$2,719.99	$2,719.99
60-64	$3,897.46	$3,897.46	$3,750.21	$3,750.21	$3,469.02	$3,469.02
65-69	$4,871.84	$4,871.84	$4,687.76	$4,687.76	$4,336.24	$4,336.24

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare Blue I
Policy Forms: 17-147896, 23-561896, 149SAE896

$1,000 Deductible

Stop Loss Amount:	$2,500		$10,000		$50,000	
Co-Pay:	80%/20%		80%/20%		80%/20%	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**
Individual						
00-24	$205.65	$318.19	$198.53	$307.27	$182.97	$283.08
25-29	$249.40	$409.81	$240.88	$395.68	$221.90	$364.59
30-34	$279.94	$478.47	$270.27	$462.07	$249.05	$425.76
35-39	$337.44	$573.87	$325.80	$554.14	$300.29	$510.55
40-44	$404.55	$657.57	$390.57	$634.89	$359.89	$585.02
45-49	$537.95	$757.62	$519.47	$731.61	$478.65	$674.04
50-54	$720.53	$864.34	$695.79	$834.66	$641.02	$768.97
55-59	$1,040.85	$1,076.25	$1,005.09	$1,039.34	$926.04	$957.48
60-64	$1,451.50	$1,315.19	$1,401.60	$1,270.01	$1,291.35	$1,170.10
65-69	$1,814.37	$1,644.02	$1,752.02	$1,587.51	$1,614.18	$1,462.59
Individual and Spouse						
00-24	$492.95	$492.95	$476.02	$476.02	$438.54	$438.54
25-29	$620.43	$620.43	$599.08	$599.08	$551.99	$551.99
30-34	$713.96	$713.96	$689.39	$689.39	$635.17	$635.17
35-39	$857.77	$857.77	$828.22	$828.22	$763.12	$763.12
40-44	$999.59	$999.59	$965.26	$965.26	$889.37	$889.37
45-49	$1,178.51	$1,178.51	$1,137.94	$1,137.94	$1,048.53	$1,048.53
50-54	$1,470.20	$1,470.20	$1,419.61	$1,419.61	$1,308.04	$1,308.04
55-59	$1,963.42	$1,963.42	$1,895.89	$1,895.89	$1,746.92	$1,746.92
60-64	$2,565.21	$2,565.21	$2,476.99	$2,476.99	$2,282.33	$2,282.33
65-69	$3,206.51	$3,206.51	$3,096.28	$3,096.28	$2,852.95	$2,852.95
Individual and Child						
00-24	$544.23	$683.53	$525.45	$659.96	$484.12	$608.13
25-29	$598.45	$796.79	$577.83	$769.48	$532.40	$708.94
30-34	$636.16	$881.91	$614.30	$851.62	$565.97	$784.62
35-39	$707.33	$999.89	$683.00	$965.45	$629.30	$889.55
40-44	$790.41	$1,103.53	$763.22	$1,065.52	$703.21	$981.81
45-49	$885.07	$1,134.40	$854.65	$1,095.41	$787.45	$1,009.26
50-54	$998.09	$1,147.23	$963.77	$1,107.77	$887.98	$1,020.67
55-59	$1,330.34	$1,367.02	$1,284.52	$1,319.98	$1,183.57	$1,216.21
60-64	$1,756.26	$1,614.90	$1,695.79	$1,559.26	$1,562.40	$1,436.72
65-69	$2,195.35	$2,018.62	$2,119.69	$1,949.06	$1,953.06	$1,795.88
Individual, Spouse, and Child						
00-24	$858.25	$858.25	$828.62	$828.62	$763.55	$763.55
25-29	$1,011.51	$1,011.51	$976.73	$976.73	$899.96	$899.96
30-34	$1,123.93	$1,123.93	$1,085.23	$1,085.23	$999.96	$999.96
35-39	$1,296.94	$1,296.94	$1,252.34	$1,252.34	$1,153.96	$1,153.96
40-44	$1,467.75	$1,467.75	$1,417.22	$1,417.22	$1,305.96	$1,305.96
45-49	$1,658.44	$1,658.44	$1,601.31	$1,601.31	$1,475.51	$1,475.51
50-54	$1,940.32	$1,940.32	$1,873.59	$1,873.59	$1,726.38	$1,726.38
55-59	$2,505.81	$2,505.81	$2,419.54	$2,419.54	$2,229.41	$2,229.41
60-64	$3,195.78	$3,195.78	$3,085.82	$3,085.82	$2,843.30	$2,843.30
65-69	$3,994.72	$3,994.72	$3,857.29	$3,857.29	$3,554.09	$3,554.09

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare Blue I
Policy Forms: 17-147896, 23-561896, 149SAE896

$2,500 Deductible

Stop Loss Amount:	$0		$10,000		$50,000	
Co-Pay:	100%0%		80%/20%		80%/20%	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**
Individual						
00-24	$142.24	$220.21	$138.63	$214.55	$127.16	$196.87
25-29	$172.64	$283.56	$168.15	$276.29	$154.32	$253.54
30-34	$193.63	$331.13	$188.73	$322.64	$173.18	$296.10
35-39	$233.49	$397.09	$227.50	$386.93	$208.78	$355.03
40-44	$279.87	$454.96	$272.78	$443.32	$250.29	$406.83
45-49	$372.19	$524.16	$362.73	$510.86	$332.90	$468.79
50-54	$498.55	$598.06	$485.87	$582.79	$445.83	$534.82
55-59	$720.26	$744.67	$701.84	$725.72	$644.08	$666.00
60-64	$1,004.35	$910.02	$978.66	$886.82	$898.18	$813.81
65-69	$1,255.46	$1,137.50	$1,223.40	$1,108.54	$1,122.69	$1,017.23
Individual and Spouse						
00-24	$341.09	$341.09	$332.41	$332.41	$305.00	$305.00
25-29	$429.29	$429.29	$418.36	$418.36	$383.90	$383.90
30-34	$494.01	$494.01	$481.36	$481.36	$441.67	$441.67
35-39	$593.49	$593.49	$578.37	$578.37	$530.70	$530.70
40-44	$691.66	$691.66	$674.04	$674.04	$618.50	$618.50
45-49	$815.39	$815.39	$794.62	$794.62	$729.12	$729.12
50-54	$1,017.23	$1,017.23	$991.32	$991.32	$909.65	$909.65
55-59	$1,358.56	$1,358.56	$1,323.97	$1,323.97	$1,214.84	$1,214.84
60-64	$1,774.93	$1,774.93	$1,729.72	$1,729.72	$1,587.21	$1,587.21
65-69	$2,218.67	$2,218.67	$2,162.18	$2,162.18	$1,983.99	$1,983.99
Individual and Child						
00-24	$376.53	$472.94	$366.86	$460.85	$336.71	$422.94
25-29	$414.08	$551.36	$403.47	$537.28	$370.30	$493.03
30-34	$440.17	$610.20	$428.90	$594.60	$393.67	$545.68
35-39	$489.38	$691.88	$476.92	$674.20	$437.66	$618.71
40-44	$546.90	$763.53	$532.90	$744.03	$489.04	$682.79
45-49	$612.38	$784.91	$596.80	$764.88	$547.65	$701.91
50-54	$690.50	$793.74	$672.95	$773.51	$617.53	$709.86
55-59	$920.37	$945.78	$896.98	$921.66	$823.15	$845.85
60-64	$1,215.03	$1,117.28	$1,184.14	$1,088.79	$1,086.68	$999.20
65-69	$1,518.85	$1,396.59	$1,480.16	$1,361.05	$1,358.36	$1,249.02
Individual, Spouse, and Child						
00-24	$593.77	$593.77	$578.67	$578.67	$530.98	$530.98
25-29	$699.88	$699.88	$682.11	$682.11	$625.87	$625.87
30-34	$777.62	$777.62	$757.90	$757.90	$695.40	$695.40
35-39	$897.38	$897.38	$874.60	$874.60	$802.45	$802.45
40-44	$1,015.52	$1,015.52	$989.67	$989.67	$908.16	$908.16
45-49	$1,147.46	$1,147.46	$1,118.26	$1,118.26	$1,026.12	$1,026.12
50-54	$1,342.52	$1,342.52	$1,308.35	$1,308.35	$1,200.57	$1,200.57
55-59	$1,733.72	$1,733.72	$1,689.57	$1,689.57	$1,550.40	$1,550.40
60-64	$2,211.10	$2,211.10	$2,154.85	$2,154.85	$1,977.34	$1,977.34
65-69	$2,763.91	$2,763.91	$2,693.58	$2,693.58	$2,471.67	$2,471.67

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare Blue I
Policy Forms: 17-147896, 23-561896, 149SAE896

$5000 Deductible

Stop Loss Amount:	$0		$10,000		$50,000	
Co-Pay:	100%/0%		100%/0%		100%/0%	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**
Individual						
00-24	$111.58	$172.66	$108.41	$167.76	$100.50	$155.53
25-29	$135.31	$222.35	$131.51	$216.03	$121.96	$200.38
30-34	$151.89	$259.62	$147.56	$252.29	$136.88	$233.95
35-39	$183.06	$311.35	$177.93	$302.56	$165.01	$280.62
40-44	$219.51	$356.76	$213.31	$346.70	$197.82	$321.52
45-49	$291.93	$411.09	$283.56	$399.44	$262.99	$370.39
50-54	$390.98	$468.97	$379.85	$455.72	$352.18	$422.53
55-59	$564.81	$583.99	$548.76	$567.45	$508.79	$526.09
60-64	$787.65	$713.67	$765.23	$693.39	$709.54	$642.92
65-69	$984.53	$892.11	$956.56	$866.73	$886.91	$803.62
Individual and Spouse						
00-24	$273.16	$273.16	$265.40	$265.40	$246.07	$246.07
25-29	$343.81	$343.81	$334.09	$334.09	$309.73	$309.73
30-34	$395.58	$395.58	$384.32	$384.32	$356.42	$356.42
35-39	$475.33	$475.33	$461.84	$461.84	$428.21	$428.21
40-44	$553.94	$553.94	$538.22	$538.22	$499.07	$499.07
45-49	$653.09	$653.09	$634.48	$634.48	$588.36	$588.36
50-54	$814.72	$814.72	$791.50	$791.50	$734.04	$734.04
55-59	$1,088.06	$1,088.06	$1,057.15	$1,057.15	$980.29	$980.29
60-64	$1,421.56	$1,421.56	$1,381.22	$1,381.22	$1,280.78	$1,280.78
65-69	$1,776.92	$1,776.92	$1,726.47	$1,726.47	$1,600.99	$1,600.99
Individual and Child						
00-24	$298.29	$374.62	$289.85	$364.03	$268.71	$337.53
25-29	$327.98	$436.77	$318.72	$424.36	$295.50	$393.49
30-34	$348.65	$483.43	$338.79	$469.73	$314.19	$435.56
35-39	$387.64	$548.05	$376.67	$532.50	$349.31	$493.77
40-44	$433.16	$604.80	$420.91	$587.73	$390.27	$544.92
45-49	$485.13	$621.77	$471.39	$604.15	$437.07	$560.21
50-54	$547.07	$628.79	$531.61	$611.00	$492.86	$566.56
55-59	$729.21	$749.31	$708.52	$728.10	$656.98	$675.12
60-64	$962.59	$885.14	$935.39	$860.10	$867.26	$797.50
65-69	$1,203.23	$1,106.46	$1,169.20	$1,075.16	$1,084.08	$996.85
Individual, Spouse, and Child						
00-24	$475.52	$475.52	$462.07	$462.07	$428.49	$428.49
25-29	$560.51	$560.51	$544.64	$544.64	$505.06	$505.06
30-34	$622.77	$622.77	$605.15	$605.15	$561.15	$561.15
35-39	$718.68	$718.68	$698.32	$698.32	$647.58	$647.58
40-44	$813.29	$813.29	$790.24	$790.24	$732.84	$732.84
45-49	$919.01	$919.01	$892.97	$892.97	$827.96	$827.96
50-54	$1,075.24	$1,075.24	$1,044.75	$1,044.75	$968.76	$968.76
55-59	$1,388.59	$1,388.59	$1,349.20	$1,349.20	$1,251.05	$1,251.05
60-64	$1,770.87	$1,770.87	$1,720.68	$1,720.68	$1,595.53	$1,595.53
65-69	$2,213.56	$2,213.56	$2,150.91	$2,150.91	$1,994.45	$1,994.45

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare Blue I
Policy Forms: 17-147896, 23-561896, 149SAE896

$10,000 Deductible

Stop Loss Amount:	$0		$50,000	
Co-Pay:	100%/0%		80%/20%	
	Male	**Female**	**Male**	**Female**
Individual				
00-24	$79.92	$123.63	$73.11	$113.17
25-29	$96.98	$159.29	$88.69	$145.69
30-34	$108.78	$185.95	$99.53	$170.18
35-39	$131.18	$223.05	$120.01	$204.05
40-44	$157.29	$255.55	$143.89	$233.83
45-49	$209.07	$294.44	$191.34	$269.48
50-54	$280.04	$335.94	$256.25	$307.39
55-59	$404.56	$418.34	$370.18	$382.72
60-64	$564.12	$511.14	$516.22	$467.73
65-69	$705.14	$638.96	$645.24	$584.65
Individual and Spouse				
00-24	$197.68	$197.68	$180.89	$180.89
25-29	$248.81	$248.81	$227.68	$227.68
30-34	$286.31	$286.31	$261.95	$261.95
35-39	$343.99	$343.99	$314.78	$314.78
40-44	$400.85	$400.85	$366.86	$366.86
45-49	$472.59	$472.59	$432.43	$432.43
50-54	$589.58	$589.58	$539.60	$539.60
55-59	$787.37	$787.37	$720.61	$720.61
60-64	$1,028.76	$1,028.76	$941.45	$941.45
65-69	$1,285.94	$1,285.94	$1,176.84	$1,176.84
Individual and Child				
00-24	$214.75	$269.69	$196.47	$246.76
25-29	$236.12	$314.42	$216.07	$287.71
30-34	$251.01	$348.03	$229.71	$318.48
35-39	$279.16	$394.60	$255.40	$361.03
40-44	$311.85	$435.43	$285.41	$398.49
45-49	$349.25	$447.64	$319.60	$409.59
50-54	$393.81	$452.69	$360.34	$414.23
55-59	$524.93	$539.36	$480.31	$493.60
60-64	$692.92	$637.18	$634.06	$583.09
65-69	$866.15	$796.49	$792.60	$728.82
Individual, Spouse, and Child				
00-24	$344.16	$344.16	$314.94	$314.94
25-29	$405.71	$405.71	$371.18	$371.18
30-34	$450.79	$450.79	$412.46	$412.46
35-39	$520.19	$520.19	$475.99	$475.99
40-44	$588.65	$588.65	$538.63	$538.63
45-49	$665.11	$665.11	$608.61	$608.61
50-54	$778.17	$778.17	$712.14	$712.14
55-59	$1,004.94	$1,004.94	$919.63	$919.63
60-64	$1,281.70	$1,281.70	$1,172.85	$1,172.85
65-69	$1,602.09	$1,602.09	$1,466.08	$1,466.08

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare Blue I
Policy Forms: 17-147896, 23-561896, 149SAE896

$25,000 Deductible

Stop Loss Amount:	$0		$50,000	
Co-Pay:	100%0%		80%/20%	
	Male	**Female**	**Male**	**Female**
Individual				
00-24	$43.98	$68.03	$41.42	$64.18
25-29	$53.35	$87.62	$50.33	$82.64
30-34	$59.84	$102.26	$56.50	$96.54
35-39	$72.14	$122.63	$68.12	$115.74
40-44	$86.46	$140.56	$81.63	$132.66
45-49	$114.99	$161.91	$108.46	$152.80
50-54	$155.03	$185.91	$145.35	$174.30
55-59	$223.85	$231.49	$209.94	$217.02
60-64	$312.20	$282.90	$292.76	$265.23
65-69	$390.26	$353.64	$365.90	$331.56
Individual and Spouse				
00-24	$108.71	$108.71	$102.58	$102.58
25-29	$136.81	$136.81	$129.08	$129.08
30-34	$157.46	$157.46	$148.57	$148.57
35-39	$189.20	$189.20	$178.45	$178.45
40-44	$220.48	$220.48	$208.00	$208.00
45-49	$259.96	$259.96	$245.26	$245.26
50-54	$324.35	$324.35	$305.94	$305.94
55-59	$433.14	$433.14	$408.60	$408.60
60-64	$565.87	$565.87	$533.78	$533.78
65-69	$707.36	$707.36	$667.26	$667.26
Individual and Child				
00-24	$118.13	$148.39	$111.40	$139.96
25-29	$129.87	$172.98	$122.55	$163.19
30-34	$138.12	$191.45	$130.22	$180.56
35-39	$153.49	$217.02	$144.82	$204.75
40-44	$171.55	$239.55	$161.87	$225.99
45-49	$192.14	$246.20	$181.22	$232.29
50-54	$216.63	$248.97	$204.36	$234.85
55-59	$288.72	$296.70	$272.35	$279.87
60-64	$381.19	$350.50	$359.59	$330.62
65-69	$476.52	$438.15	$449.47	$413.26
Individual, Spouse, and Child				
00-24	$189.29	$189.29	$178.61	$178.61
25-29	$223.06	$223.06	$210.51	$210.51
30-34	$247.92	$247.92	$233.85	$233.85
35-39	$286.05	$286.05	$269.95	$269.95
40-44	$323.76	$323.76	$305.47	$305.47
45-49	$365.79	$365.79	$345.14	$345.14
50-54	$428.01	$428.01	$403.74	$403.74
55-59	$552.68	$552.68	$521.43	$521.43
60-64	$704.88	$704.88	$665.03	$665.03
65-69	$881.10	$881.10	$831.34	$831.34

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

UniqueCare Blue I
Policy Forms: 17-147896, 23-561896, 149SAE896

Optional Riders

Maternity Rider

Maximum Benefit	Rate
$2,000	$266.17
$3,000	$399.27
$5,000	$640.77

TMJ

Individual	$8.04
Individual and Spouse	$16.07
Individual and Child	$19.30
Individual, Spouse, Children	$32.20

Supplemental Accident Endorsement
($500, $1,000, and $2,500 deductibles only)

$500 Deductible

Individual	$21.76
Individual & Spouse	$43.56
Individual & Child	$55.51
Individual, Spouse, Children	$87.10

$1,000 Deductible

Individual	$32.60
Individual & Spouse	$65.16
Individual & Child	$82.96
Individual, Spouse, Children	$130.26

$2,500 Deductible

Individual	$51.70
Individual & Spouse	$103.55
Individual & Child	$131.76
Individual, Spouse, Children	$206.99

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Blue Select

Policy Forms: 17-1661098, 23-8491098, 23-8501098, 23-8511098, 17-167SAE1098

$500 Deductible

Stop Loss Amount:	$5,000		$10,000	
Co-Pay:	80%/20%		80%/20%	
	Male	**Female**	**Male**	**Female**
Individual				
00-24	$183.47	$283.89	$176.41	$272.98
25-29	$222.61	$365.65	$214.03	$351.58
30-34	$249.81	$426.98	$240.20	$410.60
35-39	$301.12	$512.07	$289.55	$492.40
40-44	$360.98	$586.82	$347.11	$564.23
45-49	$479.97	$676.00	$461.54	$649.99
50-54	$642.97	$771.26	$618.25	$741.60
55-59	$928.82	$960.35	$893.07	$923.44
60-64	$1,295.18	$1,173.58	$1,245.38	$1,128.42
65-69	$1,618.99	$1,466.97	$1,556.70	$1,410.56
Individual and Spouse				
00-24	$439.88	$439.88	$422.97	$422.97
25-29	$553.61	$553.61	$532.33	$532.33
30-34	$637.02	$637.02	$612.54	$612.54
35-39	$765.37	$765.37	$735.91	$735.91
40-44	$891.98	$891.98	$857.70	$857.70
45-49	$1,051.56	$1,051.56	$1,011.10	$1,011.10
50-54	$1,311.82	$1,311.82	$1,261.35	$1,261.35
55-59	$1,751.98	$1,751.98	$1,684.58	$1,684.58
60-64	$2,288.93	$2,288.93	$2,200.87	$2,200.87
65-69	$2,861.16	$2,861.16	$2,751.16	$2,751.16
Individual and Child				
00-24	$485.59	$609.86	$466.87	$586.42
25-29	$533.98	$711.04	$513.43	$683.62
30-34	$567.63	$786.94	$545.81	$756.68
35-39	$631.14	$892.19	$606.87	$857.88
40-44	$705.21	$984.62	$678.10	$946.72
45-49	$789.79	$1,012.27	$759.40	$973.32
50-54	$890.56	$1,023.65	$856.34	$984.30
55-59	$1,187.06	$1,219.84	$1,141.40	$1,172.92
60-64	$1,567.10	$1,440.98	$1,506.80	$1,385.55
65-69	$1,958.87	$1,801.22	$1,883.50	$1,731.96
Individual, Spouse, and Child				
00-24	$765.81	$765.81	$736.34	$736.34
25-29	$902.62	$902.62	$867.90	$867.90
30-34	$1,002.91	$1,002.91	$964.34	$964.34
35-39	$1,157.30	$1,157.30	$1,112.81	$1,112.81
40-44	$1,309.69	$1,309.69	$1,259.31	$1,259.31
45-49	$1,479.80	$1,479.80	$1,422.91	$1,422.91
50-54	$1,731.37	$1,731.37	$1,664.77	$1,664.77
55-59	$2,235.89	$2,235.89	$2,149.90	$2,149.90
60-64	$2,851.58	$2,851.58	$2,741.87	$2,741.87
65-69	$3,564.47	$3,564.47	$3,427.40	$3,427.40

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Blue Select

Policy Forms: 17-1661098, 23-8491098, 23-8501098, 23-8511098, 17-167SAE1098

$1,000 Deductible

Stop Loss Amount:	$5,000		$10,000	
Co-Pay:	80%/20%		80%/20%	
	Male	**Female**	**Male**	**Female**
Individual				
00-24	$150.96	$233.60	$145.11	$224.63
25-29	$183.12	$300.87	$176.08	$289.30
30-34	$205.53	$351.36	$197.62	$337.82
35-39	$247.74	$421.33	$238.22	$405.16
40-44	$296.99	$482.77	$285.59	$464.21
45-49	$395.01	$556.28	$379.82	$534.89
50-54	$529.00	$634.63	$508.70	$610.24
55-59	$764.26	$790.29	$734.86	$759.87
60-64	$1,065.77	$965.70	$1,024.78	$928.52
65-69	$1,332.20	$1,207.11	$1,280.96	$1,160.69
Individual and Spouse				
00-24	$361.97	$361.97	$348.04	$348.04
25-29	$455.54	$455.54	$438.01	$438.01
30-34	$524.19	$524.19	$504.04	$504.04
35-39	$629.78	$629.78	$605.55	$605.55
40-44	$733.94	$733.94	$705.73	$705.73
45-49	$865.24	$865.24	$831.96	$831.96
50-54	$1,079.46	$1,079.46	$1,037.89	$1,037.89
55-59	$1,441.58	$1,441.58	$1,386.11	$1,386.11
60-64	$1,883.48	$1,883.48	$1,811.03	$1,811.03
65-69	$2,354.34	$2,354.34	$2,263.79	$2,263.79
Individual and Child				
00-24	$399.55	$501.84	$384.19	$482.54
25-29	$439.36	$585.07	$422.44	$562.54
30-34	$467.12	$647.55	$449.11	$622.66
35-39	$519.34	$734.10	$499.36	$705.91
40-44	$580.32	$810.22	$557.97	$779.07
45-49	$649.88	$832.92	$624.87	$800.86
50-54	$732.83	$842.28	$704.61	$809.91
55-59	$976.73	$1,003.69	$939.15	$965.04
60-64	$1,289.43	$1,185.64	$1,239.87	$1,140.03
65-69	$1,611.75	$1,482.04	$1,549.76	$1,425.04
Individual, Spouse, and Child				
00-24	$630.09	$630.09	$605.88	$605.88
25-29	$742.68	$742.68	$714.11	$714.11
30-34	$825.19	$825.19	$793.44	$793.44
35-39	$952.21	$952.21	$915.61	$915.61
40-44	$1,077.65	$1,077.65	$1,036.18	$1,036.18
45-49	$1,217.60	$1,217.60	$1,170.79	$1,170.79
50-54	$1,424.60	$1,424.60	$1,369.84	$1,369.84
55-59	$1,839.76	$1,839.76	$1,769.00	$1,769.00
60-64	$2,346.38	$2,346.38	$2,256.16	$2,256.16
65-69	$2,932.99	$2,932.99	$2,820.17	$2,820.17

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Blue Select

Policy Forms: 17-1661098, 23-8491098, 23-8501098, 23-8511098, 17-167SAE1098

$1,500 Deductible

Stop Loss Amount:	$5,000		$10,000	
Co-Pay:	80%/20%		80%/20%	
	Male	**Female**	**Male**	**Female**
Individual				
00-24	$135.84	$210.24	$130.61	$202.20
25-29	$164.81	$270.78	$158.45	$260.37
30-34	$184.97	$316.19	$177.87	$304.06
35-39	$222.93	$379.20	$214.36	$364.62
40-44	$267.31	$434.51	$257.04	$417.77
45-49	$355.52	$500.64	$341.83	$481.39
50-54	$476.10	$571.18	$457.83	$549.19
55-59	$687.84	$711.23	$661.40	$683.88
60-64	$959.19	$869.16	$922.29	$835.70
65-69	$1,198.97	$1,086.41	$1,152.86	$1,044.62
Individual and Spouse				
00-24	$325.74	$325.74	$313.24	$313.24
25-29	$409.99	$409.99	$394.21	$394.21
30-34	$471.78	$471.78	$453.60	$453.60
35-39	$566.78	$566.78	$545.02	$545.02
40-44	$660.58	$660.58	$635.17	$635.17
45-49	$778.74	$778.74	$748.77	$748.77
50-54	$971.53	$971.53	$934.12	$934.12
55-59	$1,297.42	$1,297.42	$1,247.52	$1,247.52
60-64	$1,695.11	$1,695.11	$1,629.95	$1,629.95
65-69	$2,118.91	$2,118.91	$2,037.41	$2,037.41
Individual and Child				
00-24	$359.59	$451.66	$345.75	$434.27
25-29	$395.42	$526.56	$380.24	$506.32
30-34	$420.38	$582.79	$404.19	$560.38
35-39	$467.42	$660.72	$449.46	$635.28
40-44	$522.29	$729.19	$502.17	$701.13
45-49	$584.90	$749.62	$562.37	$720.78
50-54	$659.56	$758.07	$634.17	$728.91
55-59	$879.06	$903.31	$845.26	$868.58
60-64	$1,160.45	$1,067.07	$1,115.84	$1,026.03
65-69	$1,450.62	$1,333.82	$1,394.81	$1,282.54
Individual, Spouse, and Child				
00-24	$567.06	$567.06	$545.25	$545.25
25-29	$668.41	$668.41	$642.65	$642.65
30-34	$742.68	$742.68	$714.10	$714.10
35-39	$856.97	$856.97	$824.05	$824.05
40-44	$969.85	$969.85	$932.58	$932.58
45-49	$1,095.85	$1,095.85	$1,053.69	$1,053.69
50-54	$1,282.15	$1,282.15	$1,232.87	$1,232.87
55-59	$1,655.78	$1,655.78	$1,592.06	$1,592.06
60-64	$2,111.76	$2,111.76	$2,030.54	$2,030.54
65-69	$2,639.68	$2,639.68	$2,538.17	$2,538.17

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Blue Select

Policy Forms: 17-1661098, 23-8491098, 23-8501098, 23-8511098, 17-167SAE1098

$2,500 Deductible

Stop Loss Amount:	$5,000		$10,000	
Co-Pay:	80%/20%		80%/20%	
	Male	**Female**	**Male**	**Female**
Individual				
00-24	$110.21	$170.54	$105.97	$163.98
25-29	$133.69	$219.59	$128.55	$211.16
30-34	$150.05	$256.50	$144.29	$246.64
35-39	$180.84	$307.58	$173.92	$295.76
40-44	$216.85	$352.45	$208.50	$338.88
45-49	$288.34	$406.10	$277.29	$390.45
50-54	$386.22	$463.28	$371.37	$445.44
55-59	$557.94	$576.91	$536.48	$554.73
60-64	$778.00	$704.96	$748.07	$677.83
65-69	$972.52	$881.21	$935.08	$847.30
Individual and Spouse				
00-24	$264.23	$264.23	$254.11	$254.11
25-29	$332.61	$332.61	$319.78	$319.78
30-34	$382.67	$382.67	$367.97	$367.97
35-39	$459.78	$459.78	$442.11	$442.11
40-44	$535.83	$535.83	$515.20	$515.20
45-49	$631.70	$631.70	$607.39	$607.39
50-54	$788.04	$788.04	$757.75	$757.75
55-59	$1,052.47	$1,052.47	$1,011.99	$1,011.99
60-64	$1,375.04	$1,375.04	$1,322.17	$1,322.17
65-69	$1,718.81	$1,718.81	$1,652.70	$1,652.70
Individual and Child				
00-24	$291.66	$366.34	$280.44	$352.28
25-29	$320.73	$427.09	$308.40	$410.64
30-34	$340.96	$472.71	$327.85	$454.53
35-39	$379.12	$535.96	$364.52	$515.33
40-44	$423.62	$591.44	$407.32	$568.70
45-49	$474.42	$608.03	$456.13	$584.63
50-54	$534.98	$614.89	$514.39	$591.26
55-59	$713.04	$732.69	$685.60	$704.49
60-64	$941.31	$865.55	$905.12	$832.27
65-69	$1,176.65	$1,081.96	$1,131.39	$1,040.33
Individual, Spouse, and Child				
00-24	$460.00	$460.00	$442.32	$442.32
25-29	$542.24	$542.24	$521.39	$521.39
30-34	$602.47	$602.47	$579.29	$579.29
35-39	$695.23	$695.23	$668.48	$668.48
40-44	$786.75	$786.75	$756.46	$756.46
45-49	$888.94	$888.94	$854.75	$854.75
50-54	$1,040.05	$1,040.05	$1,000.04	$1,000.04
55-59	$1,343.10	$1,343.10	$1,291.45	$1,291.45
60-64	$1,712.99	$1,712.99	$1,647.09	$1,647.09
65-69	$2,141.22	$2,141.22	$2,058.89	$2,058.89

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Blue Select

Policy Forms: 17-1661098, 23-8491098, 23-8501098, 23-8511098, 17-167SAE1098

Optional Riders

Maternity Rider

Maximum Benefit	Rate
$2,000	$176.92
$3,000	$265.35
$5,000	$425.88

TMJ

Individual	$7.56
Individual and Spouse	$15.09
Individual and Child	$18.07
Individual, Spouse, Children	$30.13

Supplemental Accident Endorsement
($500, $1,000, and $2,500 deductibles only)

$500 Deductible

Individual	$14.51
Individual & Spouse	$28.96
Individual & Child	$36.88
Individual, Spouse, Children	$57.90

$1,000 Deductible

Individual	$21.68
Individual & Spouse	$43.33
Individual & Child	$55.13
Individual, Spouse, Children	$86.61

$1,500 Deductible

Individual	$28.14
Individual & Spouse	$56.23
Individual & Child	$71.56
Individual, Spouse, Children	$112.42

$2,500 Deductible

Individual	$34.36
Individual & Spouse	$68.79
Individual & Child	$87.57
Individual, Spouse, Children	$137.58

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Current Monthly Premium Rates
Effective as of January 01, 2012

Nongroup
Policy Form: 17-70

	$1,000 Deductible		$1,500 Deductible	
	Individual	Family	Individual	Family
00-29	$846.68	$2,071.09	$769.72	$1,882.79
30-39	$1,263.68	$2,833.20	$1,148.79	$2,575.70
40-44	$1,730.62	$3,201.28	$1,573.27	$2,910.28
45-49	$2,034.77	$3,588.44	$1,849.77	$3,262.24
50-54	$2,247.43	$3,866.81	$2,043.14	$3,515.29
55-64	$2,814.46	$4,569.15	$2,558.58	$4,153.76
65-69	$3,940.23	$6,396.76	$3,582.06	$5,815.37
TMJ Rider	$6.23	$12.38		

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Current Quarterly Premium Rates
Effective as of January 01, 2012

Student
Policy Form: 17-93

	$250 Deductible		$1,000 Deductible	
	Individual	Family	Individual	Family
19-25	$1,471.59	$3,785.45	$1,114.61	$2,995.79
26-39	$2,121.21	$6,305.03	$1,606.28	$4,989.71
40-44	$2,969.53	$8,827.07	$2,248.72	$6,985.45
TMJ Rider	$5.03	$14.93		
Maternity Rider	$1,155.88 per month			

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueCare PPO
17-183 6/00, 17-185 6/00

Deductible				
In-Network	$500		$500	
Out-of-Network	$1,000		$1,000	
Stop Loss Amount:				
In-Network	$5,000		$10,000	
Out-of-Network	$10,000		$20,000	
Coinsurance				
In-Network	80%/20%		80%/20%	
Out-of-Network	60%/40%		60%/40%	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$340.40	$340.40	$327.31	$327.31
2-12	$114.59	$114.59	$110.18	$110.18
13-17	$114.59	$177.31	$110.18	$170.50
18-24	$114.59	$177.31	$110.18	$170.50
25-29	$139.01	$228.38	$133.68	$219.58
30-34	$156.02	$266.66	$150.01	$256.42
35-39	$188.06	$319.80	$180.81	$307.51
40-44	$225.43	$366.46	$216.76	$352.36
45-49	$299.79	$422.16	$288.24	$405.94
50-54	$401.53	$481.67	$386.12	$463.12
55-59	$580.09	$599.79	$557.74	$576.71
60-64	$808.88	$732.93	$777.75	$704.75
65-69	$1,011.10	$916.18	$972.19	$880.91
Individual and Spouse				
00-24	$274.73	$274.73	$264.12	$264.12
25-29	$345.79	$345.79	$332.46	$332.46
30-34	$397.85	$397.85	$382.52	$382.52
35-39	$477.99	$477.99	$459.62	$459.62
40-44	$557.05	$557.05	$535.64	$535.64
45-49	$656.72	$656.72	$631.47	$631.47
50-54	$819.25	$819.25	$787.75	$787.75
55-59	$1,094.14	$1,094.14	$1,052.07	$1,052.07
60-64	$1,429.51	$1,429.51	$1,374.50	$1,374.50
65-69	$1,786.86	$1,786.86	$1,718.12	$1,718.12
Individual and Child				
00-24	$303.24	$380.87	$291.59	$366.24
25-29	$333.48	$444.04	$320.66	$426.96
30-34	$354.52	$491.47	$340.86	$472.57
35-39	$394.15	$557.20	$378.99	$535.77
40-44	$440.45	$614.92	$423.48	$591.27
45-49	$493.24	$632.16	$474.27	$607.86
50-54	$556.17	$639.30	$534.80	$614.73
55-59	$741.36	$761.82	$712.82	$732.52
60-64	$978.68	$899.90	$941.03	$865.32
65-69	$1,223.32	$1,124.90	$1,176.28	$1,081.64
Individual, Spouse, and Child				
00-24	$478.23	$478.23	$459.87	$459.87
25-29	$563.72	$563.72	$542.02	$542.02
30-34	$626.32	$626.32	$602.24	$602.24
35-39	$722.76	$722.76	$694.99	$694.99
40-44	$817.92	$817.92	$786.47	$786.47
45-49	$924.17	$924.17	$888.61	$888.61
50-54	$1,081.27	$1,081.27	$1,039.66	$1,039.66
55-59	$1,396.36	$1,396.36	$1,342.66	$1,342.66
60-64	$1,780.87	$1,780.87	$1,712.36	$1,712.36
65-69	$2,226.08	$2,226.08	$2,140.48	$2,140.48

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueCare PPO
17-183 6/00, 17-185 6/00

Deductible				
In-Network	$1,000		$1,000	
Out-of-Network	$2,000		$2,000	
Stop Loss Amount:				
In-Network	$5,000		$10,000	
Out-of-Network	$10,000		$20,000	
Coinsurance				
In-Network	80%/20%		80%/20%	
Out-of-Network	60%/40%		60%/40%	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$280.05	$280.05	$269.29	$269.29
2-12	$94.27	$94.27	$90.66	$90.66
13-17	$94.27	$145.90	$90.66	$140.30
18-24	$94.27	$145.90	$90.66	$140.30
25-29	$114.36	$187.90	$109.98	$180.66
30-34	$128.37	$219.43	$123.41	$211.01
35-39	$154.73	$263.16	$148.75	$253.01
40-44	$185.51	$301.50	$178.34	$289.90
45-49	$246.71	$347.39	$237.18	$334.06
50-54	$330.42	$396.36	$317.72	$381.10
55-59	$477.27	$493.55	$458.93	$474.55
60-64	$665.59	$603.10	$639.97	$579.89
65-69	$831.98	$753.88	$799.98	$724.88
Individual and Spouse				
00-24	$226.06	$226.06	$217.35	$217.35
25-29	$284.49	$284.49	$273.57	$273.57
30-34	$327.37	$327.37	$314.78	$314.78
35-39	$393.31	$393.31	$378.19	$378.19
40-44	$458.38	$458.38	$440.75	$440.75
45-49	$540.37	$540.37	$519.58	$519.58
50-54	$674.13	$674.13	$648.22	$648.22
55-59	$900.29	$900.29	$865.65	$865.65
60-64	$1,176.27	$1,176.27	$1,131.03	$1,131.03
65-69	$1,470.31	$1,470.31	$1,413.79	$1,413.79
Individual and Child				
00-24	$249.53	$313.41	$239.94	$301.34
25-29	$274.40	$365.40	$263.83	$351.34
30-34	$291.71	$404.43	$280.51	$388.87
35-39	$324.35	$458.48	$311.85	$440.85
40-44	$362.41	$505.99	$348.49	$486.56
45-49	$405.84	$520.14	$390.27	$500.17
50-54	$457.65	$526.06	$440.05	$505.81
55-59	$610.01	$626.80	$586.50	$602.73
60-64	$805.26	$740.44	$774.30	$711.97
65-69	$1,006.58	$925.56	$967.87	$889.99
Individual, Spouse, and Child				
00-24	$393.53	$393.53	$378.38	$378.38
25-29	$463.81	$463.81	$445.98	$445.98
30-34	$515.38	$515.38	$495.51	$495.51
35-39	$594.67	$594.67	$571.79	$571.79
40-44	$673.01	$673.01	$647.12	$647.12
45-49	$760.42	$760.42	$731.17	$731.17
50-54	$889.70	$889.70	$855.50	$855.50
55-59	$1,148.94	$1,148.94	$1,104.78	$1,104.78
60-64	$1,465.36	$1,465.36	$1,409.00	$1,409.00
65-69	$1,831.69	$1,831.69	$1,761.26	$1,761.26

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueCare PPO
17-183 6/00, 17-185 6/00

Deductible				
In-Network	$1,500		$1,500	
Out-of-Network	$3,000		$3,000	
Stop Loss Amount:				
In-Network	$5,000		$10,000	
Out-of-Network	$10,000		$20,000	
Coinsurance				
In-Network	80%/20%		80%/20%	
Out-of-Network	60%/40%		60%/40%	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$252.08	$252.08	$242.38	$242.38
2-12	$84.83	$84.83	$81.58	$81.58
13-17	$84.83	$131.32	$81.58	$126.28
18-24	$84.83	$131.32	$81.58	$126.28
25-29	$102.94	$169.11	$98.97	$162.59
30-34	$115.54	$197.49	$111.09	$189.90
35-39	$139.27	$236.83	$133.88	$227.70
40-44	$166.93	$271.37	$160.54	$260.93
45-49	$222.04	$312.66	$213.48	$300.63
50-54	$297.37	$356.71	$285.94	$342.97
55-59	$429.56	$444.16	$413.05	$427.09
60-64	$599.01	$542.77	$576.00	$521.92
65-69	$748.77	$678.48	$719.97	$652.38
Individual and Spouse				
00-24	$203.44	$203.44	$195.64	$195.64
25-29	$256.05	$256.05	$246.19	$246.19
30-34	$294.62	$294.62	$283.29	$283.29
35-39	$353.98	$353.98	$340.37	$340.37
40-44	$412.55	$412.55	$396.66	$396.66
45-49	$486.33	$486.33	$467.64	$467.64
50-54	$606.71	$606.71	$583.38	$583.38
55-59	$810.26	$810.26	$779.10	$779.10
60-64	$1,058.63	$1,058.63	$1,017.90	$1,017.90
65-69	$1,323.28	$1,323.28	$1,272.39	$1,272.39
Individual and Child				
00-24	$224.58	$282.08	$215.94	$271.21
25-29	$246.95	$328.84	$237.45	$316.19
30-34	$262.54	$363.97	$252.45	$349.95
35-39	$291.92	$412.63	$280.69	$396.77
40-44	$326.18	$455.39	$313.62	$437.89
45-49	$365.28	$468.16	$351.23	$450.14
50-54	$411.90	$473.43	$396.06	$455.22
55-59	$549.00	$564.12	$527.87	$542.43
60-64	$724.75	$666.41	$696.88	$640.78
65-69	$905.95	$833.01	$871.09	$800.97
Individual, Spouse, and Child				
00-24	$354.16	$354.16	$340.55	$340.55
25-29	$417.42	$417.42	$401.39	$401.39
30-34	$463.81	$463.81	$445.98	$445.98
35-39	$535.20	$535.20	$514.62	$514.62
40-44	$605.70	$605.70	$582.42	$582.42
45-49	$684.36	$684.36	$658.04	$658.04
50-54	$800.73	$800.73	$769.95	$769.95
55-59	$1,034.07	$1,034.07	$994.30	$994.30
60-64	$1,318.81	$1,318.81	$1,268.08	$1,268.08
65-69	$1,648.55	$1,648.55	$1,585.15	$1,585.15

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueCare PPO
17-183 6/00, 17-185 6/00

Deductible	
In-Network	$2,500
Out-of-Network	$5,000
Stop Loss Amount:	
In-Network	N/A
Out-of-Network	Unlimited
Coinsurance	
In-Network	100%/0%
Out-of-Network	80%/20%

	Male	Female
Individual		
0-1	$196.63	$196.63
2-12	$66.19	$66.19
13-17	$66.19	$102.40
18-24	$66.19	$102.40
25-29	$80.26	$131.87
30-34	$90.08	$154.02
35-39	$108.60	$184.72
40-44	$130.22	$211.64
45-49	$173.17	$243.87
50-54	$231.93	$278.16
55-59	$335.06	$346.45
60-64	$467.19	$423.34
65-69	$583.99	$529.19
Individual and Spouse		
00-24	$158.66	$158.66
25-29	$199.70	$199.70
30-34	$229.82	$229.82
35-39	$276.11	$276.11
40-44	$321.77	$321.77
45-49	$379.34	$379.34
50-54	$473.22	$473.22
55-59	$632.03	$632.03
60-64	$825.73	$825.73
65-69	$1,032.15	$1,032.15
Individual and Child		
00-24	$175.12	$220.01
25-29	$192.61	$256.48
30-34	$204.75	$283.85
35-39	$227.68	$321.85
40-44	$254.37	$355.16
45-49	$284.89	$365.12
50-54	$321.24	$369.26
55-59	$428.19	$439.97
60-64	$565.27	$519.79
65-69	$706.58	$649.72
Individual, Spouse, and Child		
00-24	$276.24	$276.24
25-29	$325.62	$325.62
30-34	$361.81	$361.81
35-39	$417.51	$417.51
40-44	$472.41	$472.41
45-49	$533.79	$533.79
50-54	$624.57	$624.57
55-59	$806.53	$806.53
60-64	$1,028.65	$1,028.65
65-69	$1,285.82	$1,285.82

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueCare PPO
17-183 6/00, 17-185 6/00

Optional Riders

Maternity Rider

Deductible	Rate
$500	$362.26
$1,000	$330.84
$1,500	$300.62
$2,500	$290.80

TMJ

Individual	$5.59
Individual and Spouse	$11.13
Individual and Child	$13.37
Individual, Spouse, Children	$22.33

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueCare PPO PLUS
17-184 6/00, 17-185 6/00

Deductible				
In-Network	$500		$500	
Out-of-Network	$1,000		$1,000	
Stop Loss Amount:				
In-Network	$5,000		$10,000	
Out-of-Network	$10,000		$20,000	
Coinsurance				
In-Network	80%/20%		80%/20%	
Out-of-Network	60%/40%		60%/40%	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$391.28	$391.28	$376.20	$376.20
2-12	$131.71	$131.71	$126.66	$126.66
13-17	$131.71	$203.81	$126.66	$195.97
18-24	$131.71	$203.81	$126.66	$195.97
25-29	$159.77	$262.49	$153.65	$252.37
30-34	$179.33	$306.54	$172.42	$294.72
35-39	$216.16	$367.63	$207.87	$353.47
40-44	$259.14	$421.21	$249.15	$405.02
45-49	$344.58	$485.24	$331.29	$466.60
50-54	$461.53	$553.60	$443.79	$532.35
55-59	$666.72	$689.41	$641.09	$662.88
60-64	$929.70	$842.44	$893.97	$810.03
65-69	$1,162.16	$1,053.06	$1,117.47	$1,012.56
Individual and Spouse				
00-24	$315.76	$315.76	$303.63	$303.63
25-29	$397.40	$397.40	$382.12	$382.12
30-34	$457.31	$457.31	$439.70	$439.70
35-39	$549.41	$549.41	$528.27	$528.27
40-44	$640.31	$640.31	$615.68	$615.68
45-49	$754.84	$754.84	$725.84	$725.84
50-54	$941.68	$941.68	$905.47	$905.47
55-59	$1,257.64	$1,257.64	$1,209.23	$1,209.23
60-64	$1,643.12	$1,643.12	$1,579.90	$1,579.90
65-69	$2,053.82	$2,053.82	$1,974.86	$1,974.86
Individual and Child				
00-24	$348.55	$437.81	$335.16	$420.96
25-29	$383.30	$510.40	$368.56	$490.76
30-34	$407.49	$564.91	$391.82	$543.18
35-39	$453.08	$640.46	$435.66	$615.85
40-44	$506.24	$706.82	$486.76	$679.61
45-49	$566.94	$726.62	$545.12	$698.69
50-54	$639.30	$734.81	$614.68	$706.56
55-59	$852.10	$875.64	$819.34	$841.98
60-64	$1,124.91	$1,034.40	$1,081.64	$994.60
65-69	$1,406.14	$1,293.01	$1,352.05	$1,243.27
Individual, Spouse, and Child				
00-24	$549.74	$549.74	$528.59	$528.59
25-29	$647.94	$647.94	$623.01	$623.01
30-34	$719.94	$719.94	$692.24	$692.24
35-39	$830.77	$830.77	$798.80	$798.80
40-44	$940.13	$940.13	$903.99	$903.99
45-49	$1,062.27	$1,062.27	$1,021.40	$1,021.40
50-54	$1,242.85	$1,242.85	$1,195.05	$1,195.05
55-59	$1,605.03	$1,605.03	$1,543.27	$1,543.27
60-64	$2,046.97	$2,046.97	$1,968.23	$1,968.23
65-69	$2,558.69	$2,558.69	$2,460.30	$2,460.30

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueCare PPO PLUS
17-184 6/00, 17-185 6/00

Deductible				
In-Network	$1,000		$1,000	
Out-of-Network	$2,000		$2,000	
Stop Loss Amount:				
In-Network	$5,000		$10,000	
Out-of-Network	$10,000		$20,000	
Coinsurance				
In-Network	80%/20%		80%/20%	
Out-of-Network	60%/40%		60%/40%	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$321.93	$321.93	$309.53	$309.53
2-12	$108.36	$108.36	$104.22	$104.22
13-17	$108.36	$167.72	$104.22	$161.24
18-24	$108.36	$167.72	$104.22	$161.24
25-29	$131.44	$215.97	$126.40	$207.67
30-34	$147.52	$252.25	$141.85	$242.53
35-39	$177.85	$302.44	$170.99	$290.83
40-44	$213.21	$346.57	$205.03	$333.23
45-49	$283.55	$399.32	$272.63	$383.96
50-54	$379.77	$455.57	$365.14	$438.04
55-59	$548.62	$567.27	$527.52	$545.47
60-64	$765.06	$693.21	$735.61	$666.56
65-69	$956.30	$866.52	$919.54	$833.20
Individual and Spouse				
00-24	$259.83	$259.83	$249.83	$249.83
25-29	$327.01	$327.01	$314.43	$314.43
30-34	$376.30	$376.30	$361.82	$361.82
35-39	$452.07	$452.07	$434.68	$434.68
40-44	$526.88	$526.88	$506.61	$506.61
45-49	$621.11	$621.11	$597.24	$597.24
50-54	$774.85	$774.85	$745.05	$745.05
55-59	$1,034.83	$1,034.83	$995.02	$995.02
60-64	$1,352.00	$1,352.00	$1,300.02	$1,300.02
65-69	$1,690.04	$1,690.04	$1,625.00	$1,625.00
Individual and Child				
00-24	$286.81	$360.24	$275.81	$346.38
25-29	$315.39	$419.99	$303.25	$403.83
30-34	$335.29	$464.84	$322.40	$446.94
35-39	$372.79	$526.99	$358.47	$506.69
40-44	$416.57	$581.61	$400.53	$559.22
45-49	$466.49	$597.88	$448.56	$574.88
50-54	$526.06	$604.64	$505.81	$581.37
55-59	$701.13	$720.45	$674.19	$692.74
60-64	$925.60	$851.09	$890.01	$818.38
65-69	$1,157.01	$1,063.87	$1,112.52	$1,022.95
Individual, Spouse, and Child				
00-24	$452.30	$452.30	$434.90	$434.90
25-29	$533.13	$533.13	$512.62	$512.62
30-34	$592.36	$592.36	$569.57	$569.57
35-39	$683.54	$683.54	$657.26	$657.26
40-44	$773.59	$773.59	$743.81	$743.81
45-49	$874.04	$874.04	$840.42	$840.42
50-54	$1,022.64	$1,022.64	$983.34	$983.34
55-59	$1,320.65	$1,320.65	$1,269.85	$1,269.85
60-64	$1,684.32	$1,684.32	$1,619.54	$1,619.54
65-69	$2,105.41	$2,105.41	$2,024.41	$2,024.41

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueCare PPO PLUS
17-184 6/00, 17-185 6/00

Deductible				
In-Network	$1,500		$1,500	
Out-of-Network	$3,000		$3,000	
Stop Loss Amount:				
In-Network	$5,000		$10,000	
Out-of-Network	$10,000		$20,000	
Coinsurance				
In-Network	80%/20%		80%/20%	
Out-of-Network	60%/40%		60%/40%	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$289.71	$289.71	$278.57	$278.57
2-12	$97.53	$97.53	$93.73	$93.73
13-17	$97.53	$150.96	$93.73	$145.10
18-24	$97.53	$150.96	$93.73	$145.10
25-29	$118.32	$194.36	$113.78	$186.90
30-34	$132.79	$227.01	$127.69	$218.29
35-39	$160.05	$272.18	$153.91	$261.73
40-44	$191.88	$311.92	$184.53	$299.92
45-49	$255.19	$359.38	$245.38	$345.56
50-54	$341.77	$410.00	$328.66	$394.24
55-59	$493.74	$510.55	$474.73	$490.90
60-64	$688.54	$623.89	$662.06	$599.92
65-69	$860.68	$779.89	$827.57	$749.87
Individual and Spouse				
00-24	$233.86	$233.86	$224.85	$224.85
25-29	$294.31	$294.31	$283.01	$283.01
30-34	$338.63	$338.63	$325.64	$325.64
35-39	$406.88	$406.88	$391.24	$391.24
40-44	$474.18	$474.18	$455.93	$455.93
45-49	$559.01	$559.01	$537.51	$537.51
50-54	$697.40	$697.40	$670.56	$670.56
55-59	$931.34	$931.34	$895.53	$895.53
60-64	$1,216.83	$1,216.83	$1,170.00	$1,170.00
65-69	$1,521.04	$1,521.04	$1,462.52	$1,462.52
Individual and Child				
00-24	$258.13	$324.24	$248.22	$311.74
25-29	$283.85	$378.00	$272.92	$363.48
30-34	$301.73	$418.36	$290.16	$402.25
35-39	$335.53	$474.31	$322.64	$456.04
40-44	$374.91	$523.45	$360.50	$503.30
45-49	$419.84	$538.11	$403.70	$517.40
50-54	$473.43	$544.15	$455.22	$523.25
55-59	$631.04	$648.44	$606.75	$623.49
60-64	$833.04	$766.01	$801.01	$736.51
65-69	$1,041.29	$957.46	$1,001.24	$920.67
Individual, Spouse, and Child				
00-24	$407.04	$407.04	$391.40	$391.40
25-29	$479.80	$479.80	$461.36	$461.36
30-34	$533.13	$533.13	$512.61	$512.61
35-39	$615.20	$615.20	$591.54	$591.54
40-44	$696.22	$696.22	$669.45	$669.45
45-49	$786.65	$786.65	$756.36	$756.36
50-54	$920.41	$920.41	$884.99	$884.99
55-59	$1,188.57	$1,188.57	$1,142.87	$1,142.87
60-64	$1,515.90	$1,515.90	$1,457.57	$1,457.57
65-69	$1,894.85	$1,894.85	$1,821.98	$1,821.98

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueCare PPO PLUS
17-184 6/00, 17-185 6/00

Deductible	
In-Network	$2,500
Out-of-Network	$5,000
Stop Loss Amount:	
In-Network	N/A
Out-of-Network	Unlimited
Coinsurance	
In-Network	100%/0%
Out-of-Network	80%/20%

	Male	Female
Individual		
0-1	$225.99	$225.99
2-12	$76.06	$76.06
13-17	$76.06	$117.72
18-24	$76.06	$117.72
25-29	$92.25	$151.58
30-34	$103.56	$177.05
35-39	$124.84	$212.32
40-44	$149.68	$243.25
45-49	$199.01	$280.27
50-54	$266.59	$319.78
55-59	$385.10	$398.20
60-64	$537.01	$486.58
65-69	$671.25	$608.27
Individual and Spouse		
00-24	$182.40	$182.40
25-29	$229.55	$229.55
30-34	$264.12	$264.12
35-39	$317.36	$317.36
40-44	$369.83	$369.83
45-49	$436.02	$436.02
50-54	$543.95	$543.95
55-59	$726.44	$726.44
60-64	$949.12	$949.12
65-69	$1,186.38	$1,186.38
Individual and Child		
00-24	$201.31	$252.88
25-29	$221.37	$294.81
30-34	$235.34	$326.28
35-39	$261.68	$369.93
40-44	$292.41	$408.21
45-49	$327.48	$419.69
50-54	$369.26	$424.43
55-59	$492.19	$505.74
60-64	$649.74	$597.44
65-69	$812.16	$746.79
Individual, Spouse, and Child		
00-24	$317.52	$317.52
25-29	$374.27	$374.27
30-34	$415.87	$415.87
35-39	$479.86	$479.86
40-44	$543.04	$543.04
45-49	$613.55	$613.55
50-54	$717.89	$717.89
55-59	$927.05	$927.05
60-64	$1,182.34	$1,182.34
65-69	$1,477.96	$1,477.96

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueCare PPO PLUS
17-184 6/00, 17-185 6/00

Optional Riders

Maternity Rider

Deductible	Rate
$500	$362.26
$1,000	$330.84
$1,500	$300.62
$2,500	$290.80

TMJ

Individual	$5.59
Individual and Spouse	$11.13
Individual and Child	$13.37
Individual, Spouse, Children	$22.33

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

HSA Blue PPO
17-236 9/04

Deductible	Individual	Family	Individual	Family
In-Network	$1,200	$2,400	$3,100	$6,250
Out-of-Network	$2,400	$4,800	$6,200	$12,500
Stop Loss Amount:				
In-Network	$10,000	$20,000	$10,000	$20,000
Out-of-Network	$20,000	$40,000	$20,000	$40,000
Coinsurance				
In-Network	80%/20%	80%/20%	80%/20%	80%/20%
Out-of-Network	60%/40%	60%/40%	60%/40%	60%/40%

	Male	**Female**	**Male**	**Female**
Individual				
0-1	$164.79	$164.79	$114.20	$114.20
2-12	$55.47	$55.47	$38.44	$38.44
13-17	$55.47	$85.83	$38.44	$59.50
18-24	$55.47	$85.83	$38.44	$59.50
25-29	$67.29	$110.56	$46.65	$76.62
30-34	$75.53	$129.11	$52.34	$89.50
35-39	$91.04	$154.84	$63.11	$107.30
40-44	$109.15	$177.41	$75.64	$122.95
45-49	$145.17	$204.42	$100.61	$141.68
50-54	$194.42	$233.20	$134.71	$161.63
55-59	$280.84	$290.40	$194.64	$201.26
60-64	$391.64	$354.87	$271.42	$245.94
65-69	$489.56	$443.57	$339.28	$307.41
Individual and Spouse				
00-24	$133.02	$133.02	$92.19	$92.19
25-29	$167.40	$167.40	$116.01	$116.01
30-34	$192.63	$192.63	$133.50	$133.50
35-39	$231.43	$231.43	$160.39	$160.39
40-44	$269.71	$269.71	$186.90	$186.90
45-49	$317.95	$317.95	$220.36	$220.36
50-54	$396.68	$396.68	$274.91	$274.91
55-59	$529.75	$529.75	$367.15	$367.15
60-64	$692.13	$692.13	$479.67	$479.67
65-69	$865.16	$865.16	$599.59	$599.59
Individual and Child				
00-24	$146.83	$184.41	$101.75	$127.80
25-29	$161.45	$215.01	$111.89	$149.02
30-34	$171.65	$237.95	$118.95	$164.91
35-39	$190.86	$269.77	$132.26	$186.96
40-44	$213.26	$297.73	$147.78	$206.34
45-49	$238.81	$306.06	$165.51	$212.11
50-54	$269.29	$309.52	$186.62	$214.51
55-59	$358.92	$368.83	$248.74	$255.60
60-64	$473.83	$435.69	$328.38	$301.94
65-69	$592.29	$544.62	$410.49	$377.44
Individual, Spouse, and Child				
00-24	$231.54	$231.54	$160.47	$160.47
25-29	$272.92	$272.92	$189.15	$189.15
30-34	$303.23	$303.23	$210.15	$210.15
35-39	$349.93	$349.93	$242.52	$242.52
40-44	$396.02	$396.02	$274.44	$274.44
45-49	$447.45	$447.45	$310.11	$310.11
50-54	$523.53	$523.53	$362.84	$362.84
55-59	$676.06	$676.06	$468.53	$468.53
60-64	$862.23	$862.23	$597.57	$597.57
65-69	$1,077.80	$1,077.80	$746.97	$746.97

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

HSA Blue PPO
17-236 9/04

Individual	Individual	Family	Individual	Family
In-Network	$3,100	$6,250	$6,050	$12,100
Out-of-Network	$6,200	$12,500	$12,100	$24,200
Stop Loss Amount:				
In-Network	N/A	N/A	N/A	N/A
Out-of-Network	No Maximum	No Maximum	No Maximum	No Maximum
Coinsurance				
In-Network	100%/0%	100%/0%	100%/0%	100%/0%
Out-of-Network	80%/20%	80%/20%	80%/20%	80%/20%

	Male	**Female**	**Male**	**Female**
Individual				
0-1	$147.44	$147.44	$103.44	$103.44
2-12	$49.62	$49.62	$34.81	$34.81
13-17	$49.62	$76.81	$34.81	$53.90
18-24	$49.62	$76.81	$34.81	$53.90
25-29	$60.20	$98.90	$42.25	$69.41
30-34	$67.56	$115.52	$47.41	$81.04
35-39	$81.45	$138.52	$57.15	$97.19
40-44	$97.66	$158.72	$68.51	$111.35
45-49	$129.84	$182.87	$91.12	$128.33
50-54	$173.93	$208.64	$122.04	$146.40
55-59	$251.26	$259.79	$176.29	$182.29
60-64	$350.35	$317.46	$245.85	$222.77
65-69	$437.95	$396.85	$307.32	$278.45
Individual and Spouse				
00-24	$118.99	$118.99	$83.49	$83.49
25-29	$149.76	$149.76	$105.09	$105.09
30-34	$172.32	$172.32	$120.92	$120.92
35-39	$207.05	$207.05	$145.28	$145.28
40-44	$241.28	$241.28	$169.32	$169.32
45-49	$284.44	$284.44	$199.60	$199.60
50-54	$354.89	$354.89	$249.01	$249.01
55-59	$473.96	$473.96	$332.53	$332.53
60-64	$619.22	$619.22	$434.46	$434.46
65-69	$774.01	$774.01	$543.09	$543.09
Individual and Child				
00-24	$131.34	$164.98	$92.18	$115.76
25-29	$144.42	$192.34	$101.33	$134.97
30-34	$153.53	$212.87	$107.74	$149.37
35-39	$170.73	$241.37	$119.80	$169.35
40-44	$190.77	$266.34	$133.86	$186.88
45-49	$213.66	$273.81	$149.90	$192.13
50-54	$240.91	$276.91	$169.04	$194.30
55-59	$321.10	$329.95	$225.31	$231.53
60-64	$423.90	$389.78	$297.44	$273.49
65-69	$529.88	$487.25	$371.79	$341.88
Individual, Spouse, and Child				
00-24	$207.16	$207.16	$145.35	$145.35
25-29	$244.19	$244.19	$171.33	$171.33
30-34	$271.33	$271.33	$190.35	$190.35
35-39	$313.07	$313.07	$219.65	$219.65
40-44	$354.29	$354.29	$248.61	$248.61
45-49	$400.32	$400.32	$280.88	$280.88
50-54	$468.38	$468.38	$328.65	$328.65
55-59	$604.84	$604.84	$424.38	$424.38
60-64	$771.39	$771.39	$541.26	$541.26
65-69	$964.24	$964.24	$676.58	$676.58

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

HSA Blue PPO
17-236 9/04

Optional Riders

Maternity Rider

Deductible	In-Network Coinsurance	Rate
$1,200	80%	$251.81
$3,100	80%	$212.74
$6,050	80%	$202.07
$3,100	100%	$232.93

TMJ	Rate
Individual	$4.50
Individual and Spouse	$8.97
Individual and Child	$10.76
Individual, Spouse, Children	$17.96

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

HSA Blue PPO Plus
17-237 9/04

Deductible	Individual	Family	Individual	Family
In-Network	$1,200	$2,400	$3,100	$6,250
Out-of-Network	$2,400	$4,800	$6,200	$12,500
Stop Loss Amount:				
In-Network	$10,000	$20,000	$10,000	$20,000
Out-of-Network	$20,000	$40,000	$20,000	$40,000
Coinsurance				
In-Network	80%/20%	80%/20%	80%/20%	80%/20%
Out-of-Network	60%/40%	60%/40%	60%/40%	60%/40%

	Male	Female	Male	Female
Individual				
0-1	$232.04	$232.04	$158.17	$158.17
2-12	$78.09	$78.09	$53.23	$53.23
13-17	$78.09	$120.88	$53.23	$82.40
18-24	$78.09	$120.88	$53.23	$82.40
25-29	$94.75	$155.69	$64.59	$106.13
30-34	$106.36	$181.81	$72.51	$123.95
35-39	$128.18	$218.02	$87.40	$148.62
40-44	$153.69	$249.81	$104.77	$170.30
45-49	$204.40	$287.83	$139.34	$196.21
50-54	$273.74	$328.38	$186.61	$223.86
55-59	$395.44	$408.90	$269.57	$278.76
60-64	$551.45	$499.68	$375.94	$340.66
65-69	$689.32	$624.58	$469.92	$425.80
Individual and Spouse				
00-24	$187.30	$187.30	$127.69	$127.69
25-29	$235.70	$235.70	$160.70	$160.70
30-34	$271.24	$271.24	$184.92	$184.92
35-39	$325.88	$325.88	$222.15	$222.15
40-44	$379.78	$379.78	$258.90	$258.90
45-49	$447.71	$447.71	$305.20	$305.20
50-54	$558.54	$558.54	$380.76	$380.76
55-59	$745.92	$745.92	$508.51	$508.51
60-64	$974.55	$974.55	$664.37	$664.37
65-69	$1,218.19	$1,218.19	$830.48	$830.48
Individual and Child				
00-24	$206.74	$259.66	$140.95	$177.01
25-29	$227.33	$302.74	$154.97	$206.38
30-34	$241.70	$335.07	$164.77	$228.42
35-39	$268.73	$379.85	$183.21	$258.95
40-44	$300.27	$419.22	$204.71	$285.81
45-49	$336.27	$430.95	$229.24	$293.79
50-54	$379.17	$435.84	$258.48	$297.12
55-59	$505.40	$519.32	$344.55	$354.04
60-64	$667.19	$613.48	$454.84	$418.22
65-69	$833.98	$766.85	$568.54	$522.78
Individual, Spouse, and Child				
00-24	$326.02	$326.02	$222.25	$222.25
25-29	$384.28	$384.28	$261.99	$261.99
30-34	$426.97	$426.97	$291.08	$291.08
35-39	$492.71	$492.71	$335.90	$335.90
40-44	$557.61	$557.61	$380.14	$380.14
45-49	$630.04	$630.04	$429.50	$429.50
50-54	$737.16	$737.16	$502.54	$502.54
55-59	$951.94	$951.94	$648.95	$648.95
60-64	$1,214.07	$1,214.07	$827.67	$827.67
65-69	$1,517.61	$1,517.61	$1,034.58	$1,034.58

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

HSA Blue PPO Plus
17-237 9/04

Individual	Individual	Family	Individual	Family
In-Network	$3,100	$6,250	$6,050	$12,100
Out-of-Network	$6,200	$12,500	$12,100	$24,200
Stop Loss Amount:				
In-Network	N/A	N/A	N/A	N/A
Out-of-Network	No Maximum	No Maximum	No Maximum	No Maximum
Coinsurance				
In-Network	100%/0%	100%/0%	100%/0%	100%/0%
Out-of-Network	80%/20%	80%/20%	80%/20%	80%/20%

	Male	**Female**	**Male**	**Female**
Individual				
0-1	$205.08	$205.08	$141.56	$141.56
2-12	$69.02	$69.02	$47.63	$47.63
13-17	$69.02	$106.81	$47.63	$73.74
18-24	$69.02	$106.81	$47.63	$73.74
25-29	$83.73	$137.58	$57.80	$94.99
30-34	$93.98	$160.67	$64.89	$110.91
35-39	$113.30	$192.68	$78.19	$133.00
40-44	$135.83	$220.75	$93.76	$152.39
45-49	$180.59	$254.35	$124.69	$175.60
50-54	$241.94	$290.19	$167.00	$200.32
55-59	$349.47	$361.36	$241.24	$249.45
60-64	$487.30	$441.56	$336.42	$304.84
65-69	$609.14	$551.97	$420.53	$381.02
Individual and Spouse				
00-24	$165.51	$165.51	$114.25	$114.25
25-29	$208.31	$208.31	$143.79	$143.79
30-34	$239.70	$239.70	$165.47	$165.47
35-39	$288.01	$288.01	$198.80	$198.80
40-44	$335.63	$335.63	$231.68	$231.68
45-49	$395.66	$395.66	$273.11	$273.11
50-54	$493.62	$493.62	$340.73	$340.73
55-59	$659.25	$659.25	$455.05	$455.05
60-64	$861.29	$861.29	$594.52	$594.52
65-69	$1,076.59	$1,076.59	$743.17	$743.17
Individual and Child				
00-24	$182.69	$229.47	$126.12	$158.41
25-29	$200.88	$267.53	$138.68	$184.69
30-34	$213.58	$296.09	$147.44	$204.40
35-39	$237.47	$335.72	$163.94	$231.72
40-44	$265.34	$370.45	$183.18	$255.74
45-49	$297.17	$380.85	$205.15	$262.92
50-54	$335.09	$385.17	$231.32	$265.87
55-59	$446.64	$458.93	$308.32	$316.81
60-64	$589.62	$542.15	$407.02	$374.24
65-69	$737.00	$677.70	$508.77	$467.81
Individual, Spouse, and Child				
00-24	$288.14	$288.14	$198.89	$198.89
25-29	$339.66	$339.66	$234.43	$234.43
30-34	$377.38	$377.38	$260.47	$260.47
35-39	$435.46	$435.46	$300.57	$300.57
40-44	$492.78	$492.78	$340.17	$340.17
45-49	$556.79	$556.79	$384.35	$384.35
50-54	$651.44	$651.44	$449.71	$449.71
55-59	$841.29	$841.29	$580.75	$580.75
60-64	$1,072.95	$1,072.95	$740.63	$740.63
65-69	$1,341.21	$1,341.21	$925.81	$925.81

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

HSA Blue PPO Plus
17-237 9/04

Optional Riders

Maternity Rider

Deductible	In-Network Coinsurance	Rate
$1,200	80%	$280.05
$3,100	80%	$236.60
$6,050	80%	$224.73
$3,100	100%	$259.05

TMJ	Rate
Individual	$4.99
Individual and Spouse	$9.97
Individual and Child	$11.97
Individual, Spouse, Children	$19.97

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Blue Solutions PPO
17-238 9/04

Deductible				
In-Network	$750		$1,500	
Out-of-Network	$1,500		$3,000	
Stop Loss Amount:				
In-Network	$10,000		$10,000	
Out-of-Network	$20,000		$40,000	
Coinsurance				
In-Network	80%/20%		80%/20%	
Out-of-Network	60%/40%		60%/40%	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$205.79	$205.79	$183.43	$183.43
2-12	$69.26	$69.26	$61.75	$61.75
13-17	$69.26	$107.21	$61.75	$95.56
18-24	$69.26	$107.21	$61.75	$95.56
25-29	$84.04	$138.10	$74.90	$123.07
30-34	$94.34	$161.27	$84.07	$143.73
35-39	$113.69	$193.37	$101.33	$172.35
40-44	$136.31	$221.56	$121.49	$197.48
45-49	$181.28	$255.29	$161.58	$227.55
50-54	$242.78	$291.25	$216.41	$259.60
55-59	$350.73	$362.66	$312.61	$323.24
60-64	$489.10	$443.19	$435.95	$395.03
65-69	$611.38	$553.98	$544.95	$493.76
Individual and Spouse				
00-24	$166.11	$166.11	$148.06	$148.06
25-29	$209.07	$209.07	$186.36	$186.36
30-34	$240.58	$240.58	$214.44	$214.44
35-39	$289.03	$289.03	$257.61	$257.61
40-44	$336.83	$336.83	$300.23	$300.23
45-49	$397.08	$397.08	$353.93	$353.93
50-54	$495.39	$495.39	$441.56	$441.56
55-59	$661.58	$661.58	$589.69	$589.69
60-64	$864.37	$864.37	$770.44	$770.44
65-69	$1,080.48	$1,080.48	$963.04	$963.04
Individual and Child				
00-24	$183.37	$230.30	$163.44	$205.27
25-29	$201.62	$268.52	$179.73	$239.36
30-34	$214.36	$297.17	$191.07	$264.88
35-39	$238.35	$336.92	$212.46	$300.29
40-44	$266.33	$371.83	$237.39	$331.41
45-49	$298.25	$382.24	$265.85	$340.70
50-54	$336.30	$386.55	$299.74	$344.55
55-59	$448.27	$460.61	$399.55	$410.55
60-64	$591.75	$544.11	$527.45	$484.98
65-69	$739.70	$680.15	$659.30	$606.24
Individual, Spouse, and Child				
00-24	$289.16	$289.16	$257.73	$257.73
25-29	$340.84	$340.84	$303.80	$303.80
30-34	$378.71	$378.71	$337.54	$337.54
35-39	$437.02	$437.02	$389.52	$389.52
40-44	$494.57	$494.57	$440.82	$440.82
45-49	$558.80	$558.80	$498.07	$498.07
50-54	$653.83	$653.83	$582.76	$582.76
55-59	$844.33	$844.33	$752.56	$752.56
60-64	$1,076.82	$1,076.82	$959.80	$959.80
65-69	$1,346.03	$1,346.03	$1,199.75	$1,199.75

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Blue Solutions PPO
17-238 9/04

Individual				
In-Network	$3,000		$5,000	
Out-of-Network	$6,000		$10,000	
Stop Loss Amount:				
In-Network	$10,000		N/A	
Out-of-Network	$20,000		Unlimited	
Coinsurance				
In-Network	80%/20%		100%/0%	
Out-of-Network	60%/40%		80%/20%	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$155.85	$155.85	$147.69	$147.69
2-12	$52.44	$52.44	$49.70	$49.70
13-17	$52.44	$81.19	$49.70	$76.93
18-24	$52.44	$81.19	$49.70	$76.93
25-29	$63.64	$104.59	$60.31	$99.11
30-34	$71.43	$122.12	$67.70	$115.73
35-39	$86.11	$146.44	$81.59	$138.77
40-44	$103.22	$167.79	$97.82	$158.99
45-49	$137.30	$193.34	$130.10	$183.22
50-54	$183.87	$220.58	$174.24	$209.02
55-59	$265.61	$274.66	$251.68	$260.26
60-64	$370.42	$335.64	$351.00	$318.05
65-69	$463.01	$419.54	$438.76	$397.55
Individual and Spouse				
00-24	$125.81	$125.81	$119.20	$119.20
25-29	$158.33	$158.33	$150.02	$150.02
30-34	$182.19	$182.19	$172.65	$172.65
35-39	$218.88	$218.88	$207.41	$207.41
40-44	$255.11	$255.11	$241.73	$241.73
45-49	$300.71	$300.71	$284.96	$284.96
50-54	$375.18	$375.18	$355.50	$355.50
55-59	$501.03	$501.03	$474.78	$474.78
60-64	$654.61	$654.61	$620.31	$620.31
65-69	$818.26	$818.26	$775.39	$775.39
Individual and Child				
00-24	$138.88	$174.42	$131.60	$165.26
25-29	$152.69	$203.35	$144.70	$192.70
30-34	$162.33	$225.05	$153.84	$213.27
35-39	$180.52	$255.15	$171.06	$241.77
40-44	$201.69	$281.60	$191.12	$266.83
45-49	$225.86	$289.48	$214.04	$274.30
50-54	$254.68	$292.76	$241.34	$277.42
55-59	$339.49	$348.83	$321.68	$330.54
60-64	$448.16	$412.07	$424.66	$390.47
65-69	$560.17	$515.10	$530.84	$488.10
Individual, Spouse, and Child				
00-24	$218.99	$218.99	$207.51	$207.51
25-29	$258.13	$258.13	$244.60	$244.60
30-34	$286.80	$286.80	$271.76	$271.76
35-39	$330.95	$330.95	$313.61	$313.61
40-44	$374.54	$374.54	$354.91	$354.91
45-49	$423.19	$423.19	$401.01	$401.01
50-54	$495.15	$495.15	$469.21	$469.21
55-59	$639.42	$639.42	$605.90	$605.90
60-64	$815.50	$815.50	$772.76	$772.76
65-69	$1,019.38	$1,019.38	$965.96	$965.96

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

Blue Solutions PPO
17-238 9/04

Optional Riders

Maternity Rider

Deductible	Rate
$750	$246.12
$1,500	$216.07
$3,000	$204.18
$5,000	$195.34

TMJ

Individual	$4.39
Individual and Spouse	$8.77
Individual and Child	$10.53
Individual, Spouse, Children	$17.53

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueChoice
17-247 6/06

In-Network Deductible	$500		$500	
In-Network Stop Loss Amount:	$5,000		$10,000	
In-Network Coinsurance	80%/20%		80%/20%	
Office Visit Copay	$30 PCP/$50 Specialist		$30 PCP/$50 Specialist	
RX Benefit	$10/$30/$50		$10/$30/$50	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$229.04	$229.04	$223.22	$223.22
2-12	$77.08	$77.08	$75.13	$75.13
13-17	$77.08	$119.31	$75.13	$116.27
18-24	$77.08	$119.31	$75.13	$116.27
25-29	$93.53	$153.64	$91.15	$149.73
30-34	$104.95	$179.45	$102.28	$174.87
35-39	$126.53	$215.19	$123.30	$209.71
40-44	$151.70	$246.55	$147.84	$240.28
45-49	$201.71	$284.09	$196.57	$276.84
50-54	$270.21	$324.13	$263.33	$315.87
55-59	$390.32	$403.58	$380.38	$393.30
60-64	$544.27	$493.17	$530.40	$480.62
65-69	$680.35	$616.51	$663.03	$600.80
Individual and Spouse				
00-24	$184.86	$184.86	$180.16	$180.16
25-29	$232.65	$232.65	$226.74	$226.74
30-34	$267.71	$267.71	$260.89	$260.89
35-39	$321.66	$321.66	$313.47	$313.47
40-44	$374.86	$374.86	$365.30	$365.30
45-49	$441.91	$441.91	$430.66	$430.66
50-54	$551.33	$551.33	$537.28	$537.28
55-59	$736.32	$736.32	$717.56	$717.56
60-64	$961.98	$961.98	$937.49	$937.49
65-69	$1,202.45	$1,202.45	$1,171.83	$1,171.83
Individual and Child				
00-24	$204.05	$256.29	$198.85	$249.78
25-29	$224.36	$298.80	$218.64	$291.19
30-34	$238.56	$330.69	$232.47	$322.27
35-39	$265.22	$374.94	$258.48	$365.40
40-44	$296.37	$413.75	$288.81	$403.21
45-49	$331.91	$425.36	$323.45	$414.54
50-54	$374.26	$430.18	$364.72	$419.23
55-59	$498.86	$512.59	$486.15	$499.53
60-64	$658.55	$605.54	$641.77	$590.12
65-69	$823.18	$756.94	$802.21	$737.65
Individual, Spouse, and Child				
00-24	$321.82	$321.82	$313.62	$313.62
25-29	$379.36	$379.36	$369.68	$369.68
30-34	$421.50	$421.50	$410.76	$410.76
35-39	$486.36	$486.36	$473.98	$473.98
40-44	$550.41	$550.41	$536.37	$536.37
45-49	$621.87	$621.87	$606.03	$606.03
50-54	$727.62	$727.62	$709.08	$709.08
55-59	$939.64	$939.64	$915.70	$915.70
60-64	$1,198.36	$1,198.36	$1,167.85	$1,167.85
65-69	$1,498.00	$1,498.00	$1,459.84	$1,459.84

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueChoice
17-247 6/06

In-Network Deductible	$1,000		$1,000	
In-Network Stop Loss Amount:	$5,000		$10,000	
In-Network Coinsurance	80%/20%		80%/20%	
Office Visit Copay	$30 PCP/$50 Specialist		$30 PCP/$50 Specialist	
RX Benefit	$10/$30/$50		$10/$30/$50	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$209.41	$209.41	$204.24	$204.24
2-12	$70.49	$70.49	$68.74	$68.74
13-17	$70.49	$109.09	$68.74	$106.40
18-24	$70.49	$109.09	$68.74	$106.40
25-29	$85.52	$140.48	$83.41	$137.01
30-34	$95.97	$164.07	$93.59	$160.01
35-39	$115.68	$196.76	$112.83	$191.89
40-44	$138.69	$225.42	$135.28	$219.86
45-49	$184.42	$259.74	$179.87	$253.32
50-54	$247.05	$296.33	$240.94	$289.02
55-59	$356.88	$368.99	$348.05	$359.88
60-64	$497.63	$450.91	$485.33	$439.76
65-69	$622.06	$563.67	$606.68	$549.74
Individual and Spouse				
00-24	$169.01	$169.01	$164.84	$164.84
25-29	$212.71	$212.71	$207.47	$207.47
30-34	$244.76	$244.76	$238.72	$238.72
35-39	$294.10	$294.10	$286.82	$286.82
40-44	$342.72	$342.72	$334.26	$334.26
45-49	$404.05	$404.05	$394.06	$394.06
50-54	$504.08	$504.08	$491.62	$491.62
55-59	$673.20	$673.20	$656.57	$656.57
60-64	$879.54	$879.54	$857.80	$857.80
65-69	$1,099.39	$1,099.39	$1,072.22	$1,072.22
Individual and Child				
00-24	$186.56	$234.33	$181.95	$228.53
25-29	$205.12	$273.20	$200.06	$266.46
30-34	$218.10	$302.37	$212.70	$294.89
35-39	$242.51	$342.82	$236.50	$334.34
40-44	$270.97	$378.29	$264.26	$368.95
45-49	$303.47	$388.92	$295.97	$379.31
50-54	$342.18	$393.32	$333.73	$383.61
55-59	$456.11	$468.66	$444.83	$457.07
60-64	$602.12	$553.64	$587.23	$539.96
65-69	$752.62	$692.06	$734.03	$674.97
Individual, Spouse, and Child				
00-24	$294.25	$294.25	$286.97	$286.97
25-29	$346.85	$346.85	$338.27	$338.27
30-34	$385.38	$385.38	$375.85	$375.85
35-39	$444.69	$444.69	$433.71	$433.71
40-44	$503.25	$503.25	$490.80	$490.80
45-49	$568.57	$568.57	$554.53	$554.53
50-54	$665.27	$665.27	$648.83	$648.83
55-59	$859.11	$859.11	$837.88	$837.88
60-64	$1,095.67	$1,095.67	$1,068.59	$1,068.59
65-69	$1,369.62	$1,369.62	$1,335.77	$1,335.77

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueChoice
17-247 6/06

In-Network Deductible	$2,500		$2,500	
In-Network Stop Loss Amount:	$10,000		N/A	
In-Network Coinsurance	80%/20%		100%/0%	
Office Visit Copay	$30 PCP/$50 Specialist		$30 PCP/$50 Specialist	
RX Benefit	$10/$30/$50		$10/$30/$50	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$166.44	$166.44	$181.89	$181.89
2-12	$56.02	$56.02	$61.21	$61.21
13-17	$56.02	$86.71	$61.21	$94.75
18-24	$56.02	$86.71	$61.21	$94.75
25-29	$67.96	$111.66	$74.26	$122.00
30-34	$76.29	$130.40	$83.35	$142.50
35-39	$91.94	$156.38	$100.48	$170.88
40-44	$110.23	$179.16	$120.47	$195.80
45-49	$146.58	$206.44	$160.17	$225.59
50-54	$196.35	$235.53	$214.58	$257.39
55-59	$283.64	$293.29	$309.97	$320.49
60-64	$395.53	$358.39	$432.22	$391.64
65-69	$494.41	$448.00	$540.28	$489.58
Individual and Spouse				
00-24	$134.34	$134.34	$146.80	$146.80
25-29	$169.08	$169.08	$184.75	$184.75
30-34	$194.54	$194.54	$212.59	$212.59
35-39	$233.76	$233.76	$255.43	$255.43
40-44	$272.40	$272.40	$297.66	$297.66
45-49	$321.12	$321.12	$350.94	$350.94
50-54	$400.65	$400.65	$437.82	$437.82
55-59	$535.06	$535.06	$584.72	$584.72
60-64	$699.06	$699.06	$763.92	$763.92
65-69	$873.80	$873.80	$954.89	$954.89
Individual and Child				
00-24	$148.27	$186.25	$162.04	$203.53
25-29	$163.05	$217.13	$178.16	$237.29
30-34	$173.35	$240.31	$189.42	$262.61
35-39	$192.73	$272.47	$210.63	$297.75
40-44	$215.36	$300.67	$235.34	$328.56
45-49	$241.19	$309.11	$263.57	$337.79
50-54	$271.97	$312.61	$297.20	$341.62
55-59	$362.51	$372.48	$396.14	$407.04
60-64	$478.56	$440.03	$522.97	$480.87
65-69	$598.19	$550.06	$653.70	$601.09
Individual, Spouse, and Child				
00-24	$233.86	$233.86	$255.57	$255.57
25-29	$275.68	$275.68	$301.25	$301.25
30-34	$306.30	$306.30	$334.72	$334.72
35-39	$353.44	$353.44	$386.23	$386.23
40-44	$399.98	$399.98	$437.08	$437.08
45-49	$451.91	$451.91	$493.84	$493.84
50-54	$528.75	$528.75	$577.83	$577.83
55-59	$682.81	$682.81	$746.18	$746.18
60-64	$870.84	$870.84	$951.64	$951.64
65-69	$1,088.57	$1,088.57	$1,189.59	$1,189.59

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueChoice
17-247 6/06

In-Network Deductible	$5,000		$5,000	
In-Network Stop Loss Amount:	N/A		N/A	
In-Network Coinsurance	100%/0%		100%/0%	
Office Visit Copay	$30 PCP/$50 Specialist		N/A	
RX Benefit	$10/$30/$50		$10/$30/$50	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$133.03	$133.03	$109.59	$109.59
2-12	$44.78	$44.78	$36.88	$36.88
13-17	$44.78	$69.29	$36.88	$57.08
18-24	$44.78	$69.29	$36.88	$57.08
25-29	$54.32	$89.24	$44.75	$73.52
30-34	$60.96	$104.22	$50.22	$85.87
35-39	$73.49	$124.97	$60.54	$102.97
40-44	$88.10	$143.20	$72.58	$117.98
45-49	$117.15	$164.98	$96.51	$135.94
50-54	$156.94	$188.23	$129.29	$155.09
55-59	$226.69	$234.38	$186.75	$193.12
60-64	$316.10	$286.41	$260.42	$235.98
65-69	$395.12	$358.05	$325.53	$294.98
Individual and Spouse				
00-24	$107.36	$107.36	$88.45	$88.45
25-29	$135.13	$135.13	$111.33	$111.33
30-34	$155.48	$155.48	$128.09	$128.09
35-39	$186.82	$186.82	$153.90	$153.90
40-44	$217.69	$217.69	$179.36	$179.36
45-49	$256.64	$256.64	$211.45	$211.45
50-54	$320.19	$320.19	$263.80	$263.80
55-59	$427.62	$427.62	$352.32	$352.32
60-64	$558.68	$558.68	$460.30	$460.30
65-69	$698.33	$698.33	$575.35	$575.35
Individual and Child				
00-24	$118.50	$148.84	$97.63	$122.63
25-29	$130.30	$173.53	$107.35	$142.97
30-34	$138.53	$192.05	$114.14	$158.24
35-39	$154.03	$217.76	$126.91	$179.41
40-44	$172.13	$240.28	$141.81	$197.97
45-49	$192.74	$247.04	$158.81	$203.54
50-54	$217.35	$249.83	$179.08	$205.84
55-59	$289.71	$297.69	$238.70	$245.26
60-64	$382.46	$351.67	$315.10	$289.73
65-69	$478.06	$439.59	$393.88	$362.18
Individual, Spouse, and Child				
00-24	$186.89	$186.89	$153.99	$153.99
25-29	$220.32	$220.32	$181.52	$181.52
30-34	$244.78	$244.78	$201.68	$201.68
35-39	$282.45	$282.45	$232.72	$232.72
40-44	$319.66	$319.66	$263.35	$263.35
45-49	$361.16	$361.16	$297.56	$297.56
50-54	$422.56	$422.56	$348.16	$348.16
55-59	$545.69	$545.69	$449.60	$449.60
60-64	$695.97	$695.97	$573.41	$573.41
65-69	$869.98	$869.98	$716.77	$716.77

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueChoice
17-247 6/06

In-Network Deductible	$10,000		$10,000	
In-Network Stop Loss Amount:	N/A		N/A	
In-Network Coinsurance	100%/0%		100%/0%	
Office Visit Copay	$30 PCP/$50 Specialist		N/A	
RX Benefit	$10/$30/$50		$10/$30/$50	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$103.66	$103.66	$72.30	$72.30
2-12	$34.88	$34.88	$24.32	$24.32
13-17	$34.88	$54.01	$24.32	$37.66
18-24	$34.88	$54.01	$24.32	$37.66
25-29	$42.33	$69.54	$29.52	$48.48
30-34	$47.50	$81.20	$33.12	$56.63
35-39	$57.27	$97.38	$39.93	$67.92
40-44	$68.64	$111.58	$47.88	$77.82
45-49	$91.28	$128.57	$63.66	$89.67
50-54	$122.29	$146.69	$85.29	$102.30
55-59	$176.64	$182.65	$123.19	$127.37
60-64	$246.32	$223.19	$171.79	$155.66
65-69	$307.90	$279.00	$214.74	$194.59
Individual and Spouse				
00-24	$83.66	$83.66	$58.35	$58.35
25-29	$105.29	$105.29	$73.43	$73.43
30-34	$121.16	$121.16	$84.49	$84.49
35-39	$145.57	$145.57	$101.52	$101.52
40-44	$169.64	$169.64	$118.32	$118.32
45-49	$199.99	$199.99	$139.48	$139.48
50-54	$249.52	$249.52	$174.01	$174.01
55-59	$333.23	$333.23	$232.39	$232.39
60-64	$435.36	$435.36	$303.63	$303.63
65-69	$544.18	$544.18	$379.53	$379.53
Individual and Child				
00-24	$92.34	$115.99	$64.41	$80.90
25-29	$101.53	$135.23	$70.82	$94.32
30-34	$107.95	$149.66	$75.29	$104.38
35-39	$120.02	$169.70	$83.71	$118.35
40-44	$134.13	$187.24	$93.54	$130.58
45-49	$150.20	$192.50	$104.75	$134.25
50-54	$169.37	$194.69	$118.12	$135.77
55-59	$225.76	$231.97	$157.45	$161.78
60-64	$298.03	$274.06	$207.85	$191.12
65-69	$372.55	$342.56	$259.81	$238.91
Individual, Spouse, and Child				
00-24	$145.64	$145.64	$101.57	$101.57
25-29	$171.68	$171.68	$119.74	$119.74
30-34	$190.74	$190.74	$133.04	$133.04
35-39	$220.11	$220.11	$153.51	$153.51
40-44	$249.08	$249.08	$173.72	$173.72
45-49	$281.43	$281.43	$196.29	$196.29
50-54	$329.29	$329.29	$229.66	$229.66
55-59	$425.23	$425.23	$296.57	$296.57
60-64	$542.34	$542.34	$378.24	$378.24
65-69	$677.94	$677.94	$472.81	$472.81

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueChoice
17-247 6/06

In-Network Deductible	$25,000		$25,000	
In-Network Stop Loss Amount:	N/A		N/A	
In-Network Coinsurance	100%/0%		100%/0%	
Office Visit Copay	$30 PCP/$50 Specialist		N/A	
RX Benefit	$10/$30/$50		$10/$30/$50	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$84.75	$84.75	$49.47	$49.47
2-12	$28.53	$28.53	$16.66	$16.66
13-17	$28.53	$44.14	$16.66	$25.77
18-24	$28.53	$44.14	$16.66	$25.77
25-29	$34.59	$56.85	$20.19	$33.19
30-34	$38.84	$66.41	$22.67	$38.76
35-39	$46.81	$79.63	$27.32	$46.47
40-44	$56.14	$91.24	$32.77	$53.24
45-49	$74.63	$105.12	$43.56	$61.36
50-54	$99.98	$119.94	$58.35	$70.01
55-59	$144.42	$149.33	$84.30	$87.17
60-64	$201.39	$182.47	$117.54	$106.52
65-69	$251.73	$228.10	$146.93	$133.15
Individual and Spouse				
00-24	$68.41	$68.41	$39.93	$39.93
25-29	$86.09	$86.09	$50.26	$50.26
30-34	$99.05	$99.05	$57.81	$57.81
35-39	$119.02	$119.02	$69.47	$69.47
40-44	$138.69	$138.69	$80.96	$80.96
45-49	$163.52	$163.52	$95.45	$95.45
50-54	$204.01	$204.01	$119.07	$119.07
55-59	$272.44	$272.44	$159.02	$159.02
60-64	$355.94	$355.94	$207.76	$207.76
65-69	$444.93	$444.93	$259.70	$259.70
Individual and Child				
00-24	$75.50	$94.83	$44.07	$55.35
25-29	$83.01	$110.55	$48.45	$64.54
30-34	$88.26	$122.35	$51.52	$71.42
35-39	$98.14	$138.75	$57.29	$80.98
40-44	$109.67	$153.10	$64.00	$89.37
45-49	$122.80	$157.38	$71.68	$91.86
50-54	$138.48	$159.18	$80.82	$92.90
55-59	$184.58	$189.66	$107.73	$110.69
60-64	$243.68	$224.06	$142.24	$130.77
65-69	$304.58	$280.08	$177.78	$163.48
Individual, Spouse, and Child				
00-24	$119.08	$119.08	$69.50	$69.50
25-29	$140.38	$140.38	$81.93	$81.93
30-34	$155.96	$155.96	$91.03	$91.03
35-39	$179.96	$179.96	$105.04	$105.04
40-44	$203.65	$203.65	$118.86	$118.86
45-49	$230.10	$230.10	$134.31	$134.31
50-54	$269.22	$269.22	$157.14	$157.14
55-59	$347.68	$347.68	$202.94	$202.94
60-64	$443.40	$443.40	$258.80	$258.80
65-69	$554.27	$554.27	$323.52	$323.52

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueChoice
17-247 6/06

In-Network Deductible	$500		$500	
In-Network Stop Loss Amount:	$5,000		$10,000	
In-Network Coinsurance	80%/20%		80%/20%	
Office Visit Copay	$30 PCP/$50 Specialist		$30 PCP/$50 Specialist	
RX Benefit	$10/$50 Essential Care Formulary		$10/$50 Essential Care Formulary	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$218.24	$218.24	$212.41	$212.41
2-12	$73.45	$73.45	$71.49	$71.49
13-17	$73.45	$113.68	$71.49	$110.65
18-24	$73.45	$113.68	$71.49	$110.65
25-29	$89.12	$146.39	$86.73	$142.48
30-34	$100.01	$170.98	$97.33	$166.41
35-39	$120.56	$205.04	$117.33	$199.56
40-44	$144.54	$234.92	$140.67	$228.64
45-49	$192.19	$270.67	$187.06	$263.44
50-54	$257.46	$308.82	$250.56	$300.56
55-59	$371.90	$384.53	$361.96	$374.24
60-64	$518.58	$469.90	$504.71	$457.33
65-69	$648.24	$587.40	$630.89	$571.70
Individual and Spouse				
00-24	$176.14	$176.14	$171.42	$171.42
25-29	$221.68	$221.68	$215.75	$215.75
30-34	$255.07	$255.07	$248.25	$248.25
35-39	$306.47	$306.47	$298.28	$298.28
40-44	$357.15	$357.15	$347.61	$347.61
45-49	$421.05	$421.05	$409.80	$409.80
50-54	$525.30	$525.30	$511.25	$511.25
55-59	$701.56	$701.56	$682.79	$682.79
60-64	$916.57	$916.57	$892.06	$892.06
65-69	$1,145.70	$1,145.70	$1,115.05	$1,115.05
Individual and Child				
00-24	$194.42	$244.20	$189.22	$237.66
25-29	$213.78	$284.69	$208.06	$277.09
30-34	$227.27	$315.09	$221.21	$306.66
35-39	$252.71	$357.25	$245.95	$347.69
40-44	$282.37	$394.23	$274.82	$383.68
45-49	$316.24	$405.29	$307.78	$394.46
50-54	$356.59	$409.89	$347.04	$398.92
55-59	$475.29	$488.38	$462.59	$475.33
60-64	$627.46	$576.96	$610.68	$561.53
65-69	$784.32	$721.20	$763.35	$701.91
Individual, Spouse, and Child				
00-24	$306.64	$306.64	$298.43	$298.43
25-29	$361.44	$361.44	$351.79	$351.79
30-34	$401.60	$401.60	$390.86	$390.86
35-39	$463.40	$463.40	$451.03	$451.03
40-44	$524.43	$524.43	$510.40	$510.40
45-49	$592.53	$592.53	$576.68	$576.68
50-54	$693.28	$693.28	$674.73	$674.73
55-59	$895.27	$895.27	$871.34	$871.34
60-64	$1,141.81	$1,141.81	$1,111.27	$1,111.27
65-69	$1,427.28	$1,427.28	$1,389.12	$1,389.12

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueChoice
17-247 6/06

In-Network Deductible	$1,000		$1,000	
In-Network Stop Loss Amount:	$5,000		$10,000	
In-Network Coinsurance	80%/20%		80%/20%	
Office Visit Copay	$30 PCP/$50 Specialist		$30 PCP/$50 Specialist	
RX Benefit	$10/$50 Essential Care Formulary		$10/$50 Essential Care Formulary	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$198.61	$198.61	$193.43	$193.43
2-12	$66.85	$66.85	$65.11	$65.11
13-17	$66.85	$103.45	$65.11	$100.76
18-24	$66.85	$103.45	$65.11	$100.76
25-29	$81.10	$133.21	$78.99	$129.75
30-34	$91.02	$155.60	$88.63	$151.53
35-39	$109.71	$186.59	$106.85	$181.74
40-44	$131.54	$213.79	$128.11	$208.21
45-49	$174.92	$246.33	$170.34	$239.91
50-54	$234.30	$281.04	$228.19	$273.71
55-59	$338.45	$349.94	$329.63	$340.83
60-64	$471.93	$427.63	$459.64	$416.48
65-69	$589.92	$534.57	$574.56	$520.64
Individual and Spouse				
00-24	$160.29	$160.29	$156.11	$156.11
25-29	$201.74	$201.74	$196.47	$196.47
30-34	$232.13	$232.13	$226.08	$226.08
35-39	$278.91	$278.91	$271.63	$271.63
40-44	$325.02	$325.02	$316.56	$316.56
45-49	$383.18	$383.18	$373.18	$373.18
50-54	$478.05	$478.05	$465.60	$465.60
55-59	$638.45	$638.45	$621.80	$621.80
60-64	$834.12	$834.12	$812.38	$812.38
65-69	$1,042.64	$1,042.64	$1,015.46	$1,015.46
Individual and Child				
00-24	$176.93	$222.23	$172.31	$216.44
25-29	$194.54	$259.09	$189.47	$252.34
30-34	$206.84	$286.75	$201.44	$279.28
35-39	$229.97	$325.10	$223.99	$316.65
40-44	$256.98	$358.76	$250.28	$349.42
45-49	$287.79	$368.84	$280.28	$359.23
50-54	$324.51	$373.01	$316.06	$363.30
55-59	$432.55	$444.46	$421.27	$432.89
60-64	$571.02	$525.05	$556.14	$511.38
65-69	$713.77	$656.33	$695.17	$639.22
Individual, Spouse, and Child				
00-24	$279.05	$279.05	$271.77	$271.77
25-29	$328.94	$328.94	$320.37	$320.37
30-34	$365.48	$365.48	$355.95	$355.95
35-39	$421.72	$421.72	$410.74	$410.74
40-44	$477.25	$477.25	$464.81	$464.81
45-49	$539.22	$539.22	$525.16	$525.16
50-54	$630.90	$630.90	$614.48	$614.48
55-59	$814.75	$814.75	$793.52	$793.52
60-64	$1,039.11	$1,039.11	$1,012.03	$1,012.03
65-69	$1,298.90	$1,298.90	$1,265.04	$1,265.04

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueChoice
17-247 6/06

In-Network Deductible	$2,500		$2,500	
In-Network Stop Loss Amount:	$10,000		N/A	
In-Network Coinsurance	80%/20%		100%/0%	
Office Visit Copay	$30 PCP/$50 Specialist		$30 PCP/$50 Specialist	
RX Benefit	$10/$50 Essential Care Formulary		$10/$50 Essential Care Formulary	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$155.63	$155.63	$171.08	$171.08
2-12	$52.39	$52.39	$57.57	$57.57
13-17	$52.39	$81.08	$57.57	$89.12
18-24	$52.39	$81.08	$57.57	$89.12
25-29	$63.56	$104.39	$69.87	$114.75
30-34	$71.32	$121.94	$78.39	$134.02
35-39	$85.97	$146.23	$94.51	$160.73
40-44	$103.07	$167.53	$113.31	$184.15
45-49	$137.05	$193.03	$150.66	$212.19
50-54	$183.60	$220.23	$201.81	$242.08
55-59	$265.21	$274.23	$291.53	$301.44
60-64	$369.83	$335.10	$406.52	$368.35
65-69	$462.29	$418.90	$508.16	$460.47
Individual and Spouse				
00-24	$125.60	$125.60	$138.08	$138.08
25-29	$158.09	$158.09	$173.78	$173.78
30-34	$181.90	$181.90	$199.95	$199.95
35-39	$218.57	$218.57	$240.24	$240.24
40-44	$254.69	$254.69	$279.98	$279.98
45-49	$300.27	$300.27	$330.07	$330.07
50-54	$374.62	$374.62	$411.79	$411.79
55-59	$500.31	$500.31	$549.96	$549.96
60-64	$653.65	$653.65	$718.51	$718.51
65-69	$817.04	$817.04	$898.12	$898.12
Individual and Child				
00-24	$138.65	$174.15	$152.40	$191.43
25-29	$152.45	$203.04	$167.58	$223.18
30-34	$162.09	$224.70	$178.16	$247.00
35-39	$180.22	$254.77	$198.10	$280.05
40-44	$201.37	$281.14	$221.37	$309.04
45-49	$225.52	$289.03	$247.91	$317.72
50-54	$254.31	$292.30	$279.54	$321.32
55-59	$338.96	$348.30	$372.60	$382.86
60-64	$447.47	$411.45	$491.88	$452.28
65-69	$559.33	$514.32	$614.84	$565.35
Individual, Spouse, and Child				
00-24	$218.68	$218.68	$240.37	$240.37
25-29	$257.76	$257.76	$283.35	$283.35
30-34	$286.40	$286.40	$314.82	$314.82
35-39	$330.47	$330.47	$363.27	$363.27
40-44	$373.98	$373.98	$411.10	$411.10
45-49	$422.54	$422.54	$464.47	$464.47
50-54	$494.41	$494.41	$543.46	$543.46
55-59	$638.46	$638.46	$701.82	$701.82
60-64	$814.26	$814.26	$895.08	$895.08
65-69	$1,017.86	$1,017.86	$1,118.87	$1,118.87

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueChoice
17-247 6/06

In-Network Deductible	$5,000		$5,000	
In-Network Stop Loss Amount:	N/A		N/A	
In-Network Coinsurance	100%/0%		100%/0%	
Office Visit Copay	$30 PCP/$50 Specialist		N/A	
RX Benefit	$10/$50 Essential Care Formulary		$10/$50 Essential Care Formulary	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$122.22	$122.22	$101.22	$101.22
2-12	$41.13	$41.13	$34.06	$34.06
13-17	$41.13	$63.65	$34.06	$52.73
18-24	$41.13	$63.65	$34.06	$52.73
25-29	$49.91	$81.97	$41.33	$67.91
30-34	$56.01	$95.73	$46.39	$79.30
35-39	$67.51	$114.82	$55.91	$95.11
40-44	$80.93	$131.55	$67.04	$108.96
45-49	$107.61	$151.58	$89.14	$125.56
50-54	$144.16	$172.94	$119.42	$143.24
55-59	$208.25	$215.34	$172.50	$178.35
60-64	$290.39	$263.13	$240.54	$217.95
65-69	$363.00	$328.94	$300.68	$272.46
Individual and Spouse				
00-24	$98.63	$98.63	$81.69	$81.69
25-29	$124.14	$124.14	$102.81	$102.81
30-34	$142.83	$142.83	$118.32	$118.32
35-39	$171.62	$171.62	$142.15	$142.15
40-44	$199.99	$199.99	$165.66	$165.66
45-49	$235.78	$235.78	$195.29	$195.29
50-54	$294.15	$294.15	$243.64	$243.64
55-59	$392.87	$392.87	$325.40	$325.40
60-64	$513.26	$513.26	$425.14	$425.14
65-69	$641.57	$641.57	$531.41	$531.41
Individual and Child				
00-24	$108.88	$136.76	$90.19	$113.26
25-29	$119.72	$159.43	$99.16	$132.04
30-34	$127.27	$176.45	$105.42	$146.14
35-39	$141.50	$200.06	$117.21	$165.71
40-44	$158.13	$220.75	$130.97	$182.86
45-49	$177.09	$226.95	$146.69	$188.00
50-54	$199.68	$229.52	$165.39	$190.13
55-59	$266.16	$273.48	$220.46	$226.53
60-64	$351.36	$323.08	$291.03	$267.61
65-69	$439.21	$403.86	$363.80	$334.50
Individual, Spouse, and Child				
00-24	$171.71	$171.71	$142.24	$142.24
25-29	$202.41	$202.41	$167.65	$167.65
30-34	$224.89	$224.89	$186.27	$186.27
35-39	$259.49	$259.49	$214.95	$214.95
40-44	$293.66	$293.66	$243.25	$243.25
45-49	$331.80	$331.80	$274.83	$274.83
50-54	$388.22	$388.22	$321.57	$321.57
55-59	$501.34	$501.34	$415.27	$415.27
60-64	$639.38	$639.38	$529.59	$529.59
65-69	$799.26	$799.26	$662.02	$662.02

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueChoice
17-247 6/06

In-Network Deductible	$10,000		$10,000	
In-Network Stop Loss Amount:	N/A		N/A	
In-Network Coinsurance	100%/0%		100%/0%	
Office Visit Copay	$30 PCP/$50 Specialist		N/A	
RX Benefit	$10/$50 Essential Care Formulary		$10/$50 Essential Care Formulary	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$92.86	$92.86	$63.93	$63.93
2-12	$31.25	$31.25	$21.51	$21.51
13-17	$31.25	$48.36	$21.51	$33.28
18-24	$31.25	$48.36	$21.51	$33.28
25-29	$37.91	$62.29	$26.11	$42.87
30-34	$42.56	$72.74	$29.30	$50.08
35-39	$51.28	$87.23	$35.32	$60.07
40-44	$61.49	$99.94	$42.33	$68.79
45-49	$81.76	$115.16	$56.30	$79.28
50-54	$109.53	$131.38	$75.41	$90.45
55-59	$158.23	$163.60	$108.92	$112.64
60-64	$220.62	$199.92	$151.89	$137.63
65-69	$275.78	$249.89	$189.88	$172.05
Individual and Spouse				
00-24	$74.92	$74.92	$51.59	$51.59
25-29	$94.32	$94.32	$64.92	$64.92
30-34	$108.52	$108.52	$74.71	$74.71
35-39	$130.38	$130.38	$89.77	$89.77
40-44	$151.96	$151.96	$104.61	$104.61
45-49	$179.13	$179.13	$123.33	$123.33
50-54	$223.48	$223.48	$153.86	$153.86
55-59	$298.46	$298.46	$205.50	$205.50
60-64	$389.95	$389.95	$268.47	$268.47
65-69	$487.42	$487.42	$335.59	$335.59
Individual and Child				
00-24	$82.72	$103.89	$56.95	$71.53
25-29	$90.93	$121.13	$62.61	$83.39
30-34	$96.68	$134.05	$66.57	$92.30
35-39	$107.52	$151.99	$74.02	$104.64
40-44	$120.13	$167.72	$82.72	$115.47
45-49	$134.54	$172.42	$92.64	$118.70
50-54	$151.71	$174.38	$104.45	$120.07
55-59	$202.22	$207.77	$139.23	$143.06
60-64	$266.95	$245.45	$183.79	$169.00
65-69	$333.67	$306.83	$229.72	$211.24
Individual, Spouse, and Child				
00-24	$130.47	$130.47	$89.80	$89.80
25-29	$153.77	$153.77	$105.87	$105.87
30-34	$170.86	$170.86	$117.63	$117.63
35-39	$197.15	$197.15	$135.73	$135.73
40-44	$223.10	$223.10	$153.61	$153.61
45-49	$252.09	$252.09	$173.55	$173.55
50-54	$294.94	$294.94	$203.07	$203.07
55-59	$380.88	$380.88	$262.24	$262.24
60-64	$485.77	$485.77	$334.44	$334.44
65-69	$607.22	$607.22	$418.07	$418.07

Exhibit II

July 20, 2011

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueChoice
17-247 6/06

In-Network Deductible	$25,000		$25,000	
In-Network Stop Loss Amount:	N/A		N/A	
In-Network Coinsurance	100%/0%		100%/0%	
Office Visit Copay	$30 PCP/$50 Specialist		N/A	
RX Benefit	$10/$50 Essential Care Formulary		$10/$50 Essential Care Formulary	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$73.93	$73.93	$41.10	$41.10
2-12	$24.88	$24.88	$13.83	$13.83
13-17	$24.88	$38.52	$13.83	$21.40
18-24	$24.88	$38.52	$13.83	$21.40
25-29	$30.19	$49.60	$16.79	$27.57
30-34	$33.88	$57.93	$18.83	$32.20
35-39	$40.84	$69.47	$22.69	$38.61
40-44	$48.97	$79.59	$27.22	$44.25
45-49	$65.11	$91.71	$36.19	$50.97
50-54	$87.23	$104.62	$48.47	$58.15
55-59	$126.01	$130.27	$70.04	$72.41
60-64	$175.68	$159.20	$97.66	$88.49
65-69	$219.63	$199.00	$122.08	$110.62
Individual and Spouse				
00-24	$59.67	$59.67	$33.17	$33.17
25-29	$75.12	$75.12	$41.75	$41.75
30-34	$86.42	$86.42	$48.04	$48.04
35-39	$103.83	$103.83	$57.70	$57.70
40-44	$121.00	$121.00	$67.25	$67.25
45-49	$142.65	$142.65	$79.29	$79.29
50-54	$177.98	$177.98	$98.93	$98.93
55-59	$237.67	$237.67	$132.12	$132.12
60-64	$310.52	$310.52	$172.61	$172.61
65-69	$388.15	$388.15	$215.75	$215.75
Individual and Child				
00-24	$65.87	$82.74	$36.62	$45.99
25-29	$72.43	$96.46	$40.26	$53.61
30-34	$77.00	$106.75	$42.81	$59.33
35-39	$85.60	$121.03	$47.60	$67.27
40-44	$95.67	$133.56	$53.19	$74.23
45-49	$107.14	$137.31	$59.54	$76.33
50-54	$120.81	$138.87	$67.14	$77.18
55-59	$161.04	$165.47	$89.51	$91.97
60-64	$212.57	$195.48	$118.15	$108.65
65-69	$265.72	$244.34	$147.70	$135.82
Individual, Spouse, and Child				
00-24	$103.88	$103.88	$57.74	$57.74
25-29	$122.46	$122.46	$68.06	$68.06
30-34	$136.05	$136.05	$75.63	$75.63
35-39	$156.99	$156.99	$87.27	$87.27
40-44	$177.66	$177.66	$98.76	$98.76
45-49	$200.74	$200.74	$111.58	$111.58
50-54	$234.87	$234.87	$130.54	$130.54
55-59	$303.33	$303.33	$168.58	$168.58
60-64	$386.84	$386.84	$215.01	$215.01
65-69	$483.55	$483.55	$268.78	$268.78

Exhibit II

Arkansas Blue Cross and Blue Shield
Proposed Monthly Premium Rates
Effective as of January 01, 2012

BlueChoice
17-247 6/06

Optional Riders

Maternity Rider ($5,000 Maximum Benefit, 12 Month Waiting Period)

80% In Network Coinsurance	$198.38
100% In Network Coinsurance	$215.96

Exhibit I

July 20, 2011

Arkansas Blue Cross and Blue Shield
Outline of Current Benefits

UniqueCare I
Policy Forms: 17-111R995, 112-SAE792 and 23-232792

Basic Provisions:	Option of $500, $1,000, $2,500, $5,000, $10,000 or $25,000 deductible per year per covered person; $1,000,000 lifetime maximum; calendar year deductible; maximum of two deductibles per family per year; calendar year benefit period; coordination of benefits required; stop loss amounts of $0, $2,500, $10,000, $50,000; deductible may not exceed stop loss amount; coinsurance of 80% and 100%; 12 months rate guarantee; dependent coverage to age 19.
Hospital Benefits:	Payments at 80% (100%) of Blue Cross and Blue Shield of Arkansas reasonable charge for semi-private room, ICU, covered ancillary charges, diagnostic x-ray & laboratory, anesthesia services, complications of pregnancy, blood service charge, managed care benefits.
Physician Benefits:	Payments at 80% (100%) of Blue Cross and Blue Shield of Arkansas reasonable charge for surgery, anesthesia, diagnostic x-ray & laboratory (outpatient), complications of pregnancy, office visits, in-hospital visits.
Special Limits:	50% UCR to a $4,000 maximum for psychiatric, drug, alcoholism, and morbid obesity conditions. Not eligible toward satisfaction of stop loss; private duty nursing (even under stop loss) to a $4,000 maximum payment per calendar year; $500 Maximum for speech therapy; 30 days per calendar year for nursing home; $300 Maximum for ambulance.
Children's Preventive Health Care Coverage:	Coverage for services at the following age intervals: Birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, and 16 years.
Maternity Rider:	Prenatal and Obstetrics; outpatient prenatal care will be paid at 100%; obstetrical care includes physician services, delivery room and other medically necessary hospital services.
TMJ Rider:	Benefits as mandated by House Bill 2363.
Supplemental Accident Endorsement:	Pays first $300 of covered charges incurred as a result of an accidental injury.

Exhibit I

Arkansas Blue Cross and Blue Shield
Outline of Current Benefits

UniqueCare II
Policy Forms: 17-113R995, 112-SAE792 and 23-232792

Basic Provisions:	Option of $500, $1,000, $2,500, $5,000, $10,000 or $25,000 deductible per year per covered person; $1,000,000 lifetime maximum; calendar year deductible; maximum of two deductibles per family per year; calendar year benefit period; coordination of benefits required; stop loss amounts of $0, $2,500, $10,000, $50,000; deductible may not exceed stop loss amount; coinsurance of 50%; 12 months rate guarantee; dependent coverage to age 19.
Hospital Benefits:	Payments at 50% of Blue Cross and Blue Shield of Arkansas reasonable charge for semi-private room, ICU, covered ancillary charges, diagnostic x-ray & laboratory, anesthesia services, complications of pregnancy, blood service charge, managed care benefits.
Physician Benefits:	Payments at 50% of Blue Cross and Blue Shield of Arkansas reasonable charge for surgery, anesthesia, diagnostic x-ray & laboratory (outpatient), complications of pregnancy, office visits, in-hospital visits.
Special Limits:	50% UCR to a $4,000 maximum for psychiatric, drug, alcoholism, and morbid obesity conditions. Not eligible toward satisfaction of stop loss; private duty nursing (even under stop loss) to a $4,000 maximum payment per calendar year; $500 Maximum for speech therapy; 30 days per calendar year for nursing home; $300 Maximum for ambulance.
Children's Preventive Health Care Coverage:	Coverage for services at the following age intervals: Birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, and 16 years.
Maternity Rider:	Prenatal and Obstetrics; outpatient prenatal care will be paid at 100%; obstetrical care includes physician services, delivery room and other medically necessary hospital services.
TMJ Rider:	Benefits as mandated by House Bill 2363.
Supplemental Accident Endorsement:	Pays first $300 of covered charges incurred as a result of an accidental injury.

Exhibit I

July 20, 2011

Arkansas Blue Cross and Blue Shield
Outline of Current Benefits

UniqueCare I Preferred
Policy Forms: 17-1251193, 17-127SAE1193 and 23-3071193

Basic Provisions:	Option of $500, $1,000, $2,500, $5,000, $10,000 or $25,000 deductible per year per covered person; $1,000,000 lifetime maximum; calendar year deductible; maximum of two deductibles per family per year; calendar year benefit period; coordination of benefits required; stop loss amounts of $0, $2,500, $10,000, $50,000; deductible may not exceed stop loss amount; coinsurance of 80% in network / 60% out of network and 100% in / 80% out; coinsurance increases to 100% in / 80% out once stop loss has been met; 12 months rate guarantee; dependent coverage to age 23.
Hospital Benefits:	Payments at 80% in network / 60% out of network (100% in / 80% out) of Blue Cross and Blue Shield of Arkansas reasonable charge for semi-private room, ICU, covered ancillary charges, diagnostic x-ray & laboratory, anesthesia services, complications of pregnancy, blood service charge, managed care benefits.
Physician Benefits:	Payments at 80% in network / 60% out of network (100% in / 80% out) of Blue Cross and Blue Shield of Arkansas reasonable charge for surgery, anesthesia, diagnostic x-ray & laboratory (outpatient), complications of pregnancy, office visits, in-hospital visits.
Drug Card:	Deductible is 10% of CMM deductible to a $500 maximum. Coinsurance is 80%
Special Limits:	50% UCR to a $4,000 maximum for psychiatric, drug, alcoholism, and morbid obesity conditions. Not eligible toward satisfaction of stop loss; private duty nursing (even under stop loss) to a $4,000 maximum payment per calendar year; $500 Maximum for speech therapy; 30 days per calendar year for nursing home; $300 Maximum for ambulance. Out of network charges do not contribute to stop loss.
Children's Preventive Health Care Coverage:	Coverage for services at the following age intervals: Birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, and 16 years.
Maternity Rider:	Prenatal and Obstetrics; all benefits will be paid at 100% in / 80% out to a maximum of $2,000, $3,000, or $5,000; obstetrical care includes physician services, delivery room and other medically necessary hospital services. Payments do not contribute to stoploss.
TMJ Rider:	Benefits as mandated by House Bill 2363.
Supplemental Accident Endorsement:	PPO benefits will be applied up to a 90 day period and deductible, if any, will not be applied.

Exhibit I

July 20, 2011

Arkansas Blue Cross and Blue Shield
Outline of Current Benefits

UniqueCare II Preferred
Policy Forms: 17-1261193, 17-127SAE1193 and 23-3071193

Basic Provisions:	Option of $500, $1,000, $2,500, $5,000, $10,000 or $25,000 deductible per year per covered person; $1,000,000 lifetime maximum; calendar year deductible; maximum of two deductibles per family per year; calendar year benefit period; coordination of benefits required; stop loss amounts of $0, $2,500, $10,000, $50,000; deductible may not exceed stop loss amount; coinsurance of 50% in network / 30% out of network and 100% in / 80% out; coinsurance increases to 100% in / 80% out once stop loss has been met; 12 months rate guarantee; dependent coverage to age 23.
Hospital Benefits:	Payments at 50% in network / 30% out of network of Blue Cross and Blue Shield of Arkansas reasonable charge for semi-private room, ICU, covered ancillary charges, diagnostic x-ray & laboratory, anesthesia services, complications of pregnancy, blood service charge, managed care benefits.
Physician Benefits:	Payments at 50% in network / 30% out of network of Blue Cross and Blue Shield of Arkansas reasonable charge for surgery, anesthesia, diagnostic x-ray & laboratory (outpatient), complications of pregnancy, office visits, in-hospital visits.
Drug Card:	Deductible is 10% of CMM deductible to a $500 maximum. Coinsurance is 80%
Special Limits:	50% UCR to a $4,000 maximum for psychiatric, drug, alcoholism, and morbid obesity conditions. Not eligible toward satisfaction of stop loss; private duty nursing (even under stop loss) to a $4,000 maximum payment per calendar year; $500 Maximum for speech therapy; 30 days per calendar year for nursing home; $300 Maximum for ambulance. Out of network charges do not contribute to stop loss.
Children's Preventive Health Care Coverage:	Coverage for services at the following age intervals: Birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, and 16 years.
Maternity Rider:	Prenatal and Obstetrics; all benefits will be paid at 100% in / 80% out to a maximum of $2,000, $3,000, or $5,000; obstetrical care includes physician services, delivery room and other medically necessary hospital services. Payments do not contribute to stoploss.
TMJ Rider:	Benefits as mandated by House Bill 2363.
Supplemental Accident Endorsement:	PPO benefits will be applied up to a 90 day period and deductible, if any, will not be applied.

Exhibit I

July 20, 2011

Arkansas Blue Cross and Blue Shield
Outline of Current Benefits

Farm Bureau Flexplan I
Policy Forms: 17-134594, 17-136SAE594 and 23-346594

Basic Provisions:	Option of $500, $1,000, $2,500, $5,000, $10,000 or $25,000 deductible per year per covered person; $1,000,000 lifetime maximum; calendar year deductible; maximum of two deductibles per family per year; calendar year benefit period; coordination of benefits required; stop loss amounts of $2,500, $10,000, $50,000; deductible may not exceed stop loss amount; coinsurance of 80% and 100%; coinsurance increases to 100% once stop loss has been met; initial 12 months rate guarantee; dependent coverage to age 23.
Hospital Benefits:	Payments at 80% (100%) of Blue Cross and Blue Shield of Arkansas reasonable charge for semi-private room, ICU, covered ancillary charges, diagnostic x-ray & laboratory, anesthesia services, complications of pregnancy, blood service charge, managed care benefits.
Physician Benefits:	Payments at 80% (100%) of Blue Cross and Blue Shield of Arkansas reasonable charge for surgery, anesthesia, diagnostic x-ray & laboratory (outpatient), complications of pregnancy, office visits, in-hospital visits.
Drug Card:	Deductible is 10% of CMM deductible to a $500 maximum. Coinsurance is 80%
Special Limits:	50% UCR to a $4,000 maximum for psychiatric, drug, alcoholism, and morbid obesity conditions. Not eligible toward satisfaction of stop loss; private duty nursing (even under stop loss) to a $4,000 maximum payment per calendar year; $500 Maximum for speech therapy; 30 days per calendar year for nursing home; $300 Maximum for ambulance.
Children's Preventive Health Care Coverage:	Coverage for services at the following age intervals: Birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, and 16 years.
Maternity Rider:	Prenatal and Obstetrics; all benefits will be paid at 100% to a maximum of $2,000, $3,000, or $5,000; obstetrical care includes physician services, delivery room and other medically necessary hospital services. Payments do not contribute to stoploss.
TMJ Rider:	Benefits as mandated by House Bill 2363.
Supplemental Accident Endorsement:	Pays first $300 of covered charges incurred as a result of an accidental injury.

Exhibit I

July 20, 2011

Arkansas Blue Cross and Blue Shield
Outline of Current Benefits

Farm Bureau Flexplan II
Policy Forms: 17-135594, 17-136SAE594 and 23-246594

Basic Provisions:	Option of $500, $1,000, $2,500, $5,000, $10,000 or $25,000 deductible per year per covered person; $1,000,000 lifetime maximum; calendar year deductible; maximum of two deductibles per family per year; calendar year benefit period; coordination of benefits required; stop loss amounts of $2,500, $10,000, $50,000; deductible may not exceed stop loss amount; coinsurance of 50%; coinsurance increases to 100% once stop loss has been met; initial 12 months rate guarantee; dependent coverage to age 23.
Hospital Benefits:	Payments at 50% of Blue Cross and Blue Shield of Arkansas reasonable charge for semi-private room, ICU, covered ancillary charges, diagnostic x-ray & laboratory, anesthesia services, complications of pregnancy, blood service charge, managed care benefits.
Physician Benefits:	Payments at 50% of Blue Cross and Blue Shield of Arkansas reasonable charge for surgery, anesthesia, diagnostic x-ray & laboratory (outpatient), complications of pregnancy, office visits, in-hospital visits.
Drug Card:	Deductible is 10% of CMM deductible to a $500 maximum. Coinsurance is 80%
Special Limits:	50% UCR to a $4,000 maximum for psychiatric, drug, alcoholism, and morbid obesity conditions. Not eligible toward satisfaction of stop loss; private duty nursing (even under stop loss) to a $4,000 maximum payment per calendar year; $500 Maximum for speech therapy; 30 days per calendar year for nursing home; $300 Maximum for ambulance.
Children's Preventive Health Care Coverage:	Coverage for services at the following age intervals: Birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, and 16 years.
Maternity Rider:	Prenatal and Obstetrics; all benefits will be paid at 100% to a maximum of $2,000, $3,000, or $5,000; obstetrical care includes physician services, delivery room and other medically necessary hospital services. Payments do not contribute to stoploss.
TMJ Rider:	Benefits as mandated by House Bill 2363.
Supplemental Accident Endorsement:	Pays first $300 of covered charges incurred as a result of an accidental injury.

Exhibit I

July 20, 2011

Arkansas Blue Cross and Blue Shield
Outline of Current Benefits

Farm Bureau Flexplan I Preferred
Policy Forms: 17-129294, 17131SAE294 and 23-314294

Basic Provisions:	Option of $500, $1,000, $2,500, $5,000, $10,000 or $25,000 deductible per year per covered person; $1,000,000 lifetime maximum; calendar year deductible; maximum of two deductibles per family per year; calendar year benefit period; coordination of benefits required; stop loss amounts of $0, $2,500, $10,000, $50,000; deductible may not exceed stop loss amount; coinsurance of 80% in network / 60% out of network and 100% in / 80% out; coinsurance increases to 100% in / 80% out once stop loss has been met; initial 12 months rate guarantee; dependent coverage to age 23.
Hospital Benefits:	Payments at 80% in network / 60% out of network (100% in / 80% out) of Blue Cross and Blue Shield of Arkansas reasonable charge for semi-private room, ICU, covered ancillary charges, diagnostic x-ray & laboratory, anesthesia services, complications of pregnancy, blood service charge, managed care benefits.
Physician Benefits:	Payments at 80% in network / 60% out of network (100% in / 80% out) of Blue Cross and Blue Shield of Arkansas reasonable charge for surgery, anesthesia, diagnostic x-ray & laboratory (outpatient), complications of pregnancy, office visits, in-hospital visits.
Drug Card:	Deductible is 10% of CMM deductible to a $500 maximum. Coinsurance is 80%
Special Limits:	50% UCR to a $4,000 maximum for psychiatric, drug, alcoholism, and morbid obesity conditions. Not eligible toward satisfaction of stop loss; private duty nursing (even under stop loss) to a $4,000 maximum payment per calendar year; $500 Maximum for speech therapy; 30 days per calendar year for nursing home; $300 Maximum for ambulance. Out of network charges do not contribute to stop loss.
Children's Preventive Health Care Coverage:	Coverage for services at the following age intervals: Birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, and 16 years.
Maternity Rider:	Prenatal and Obstetrics; all benefits will be paid at 100% in / 80% out to a maximum of $2,000, $3,000, or $5,000; obstetrical care includes physician services, delivery room and other medically necessary hospital services. Payments do not contribute to stoploss.
TMJ Rider:	Benefits as mandated by House Bill 2363.
Supplemental Accident Endorsement:	PPO benefits will be applied up to a 90 day period and deductible, if any, will not be applied.

Exhibit I

July 20, 2011

Arkansas Blue Cross and Blue Shield
Outline of Current Benefits

Farm Bureau Flexplan II Preferred
Policy Forms: 17-130294, 17-131SAE294 and 23-314294

Basic Provisions:	Option of $500, $1,000, $2,500, $5,000, $10,000 or $25,000 deductible per year per covered person; $1,000,000 lifetime maximum; calendar year deductible; maximum of two deductibles per family per year; calendar year benefit period; coordination of benefits required; stop loss amounts of $0, $2,500, $10,000, $50,000; deductible may not exceed stop loss amount; coinsurance of 50% in network / 30% out of network; coinsurance increases to 100% in / 80% out once stop loss has been met; initial 12 months rate guarantee; dependent coverage to age 23.
Hospital Benefits:	Payments at 50% in network / 30% out of network of Blue Cross and Blue Shield of Arkansas reasonable charge for semi-private room, ICU, covered ancillary charges, diagnostic x-ray & laboratory, anesthesia services, complications of pregnancy, blood service charge, managed care benefits.
Physician Benefits:	Payments at 50% in network / 30% out of network of Blue Cross and Blue Shield of Arkansas reasonable charge for surgery, anesthesia, diagnostic x-ray & laboratory (outpatient), complications of pregnancy, office visits, in-hospital visits.
Drug Card:	Deductible is 10% of CMM deductible to a $500 maximum. Coinsurance is 80%
Special Limits:	50% UCR to a $4,000 maximum for psychiatric, drug, alcoholism, and morbid obesity conditions. Not eligible toward satisfaction of stop loss; private duty nursing (even under stop loss) to a $4,000 maximum payment per calendar year; $500 Maximum for speech therapy; 30 days per calendar year for nursing home; $300 Maximum for ambulance. Out of network charges do not contribute to stop loss.
Children's Preventive Health Care Coverage:	Coverage for services at the following age intervals: Birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, and 16 years.
Maternity Rider:	Prenatal and Obstetrics; all benefits will be paid at 100% in / 80% out to a maximum of $2,000, $3,000, or $5,000; obstetrical care includes physician services, delivery room and other medically necessary hospital services. Payments do not contribute to stoploss.
TMJ Rider:	Benefits as mandated by House Bill 2363.
Supplemental Accident Endorsement:	PPO benefits will be applied up to a 90 day period and deductible, if any, will not be applied.

Exhibit I

Arkansas Blue Cross and Blue Shield
Outline of Current Benefits

UniqueCare Blue I

Policy Forms: 17-147896, 23-561896, 149SAE896

Basic Provisions:	Option of $500, $1,000, $2,500, $5,000, $10,000 or $25,000 deductible per year per covered person; $1,000,000 lifetime maximum; calendar year deductible; maximum of two deductibles per family per year; calendar year benefit period; coordination of benefits required; stop loss amounts of $0, $2,500, $10,000, $50,000; deductible may not exceed stop loss amount; coinsurance of 80% and 100%; coinsurance increases to 100% once stop loss has been met; 12 months rate guarantee; dependent coverage to age 23.
Hospital Benefits:	Payments at 80% (100%) of Blue Cross and Blue Shield of Arkansas reasonable charge for semi-private room, ICU, covered ancillary charges, diagnostic x-ray & laboratory, anesthesia services, complications of pregnancy, blood service charge, managed care benefits.
Physician Benefits:	Payments at 80% (100%) of Blue Cross and Blue Shield of Arkansas reasonable charge for surgery, anesthesia, diagnostic x-ray & laboratory (outpatient), complications of pregnancy, office visits, in-hospital visits.
Special Limits:	50% UCR to a $4,000 maximum for psychiatric, drug, alcoholism, and morbid obesity conditions. Not eligible toward satisfaction of stop loss; private duty nursing (even under stop loss) to a $4,000 maximum payment per calendar year; 30 days per calendar year for nursing home; $300 Maximum for ambulance; pre-existing conditions are not covered until policy has been in effect for 12 months.
Children's Preventive Health Care Coverage:	Coverage for services at the following age intervals: Birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, 16 years, 17 years and 18 years.
Maternity Rider:	Prenatal and Obstetrics; all benefits will be paid at 100% to a maximum of $2,000, $3,000 or $5,000; obstetrical care includes physician services, delivery room and other medically necessary hospital services. Payments do not contribute toward stop loss.
TMJ Rider:	Benefits as mandated by House Bill 2363.
Optional Supplemental Accident Endorsement:	Pays first $300 of covered charges incurred as a result of an accidental injury.
Drug Card:	Drug Card available with deductible at 10% of CMM deductible to a $500 maximum; coinsurance is 80%.

Exhibit I

July 20, 2011

Arkansas Blue Cross and Blue Shield
Outline of Current Benefits

Blue Select

Policy Forms: 17-1661098, 23-8491098, 23-8501098, 23-8511098, 17-167SAE1098

Basic Provisions:	Option of $500, $1,000, $1,500 or $2,500 deductible per year per covered person; $2,000,000 lifetime maximum; calendar year deductible; maximum of two deductibles per family per year; calendar year benefit period; coordination of benefits required; stop loss amounts of $5,000 and $10,000; deductible may not exceed stop loss amount; coinsurance of 80% and 100%; 12 months rate guarantee; dependent coverage to age 23.
Hospital Benefits:	Payments at 80% (100%) of Blue Cross and Blue Shield of Arkansas reasonable charge for semi-private room, ICU, covered ancillary charges, diagnostic x-ray & laboratory, anesthesia services, complications of pregnancy, blood service charge, managed care benefits.
Physician Benefits:	Payments at 80% (100%) of Blue Cross and Blue Shield of Arkansas reasonable charge for surgery, anesthesia, diagnostic x-ray & laboratory (outpatient), complications of pregnancy, office visits (refer to Primary Care Office Visit section), in-hospital visits.
Primary Care Office Visit	$20 copay for General Practice, Family Practice, Internal Medicine and Pediatric Visits; 80% (100%) of Blue Cross and Blue Shield of Arkansas reasonable charge after the $20 copy (in-office only).
Drug Card:	$50 Deductible; coinsurance is 80%
Special Limits:	50% UCR to a $4,000 maximum for psychiatric, drug, alcoholism, and gastric bypass surgery. Not eligible toward satisfaction of stop loss; private duty nursing (even under stop loss) to a $4,000 maximum payment per calendar year; 30 days per calendar year for nursing home; $300 Maximum for ambulance.
Wellness Benefit	Routine examinations for an adult according to the following schedule: one exam between the ages 18 and 39, after age 40, one examination every 5 years; Limited to cost of physical examination received in a year of $150 (whichever is less); Routine GYN examinations according to the following schedule: one exam between the ages 35 and 40, one exam every two years between the ages 40 and 50, one exam annually after age 50; Physical exams to diagnose illness, injury, accident or poisoning are not covered under the Wellness benefit.
Children's Preventive Health Care Coverage:	Coverage for services at the following age intervals: Birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, and 16 years and 18 years. Services are subject to contract deductible.
Maternity Rider:	Prenatal and Obstetrics; all benefits will be paid at 100% to a maximum of $2,000, $3,000 or $5,000; obstetrical care includes physician services, delivery room and other medically necessary hospital services; Payments do not contribute toward stop loss.
TMJ Rider:	Benefits as mandated by House Bill 2363.
Supplemental Accident Endorsement:	Pays first $300 of covered charges incurred as a result of an accidental injury.

Exhibit I

July 20, 2011

Arkansas Blue Cross and Blue Shield
Outline of Current Benefits

Nongroup
Policy Form: 17-70

Basic Provisions:	Option of $1,000 deductible per member or $1,500 deductible per member; $1,000,000 lifetime maximum; calendar year deductible; maximum of two deductibles per family; calendar year benefit period; $10,000 of eligible expenses stop loss; coinsurance of 75%.
Hospital Benefits:	365 days of care; 80% (75%) of semi-private room; ICU; covered ancillary charges, diagnostic x-ray & laboratory, complications of pregnancy only, blood service charge, managed care benefits.
Physician Benefits:	80% (75%) UCR for surgery, anesthesia, diagnostic x-ray & laboratory (outpatient), complications of pregnancy only, office visits, in-hospital visits.
Special Limits:	50% UCR to a $4,000 maximum for psychiatric, drug, alcoholism, and morbid obesity conditions. Not eligible toward satisfaction of stop loss; private duty nursing (even under stop loss) to a $4,000 maximum payment per calendar year; $500 maximum (even under stop loss) for speech therapy; 30 days per calendar year for nursing home; $300 maximum (even under stop loss) for ambulance.
TMJ Rider:	Benefits as mandated by House Bill 2363.

Exhibit I

July 20, 2011

Arkansas Blue Cross and Blue Shield
Outline of Current Benefits

Student
Policy Form: 17-93

Basic Provisions:	Option of $250 deductible per member or $1,000 deductible per member; $1,000,000 lifetime maximum; calendar year deductible; maximum of two deductibles per family; calendar year benefit period; $10,000 of eligible expenses stop loss; coinsurance of 75%.
Hospital Benefits:	365 days of care; 75% of semi-private room; ICU; covered ancillary charges, diagnostic x-ray & laboratory, complications of pregnancy only, blood service charge, managed care benefits.
Physician Benefits:	75% UCR for surgery, anesthesia, diagnostic x-ray & laboratory (outpatient), complications of pregnancy only, office visits, in-hospital visits.
Special Limits:	50% UCR to a $4,000 maximum for psychiatric, drug, alcoholism, and morbid obesity conditions. Not eligible toward satisfaction of stop loss; private duty nursing (even under stop loss) to a $4,000 maximum payment per calendar year; $500 maximum (even under stop loss) for speech therapy; 30 days per calendar year for nursing home; $300 maximum (even under stop loss) for ambulance.
Supplemental Accident Benefits:	100% UCR for the first $500 in eligible expenses.
Maternity Option:	Prenatal and outpatient prenatal will be paid at 100%. Obstetrical care includes physician services, delivery room and other medically necessary hospital services.
TMJ Rider:	Benefits as mandated by House Bill 2363.

Exhibit I

July 20, 2011

Arkansas Blue Cross and Blue Shield
Outline of Current Benefits

BlueCare PPO
17-183 6/00, 17-185 6/00

Basic Provisions:	Option of $500, $1,000, $1,500 or $2,500 deductible per year per covered person; $2,000,000 lifetime maximum; calendar year deductible; maximum of two deductibles per family per year; calendar year benefit period; coordination of benefits required; stop loss amounts of $5,000 and $10,000 (does not apply to $2,500 deductible benefit); deductible may not exceed stop loss amount; coinsurance of 80% in-network / 60% out-of-network ($2,500 deductible benefit has 100% in-network / 80% out-of-network); 12 months rate guarantee; dependent coverage to age 23.
Hospital Benefits:	Payments at 80% in network / 60% out of network (100% in / 80% out) of Blue Cross and Blue Shield of Arkansas reasonable charge for semi-private room, ICU, covered ancillary charges, diagnostic x-ray & laboratory, anesthesia services, complications of pregnancy, blood service charge, managed care benefits.
Physician Benefits:	Payments at 80% in network / 60% out of network (100% in / 80% out) of Blue Cross and Blue Shield of Arkansas reasonable charge for surgery, anesthesia, diagnostic x-ray & laboratory (outpatient), complications of pregnancy, office visits, in-hospital visits.
Drug Card:	$100 Deductible; coinsurance is 80%
Special Limits:	50% UCR to a $4,000 maximum for psychiatric, drug, alcoholism, and gastric bypass surgery. Not eligible toward satisfaction of stop loss; private duty nursing (even under stop loss) to a $4,000 maximum payment per calendar year; 30 days per calendar year for nursing home; $300 Maximum for ambulance.
Wellness Benefit	Not Covered
Children's Preventive Health Care Coverage:	Coverage for services at the following age intervals: Birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, and 16 years and 18 years. Immunizations are not subject to coinsurance, office visit copay or deductible; Services are subject to contract deductible.
Maternity Rider:	All benefits are subject to the major medical deductible and coinsurance; obstetrical care includes physician services, delivery room and other medically necessary hospital services. Payments do not contribute to stoploss.
TMJ Rider:	Benefits as mandated by House Bill 2363.

Exhibit I

July 20, 2011

Arkansas Blue Cross and Blue Shield
Outline of Current Benefits

BlueCare PPO PLUS
17-184 6/00, 17-185 6/00

Basic Provisions:	Option of $500, $1,000, $1,500 or $2,500 deductible per year per covered person; $2,000,000 lifetime maximum; calendar year deductible; maximum of two deductibles per family per year; calendar year benefit period; coordination of benefits required; stop loss amounts of $5,000 and $10,000 (does not apply to $2,500 deductible benefit); deductible may not exceed stop loss amount; coinsurance of 80% in-network / 60% out-of-network ($2,500 deductible benefit has 100% in-network / 80% out-of-network); 12 months rate guarantee; dependent coverage to age 23.
Hospital Benefits:	Payments at 80% in network / 60% out of network (100% in / 80% out) of Blue Cross and Blue Shield of Arkansas reasonable charge for semi-private room, ICU, covered ancillary charges, diagnostic x-ray & laboratory, anesthesia services, complications of pregnancy, blood service charge, managed care benefits.
Physician Benefits:	Payments at 80% in network / 60% out of network (100% in / 80% out) of Blue Cross and Blue Shield of Arkansas reasonable charge for surgery, anesthesia, diagnostic x-ray & laboratory (outpatient), complications of pregnancy, office visits, in-hospital visits.
Primary Care Office Visit	$20 copay for General Practice, Family Practice, Internal Medicine and Pediatric Visits
Drug Card:	$100 Deductible; coinsurance is 80%
Special Limits:	50% UCR to a $4,000 maximum for psychiatric, drug, alcoholism, and gastric bypass surgery. Not eligible toward satisfaction of stop loss; private duty nursing (even under stop loss) to a $4,000 maximum payment per calendar year; 30 days per calendar year for nursing home; $300 Maximum for ambulance.
Wellness Benefit	$500 maximum benefit per person; Routine examinations for an adult according to the following schedule: one exam between the ages 18 and 39, after age 40, one examination every 5 years; Routine GYN examinations according to the following schedule: one exam between the ages 35 and 40, one exam every two years between the ages 40 and 50, one exam annually after age 50; Physical exams to diagnose illness, injury, accident or poisoning are not covered under the Wellness benefit.
Children's Preventive Health Care Coverage:	Coverage for services at the following age intervals: Birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, and 16 years and 18 years. Immunizations are not subject to coinsurance, office visit copay or deductible; Services are subject to contract deductible.
Maternity Rider:	All benefits are subject to the major medical deductible and coinsurance; obstetrical care includes physician services, delivery room and other medically necessary hospital services. Payments do not contribute to stoploss.
TMJ Rider:	Benefits as mandated by House Bill 2363.
Supplemental Accident	Pays first $300 of covered charges incurred as a result of an accidental injury.

Exhibit I

July 20, 2011

Arkansas Blue Cross and Blue Shield
Outline of Current Benefits

HSA Blue PPO
Policy Forms: 17-236 9/04

Basic Provisions:	Option of $1,100, $2,900 or $5,600 deductible per year per covered person if single coverage or $2,200, $5,800 or $11,200 deductible per year per covered family unit; $2,000,000 lifetime maximum; calendar year deductible; calendar year benefit period; coordination of benefits required; coinsurance max of $10,000 for single coverage and $20,000 for family coverage; coinsurance of 80% in-network / 60% out-of-network ($2,900 and $5,600 deductible benefit has 100% in-network / 80% out-of-network); dependent coverage to age 23.
Hospital Benefits:	Payments at 80% in network / 60% out of network (100% in / 80% out) of Blue Cross and Blue Shield of Arkansas reasonable charge for semi-private room, ICU, covered ancillary charges, diagnostic x-ray & laboratory, anesthesia services, complications of pregnancy, blood service charge, managed care benefits.
Physician Benefits:	Payments at 80% in network / 60% out of network (100% in / 80% out) of Blue Cross and Blue Shield of Arkansas reasonable charge for surgery, anesthesia, diagnostic x-ray & laboratory (outpatient), complications of pregnancy, office visits, in-hospital visits.
Special Limits:	50% UCR to a $4,000 maximum for psychiatric, drug, alcoholism, and gastric bypass surgery. Not eligible toward satisfaction of stop loss; private duty nursing (even under stop loss) to a $4,000 maximum payment per calendar year; 30 days per calendar year for nursing home; $300 Maximum for ambulance.
Wellness Benefit	$500 maximum benefit per person; Routine examinations for an adult according to the following schedule: one exam between the ages 18 and 39, after age 40, one examination every 5 years; Routine GYN examinations according to the following schedule: one exam between the ages 35 and 40, one exam every two years between the ages 40 and 50, one exam annually after age 50; Physical exams to diagnose illness, injury, accident or poisoning are not covered under the Wellness benefit.
Children's Preventive Health Care Coverage:	Coverage for services at the following age intervals: Birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, and 16 years and 18 years. Immunizations are not subject to coinsurance, office visit copay or deductible; Services are subject to contract deductible.
Maternity Rider:	All benefits are subject to the major medical deductible and coinsurance; obstetrical care includes physician services, delivery room and other medically necessary hospital services.
TMJ Rider:	Benefits as mandated by House Bill 2363.

Arkansas Blue Cross and Blue Shield
Outline of Current Benefits

HSA Blue PPO Plus
Policy Forms: 17-237 9/04

Basic Provisions: Option of $1,100, $2,900 or $5,600 deductible per year per covered person if single coverage or $2,200, $5,800 or $11,200 deductible per year per covered family unit; $2,000,000 lifetime maximum; calendar year deductible; calendar year benefit period; coordination of benefits required; coinsurance max of $10,000 for single coverage and $20,000 for family coverage; coinsurance of 80% in-network / 60% out-of-network ($2,900 and $5,600 deductible benefit has 100% in-network / 80% out-of-network); dependent coverage to age 23.

Hospital Benefits: Payments at 80% in network / 60% out of network (100% in / 80% out) of Blue Cross and Blue Shield of Arkansas reasonable charge for semi-private room, ICU, covered ancillary charges, diagnostic x-ray & laboratory, anesthesia services, complications of pregnancy, blood service charge, managed care benefits.

Physician Benefits: Payments at 80% in network / 60% out of network (100% in / 80% out) of Blue Cross and Blue Shield of Arkansas reasonable charge for surgery, anesthesia, diagnostic x-ray & laboratory (outpatient), complications of pregnancy, office visits, in-hospital visits.

Drug Card: All benefits are subject to the major medical deductible and coinsurance.

Special Limits: 50% UCR to a $4,000 maximum for psychiatric, drug, alcoholism, and gastric bypass surgery. Not eligible toward satisfaction of stop loss; private duty nursing (even under stop loss) to a $4,000 maximum payment per calendar year; 30 days per calendar year for nursing home; $300 Maximum for ambulance.

Wellness Benefit $500 maximum benefit per person; Routine examinations for an adult according to the following schedule: one exam between the ages 18 and 39, after age 40, one examination every 5 years; Routine GYN examinations according to the following schedule: one exam between the ages 35 and 40, one exam every two years between the ages 40 and 50, one exam annually after age 50; Physical exams to diagnose illness, injury, accident or poisoning are not covered under the Wellness benefit.

Children's Preventive Health Care Coverage: Coverage for services at the following age intervals: Birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, and 16 years and 18 years. Immunizations are not subject to coinsurance, office visit copay or deductible; Services are subject to contract deductible.

Maternity Rider: All benefits are subject to the major medical deductible and coinsurance; obstetrical care includes physician services, delivery room and other medically necessary hospital services.

TMJ Rider: Benefits as mandated by House Bill 2363.

Exhibit I

July 20, 2011

Arkansas Blue Cross and Blue Shield
Outline of Current Benefits

Blue Solutions PPO
Policy Forms: 17-238 9/04

Basic Provisions:	Option of $750, $1,500, $3,000 or $5,000 deductible per year per covered person; $2,000,000 lifetime maximum; calendar year deductible; maximum of two deductibles per family per year; calendar year benefit period; coordination of benefits required; stop loss amounts of $5,000 and $10,000 (does not apply to $2,500 deductible benefit); deductible may not exceed stop loss amount; coinsurance of 80% in-network / 60% out-of-network ($2,500 deductible benefit has 100% in-network / 80% out-of-network); 12 months rate guarantee; dependent coverage to age 23.
Hospital Benefits:	Payments at 80% in network / 60% out of network (100% in / 80% out) of Blue Cross and Blue Shield of Arkansas reasonable charge for semi-private room, ICU, covered ancillary charges, diagnostic x-ray & laboratory, anesthesia services, complications of pregnancy, blood service charge, managed care benefits.
Physician Benefits:	Payments at 80% in network / 60% out of network (100% in / 80% out) of Blue Cross and Blue Shield of Arkansas reasonable charge for surgery, anesthesia, diagnostic x-ray & laboratory (outpatient), complications of pregnancy, office visits, in-hospital visits.
Drug Card:	$250 Deductible; coinsurance is 50%
Special Limits:	50% UCR to a $4,000 maximum for psychiatric, drug, alcoholism, and gastric bypass surgery. Not eligible toward satisfaction of stop loss; private duty nursing (even under stop loss) to a $4,000 maximum payment per calendar year; 30 days per calendar year for nursing home; $300 Maximum for ambulance.
Wellness Benefit	Not Covered
Children's Preventive Health Care Coverage:	Coverage for services at the following age intervals: Birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, and 16 years and 18 years. Immunizations are not subject to coinsurance, office visit copay or deductible; Services are subject to contract deductible.
Maternity Rider:	All benefits are subject to the major medical deductible and coinsurance; obstetrical care includes physician services, delivery room and other medically necessary hospital services. Payments do not contribute to stoploss.
TMJ Rider:	Benefits as mandated by House Bill 2363.

Exhibit I

Arkansas Blue Cross and Blue Shield
Outline of Current Benefits

BlueChoice
Policy Forms: 17-247 6/06

Basic Provisions:	Option of $500, $1,000, $2,500, $5,000, $10,000 or $25,000 deductible per year per covered person; $2,000,000 lifetime maximum; calendar year deductible; maximum of two deductibles per family per year; calendar year benefit period; coordination of benefits required; stop loss amounts of $5,000 or $10,000 (does not apply to 100% coinsurance benefits); stop loss amount is after applying deductible; coinsurance of 80% in-network / 60% out-of-network or 100% in-network / 80% out-of-network; 12 months rate guarantee; dependent coverage to age 23.
Hospital Benefits:	Payments at 80% in network / 60% out of network (100% in / 80% out) of Blue Cross and Blue Shield of Arkansas reasonable charge for semi-private room, ICU, covered ancillary charges, diagnostic x-ray & laboratory, anesthesia services, complications of pregnancy, blood service charge, managed care benefits.
Physician Benefits:	Payments at 80% in network / 60% out of network (100% in / 80% out) of Blue Cross and Blue Shield of Arkansas reasonable charge for surgery, anesthesia, diagnostic x-ray & laboratory (outpatient), complications of pregnancy, office visits, in-hospital visits.
Primary Care and Specialist Office Visits:	$30 copay for General Practice, Family Practice, Internal Medicine and Pediatric Visits. $50 Copay for Specialist Office Visits (including routine care).
Drug Card:	$10/$30/$50 or $10/$50 with Essential Care Formulary Mental Illness Drugs are not covered
Wellness Benefit	Payments at 80% in network/ 60% out of network or 100% in network/ 80% out of network up to $500 annual maximum, not subject to deductible.
Children's Preventive Health Care Coverage:	Coverage for services at the following age intervals: Birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, 12 years, 14 years, and 16 years and 18 years. Immunizations are not subject to coinsurance, office visit copay or deductible; Services are subject to contract deductible.

Supporting Document Schedules

		Item Status:	**Status Date:**
Satisfied - Item:	Health - Actuarial Justification	Deemed Approved	08/30/2011

Comments:

Attachments:

Actuarial Memorandum Confidential.pdf

Exhibit III Confidential.pdf