

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

Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield
Product Name: Individual Closed Bloc Rate Increase
State: Arkansas
TOI: H16I Individual Health - Major Medical
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
Filing Type: Rate
Date Submitted: 06/01/2012
SERFF Tr Num: ARBB-128439343
SERFF Status: Closed-Approved
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 17-111 ET.AL.

Implementation: 01/01/2013
Date Requested:
Author(s): Christi Kittler, Yvonne McNaughton, Frank Sewall, Rita Thatcher, Evelyn Laney
Reviewer(s): Rosalind Minor (primary), Donna Lambert
Disposition Date: 09/07/2012
Disposition Status: Approved
Implementation Date: 09/07/2012

State Filing Description:

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

General Information

Project Name: Individual Closed Bloc Rate Increase	Status of Filing in Domicile: Pending
Project Number: 17-111	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Arkansas is our state of domicile.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type: Individual
Overall Rate Impact: 9.8%	Filing Status Changed: 09/07/2012
	State Status Changed: 09/07/2012
Deemer Date:	Created By: Christi Kittler
Submitted By: Christi Kittler	Corresponding Filing Tracking Number: 17-111
	PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:
Individual Closed Bloc Rate Increase

Company and Contact

Filing Contact Information

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

Filing Company Information

Arkansas Blue Cross and Blue Shield	CoCode: 83470	State of Domicile: Arkansas
601 S. Gaines Street	Group Code:	Company Type:
Little Rock, AR 72201	Group Name:	State ID Number: N/A
(501) 378-2967 ext. [Phone]	FEIN Number: 71-0226428	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$1,050.00
Retaliatory?	No
Fee Explanation:	\$50 x 21 filings = 1050
Per Company:	No

Company	Amount	Date Processed	Transaction #
Arkansas Blue Cross and Blue Shield	\$1,050.00	06/01/2012	59637104

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

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	09/07/2012	09/07/2012
Approved	Donna Lambert	08/28/2012	08/28/2012
Disapproved	Rosalind Minor	07/27/2012	07/27/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	08/28/2012	08/28/2012
Pending Industry Response	Rosalind Minor	07/18/2012	07/18/2012
Pending Industry Response	Rosalind Minor	07/11/2012	07/11/2012
No response necessary	Donna Lambert	06/29/2012	06/29/2012
Pending Industry Response	Rosalind Minor	06/05/2012	06/05/2012

Response Letters

Responded By	Created On	Date Submitted
Christi Kittler	08/28/2012	08/28/2012
Christi Kittler	07/18/2012	07/18/2012
Christi Kittler	07/16/2012	07/16/2012
Christi Kittler	06/29/2012	06/29/2012
Christi Kittler	06/06/2012	06/06/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
I need a post-submission update	Note To Filer	Donna Lambert	08/28/2012	08/28/2012
"No Response Necessary"	Note To Filer	Donna Lambert	06/29/2012	06/29/2012

SERFF Tracking #: ARBB-128439343 State Tracking #: Company Tracking #: 17-111 ET.AL.

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

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Rate Summary Worksheet	Reviewer Note	Donna Lambert	09/06/2012	

SERFF Tracking #:

ARBB-128439343

State Tracking #:

Company Tracking #:

17-111 ET.AL.

State:

Arkansas

Filing Company:

Arkansas Blue Cross and Blue Shield

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name:

Individual Closed Bloc Rate Increase

Project Name/Number:

Individual Closed Bloc Rate Increase/17-111

Disposition

Disposition Date: 09/07/2012

Implementation Date: 09/07/2012

Status: Approved

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment: Thank you for your revision to the Written Premium Change for this Program - to \$13,938,885.00

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 req'd):	Minimum % Change (where req'd):
Arkansas Blue Cross and Blue Shield	Increase	4.000%	4.000%	\$13,938,885	37,368	\$152,892,019	4.000%	4.000%

Percent Change Approved:

Minimum:

4.0%

Maximum:

4.0%

Weighted Average:

4.0%

SERFF Tracking #:

ARBB-128439343

State Tracking #:**Company Tracking #:**

17-111 ET.AL.

State:

Arkansas

Filing Company:

Arkansas Blue Cross and Blue Shield

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name:

Individual Closed Bloc Rate Increase

Project Name/Number:

Individual Closed Bloc Rate Increase/17-111

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	Yes
Supporting Document (revised)	Rate Summary Worksheet	Approved	Yes
Supporting Document	Rate Summary Worksheet	Replaced	Yes
Supporting Document (revised)	Consumer Disclosure Form	Approved	Yes
Supporting Document	Consumer Disclosure Form	Replaced	Yes
Supporting Document	Deemer	Approved	Yes
Supporting Document	Responses for Questions	Approved	Yes
Supporting Document	Response for Question dated July 20, 2012	Approved	Yes
Rate (revised)	Rate Increase	Approved	Yes
Rate	Rate Increase	Replaced	Yes
Rate	Rate Increase	Replaced	Yes

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

Disposition

Disposition Date: 08/28/2012

Implementation Date: 08/28/2012

Status: Approved

HHS Status: HHS Approved

State Review: Reviewed by Actuary

Comment: We have approved a negotiated 4% level rate increase on your submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval

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 req'd):	Minimum % Change (where req'd):
Arkansas Blue Cross and Blue Shield	Increase	4.000%	4.000%	\$23,242,916	37,368	\$152,892,019	4.000%	4.000%

Percent Change Approved:

Minimum: 4.0% **Maximum:** 4.0% **Weighted Average:** 4.0%

SERFF Tracking #:

ARBB-128439343

State Tracking #:**Company Tracking #:**

17-111 ET.AL.

State:

Arkansas

Filing Company:

Arkansas Blue Cross and Blue Shield

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name:

Individual Closed Bloc Rate Increase

Project Name/Number:

Individual Closed Bloc Rate Increase/17-111

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	Yes
Supporting Document (revised)	Rate Summary Worksheet	Approved	Yes
Supporting Document	Rate Summary Worksheet	Replaced	Yes
Supporting Document (revised)	Consumer Disclosure Form	Approved	Yes
Supporting Document	Consumer Disclosure Form	Replaced	Yes
Supporting Document	Deemer	Approved	Yes
Supporting Document	Responses for Questions	Approved	Yes
Supporting Document	Response for Question dated July 20, 2012	Approved	Yes
Rate (revised)	Rate Increase	Approved	Yes
Rate	Rate Increase	Replaced	Yes
Rate	Rate Increase	Replaced	Yes

SERFF Tracking #:

ARBB-128439343

State Tracking #:

Company Tracking #:

17-111 ET.AL.

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

Disposition

Disposition Date: 07/27/2012
 Implementation Date:
 Status: Disapproved
 HHS Status: HHS Denied
 State Review: Reviewed by Actuary
 Comment:

At the direction of the Commissioner, based on prior history of significant rate increases, we are disapproving your request for a 9.8% rate increase on this submission.

Thank you for your understanding and cooperation.

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 req'd):	Minimum % Change (where req'd):
Arkansas Blue Cross and Blue Shield	Increase	9.800%	9.800%	\$23,242,916	37,368	\$152,892,019	9.800%	9.800%

Percent Change Approved:

Minimum: % **Maximum:** % **Weighted Average:** %

SERFF Tracking #:

ARBB-128439343

State Tracking #:

Company Tracking #:

17-111 ET.AL.

State: Arkansas

Filing Company:

Arkansas Blue Cross and Blue Shield

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name: Individual Closed Bloc Rate Increase

Project Name/Number: Individual Closed Bloc Rate Increase/17-111

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	Yes
Supporting Document (revised)	Rate Summary Worksheet	Approved	Yes
Supporting Document	Rate Summary Worksheet	Replaced	Yes
Supporting Document (revised)	Consumer Disclosure Form	Approved	Yes
Supporting Document	Consumer Disclosure Form	Replaced	Yes
Supporting Document	Deemer	Approved	Yes
Supporting Document	Responses for Questions	Approved	Yes
Supporting Document	Response for Question dated July 20, 2012	Approved	Yes
Rate (revised)	Rate Increase	Approved	Yes
Rate	Rate Increase	Replaced	Yes
Rate	Rate Increase	Replaced	Yes

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

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/28/2012
Submitted Date	08/28/2012
Respond By Date	08/31/2012

Dear Christi Kittler,

Introduction:

Christi - Pursuant to a conversation between the Department and Mr. Frank Sewell, we have agreed to approve a negotiated rate increase of 4%.

Please resubmit corrected rate sheets showing the 4% increase.

If you have any questions, please call me.

Donna - 371-2770

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

SERFF Tracking #:

ARBB-128439343

State Tracking #:

Company Tracking #:

17-111 ET.AL.

State:

Arkansas

Filing Company:

Arkansas Blue Cross and Blue Shield

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name:

Individual Closed Bloc Rate Increase

Project Name/Number:

Individual Closed Bloc Rate Increase/17-111

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/28/2012
Submitted Date	08/28/2012

Dear Rosalind Minor,

Introduction:

Hi Ros -

Response 1

Comments:

I have attached the rate sheets to support your 4% increase approval.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

SERFF Tracking #:

ARBB-128439343

State Tracking #:

Company Tracking #:

17-111 ET.AL.

State: Arkansas

Filing Company:

Arkansas Blue Cross and Blue Shield

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name: Individual Closed Bloc Rate Increase

Project Name/Number: Individual Closed Bloc Rate Increase/17-111

Rate/Rule Schedule Item Changes				
Document Name	Affected Form Numbers	Rate Action*	Rate Action Information	Attachments
Rate Increase	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, 17-259, 17-260, 17-262	New	Previous State Filing Number 0	
<i>Previous Version</i>				
Rate Increase	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, 17-259, 17-260, 17-262	New	Previous State Filing Number 0	
Rate Increase	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, 17-259, 17-260, 17-262	New	Previous State Filing Number 0	

Conclusion:

Please let me know when this has been approved. Thanks so much!

Sincerely,

Christi Kittler

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

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/18/2012
Submitted Date	07/18/2012
Respond By Date	07/20/2012

Dear Christi Kittler,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments:

Please review the attached letter from Lewis & Ellis requesting additional information on this submission.

Lewis & Ellis has requested that you respond by 7/20/12. If you need additional time, please let me know.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor



Dallas

Glenn A. Tobleman, F.S.A., F.C.A.S.
S. Scott Gibson, F.S.A.
Cabe W. Chadick, F.S.A.
Michael A. Mayberry, F.S.A.
David M. Dillon, F.S.A.
Gregory S. Wilson, F.C.A.S.
Steven D. Bryson, F.S.A.
Bonnie S. Albritton, F.S.A.
Brian D. Rankin, F.S.A.
Wesley R. Campbell, F.S.A.
Jacqueline B. Lee, F.S.A.
Robert E. Gove, A.S.A.
J. Finn Knox-Seith, A.S.A.
Brian C. Stentz, A.S.A.
Jay W. Fuller, A.S.A.
Sujaritha Tansen, A.S.A.
Josh A. Hammerquist, A.S.A.
Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)

Kansas City

Gary L. Rose, F.S.A.
Terry M. Long, F.S.A.
David L. Batchelder, A.S.A.
Leon L. Langlitz, F.S.A.
Gary R. McElwain, FLMI
Anthony G. Proulx, F.S.A.
Thomas L. Handley, F.S.A.
D. Patrick Glenn, A.S.A., A.C.A.S.
Christopher H. Davis, F.S.A.
Karen E. Elsom, F.S.A.
Jill J. Humes, F.S.A.

London / Kansas City

Roger K. Annin, F.S.A.
Timothy A. DeMars, F.S.A.
Scott E. Morrow, F.S.A.

Baltimore

David A. Palmer, C.F.E.

Mr. Paul Ricard, ASA, MAAA
Actuary
Arkansas Blue Cross Blue Shield

Re: Arkansas Blue Cross Blue Shield Rate Filing
SERFF Tracking Number: ARBB-128439343

Mr. Ricard:

Lewis & Ellis, Inc. appreciates your timely response to our previous inquiry. We have a follow-up inquiry as a result of your response. We request that you respond by July 20, 2012. Please respond to the following inquiry:

1. Please demonstrate how combining the newly closed forms with the current closed block meets the classification requirements pursuant to A.C.A. 23-79-153(b)(1).

We appreciate your urgency regarding this matter.

Thank you,

A handwritten signature in cursive script that reads 'Jacqueline B. Lee'.

Jacqueline B. Lee

Vice President & Consulting Actuary

Lewis & Ellis, Inc.

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

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/18/2012
Submitted Date	07/18/2012

Dear Rosalind Minor,

Introduction:

Hello Rosalind.

Response 1

Comments:

Please see attached response.

Related Objection 1

Comments:

Please review the attached letter from Lewis & Ellis requesting additional information on this submission.

Lewis & Ellis has requested that you respond by 7/20/12. If you need additional time, please let me know.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Response for Question dated July 20, 2012

Comment: See attached.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you have further questions or need additional information.

Sincerely,

Christi Kittler

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

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/11/2012
Submitted Date	07/11/2012
Respond By Date	

Dear Christi Kittler,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comments:

Our Department has contracted with Lewis & Ellis, Inc. to review this submission.

I am attaching a copy of the letter from Lewis & Ellis requesting additional information on the submission. They have requested that you respond by July 16, 2012.

We appreciate your cooperation in this matter.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

**Dallas**

Glenn A. Tobleman, F.S.A., F.C.A.S.
S. Scott Gibson, F.S.A.
Cabe W. Chadick, F.S.A.
Michael A. Mayberry, F.S.A.
David M. Dillon, F.S.A.
Gregory S. Wilson, F.C.A.S.
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Thomas L. Handley, F.S.A.
D. Patrick Glenn, A.S.A., A.C.A.S.
Christopher H. Davis, F.S.A.
Karen E. Elsom, F.S.A.
Jill J. Humes, F.S.A.

London / Kansas City

Roger K. Annin, F.S.A.
Timothy A. DeMars, F.S.A.
Scott E. Morrow, F.S.A.

Baltimore

David A. Palmer, C.F.E.

Mr. Paul Ricard, ASA, MAAA
Actuary
Arkansas Blue Cross Blue Shield

Re: Arkansas Blue Cross Blue Shield Rate Filing
SERFF Tracking Number: ARBB-128439343

Mr. Ricard:

Lewis & Ellis, Inc. has been contracted by the Arkansas Insurance Department to review your filing. We request that you respond by July 16, 2012. Please respond to the following inquiries:

1. Please modify your Actuarial Certification to indicate that the proposed rate or rate revision does not discriminate unfairly between policyholders or contract holders, as pursuant to Bulletin No. 6A-2011.
2. It appears that the additional forms to be closed will be added to the current closed block of business. Due to the size of the recently closed forms, please explain why it is appropriate to combine these forms with the current closed block for rating purposes.
3. Reconcile the difference between the Overall Rate Increase in Section C of the Exhibit 1 Rate Summary ("RateFiling_Closed Bloc_Exh1_AID.pdf") of 11.9% with the Proposed Premium Change in Section F of 9.8%.
4. Provide a distribution of policyholders by deductible amount.
5. In file, "RateFiling_Closed Bloc_Exh3_AID.pdf," there is a section for the Interest Rate Assumptions, but it was left blank. Please describe your interest rate assumptions.
6. In the memorandum, the trend assumption is shown as 11.9%. Provide quantitative and qualitative support for the trend assumption. Please include all sources used.

We appreciate your urgency regarding this matter.

Thank you,

A handwritten signature in black ink that reads "Jacqueline B. Lee". The signature is written in a cursive style with a large initial "J" and "L".

Jacqueline B. Lee

Vice-President & Consulting Actuary

Lewis & Ellis, Inc.

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

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/16/2012
Submitted Date	07/16/2012

Dear Rosalind Minor,

Introduction:

Hi Rosalind -

Response 1

Comments:

I have attached the answers to the questions posed.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comments:

Our Department has contracted with Lewis & Ellis, Inc. to review this submission.

I am attaching a copy of the letter from Lewis & Ellis requesting additional information on the submission. They have requested that you respond by July 16, 2012.

We appreciate your cooperation in this matter.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Responses for Questions

Comment: Please see attached.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you need anything else.

Sincerely,

Christi Kittler

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

Objection Letter

Objection Letter Status	No response necessary
Objection Letter Date	06/29/2012
Submitted Date	06/29/2012
Respond By Date	07/06/2012

Dear Christi Kittler,

Introduction:

Please acknowledge by your signature the attached letter extending the period for review of this filing an additional 30 days.

RE: Individual Major Medical PPO Rate Increase Filing

SERFF Tracking Number: ARBB-128439343

Your submission of June 1, 2012

Pursuant to the provisions of Ark. Code Ann. 23-79-109(b), the period for review of this filing is being automatically extended an additional thirty (30) days until July 30, 2012.

Sincerely,

Donna Lambert

Donna Lambert

Compliance Officer

Life and Health Division

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

Arkansas Insurance Department

Mike Beebe
Governor



Jay Bradford
Commissioner

June 29, 2012

Ms. Christi Kittler
Compliance Supervisor
Arkansas BlueCross BlueShield
320 West Capitol, Suite 211
Little Rock, AR 72201

RE: Individual Major Medical PPO Rate Increase Filing
SERFF Tracking Number: ARBB-128439343
Your submission of June 1, 2012

Dear Christi:

Thank you for the rate increase filing which we received in our office on June 1, 2012.

Pursuant to the provisions of Ark. Code Ann. 23-79-109(b), the period for review of this filing is being automatically extended an additional thirty (30) days until July 30, 2012.

We request that you sign and return this form letter in order to waive all rights to deemer on this filing.

Sincerely,

Donna Lambert

Donna Lambert
Compliance Officer
Life and Health Division

djl

I, _____, representing _____, do hereby acknowledge

receipt of this letter and waive all rights to deemer on this filing.

Dated

Signature and Title

SERFF Tracking #:

ARBB-128439343

State Tracking #:

Company Tracking #:

17-111 ET.AL.

State:

Arkansas

Filing Company:

Arkansas Blue Cross and Blue Shield

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name:

Individual Closed Bloc Rate Increase

Project Name/Number:

Individual Closed Bloc Rate Increase/17-111

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/29/2012
Submitted Date	06/29/2012

Dear Rosalind Minor,

Introduction:

Response 1

Comments:

See attached -

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Deemer

Comment: I am attaching the signed Deemer.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you need anything else.

Sincerely,

Christi Kittler

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

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/05/2012
Submitted Date	06/05/2012
Respond By Date	07/05/2012

Dear Christi Kittler,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Rate Summary Worksheet (Supporting Document)
 - Consumer Disclosure Form (Supporting Document)
- Comments:

We are in the process of updating our Filing Requirements to require that the above two forms be submitted on Grandfathered and Non-Grandfathered Plans regardless of whether they are below or above the threshold amount. This requirement is outlined in our Bulletin 6A-2011.

It is requested that the forms be submitted in PDF format.

I am working with the SERFF team in order to update the Filing Requirements as soon as possible.

Thank you for your cooperation.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

*Sincerely,
Rosalind Minor*

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

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/06/2012
Submitted Date	06/06/2012

Dear Rosalind Minor,

Introduction:

Response 1

Comments:

I have attached the Rate Summary Worksheet and the Consumer Disclosure Form under Supporting Documentation.

Related Objection 1

Applies To:

- Rate Summary Worksheet (Supporting Document)
- Consumer Disclosure Form (Supporting Document)

Comments:

We are in the process of updating our Filing Requirements to require that the above two forms be submitted on Grandfathered and Non-Grandfathered Plans regardless of whether they are below or above the threshold amount. This requirement is outlined in our Bulletin 6A-2011.

It is requested that the forms be submitted in PDF format.

I am working with the SERFF team in order to update the Filing Requirements as soon as possible.

Thank you for your cooperation.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Rate Summary Worksheet

Comment: See Rate Summary Worksheet -

Satisfied -Name: Consumer Disclosure Form

Comment: See attached Consumer Disclosure Form.

SERFF Tracking #:

ARBB-128439343

State Tracking #:

Company Tracking #:

17-111 ET.AL.

State: Arkansas

Filing Company:

Arkansas Blue Cross and Blue Shield

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name: Individual Closed Bloc Rate Increase

Project Name/Number: Individual Closed Bloc Rate Increase/17-111

No Form Schedule items changed.

Rate/Rule Schedule Item Changes				
Document Name	Affected Form Numbers	Rate Action*	Rate Action Information	Attachments
<i>Rate Increase</i>	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, 17-259, 17-260, 17-262	New	Previous State Filing Number 0	
<i>Previous Version</i>				
<i>Rate Increase</i>	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, 17-259, 17-260, 17-262	New	Previous State Filing Number 0	

Conclusion:

Please let me know if you need anything else.

Thanks so much!

Sincerely,

Christi Kittler

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

Note To Filer

Created By:

Donna Lambert on 08/28/2012 03:42 PM

Last Edited By:

Donna Lambert

Submitted On:

08/28/2012 03:42 PM

Subject:

I need a post-submission update

Comments:

. . . reflecting the 4% increase on the Rate/Rule Schedule tab - Everywhere it says "9.8%" it should say "4%." Thanks.

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

Note To Filer

Created By:

Donna Lambert on 06/29/2012 09:53 AM

Last Edited By:

Donna Lambert

Submitted On:

09/05/2012 09:26 AM

Subject:

"No Response Necessary"

Comments:

The objection status of the 6/29/12 objection should have read - "Pending Industry Response."
Please respond to the objection.

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

Reviewer Note

Created By:

Donna Lambert on 09/06/2012 02:54 PM

Subject:

Rate Summary Worksheet

Comments:

PDF

Rate Summary Worksheet

Per the Instructions, health insurance issuers proposing rate increases above the threshold fill in only those cells that are highlighted in GREY.
The other cells are auto-populated.

A. Base Period Data

Start Period: 01/01/2011 End Period: 12/31/2011

Service Categories	Member Months	Total Allowed	Net Claims	Cost Sharing	Cost Sharing PMPM	Net PMPM	Allowed PMPM
Inpatient	834,400	\$ 37,143,738.58	\$ 33,037,785.38	\$ 4,105,953.20	\$ 4.92	\$ 39.59	\$ 44.52
Outpatient	834,400	\$ 27,758,491.26	\$ 17,547,683.38	\$ 10,210,807.88	\$ 12.24	\$ 21.03	\$ 33.27
Professional	834,400	\$ 69,711,962.34	\$ 43,400,094.31	\$ 26,311,868.03	\$ 31.53	\$ 52.01	\$ 83.55
Prescription Drugs	834,400	\$ 38,595,111.43	\$ 25,525,762.24	\$ 13,069,349.19	\$ 15.66	\$ 30.59	\$ 46.25
Other	834,400	\$ 2,734,536.19	\$ 1,732,380.75	\$ 1,002,155.44	\$ 1.20	\$ 2.08	\$ 3.28
Capitation	834,400	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total	834,400	\$ 175,943,839.80	\$ 121,243,706.06	\$ 54,700,133.74	\$ 65.56	\$ 145.31	\$ 210.86

B. Claim Projections

B1. Adjustment to the Current Rate

Start Period: 01/01/2012 End Period: 12/31/2012

Service Categories	Overall Medical Trend	Projected Allowed PMPM	Net Claims	Cost Sharing
Inpatient	1.1027	\$ 49.09	\$ 44.04	0.1028
Outpatient	1.1044	\$ 36.74	\$ 23.52	0.3598
Professional	1.1066	\$ 92.45	\$ 58.34	0.3690
Prescription Drugs	1.1129	\$ 51.48	\$ 34.61	0.3277
Other	1.1068	\$ 3.63	\$ 2.33	0.3567
Capitation	0.0000	\$ 0.00	\$ 0.00	0.0000
Total		\$ 233.39	\$ 162.84	0.30

B2. Claims Projection for Future Rate

Start Period: 01/01/2013 End Period: 12/31/2013

Service Categories	Overall Medical Trend	Projected Allowed PMPM	Net Claims	Cost Sharing
Inpatient	1.1162	\$ 54.79	\$ 49.58	0.0952
Outpatient	1.1160	\$ 41.00	\$ 26.48	0.3543
Professional	1.1162	\$ 103.20	\$ 65.67	0.3636
Prescription Drugs	1.1208	\$ 57.70	\$ 39.23	0.3201
Other	1.1161	\$ 4.05	\$ 2.63	0.3510
Capitation	0.0000	\$ 0.00	\$ 0.00	0.0000
Total		\$ 260.73	\$ 183.58	0.30

B3. Medical Trend Breakout

Factor	Impact
Utilization	49.0000%
Unit Cost	36.0000%
Other Factors	15.0000%

C. Components of Current and Future Rates

	Future Rate		Prior Estimate of Current Rate		Difference	
	PMPM	%	PMPM	%	PMPM	%
1. Projected Net Claims	\$ 183.58	78.00%	\$ 160.96	76.00%	\$ 22.62	95.97%
2. Administrative Costs	\$ 51.78	22.00%	\$ 47.65	22.50%	\$ 4.13	17.52%
3. Underwriting Gain/Loss	\$ 0.00	0.00%	\$ 3.18	1.50%	\$ (3.18)	-13.49%
4. Total Rate	\$ 235.36	100.00%	\$ 211.79	100.00%	\$ 23.57	100.00%
5. Overall Rate Increase		11.13%				

D. Components of Rate Increase

	Impact on Rate	Percent
Claims Components		
1. Inpatient	\$ 5.12	22.62%
2. Outpatient	\$ 2.73	12.06%
3. Professional	\$ 6.78	29.97%
4. Prescription Drugs	\$ 4.18	18.48%
5. Other	\$ 0.27	1.20%
6. Capitation	\$ 0.00	0.00%
7. Cost Share	\$ 1.66	7.34%
8. Correction of Prior Net Claims Estimate	\$ 1.88	8.32%
9. Total	\$ 22.62	100.00%

Claims Restatement for Current Rate Period

8.a. Prior Net Claims Estimate for Current Rate Period	\$ 160.96
8.b. Re-Estimate of Net Claims PMPM for Current Rate Period	\$ 162.84

E. List of Annual Average Rate Changes Requested and Implemented in the Past Three Calendar Years

Calendar Year	New Form	Requested	Implemented
2012	N	8.1000%	8.1000%
2011	N	9.7500%	7.0000%
2010	N	0.0000%	0.0000%

F. Range and Scope of Proposed Increase

Number of Covered Individuals	62,367	Threshold Rate Increase	9.8000%
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Range of Rate Increase	
Minimum % Increase	9.8000%
Maximum % Increase	9.8000%

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

Post Submission Update Request Processed On 08/28/2012

Status: Allowed
 Created By: Christi Kittler
 Processed By: Donna Lambert
 Comments:

Company Rate Information:

Company Name:Arkansas Blue Cross and Blue Shield

Field Name	Requested Change	Prior Value
Overall % Indicated Change	4.000%	9.800%
Overall % Rate Impact	4.000%	9.800%
Maximum %Change (where required)	4.000%	9.800%
Minimum %Change (where required)	4.000%	9.800%

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

Post Submission Update Request Processed On 09/07/2012

Status: Allowed
Created By: Christi Kittler
Processed By: Donna Lambert
Comments:

Company Rate Information:

Company Name:Arkansas Blue Cross and Blue Shield

Field Name	Requested Change	Prior Value
Written Premium Change for this Program	\$13938885	\$23242916

State: Arkansas **Filing Company:** Arkansas Blue Cross and Blue Shield
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: Individual Closed Bloc Rate Increase
Project Name/Number: Individual 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: 8.100%
Effective Date of Last Rate Revision: 01/01/2012
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 req'd):	Minimum % Change (where req'd):
Arkansas Blue Cross and Blue Shield	Increase	4.000%	4.000%	\$13,938,885	37,368	\$152,892,019	4.000%	4.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:		56,146			3,073			3,148
Policy Holders:		33,517			1,837			2,014

SERFF Tracking #:

ARBB-128439343

State Tracking #:

Company Tracking #:

17-111 ET.AL.

State:

Arkansas

Filing Company:

Arkansas Blue Cross and Blue Shield

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name:

Individual Closed Bloc Rate Increase

Project Name/Number:

Individual Closed Bloc Rate Increase/17-111

Rate Review Detail

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, Blue Choice, Comprehensive Blue PPO, Comprehensive Blue PPO II and HSA Blue PPO II

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, 17-259, 17-262, 17-260

Other Affected Forms:

none

REQUESTED RATE CHANGE INFORMATION:

Change Period:

Annual

Member Months:

749,384

Benefit Change:

None

Percent Change Requested:

Min: 9.8 Max: 9.8 Avg: 9.8

PRIOR RATE:

Total Earned Premium:

152,892,019.00

Total Incurred Claims:

122,025,201.00

Annual \$:

Min: 2,448.28 Max: 2,448.28 Avg: 2,448.28

REQUESTED RATE:

Projected Earned Premium:

176,134,934.00

Projected Incurred Claims:

137,385,249.00

Annual \$:

Min: 2,824.17 Max: 2,824.17 Avg: 2,824.17

SERFF Tracking #:

ARBB-128439343

State Tracking #:**Company Tracking #:**

17-111 ET.AL.

State:

Arkansas

Filing Company:

Arkansas Blue Cross and Blue Shield

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name:

Individual Closed Bloc Rate Increase

Project Name/Number:

Individual Closed Bloc Rate Increase/17-111

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information	Attachments
1	Approved 08/28/2012	Rate Increase	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, 17-259, 17-260, 17-262	New		RateFiling_Closed_RS 1.pdf RateFiling_Closed_RS 2.pdf RateFiling_Closed_RS 3.pdf

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

UniqueCare II Preferred

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

	<u>\$500 Deductible</u>			<u>\$1000 Deductible</u>		
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	\$294.52	\$245.24	\$195.34	\$263.94	\$218.28	\$171.37
25-29	\$366.17	\$305.81	\$244.75	\$327.57	\$271.62	\$214.35
30-34	\$421.04	\$353.20	\$284.37	\$375.86	\$312.90	\$248.21
35-39	\$504.50	\$423.90	\$342.33	\$449.96	\$375.09	\$298.52
40-44	\$600.62	\$506.26	\$410.69	\$534.60	\$447.00	\$357.34
45-49	\$687.46	\$581.08	\$473.31	\$610.99	\$512.26	\$411.07
50-54	\$825.86	\$698.39	\$569.34	\$733.71	\$615.45	\$494.33
55-59	\$1,061.94	\$898.41	\$732.94	\$943.30	\$791.54	\$636.15
60-64	\$1,313.92	\$1,112.43	\$908.28	\$1,166.63	\$979.59	\$787.92
65-69	\$1,642.40	\$1,390.51	\$1,135.36	\$1,458.30	\$1,224.44	\$984.90
Individual and Spouse						
00-24	\$581.08	\$483.83	\$385.52	\$520.77	\$430.64	\$338.16
25-29	\$727.06	\$606.52	\$484.47	\$651.10	\$539.16	\$424.63
30-34	\$835.55	\$699.40	\$561.45	\$746.67	\$620.27	\$490.77
35-39	\$989.79	\$830.58	\$669.41	\$883.29	\$735.60	\$584.14
40-44	\$1,158.13	\$976.28	\$791.86	\$1,030.93	\$861.97	\$688.92
45-49	\$1,321.38	\$1,117.08	\$910.09	\$1,174.37	\$984.70	\$790.46
50-54	\$1,614.86	\$1,364.31	\$1,110.68	\$1,435.52	\$1,203.05	\$964.87
55-59	\$2,122.34	\$1,797.65	\$1,468.74	\$1,884.10	\$1,582.55	\$1,273.83
60-64	\$2,660.52	\$2,248.05	\$1,830.37	\$2,365.03	\$1,982.12	\$1,589.92
65-69	\$3,325.62	\$2,810.08	\$2,287.95	\$2,956.31	\$2,477.66	\$1,987.40
Individual and Child						
00-24	\$640.93	\$534.04	\$425.83	\$574.19	\$474.99	\$373.35
25-29	\$795.13	\$665.22	\$533.70	\$710.79	\$590.24	\$466.69
30-34	\$875.85	\$734.80	\$592.11	\$781.71	\$650.93	\$516.78
35-39	\$1,033.56	\$868.76	\$701.94	\$921.51	\$768.50	\$611.93
40-44	\$1,118.07	\$941.88	\$763.42	\$995.62	\$832.06	\$664.44
45-49	\$1,124.61	\$948.39	\$770.01	\$1,000.97	\$837.31	\$669.68
50-54	\$1,231.37	\$1,039.66	\$845.48	\$1,095.12	\$917.11	\$734.79
55-59	\$1,434.78	\$1,212.63	\$987.66	\$1,275.25	\$1,069.03	\$857.75
60-64	\$1,676.52	\$1,416.06	\$1,152.36	\$1,490.54	\$1,248.84	\$1,001.18
65-69	\$2,095.67	\$1,770.10	\$1,440.45	\$1,863.15	\$1,561.01	\$1,251.49
Individual, Spouse, and Child						
00-24	\$960.00	\$800.65	\$639.24	\$859.78	\$711.80	\$560.18
25-29	\$1,199.47	\$1,003.13	\$804.29	\$1,072.53	\$890.29	\$703.59
30-34	\$1,431.79	\$1,201.27	\$967.87	\$1,277.87	\$1,063.89	\$844.74
35-39	\$1,624.60	\$1,365.61	\$1,103.26	\$1,448.26	\$1,207.81	\$961.59
40-44	\$1,781.22	\$1,500.92	\$1,217.20	\$1,585.81	\$1,325.65	\$1,059.12
45-49	\$1,883.88	\$1,589.72	\$1,291.88	\$1,675.80	\$1,402.84	\$1,123.23
50-54	\$2,087.71	\$1,761.84	\$1,431.87	\$1,857.12	\$1,554.69	\$1,244.84
55-59	\$2,576.45	\$2,180.70	\$1,779.89	\$2,288.15	\$1,920.73	\$1,544.39
60-64	\$3,039.04	\$2,565.16	\$2,085.20	\$2,703.17	\$2,263.28	\$1,812.65
65-69	\$3,798.84	\$3,206.41	\$2,606.54	\$3,378.94	\$2,829.10	\$2,265.83

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

UniqueCare II Preferred

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

	<u>\$2500 Deductible</u>		<u>\$5000 Deductible</u>	
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	\$179.82	\$138.05	\$139.15	\$104.84
25-29	\$223.46	\$172.41	\$172.57	\$130.60
30-34	\$256.93	\$199.33	\$198.01	\$150.53
35-39	\$307.61	\$239.37	\$236.78	\$180.61
40-44	\$366.05	\$285.95	\$281.08	\$215.35
45-49	\$418.69	\$328.53	\$320.95	\$246.77
50-54	\$502.96	\$395.01	\$385.40	\$296.56
55-59	\$646.77	\$508.27	\$495.46	\$381.37
60-64	\$800.16	\$629.29	\$612.60	\$472.06
65-69	\$1,000.18	\$786.60	\$765.73	\$590.05
Individual and Spouse				
00-24	\$354.94	\$272.62	\$274.65	\$206.95
25-29	\$444.02	\$341.74	\$343.18	\$259.14
30-34	\$509.84	\$394.41	\$393.26	\$298.29
35-39	\$603.71	\$468.79	\$464.98	\$353.98
40-44	\$705.88	\$551.66	\$542.08	\$415.12
45-49	\$804.88	\$631.74	\$616.92	\$474.48
50-54	\$983.69	\$771.43	\$754.20	\$579.53
55-59	\$1,292.31	\$1,017.19	\$989.20	\$762.82
60-64	\$1,620.65	\$1,273.15	\$1,242.53	\$954.91
65-69	\$2,025.80	\$1,591.42	\$1,553.16	\$1,193.65
Individual and Child				
00-24	\$391.39	\$300.78	\$302.87	\$228.35
25-29	\$485.26	\$375.17	\$374.51	\$283.90
30-34	\$534.27	\$414.77	\$411.54	\$313.24
35-39	\$630.21	\$490.60	\$484.85	\$369.98
40-44	\$681.51	\$532.15	\$523.55	\$400.55
45-49	\$685.46	\$536.01	\$526.21	\$403.33
50-54	\$750.33	\$587.80	\$575.45	\$441.81
55-59	\$873.94	\$685.73	\$669.94	\$515.03
60-64	\$1,021.27	\$800.65	\$783.16	\$601.65
65-69	\$1,276.62	\$1,000.76	\$978.97	\$752.08
Individual, Spouse, and Child				
00-24	\$586.15	\$451.08	\$453.29	\$342.15
25-29	\$732.04	\$565.69	\$565.08	\$428.19
30-34	\$873.28	\$677.88	\$672.68	\$511.96
35-39	\$990.53	\$771.01	\$761.96	\$581.40
40-44	\$1,085.50	\$848.10	\$833.71	\$638.36
45-49	\$1,147.80	\$898.61	\$880.71	\$675.73
50-54	\$1,271.95	\$995.88	\$976.06	\$748.76
55-59	\$1,568.93	\$1,233.53	\$1,201.57	\$925.64
60-64	\$1,851.61	\$1,450.02	\$1,420.62	\$1,090.24
65-69	\$2,314.50	\$1,812.50	\$1,775.78	\$1,362.82

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

UniqueCare II Preferred

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

	<u>\$10,000 Deductible</u>	<u>\$25,000 Deductible</u>
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	\$71.99	\$36.75
25-29	\$90.39	\$47.22
30-34	\$105.30	\$56.60
35-39	\$126.86	\$69.14
40-44	\$152.42	\$84.86
45-49	\$175.87	\$99.64
50-54	\$211.61	\$120.36
55-59	\$272.43	\$155.32
60-64	\$337.79	\$193.35
65-69	\$422.23	\$241.69
Individual and Spouse		
00-24	\$142.28	\$72.58
25-29	\$178.77	\$92.40
30-34	\$207.59	\$110.02
35-39	\$247.90	\$133.93
40-44	\$293.80	\$163.37
45-49	\$338.26	\$191.81
50-54	\$412.68	\$233.15
55-59	\$546.35	\$313.72
60-64	\$680.01	\$384.52
65-69	\$850.00	\$480.65
Individual and Child		
00-24	\$157.07	\$80.50
25-29	\$197.38	\$104.24
30-34	\$219.24	\$118.18
35-39	\$260.16	\$142.10
40-44	\$283.07	\$156.75
45-49	\$285.83	\$159.61
50-54	\$314.04	\$176.63
55-59	\$367.01	\$207.78
60-64	\$428.10	\$241.48
65-69	\$535.16	\$301.86
Individual, Spouse, and Child		
00-24	\$235.96	\$121.71
25-29	\$297.32	\$156.56
30-34	\$358.33	\$193.13
35-39	\$408.83	\$223.23
40-44	\$451.63	\$250.76
45-49	\$479.72	\$268.94
50-54	\$531.70	\$298.17
55-59	\$661.92	\$378.22
60-64	\$774.43	\$434.79
65-69	\$968.04	\$543.48

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

UniqueCare II Preferred

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

Supplemental Accident Endorsement

(\$500 and \$1,000 Deductibles Only)

<u>\$500 CMM Deductible</u>	<u>Rates</u>
Individual	\$26.12
Individual and Spouse	\$52.44
Individual and Child	\$66.66
Individual, Spouse, Children	\$104.74

<u>\$1,000 CMM Deductible</u>	
Individual	\$40.76
Individual and Spouse	\$81.61
Individual and Child	\$103.82
Individual, Spouse, Children	\$163.11

Optional Riders

<u>TMJ</u>	
Individual	\$5.29
Individual and Spouse	\$10.56
Individual and Child	\$12.72
Individual, Spouse, Children	\$21.17

Maternity Rider

<u>Maximum Benefit</u>	
\$2,000	\$182.69
\$3,000	\$371.31
\$5,000	\$618.91

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

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

	<u>\$500 Deductible</u>			<u>\$1000 Deductible</u>		
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	\$433.86	\$361.95	\$289.03	\$382.49	\$317.52	\$250.92
25-29	\$538.95	\$450.85	\$361.67	\$474.38	\$394.79	\$313.29
30-34	\$619.22	\$520.02	\$419.49	\$544.21	\$454.43	\$362.59
35-39	\$741.43	\$623.83	\$504.43	\$651.10	\$544.62	\$435.56
40-44	\$881.99	\$744.13	\$604.55	\$773.36	\$648.70	\$520.92
45-49	\$1,008.76	\$853.33	\$695.81	\$883.31	\$742.82	\$598.76
50-54	\$1,211.70	\$1,025.56	\$836.97	\$1,060.65	\$892.39	\$719.88
55-59	\$1,557.85	\$1,319.07	\$1,077.16	\$1,363.40	\$1,147.57	\$926.38
60-64	\$1,927.07	\$1,632.76	\$1,334.42	\$1,686.07	\$1,419.90	\$1,147.13
65-69	\$2,408.85	\$2,040.97	\$1,668.00	\$2,107.62	\$1,774.90	\$1,433.95
Individual and Spouse						
00-24	\$807.38	\$673.97	\$538.80	\$711.59	\$591.05	\$467.39
25-29	\$1,010.34	\$844.83	\$677.05	\$889.80	\$740.05	\$586.79
30-34	\$1,161.06	\$974.07	\$784.65	\$1,020.83	\$851.78	\$678.53
35-39	\$1,375.47	\$1,156.96	\$935.52	\$1,207.77	\$1,010.27	\$807.71
40-44	\$1,609.64	\$1,359.79	\$1,106.52	\$1,410.34	\$1,184.41	\$952.93
45-49	\$1,836.59	\$1,556.06	\$1,271.69	\$1,606.89	\$1,353.23	\$1,093.31
50-54	\$2,244.37	\$1,900.49	\$1,551.93	\$1,964.26	\$1,653.24	\$1,334.61
55-59	\$2,949.92	\$2,504.06	\$2,052.32	\$2,578.56	\$2,175.37	\$1,762.28
60-64	\$3,697.68	\$3,131.46	\$2,557.61	\$3,236.02	\$2,723.96	\$2,199.29
65-69	\$4,622.07	\$3,914.38	\$3,197.02	\$4,045.07	\$3,405.00	\$2,749.06
Individual and Child						
00-24	\$926.14	\$773.21	\$618.20	\$816.25	\$677.98	\$536.21
25-29	\$1,148.36	\$962.40	\$773.94	\$1,010.27	\$842.06	\$669.73
30-34	\$1,264.33	\$1,062.47	\$857.89	\$1,110.72	\$928.21	\$741.16
35-39	\$1,491.34	\$1,255.54	\$1,016.45	\$1,309.08	\$1,095.74	\$877.19
40-44	\$1,639.67	\$1,382.68	\$1,122.21	\$1,438.00	\$1,205.61	\$967.48
45-49	\$1,583.62	\$1,338.03	\$1,089.14	\$1,387.55	\$1,165.42	\$937.79
50-54	\$1,775.50	\$1,501.03	\$1,222.83	\$1,555.17	\$1,306.96	\$1,052.59
55-59	\$2,068.30	\$1,750.31	\$1,428.02	\$1,810.73	\$1,523.19	\$1,228.55
60-64	\$2,416.95	\$2,044.26	\$1,666.54	\$2,116.59	\$1,779.46	\$1,434.09
65-69	\$3,021.21	\$2,555.27	\$2,083.13	\$2,645.66	\$2,224.37	\$1,792.62
Individual, Spouse, and Child						
00-24	\$1,333.96	\$1,115.10	\$893.39	\$1,174.93	\$977.08	\$774.22
25-29	\$1,666.79	\$1,397.27	\$1,124.01	\$1,466.17	\$1,222.36	\$972.60
30-34	\$1,989.69	\$1,673.21	\$1,352.51	\$1,747.39	\$1,461.15	\$1,167.94
35-39	\$2,257.59	\$1,902.02	\$1,541.64	\$1,980.83	\$1,659.21	\$1,329.71
40-44	\$2,475.53	\$2,090.66	\$1,700.78	\$2,169.41	\$1,821.40	\$1,464.89
45-49	\$2,618.27	\$2,214.39	\$1,805.26	\$2,292.74	\$1,927.68	\$1,553.55
50-54	\$2,901.50	\$2,454.09	\$2,000.78	\$2,540.82	\$2,136.22	\$1,721.75
55-59	\$3,581.01	\$3,037.66	\$2,486.96	\$3,131.38	\$2,639.98	\$2,136.43
60-64	\$4,223.78	\$3,573.23	\$2,913.82	\$3,698.33	\$3,110.11	\$2,507.14
65-69	\$5,279.75	\$4,466.56	\$3,642.30	\$4,622.95	\$3,887.61	\$3,133.89

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

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

	<u>\$2500 Deductible</u>		<u>\$5000 Deductible</u>	
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	\$260.48	\$202.88	\$198.80	\$153.75
25-29	\$323.51	\$252.97	\$246.40	\$191.30
30-34	\$371.64	\$292.16	\$282.46	\$220.21
35-39	\$444.97	\$350.57	\$337.79	\$264.08
40-44	\$529.05	\$418.57	\$400.92	\$314.57
45-49	\$604.92	\$480.38	\$457.60	\$360.37
50-54	\$726.59	\$577.48	\$549.52	\$432.95
55-59	\$934.13	\$742.82	\$706.33	\$556.80
60-64	\$1,155.44	\$919.52	\$873.31	\$688.95
65-69	\$1,444.32	\$1,149.45	\$1,091.65	\$861.14
Individual and Spouse				
00-24	\$484.80	\$377.92	\$377.24	\$291.95
25-29	\$606.55	\$473.89	\$471.41	\$365.55
30-34	\$696.80	\$547.00	\$540.32	\$420.74
35-39	\$825.27	\$650.17	\$638.82	\$499.08
40-44	\$965.37	\$765.13	\$745.07	\$585.14
45-49	\$1,101.22	\$876.40	\$848.04	\$668.69
50-54	\$1,345.72	\$1,070.24	\$1,036.80	\$816.92
55-59	\$1,768.42	\$1,411.26	\$1,360.06	\$1,074.96
60-64	\$2,217.11	\$1,763.48	\$1,708.06	\$1,345.92
65-69	\$2,771.40	\$2,204.35	\$2,135.11	\$1,682.36
Individual and Child				
00-24	\$556.11	\$433.56	\$428.28	\$331.48
25-29	\$689.25	\$540.22	\$529.45	\$411.81
30-34	\$758.66	\$596.95	\$581.78	\$454.03
35-39	\$894.82	\$705.78	\$685.33	\$536.17
40-44	\$983.59	\$777.62	\$752.59	\$589.85
45-49	\$949.81	\$752.93	\$725.67	\$570.39
50-54	\$1,064.75	\$844.83	\$813.26	\$639.60
55-59	\$1,240.24	\$985.49	\$946.71	\$745.47
60-64	\$1,449.39	\$1,150.75	\$1,106.72	\$870.89
65-69	\$1,811.72	\$1,438.42	\$1,383.38	\$1,088.67
Individual, Spouse, and Child				
00-24	\$800.77	\$625.49	\$622.61	\$482.59
25-29	\$1,000.43	\$784.45	\$776.34	\$603.88
30-34	\$1,193.81	\$940.24	\$924.36	\$721.88
35-39	\$1,354.30	\$1,069.45	\$1,047.21	\$819.75
40-44	\$1,484.64	\$1,176.41	\$1,145.96	\$899.86
45-49	\$1,570.05	\$1,246.54	\$1,210.71	\$952.42
50-54	\$1,739.95	\$1,381.56	\$1,341.64	\$1,055.48
55-59	\$2,146.78	\$1,711.44	\$1,652.03	\$1,304.45
60-64	\$2,532.84	\$2,011.60	\$1,951.05	\$1,536.64
65-69	\$3,166.06	\$2,514.44	\$2,438.80	\$1,920.85

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

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

	<u>\$10,000 Deductible</u>	<u>\$25,000 Deductible</u>
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	\$112.89	\$73.70
25-29	\$141.20	\$93.26
30-34	\$163.90	\$109.88
35-39	\$197.13	\$133.01
40-44	\$236.27	\$161.23
45-49	\$272.03	\$187.37
50-54	\$327.17	\$225.82
55-59	\$421.19	\$291.05
60-64	\$521.74	\$361.37
65-69	\$652.18	\$451.67
Individual and Spouse		
00-24	\$216.63	\$141.49
25-29	\$272.03	\$178.96
30-34	\$315.24	\$210.02
35-39	\$375.64	\$252.76
40-44	\$444.04	\$303.53
45-49	\$510.16	\$352.36
50-54	\$622.61	\$429.26
55-59	\$823.05	\$572.38
60-64	\$1,026.05	\$707.60
65-69	\$1,282.49	\$884.52
Individual and Child		
00-24	\$244.75	\$160.21
25-29	\$306.38	\$203.58
30-34	\$339.66	\$228.01
35-39	\$402.51	\$271.96
40-44	\$444.26	\$302.06
45-49	\$431.14	\$295.33
50-54	\$484.09	\$332.17
55-59	\$565.28	\$389.41
60-64	\$659.74	\$453.50
65-69	\$824.71	\$566.92
Individual, Spouse, and Child		
00-24	\$359.05	\$235.90
25-29	\$451.55	\$299.92
30-34	\$543.09	\$365.02
35-39	\$618.94	\$418.89
40-44	\$682.53	\$466.21
45-49	\$724.38	\$497.29
50-54	\$802.77	\$551.24
55-59	\$997.56	\$691.92
60-64	\$1,169.13	\$803.19
65-69	\$1,461.45	\$1,004.04

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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

Supplemental Accident Endorsement

(\$500 and \$1,000 Deductibles Only)

<u>\$500 CMM Deductible</u>	<u>Rate</u>
Individual	\$39.57
Individual and Spouse	\$79.01
Individual and Child	\$100.64
Individual, Spouse, Children	\$158.08

<u>\$1,000 CMM Deductible</u>	
Individual	\$58.44
Individual and Spouse	\$116.80
Individual and Child	\$148.71
Individual, Spouse, Children	\$233.71

Optional Riders

<u>TMJ</u>	
Individual	\$5.29
Individual and Spouse	\$10.56
Individual and Child	\$12.72
Individual, Spouse, Children	\$21.17

Maternity Rider

<u>Maximum Benefit</u>	
\$2,000	\$257.48
\$3,000	\$523.39
\$5,000	\$872.38

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

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

\$500 Deductible

Stop Loss Amount: Co-Pay:	\$2500 80%/20%		\$10,000 80%/20%		\$50,000 80%/20%	
	Male	Female	Male	Female	Male	Female
Individual						
00-24	\$260.82	\$403.57	\$250.93	\$388.36	\$232.09	\$359.17
25-29	\$316.41	\$519.80	\$304.47	\$500.13	\$281.61	\$462.60
30-34	\$355.05	\$606.95	\$341.67	\$584.04	\$316.00	\$540.25
35-39	\$428.00	\$727.88	\$411.85	\$700.40	\$380.98	\$647.88
40-44	\$513.14	\$834.07	\$493.71	\$802.57	\$456.72	\$742.36
45-49	\$682.31	\$960.92	\$656.51	\$924.56	\$607.34	\$855.28
50-54	\$913.92	\$1,096.28	\$879.37	\$1,054.85	\$813.44	\$975.73
55-59	\$1,320.23	\$1,365.09	\$1,270.34	\$1,313.53	\$1,175.04	\$1,215.00
60-64	\$1,841.03	\$1,668.19	\$1,771.48	\$1,605.16	\$1,638.61	\$1,484.74
65-69	\$2,301.26	\$2,085.20	\$2,214.33	\$2,006.44	\$2,048.22	\$1,855.94
Individual and Spouse						
00-24	\$625.25	\$625.25	\$601.65	\$601.65	\$556.44	\$556.44
25-29	\$786.92	\$786.92	\$757.22	\$757.22	\$700.40	\$700.40
30-34	\$905.50	\$905.50	\$871.30	\$871.30	\$805.93	\$805.93
35-39	\$1,087.90	\$1,087.90	\$1,046.82	\$1,046.82	\$968.28	\$968.28
40-44	\$1,267.92	\$1,267.92	\$1,220.04	\$1,220.04	\$1,128.43	\$1,128.43
45-49	\$1,494.69	\$1,494.69	\$1,438.26	\$1,438.26	\$1,330.37	\$1,330.37
50-54	\$1,864.68	\$1,864.68	\$1,794.22	\$1,794.22	\$1,659.73	\$1,659.73
55-59	\$2,490.38	\$2,490.38	\$2,396.24	\$2,396.24	\$2,216.54	\$2,216.54
60-64	\$3,253.67	\$3,253.67	\$3,130.71	\$3,130.71	\$2,895.95	\$2,895.95
65-69	\$4,067.09	\$4,067.09	\$3,913.32	\$3,913.32	\$3,619.89	\$3,619.89
Individual and Child						
00-24	\$690.24	\$866.94	\$664.13	\$834.15	\$614.37	\$771.64
25-29	\$759.03	\$1,010.67	\$730.32	\$972.47	\$675.56	\$899.57
30-34	\$806.89	\$1,118.58	\$776.41	\$1,076.33	\$718.20	\$995.62
35-39	\$897.17	\$1,268.25	\$863.26	\$1,220.28	\$798.50	\$1,128.76
40-44	\$1,002.44	\$1,399.66	\$964.55	\$1,346.72	\$892.28	\$1,245.74
45-49	\$1,122.58	\$1,438.85	\$1,080.20	\$1,384.46	\$999.16	\$1,280.66
50-54	\$1,265.91	\$1,455.04	\$1,218.04	\$1,400.07	\$1,126.69	\$1,295.05
55-59	\$1,687.31	\$1,733.84	\$1,623.59	\$1,668.44	\$1,501.82	\$1,543.22
60-64	\$2,227.53	\$2,048.22	\$2,143.34	\$1,970.86	\$1,982.52	\$1,823.00
65-69	\$2,784.41	\$2,560.29	\$2,679.18	\$2,463.64	\$2,478.23	\$2,278.75
Individual, Spouse, and Child						
00-24	\$1,088.47	\$1,088.47	\$1,047.43	\$1,047.43	\$968.82	\$968.82
25-29	\$1,282.96	\$1,282.96	\$1,234.54	\$1,234.54	\$1,141.96	\$1,141.96
30-34	\$1,425.51	\$1,425.51	\$1,371.72	\$1,371.72	\$1,268.78	\$1,268.78
35-39	\$1,645.00	\$1,645.00	\$1,582.92	\$1,582.92	\$1,464.18	\$1,464.18
40-44	\$1,861.62	\$1,861.62	\$1,791.30	\$1,791.30	\$1,656.97	\$1,656.97
45-49	\$2,103.43	\$2,103.43	\$2,024.00	\$2,024.00	\$1,872.16	\$1,872.16
50-54	\$2,461.08	\$2,461.08	\$2,368.04	\$2,368.04	\$2,190.47	\$2,190.47
55-59	\$3,178.17	\$3,178.17	\$3,058.10	\$3,058.10	\$2,828.79	\$2,828.79
60-64	\$4,053.36	\$4,053.36	\$3,900.22	\$3,900.22	\$3,607.78	\$3,607.78
65-69	\$5,066.71	\$5,066.71	\$4,875.27	\$4,875.27	\$4,509.69	\$4,509.69

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

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

\$1,000 Deductible

Stop Loss Amount: Co-Pay:	\$2,500 80%/20%		\$10,000 80%/20%		\$50,000 80%/20%	
	Male	Female	Male	Female	Male	Female
Individual						
00-24	\$213.88	\$330.92	\$206.47	\$319.56	\$190.29	\$294.40
25-29	\$259.38	\$426.20	\$250.52	\$411.51	\$230.78	\$379.17
30-34	\$291.14	\$497.61	\$281.08	\$480.55	\$259.01	\$442.79
35-39	\$350.94	\$596.82	\$338.83	\$576.31	\$312.30	\$530.97
40-44	\$420.73	\$683.87	\$406.19	\$660.29	\$374.29	\$608.42
45-49	\$559.47	\$787.92	\$540.25	\$760.87	\$497.80	\$701.00
50-54	\$749.35	\$898.91	\$723.62	\$868.05	\$666.66	\$799.73
55-59	\$1,082.48	\$1,119.30	\$1,045.29	\$1,080.91	\$963.08	\$995.78
60-64	\$1,509.56	\$1,367.80	\$1,457.66	\$1,320.81	\$1,343.00	\$1,216.90
65-69	\$1,886.94	\$1,709.78	\$1,822.10	\$1,651.01	\$1,678.75	\$1,521.09
Individual and Spouse						
00-24	\$512.67	\$512.67	\$495.06	\$495.06	\$456.08	\$456.08
25-29	\$645.25	\$645.25	\$623.04	\$623.04	\$574.07	\$574.07
30-34	\$742.52	\$742.52	\$716.97	\$716.97	\$660.58	\$660.58
35-39	\$892.08	\$892.08	\$861.35	\$861.35	\$793.64	\$793.64
40-44	\$1,039.57	\$1,039.57	\$1,003.87	\$1,003.87	\$924.94	\$924.94
45-49	\$1,225.65	\$1,225.65	\$1,183.46	\$1,183.46	\$1,090.47	\$1,090.47
50-54	\$1,529.01	\$1,529.01	\$1,476.39	\$1,476.39	\$1,360.36	\$1,360.36
55-59	\$2,041.96	\$2,041.96	\$1,971.73	\$1,971.73	\$1,816.80	\$1,816.80
60-64	\$2,667.82	\$2,667.82	\$2,576.07	\$2,576.07	\$2,373.62	\$2,373.62
65-69	\$3,334.77	\$3,334.77	\$3,220.13	\$3,220.13	\$2,967.07	\$2,967.07
Individual and Child						
00-24	\$566.00	\$710.87	\$546.47	\$686.36	\$503.48	\$632.46
25-29	\$622.39	\$828.66	\$600.94	\$800.26	\$553.70	\$737.30
30-34	\$661.61	\$917.19	\$638.87	\$885.68	\$588.61	\$816.00
35-39	\$735.62	\$1,039.89	\$710.32	\$1,004.07	\$654.47	\$925.13
40-44	\$822.03	\$1,147.67	\$793.75	\$1,108.14	\$731.34	\$1,021.08
45-49	\$920.47	\$1,179.78	\$888.84	\$1,139.23	\$818.95	\$1,049.63
50-54	\$1,038.01	\$1,193.12	\$1,002.32	\$1,152.08	\$923.50	\$1,061.50
55-59	\$1,383.55	\$1,421.70	\$1,335.90	\$1,372.78	\$1,230.91	\$1,264.86
60-64	\$1,826.51	\$1,679.50	\$1,763.62	\$1,621.63	\$1,624.90	\$1,494.19
65-69	\$2,283.16	\$2,099.36	\$2,204.48	\$2,027.02	\$2,031.18	\$1,867.72
Individual, Spouse, and Child						
00-24	\$892.58	\$892.58	\$861.76	\$861.76	\$794.09	\$794.09
25-29	\$1,051.97	\$1,051.97	\$1,015.80	\$1,015.80	\$935.96	\$935.96
30-34	\$1,168.89	\$1,168.89	\$1,128.64	\$1,128.64	\$1,039.96	\$1,039.96
35-39	\$1,348.82	\$1,348.82	\$1,302.43	\$1,302.43	\$1,200.12	\$1,200.12
40-44	\$1,526.46	\$1,526.46	\$1,473.91	\$1,473.91	\$1,358.20	\$1,358.20
45-49	\$1,724.78	\$1,724.78	\$1,665.36	\$1,665.36	\$1,534.53	\$1,534.53
50-54	\$2,017.93	\$2,017.93	\$1,948.53	\$1,948.53	\$1,795.44	\$1,795.44
55-59	\$2,606.04	\$2,606.04	\$2,516.32	\$2,516.32	\$2,318.59	\$2,318.59
60-64	\$3,323.61	\$3,323.61	\$3,209.25	\$3,209.25	\$2,957.03	\$2,957.03
65-69	\$4,154.51	\$4,154.51	\$4,011.58	\$4,011.58	\$3,696.25	\$3,696.25

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

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

\$2,500 Deductible

Stop Loss Amount: Co-Pay:	\$0 100%/0%		\$10,000 80%/20%		\$50,000 80%/20%	
	Male	Female	Male	Female	Male	Female
Individual						
00-24	\$147.93	\$229.02	\$144.18	\$223.13	\$132.25	\$204.74
25-29	\$179.55	\$294.90	\$174.88	\$287.34	\$160.49	\$263.68
30-34	\$201.38	\$344.38	\$196.28	\$335.55	\$180.11	\$307.94
35-39	\$242.83	\$412.97	\$236.60	\$402.41	\$217.13	\$369.23
40-44	\$291.06	\$473.16	\$283.69	\$461.05	\$260.30	\$423.10
45-49	\$387.08	\$545.13	\$377.24	\$531.29	\$346.22	\$487.54
50-54	\$518.49	\$621.98	\$505.30	\$606.10	\$463.66	\$556.21
55-59	\$749.07	\$774.46	\$729.91	\$754.75	\$669.84	\$692.64
60-64	\$1,044.52	\$946.42	\$1,017.81	\$922.29	\$934.11	\$846.36
65-69	\$1,305.68	\$1,183.00	\$1,272.34	\$1,152.88	\$1,167.60	\$1,057.92
Individual and Spouse						
00-24	\$354.73	\$354.73	\$345.71	\$345.71	\$317.20	\$317.20
25-29	\$446.46	\$446.46	\$435.09	\$435.09	\$399.26	\$399.26
30-34	\$513.77	\$513.77	\$500.61	\$500.61	\$459.34	\$459.34
35-39	\$617.23	\$617.23	\$601.50	\$601.50	\$551.93	\$551.93
40-44	\$719.33	\$719.33	\$701.00	\$701.00	\$643.24	\$643.24
45-49	\$848.01	\$848.01	\$826.40	\$826.40	\$758.28	\$758.28
50-54	\$1,057.92	\$1,057.92	\$1,030.97	\$1,030.97	\$946.04	\$946.04
55-59	\$1,412.90	\$1,412.90	\$1,376.93	\$1,376.93	\$1,263.43	\$1,263.43
60-64	\$1,845.93	\$1,845.93	\$1,798.91	\$1,798.91	\$1,650.70	\$1,650.70
65-69	\$2,307.42	\$2,307.42	\$2,248.67	\$2,248.67	\$2,063.35	\$2,063.35
Individual and Child						
00-24	\$391.59	\$491.86	\$381.53	\$479.28	\$350.18	\$439.86
25-29	\$430.64	\$573.41	\$419.61	\$558.77	\$385.11	\$512.75
30-34	\$457.78	\$634.61	\$446.06	\$618.38	\$409.42	\$567.51
35-39	\$508.96	\$719.56	\$496.00	\$701.17	\$455.17	\$643.46
40-44	\$568.78	\$794.07	\$554.22	\$773.79	\$508.60	\$710.10
45-49	\$636.88	\$816.31	\$620.67	\$795.48	\$569.56	\$729.99
50-54	\$718.12	\$825.49	\$699.87	\$804.45	\$642.23	\$738.25
55-59	\$957.18	\$983.61	\$932.86	\$958.53	\$856.08	\$879.68
60-64	\$1,263.63	\$1,161.97	\$1,231.51	\$1,132.34	\$1,130.15	\$1,039.17
65-69	\$1,579.60	\$1,452.45	\$1,539.37	\$1,415.49	\$1,412.69	\$1,298.98
Individual, Spouse, and Child						
00-24	\$617.52	\$617.52	\$601.82	\$601.82	\$552.22	\$552.22
25-29	\$727.88	\$727.88	\$709.39	\$709.39	\$650.90	\$650.90
30-34	\$808.72	\$808.72	\$788.22	\$788.22	\$723.22	\$723.22
35-39	\$933.28	\$933.28	\$909.58	\$909.58	\$834.55	\$834.55
40-44	\$1,056.14	\$1,056.14	\$1,029.26	\$1,029.26	\$944.49	\$944.49
45-49	\$1,193.36	\$1,193.36	\$1,162.99	\$1,162.99	\$1,067.16	\$1,067.16
50-54	\$1,396.22	\$1,396.22	\$1,360.68	\$1,360.68	\$1,248.59	\$1,248.59
55-59	\$1,803.07	\$1,803.07	\$1,757.15	\$1,757.15	\$1,612.42	\$1,612.42
60-64	\$2,299.54	\$2,299.54	\$2,241.04	\$2,241.04	\$2,056.43	\$2,056.43
65-69	\$2,874.47	\$2,874.47	\$2,801.32	\$2,801.32	\$2,570.54	\$2,570.54

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

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

\$5000 Deductible

Stop Loss Amount: Co-Pay:	\$0 80%/20%		\$10,000 80%/20%		\$50,000 80%/20%	
	Male	Female	Male	Female	Male	Female
Individual						
00-24	\$116.04	\$179.57	\$112.75	\$174.47	\$104.52	\$161.75
25-29	\$140.72	\$231.24	\$136.77	\$224.67	\$126.84	\$208.40
30-34	\$157.97	\$270.00	\$153.46	\$262.38	\$142.36	\$243.31
35-39	\$190.38	\$323.80	\$185.05	\$314.66	\$171.61	\$291.84
40-44	\$228.29	\$371.03	\$221.84	\$360.57	\$205.73	\$334.38
45-49	\$303.61	\$427.53	\$294.90	\$415.42	\$273.51	\$385.21
50-54	\$406.62	\$487.73	\$395.04	\$473.95	\$366.27	\$439.43
55-59	\$587.40	\$607.35	\$570.71	\$590.15	\$529.14	\$547.13
60-64	\$819.16	\$742.22	\$795.84	\$721.13	\$737.92	\$668.64
65-69	\$1,023.91	\$927.79	\$994.82	\$901.40	\$922.39	\$835.76
Individual and Spouse						
00-24	\$284.09	\$284.09	\$276.02	\$276.02	\$255.91	\$255.91
25-29	\$357.56	\$357.56	\$347.45	\$347.45	\$322.12	\$322.12
30-34	\$411.40	\$411.40	\$399.69	\$399.69	\$370.68	\$370.68
35-39	\$494.34	\$494.34	\$480.31	\$480.31	\$445.34	\$445.34
40-44	\$576.10	\$576.10	\$559.75	\$559.75	\$519.03	\$519.03
45-49	\$679.21	\$679.21	\$659.86	\$659.86	\$611.89	\$611.89
50-54	\$847.31	\$847.31	\$823.16	\$823.16	\$763.40	\$763.40
55-59	\$1,131.58	\$1,131.58	\$1,099.44	\$1,099.44	\$1,019.50	\$1,019.50
60-64	\$1,478.42	\$1,478.42	\$1,436.47	\$1,436.47	\$1,332.01	\$1,332.01
65-69	\$1,848.00	\$1,848.00	\$1,795.53	\$1,795.53	\$1,665.03	\$1,665.03
Individual and Child						
00-24	\$310.22	\$389.60	\$301.44	\$378.59	\$279.46	\$351.03
25-29	\$341.10	\$454.24	\$331.47	\$441.33	\$307.32	\$409.23
30-34	\$362.60	\$502.77	\$352.34	\$488.52	\$326.76	\$452.98
35-39	\$403.15	\$569.97	\$391.74	\$553.80	\$363.28	\$513.52
40-44	\$450.49	\$628.99	\$437.75	\$611.24	\$405.88	\$566.72
45-49	\$504.54	\$646.64	\$490.25	\$628.32	\$454.55	\$582.62
50-54	\$568.95	\$653.94	\$552.87	\$635.44	\$512.57	\$589.22
55-59	\$758.38	\$779.28	\$736.86	\$757.22	\$683.26	\$702.12
60-64	\$1,001.09	\$920.55	\$972.81	\$894.50	\$901.95	\$829.40
65-69	\$1,251.36	\$1,150.72	\$1,215.97	\$1,118.17	\$1,127.44	\$1,036.72
Individual, Spouse, and Child						
00-24	\$494.54	\$494.54	\$480.55	\$480.55	\$445.63	\$445.63
25-29	\$582.93	\$582.93	\$566.43	\$566.43	\$525.26	\$525.26
30-34	\$647.68	\$647.68	\$629.36	\$629.36	\$583.60	\$583.60
35-39	\$747.43	\$747.43	\$726.25	\$726.25	\$673.48	\$673.48
40-44	\$845.82	\$845.82	\$821.85	\$821.85	\$762.15	\$762.15
45-49	\$955.77	\$955.77	\$928.69	\$928.69	\$861.08	\$861.08
50-54	\$1,118.25	\$1,118.25	\$1,086.54	\$1,086.54	\$1,007.51	\$1,007.51
55-59	\$1,444.13	\$1,444.13	\$1,403.17	\$1,403.17	\$1,301.09	\$1,301.09
60-64	\$1,841.70	\$1,841.70	\$1,789.51	\$1,789.51	\$1,659.35	\$1,659.35
65-69	\$2,302.10	\$2,302.10	\$2,236.95	\$2,236.95	\$2,074.23	\$2,074.23

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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	\$83.12	\$128.58	\$76.03	\$117.70
25-29	\$100.86	\$165.66	\$92.24	\$151.52
30-34	\$113.13	\$193.39	\$103.51	\$176.99
35-39	\$136.43	\$231.97	\$124.81	\$212.21
40-44	\$163.58	\$265.77	\$149.65	\$243.18
45-49	\$217.43	\$306.22	\$198.99	\$280.26
50-54	\$291.24	\$349.38	\$266.50	\$319.69
55-59	\$420.74	\$435.07	\$384.99	\$398.03
60-64	\$586.68	\$531.59	\$536.87	\$486.44
65-69	\$733.35	\$664.52	\$671.05	\$608.04
Individual and Spouse				
00-24	\$205.59	\$205.59	\$188.13	\$188.13
25-29	\$258.76	\$258.76	\$236.79	\$236.79
30-34	\$297.76	\$297.76	\$272.43	\$272.43
35-39	\$357.75	\$357.75	\$327.37	\$327.37
40-44	\$416.88	\$416.88	\$381.53	\$381.53
45-49	\$491.49	\$491.49	\$449.73	\$449.73
50-54	\$613.16	\$613.16	\$561.18	\$561.18
55-59	\$818.86	\$818.86	\$749.43	\$749.43
60-64	\$1,069.91	\$1,069.91	\$979.11	\$979.11
65-69	\$1,337.38	\$1,337.38	\$1,223.91	\$1,223.91
Individual and Child				
00-24	\$223.34	\$280.48	\$204.33	\$256.63
25-29	\$245.56	\$327.00	\$224.71	\$299.22
30-34	\$261.05	\$361.95	\$238.90	\$331.22
35-39	\$290.33	\$410.38	\$265.62	\$375.47
40-44	\$324.32	\$452.85	\$296.83	\$414.43
45-49	\$363.22	\$465.55	\$332.38	\$425.97
50-54	\$409.56	\$470.80	\$374.75	\$430.80
55-59	\$545.93	\$560.93	\$499.52	\$513.34
60-64	\$720.64	\$662.67	\$659.42	\$606.41
65-69	\$900.80	\$828.35	\$824.30	\$757.97
Individual, Spouse, and Child				
00-24	\$357.93	\$357.93	\$327.54	\$327.54
25-29	\$421.94	\$421.94	\$386.03	\$386.03
30-34	\$468.82	\$468.82	\$428.96	\$428.96
35-39	\$541.00	\$541.00	\$495.03	\$495.03
40-44	\$612.20	\$612.20	\$560.18	\$560.18
45-49	\$691.71	\$691.71	\$632.95	\$632.95
50-54	\$809.30	\$809.30	\$740.63	\$740.63
55-59	\$1,045.14	\$1,045.14	\$956.42	\$956.42
60-64	\$1,332.97	\$1,332.97	\$1,219.76	\$1,219.76
65-69	\$1,666.17	\$1,666.17	\$1,524.72	\$1,524.72

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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	\$45.74	\$70.75	\$43.08	\$66.75
25-29	\$55.48	\$91.12	\$52.34	\$85.95
30-34	\$62.23	\$106.35	\$58.76	\$100.40
35-39	\$75.03	\$127.54	\$70.84	\$120.37
40-44	\$89.92	\$146.18	\$84.90	\$137.97
45-49	\$119.59	\$168.39	\$112.80	\$158.91
50-54	\$161.23	\$193.35	\$151.16	\$181.27
55-59	\$232.80	\$240.75	\$218.34	\$225.70
60-64	\$324.69	\$294.22	\$304.47	\$275.84
65-69	\$405.87	\$367.79	\$380.54	\$344.82
Individual and Spouse				
00-24	\$113.06	\$113.06	\$106.68	\$106.68
25-29	\$142.28	\$142.28	\$134.24	\$134.24
30-34	\$163.76	\$163.76	\$154.51	\$154.51
35-39	\$196.77	\$196.77	\$185.59	\$185.59
40-44	\$229.30	\$229.30	\$216.32	\$216.32
45-49	\$270.36	\$270.36	\$255.07	\$255.07
50-54	\$337.32	\$337.32	\$318.18	\$318.18
55-59	\$450.47	\$450.47	\$424.94	\$424.94
60-64	\$588.50	\$588.50	\$555.13	\$555.13
65-69	\$735.65	\$735.65	\$693.95	\$693.95
Individual and Child				
00-24	\$122.86	\$154.33	\$115.86	\$145.56
25-29	\$135.06	\$179.90	\$127.45	\$169.72
30-34	\$143.64	\$199.11	\$135.43	\$187.78
35-39	\$159.63	\$225.70	\$150.61	\$212.94
40-44	\$178.41	\$249.13	\$168.34	\$235.03
45-49	\$199.83	\$256.05	\$188.47	\$241.58
50-54	\$225.30	\$258.93	\$212.53	\$244.24
55-59	\$300.27	\$308.57	\$283.24	\$291.06
60-64	\$396.44	\$364.52	\$373.97	\$343.84
65-69	\$495.58	\$455.68	\$467.45	\$429.79
Individual, Spouse, and Child				
00-24	\$196.86	\$196.86	\$185.75	\$185.75
25-29	\$231.98	\$231.98	\$218.93	\$218.93
30-34	\$257.84	\$257.84	\$243.20	\$243.20
35-39	\$297.49	\$297.49	\$280.75	\$280.75
40-44	\$336.71	\$336.71	\$317.69	\$317.69
45-49	\$380.42	\$380.42	\$358.95	\$358.95
50-54	\$445.13	\$445.13	\$419.89	\$419.89
55-59	\$574.79	\$574.79	\$542.29	\$542.29
60-64	\$733.08	\$733.08	\$691.63	\$691.63
65-69	\$916.34	\$916.34	\$864.59	\$864.59

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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

Optional Riders

Maternity Rider

Maximum Benefit	Rate
\$2,000	\$276.82
\$3,000	\$415.24
\$5,000	\$666.40

TMJ

Individual	\$8.36
Individual and Spouse	\$16.71
Individual and Child	\$20.07
Individual, Spouse, Children	\$33.49

Supplemental Accident Endorsement

(\$500, \$1,000, and \$2,500 deductibles)

\$500 Deductible

Individual	\$22.63
Individual & Spouse	\$45.30
Individual & Child	\$57.73
Individual, Spouse, Children	\$90.58

\$1,000 Deductible

Individual	\$33.90
Individual & Spouse	\$67.77
Individual & Child	\$86.28
Individual, Spouse, Children	\$135.47

\$2,500 Deductible

Individual	\$53.77
Individual & Spouse	\$107.69
Individual & Child	\$137.03
Individual, Spouse, Children	\$215.27

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

Blue Select

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

\$500 Deductible

Stop Loss Amount: Co-Pay:	\$5,000 80%/20%		\$10,000 80%/20%	
	Male	Female	Male	Female
Individual				
00-24	\$190.81	\$295.25	\$183.47	\$283.90
25-29	\$231.51	\$380.28	\$222.59	\$365.64
30-34	\$259.80	\$444.06	\$249.81	\$427.02
35-39	\$313.16	\$532.55	\$301.13	\$512.10
40-44	\$375.42	\$610.29	\$360.99	\$586.80
45-49	\$499.17	\$703.04	\$480.00	\$675.99
50-54	\$668.69	\$802.11	\$642.98	\$771.26
55-59	\$965.97	\$998.76	\$928.79	\$960.38
60-64	\$1,346.99	\$1,220.52	\$1,295.20	\$1,173.56
65-69	\$1,683.75	\$1,525.65	\$1,618.97	\$1,466.98
Individual and Spouse				
00-24	\$457.48	\$457.48	\$439.89	\$439.89
25-29	\$575.75	\$575.75	\$553.62	\$553.62
30-34	\$662.50	\$662.50	\$637.04	\$637.04
35-39	\$795.98	\$795.98	\$765.35	\$765.35
40-44	\$927.66	\$927.66	\$892.01	\$892.01
45-49	\$1,093.62	\$1,093.62	\$1,051.54	\$1,051.54
50-54	\$1,364.29	\$1,364.29	\$1,311.80	\$1,311.80
55-59	\$1,822.06	\$1,822.06	\$1,751.96	\$1,751.96
60-64	\$2,380.49	\$2,380.49	\$2,288.90	\$2,288.90
65-69	\$2,975.61	\$2,975.61	\$2,861.21	\$2,861.21
Individual and Child				
00-24	\$505.01	\$634.25	\$485.54	\$609.88
25-29	\$555.34	\$739.48	\$533.97	\$710.96
30-34	\$590.34	\$818.42	\$567.64	\$786.95
35-39	\$656.39	\$927.88	\$631.14	\$892.20
40-44	\$733.42	\$1,024.00	\$705.22	\$984.59
45-49	\$821.38	\$1,052.76	\$789.78	\$1,012.25
50-54	\$926.18	\$1,064.60	\$890.59	\$1,023.67
55-59	\$1,234.54	\$1,268.63	\$1,187.06	\$1,219.84
60-64	\$1,629.78	\$1,498.62	\$1,567.07	\$1,440.97
65-69	\$2,037.22	\$1,873.27	\$1,958.84	\$1,801.24
Individual, Spouse, and Child				
00-24	\$796.44	\$796.44	\$765.79	\$765.79
25-29	\$938.72	\$938.72	\$902.62	\$902.62
30-34	\$1,043.03	\$1,043.03	\$1,002.91	\$1,002.91
35-39	\$1,203.59	\$1,203.59	\$1,157.32	\$1,157.32
40-44	\$1,362.08	\$1,362.08	\$1,309.68	\$1,309.68
45-49	\$1,538.99	\$1,538.99	\$1,479.83	\$1,479.83
50-54	\$1,800.62	\$1,800.62	\$1,731.36	\$1,731.36
55-59	\$2,325.33	\$2,325.33	\$2,235.90	\$2,235.90
60-64	\$2,965.64	\$2,965.64	\$2,851.54	\$2,851.54
65-69	\$3,707.05	\$3,707.05	\$3,564.50	\$3,564.50

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

Blue Select

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

\$1,000 Deductible

Stop Loss Amount: Co-Pay:	\$5,000 80%/20%		\$10,000 80%/20%	
	Male	Female	Male	Female
Individual				
00-24	\$157.00	\$242.94	\$150.91	\$233.62
25-29	\$190.44	\$312.90	\$183.12	\$300.87
30-34	\$213.75	\$365.41	\$205.52	\$351.33
35-39	\$257.65	\$438.18	\$247.75	\$421.37
40-44	\$308.87	\$502.08	\$297.01	\$482.78
45-49	\$410.81	\$578.53	\$395.01	\$556.29
50-54	\$550.16	\$660.02	\$529.05	\$634.65
55-59	\$794.83	\$821.90	\$764.25	\$790.26
60-64	\$1,108.40	\$1,004.33	\$1,065.77	\$965.66
65-69	\$1,385.49	\$1,255.39	\$1,332.20	\$1,207.12
Individual and Spouse				
00-24	\$376.45	\$376.45	\$361.96	\$361.96
25-29	\$473.76	\$473.76	\$455.53	\$455.53
30-34	\$545.16	\$545.16	\$524.20	\$524.20
35-39	\$654.97	\$654.97	\$629.77	\$629.77
40-44	\$763.30	\$763.30	\$733.96	\$733.96
45-49	\$899.85	\$899.85	\$865.24	\$865.24
50-54	\$1,122.64	\$1,122.64	\$1,079.41	\$1,079.41
55-59	\$1,499.24	\$1,499.24	\$1,441.55	\$1,441.55
60-64	\$1,958.82	\$1,958.82	\$1,883.47	\$1,883.47
65-69	\$2,448.51	\$2,448.51	\$2,354.34	\$2,354.34
Individual and Child				
00-24	\$415.53	\$521.91	\$399.56	\$501.84
25-29	\$456.93	\$608.47	\$439.34	\$585.04
30-34	\$485.80	\$673.45	\$467.07	\$647.57
35-39	\$540.11	\$763.46	\$519.33	\$734.15
40-44	\$603.53	\$842.63	\$580.29	\$810.23
45-49	\$675.88	\$866.24	\$649.86	\$832.89
50-54	\$762.14	\$875.97	\$732.79	\$842.31
55-59	\$1,015.80	\$1,043.84	\$976.72	\$1,003.64
60-64	\$1,341.01	\$1,233.07	\$1,289.46	\$1,185.63
65-69	\$1,676.22	\$1,541.32	\$1,611.75	\$1,482.04
Individual, Spouse, and Child				
00-24	\$655.29	\$655.29	\$630.12	\$630.12
25-29	\$772.39	\$772.39	\$742.67	\$742.67
30-34	\$858.20	\$858.20	\$825.18	\$825.18
35-39	\$990.30	\$990.30	\$952.23	\$952.23
40-44	\$1,120.76	\$1,120.76	\$1,077.63	\$1,077.63
45-49	\$1,266.30	\$1,266.30	\$1,217.62	\$1,217.62
50-54	\$1,481.58	\$1,481.58	\$1,424.63	\$1,424.63
55-59	\$1,913.35	\$1,913.35	\$1,839.76	\$1,839.76
60-64	\$2,440.24	\$2,440.24	\$2,346.41	\$2,346.41
65-69	\$3,050.31	\$3,050.31	\$2,932.98	\$2,932.98

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

Blue Select

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

\$1,500 Deductible

Stop Loss Amount: Co-Pay:	\$5,000 80%/20%		\$10,000 80%/20%	
	Male	Female	Male	Female
Individual				
00-24	\$141.27	\$218.65	\$135.83	\$210.29
25-29	\$171.40	\$281.61	\$164.79	\$270.78
30-34	\$192.37	\$328.84	\$184.98	\$316.22
35-39	\$231.85	\$394.37	\$222.93	\$379.20
40-44	\$278.00	\$451.89	\$267.32	\$434.48
45-49	\$369.74	\$520.67	\$355.50	\$500.65
50-54	\$495.14	\$594.03	\$476.14	\$571.16
55-59	\$715.35	\$739.68	\$687.86	\$711.24
60-64	\$997.56	\$903.93	\$959.18	\$869.13
65-69	\$1,246.93	\$1,129.87	\$1,198.97	\$1,086.40
Individual and Spouse				
00-24	\$338.77	\$338.77	\$325.77	\$325.77
25-29	\$426.39	\$426.39	\$409.98	\$409.98
30-34	\$490.65	\$490.65	\$471.74	\$471.74
35-39	\$589.45	\$589.45	\$566.82	\$566.82
40-44	\$687.00	\$687.00	\$660.58	\$660.58
45-49	\$809.89	\$809.89	\$778.72	\$778.72
50-54	\$1,010.39	\$1,010.39	\$971.48	\$971.48
55-59	\$1,349.32	\$1,349.32	\$1,297.42	\$1,297.42
60-64	\$1,762.91	\$1,762.91	\$1,695.15	\$1,695.15
65-69	\$2,203.67	\$2,203.67	\$2,118.91	\$2,118.91
Individual and Child				
00-24	\$373.97	\$469.73	\$359.58	\$451.64
25-29	\$411.24	\$547.62	\$395.45	\$526.57
30-34	\$437.20	\$606.10	\$420.36	\$582.80
35-39	\$486.12	\$687.15	\$467.44	\$660.69
40-44	\$543.18	\$758.36	\$522.26	\$729.18
45-49	\$608.30	\$779.60	\$584.86	\$749.61
50-54	\$685.94	\$788.39	\$659.54	\$758.07
55-59	\$914.22	\$939.44	\$879.07	\$903.32
60-64	\$1,206.87	\$1,109.75	\$1,160.47	\$1,067.07
65-69	\$1,508.64	\$1,387.17	\$1,450.60	\$1,333.84
Individual, Spouse, and Child				
00-24	\$589.74	\$589.74	\$567.06	\$567.06
25-29	\$695.15	\$695.15	\$668.36	\$668.36
30-34	\$772.39	\$772.39	\$742.66	\$742.66
35-39	\$891.25	\$891.25	\$857.01	\$857.01
40-44	\$1,008.64	\$1,008.64	\$969.88	\$969.88
45-49	\$1,139.68	\$1,139.68	\$1,095.84	\$1,095.84
50-54	\$1,333.44	\$1,333.44	\$1,282.18	\$1,282.18
55-59	\$1,722.01	\$1,722.01	\$1,655.74	\$1,655.74
60-64	\$2,196.23	\$2,196.23	\$2,111.76	\$2,111.76
65-69	\$2,745.27	\$2,745.27	\$2,639.70	\$2,639.70

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

Blue Select

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

\$2,500 Deductible

Stop Loss Amount: Co-Pay:	\$5,000 80%/20%		\$10,000 80%/20%	
	Male	Female	Male	Female
Individual				
00-24	\$114.62	\$177.36	\$110.21	\$170.54
25-29	\$139.04	\$228.37	\$133.69	\$219.61
30-34	\$156.05	\$266.76	\$150.06	\$256.51
35-39	\$188.07	\$319.88	\$180.88	\$307.59
40-44	\$225.52	\$366.55	\$216.84	\$352.44
45-49	\$299.87	\$422.34	\$288.38	\$406.07
50-54	\$401.67	\$481.81	\$386.22	\$463.26
55-59	\$580.26	\$599.99	\$557.94	\$576.92
60-64	\$809.12	\$733.16	\$777.99	\$704.94
65-69	\$1,011.42	\$916.46	\$972.48	\$881.19
Individual and Spouse				
00-24	\$274.80	\$274.80	\$264.27	\$264.27
25-29	\$345.91	\$345.91	\$332.57	\$332.57
30-34	\$397.98	\$397.98	\$382.69	\$382.69
35-39	\$478.17	\$478.17	\$459.79	\$459.79
40-44	\$557.26	\$557.26	\$535.81	\$535.81
45-49	\$656.97	\$656.97	\$631.69	\$631.69
50-54	\$819.56	\$819.56	\$788.06	\$788.06
55-59	\$1,094.57	\$1,094.57	\$1,052.47	\$1,052.47
60-64	\$1,430.04	\$1,430.04	\$1,375.06	\$1,375.06
65-69	\$1,787.56	\$1,787.56	\$1,718.81	\$1,718.81
Individual and Child				
00-24	\$303.33	\$380.99	\$291.66	\$366.37
25-29	\$333.56	\$444.17	\$320.74	\$427.07
30-34	\$354.60	\$491.62	\$340.96	\$472.71
35-39	\$394.28	\$557.40	\$379.10	\$535.94
40-44	\$440.56	\$615.10	\$423.61	\$591.45
45-49	\$493.40	\$632.35	\$474.38	\$608.02
50-54	\$556.38	\$639.49	\$534.97	\$614.91
55-59	\$741.56	\$762.00	\$713.02	\$732.67
60-64	\$978.96	\$900.17	\$941.32	\$865.56
65-69	\$1,223.72	\$1,125.24	\$1,176.65	\$1,081.94
Individual, Spouse, and Child				
00-24	\$478.40	\$478.40	\$460.01	\$460.01
25-29	\$563.93	\$563.93	\$542.25	\$542.25
30-34	\$626.57	\$626.57	\$602.46	\$602.46
35-39	\$723.04	\$723.04	\$695.22	\$695.22
40-44	\$818.22	\$818.22	\$786.72	\$786.72
45-49	\$924.50	\$924.50	\$888.94	\$888.94
50-54	\$1,081.65	\$1,081.65	\$1,040.04	\$1,040.04
55-59	\$1,396.82	\$1,396.82	\$1,343.11	\$1,343.11
60-64	\$1,781.51	\$1,781.51	\$1,712.97	\$1,712.97
65-69	\$2,226.87	\$2,226.87	\$2,141.25	\$2,141.25

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Blue Select

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

Optional Riders

Maternity Rider

Maximum Benefit	Rate
\$2,000	\$184.00
\$3,000	\$275.96
\$5,000	\$442.92

TMJ

Individual	\$7.86
Individual and Spouse	\$15.69
Individual and Child	\$18.79
Individual, Spouse, Children	\$31.34

Supplemental Accident Endorsement

(\$500, \$1,000, and \$2,500 deductibles only)

\$500 Deductible

Individual	\$15.09
Individual & Spouse	\$30.12
Individual & Child	\$38.36
Individual, Spouse, Children	\$60.22

\$1,000 Deductible

Individual	\$22.55
Individual & Spouse	\$45.06
Individual & Child	\$57.34
Individual, Spouse, Children	\$90.07

\$1,500 Deductible

Individual	\$29.27
Individual & Spouse	\$58.48
Individual & Child	\$74.42
Individual, Spouse, Children	\$116.92

\$2,500 Deductible

Individual	\$35.73
Individual & Spouse	\$71.54
Individual & Child	\$91.07
Individual, Spouse, Children	\$143.08

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Current Quarterly Premium Rates
Effective as of January 01, 2013**

**Student
Policy Form: 17-93**

	<u>\$250 Deductible</u>		<u>\$1,000 Deductible</u>	
	Individual	Family	Individual	Family
19-25	\$538.64	\$1,385.56	\$407.97	\$1,096.52
26-39	\$776.41	\$2,307.80	\$587.93	\$1,826.35
40-44	\$1,086.91	\$3,230.92	\$823.09	\$2,556.84
TMJ Rider	\$1.84	\$5.46		
Maternity Rider	\$543.19	per month		

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$354.02	\$354.02	\$340.40	\$340.40
2-12	\$119.17	\$119.17	\$114.59	\$114.59
13-17	\$119.17	\$184.40	\$114.59	\$177.32
18-24	\$119.17	\$184.40	\$114.59	\$177.32
25-29	\$144.57	\$237.52	\$139.03	\$228.36
30-34	\$162.26	\$277.33	\$156.01	\$266.68
35-39	\$195.58	\$332.59	\$188.04	\$319.81
40-44	\$234.45	\$381.12	\$225.43	\$366.45
45-49	\$311.78	\$439.05	\$299.77	\$422.18
50-54	\$417.59	\$500.94	\$401.56	\$481.64
55-59	\$603.29	\$623.78	\$580.05	\$599.78
60-64	\$841.24	\$762.25	\$808.86	\$732.94
65-69	\$1,051.54	\$952.83	\$1,011.08	\$916.15
Individual and Spouse				
00-24	\$285.72	\$285.72	\$274.68	\$274.68
25-29	\$359.62	\$359.62	\$345.76	\$345.76
30-34	\$413.76	\$413.76	\$397.82	\$397.82
35-39	\$497.11	\$497.11	\$478.00	\$478.00
40-44	\$579.33	\$579.33	\$557.07	\$557.07
45-49	\$682.99	\$682.99	\$656.73	\$656.73
50-54	\$852.02	\$852.02	\$819.26	\$819.26
55-59	\$1,137.91	\$1,137.91	\$1,094.15	\$1,094.15
60-64	\$1,486.69	\$1,486.69	\$1,429.48	\$1,429.48
65-69	\$1,858.33	\$1,858.33	\$1,786.84	\$1,786.84
Individual and Child				
00-24	\$315.37	\$396.10	\$303.25	\$380.89
25-29	\$346.82	\$461.80	\$333.49	\$444.04
30-34	\$368.70	\$511.13	\$354.49	\$491.47
35-39	\$409.92	\$579.49	\$394.15	\$557.20
40-44	\$458.07	\$639.52	\$440.42	\$614.92
45-49	\$512.97	\$657.45	\$493.24	\$632.17
50-54	\$578.42	\$664.87	\$556.19	\$639.32
55-59	\$771.01	\$792.29	\$741.33	\$761.82
60-64	\$1,017.83	\$935.90	\$978.67	\$899.93
65-69	\$1,272.25	\$1,169.90	\$1,223.33	\$1,124.91
Individual, Spouse, and Child				
00-24	\$497.36	\$497.36	\$478.26	\$478.26
25-29	\$586.27	\$586.27	\$563.70	\$563.70
30-34	\$651.37	\$651.37	\$626.33	\$626.33
35-39	\$751.67	\$751.67	\$722.79	\$722.79
40-44	\$850.64	\$850.64	\$817.93	\$817.93
45-49	\$961.14	\$961.14	\$924.15	\$924.15
50-54	\$1,124.52	\$1,124.52	\$1,081.25	\$1,081.25
55-59	\$1,452.21	\$1,452.21	\$1,396.37	\$1,396.37
60-64	\$1,852.10	\$1,852.10	\$1,780.85	\$1,780.85
65-69	\$2,315.12	\$2,315.12	\$2,226.10	\$2,226.10

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$291.25	\$291.25	\$280.06	\$280.06
2-12	\$98.04	\$98.04	\$94.29	\$94.29
13-17	\$98.04	\$151.74	\$94.29	\$145.91
18-24	\$98.04	\$151.74	\$94.29	\$145.91
25-29	\$118.93	\$195.42	\$114.38	\$187.89
30-34	\$133.50	\$228.21	\$128.35	\$219.45
35-39	\$160.92	\$273.69	\$154.70	\$263.13
40-44	\$192.93	\$313.56	\$185.47	\$301.50
45-49	\$256.58	\$361.29	\$246.67	\$347.42
50-54	\$343.64	\$412.21	\$330.43	\$396.34
55-59	\$496.36	\$513.29	\$477.29	\$493.53
60-64	\$692.21	\$627.22	\$665.57	\$603.09
65-69	\$865.26	\$784.04	\$831.98	\$753.88
Individual and Spouse				
00-24	\$235.10	\$235.10	\$226.04	\$226.04
25-29	\$295.87	\$295.87	\$284.51	\$284.51
30-34	\$340.46	\$340.46	\$327.37	\$327.37
35-39	\$409.04	\$409.04	\$393.32	\$393.32
40-44	\$476.72	\$476.72	\$458.38	\$458.38
45-49	\$561.98	\$561.98	\$540.36	\$540.36
50-54	\$701.10	\$701.10	\$674.15	\$674.15
55-59	\$936.30	\$936.30	\$900.28	\$900.28
60-64	\$1,223.32	\$1,223.32	\$1,176.27	\$1,176.27
65-69	\$1,529.12	\$1,529.12	\$1,470.34	\$1,470.34
Individual and Child				
00-24	\$259.51	\$325.95	\$249.54	\$313.39
25-29	\$285.38	\$380.02	\$274.38	\$365.39
30-34	\$303.38	\$420.61	\$291.73	\$404.42
35-39	\$337.32	\$476.82	\$324.32	\$458.48
40-44	\$376.91	\$526.23	\$362.43	\$506.02
45-49	\$422.07	\$540.95	\$405.88	\$520.18
50-54	\$475.96	\$547.10	\$457.65	\$526.04
55-59	\$634.41	\$651.87	\$609.96	\$626.84
60-64	\$837.47	\$770.06	\$805.27	\$740.45
65-69	\$1,046.84	\$962.58	\$1,006.58	\$925.59
Individual, Spouse, and Child				
00-24	\$409.27	\$409.27	\$393.52	\$393.52
25-29	\$482.36	\$482.36	\$463.82	\$463.82
30-34	\$536.00	\$536.00	\$515.33	\$515.33
35-39	\$618.46	\$618.46	\$594.66	\$594.66
40-44	\$699.93	\$699.93	\$673.00	\$673.00
45-49	\$790.84	\$790.84	\$760.42	\$760.42
50-54	\$925.29	\$925.29	\$889.72	\$889.72
55-59	\$1,194.90	\$1,194.90	\$1,148.97	\$1,148.97
60-64	\$1,523.97	\$1,523.97	\$1,465.36	\$1,465.36
65-69	\$1,904.96	\$1,904.96	\$1,831.71	\$1,831.71

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$262.16	\$262.16	\$252.08	\$252.08
2-12	\$88.22	\$88.22	\$84.84	\$84.84
13-17	\$88.22	\$136.57	\$84.84	\$131.33
18-24	\$88.22	\$136.57	\$84.84	\$131.33
25-29	\$107.06	\$175.87	\$102.93	\$169.09
30-34	\$120.16	\$205.39	\$115.53	\$197.50
35-39	\$144.84	\$246.30	\$139.24	\$236.81
40-44	\$173.61	\$282.22	\$166.96	\$271.37
45-49	\$230.92	\$325.17	\$222.02	\$312.66
50-54	\$309.26	\$370.98	\$297.38	\$356.69
55-59	\$446.74	\$461.93	\$429.57	\$444.17
60-64	\$622.97	\$564.48	\$599.04	\$542.80
65-69	\$778.72	\$705.62	\$748.77	\$678.48
Individual and Spouse				
00-24	\$211.58	\$211.58	\$203.47	\$203.47
25-29	\$266.29	\$266.29	\$256.04	\$256.04
30-34	\$306.40	\$306.40	\$294.62	\$294.62
35-39	\$368.14	\$368.14	\$353.98	\$353.98
40-44	\$429.05	\$429.05	\$412.53	\$412.53
45-49	\$505.78	\$505.78	\$486.35	\$486.35
50-54	\$630.98	\$630.98	\$606.72	\$606.72
55-59	\$842.67	\$842.67	\$810.26	\$810.26
60-64	\$1,100.98	\$1,100.98	\$1,058.62	\$1,058.62
65-69	\$1,376.21	\$1,376.21	\$1,323.29	\$1,323.29
Individual and Child				
00-24	\$233.56	\$293.36	\$224.58	\$282.06
25-29	\$256.83	\$341.99	\$246.95	\$328.84
30-34	\$273.04	\$378.53	\$262.55	\$363.95
35-39	\$303.60	\$429.14	\$291.92	\$412.64
40-44	\$339.23	\$473.61	\$326.16	\$455.41
45-49	\$379.89	\$486.89	\$365.28	\$468.15
50-54	\$428.38	\$492.37	\$411.90	\$473.43
55-59	\$570.96	\$586.68	\$548.98	\$564.13
60-64	\$753.74	\$693.07	\$724.76	\$666.41
65-69	\$942.19	\$866.33	\$905.93	\$833.01
Individual, Spouse, and Child				
00-24	\$368.33	\$368.33	\$354.17	\$354.17
25-29	\$434.12	\$434.12	\$417.45	\$417.45
30-34	\$482.36	\$482.36	\$463.82	\$463.82
35-39	\$556.61	\$556.61	\$535.20	\$535.20
40-44	\$629.93	\$629.93	\$605.72	\$605.72
45-49	\$711.73	\$711.73	\$684.36	\$684.36
50-54	\$832.76	\$832.76	\$800.75	\$800.75
55-59	\$1,075.43	\$1,075.43	\$1,034.07	\$1,034.07
60-64	\$1,371.56	\$1,371.56	\$1,318.80	\$1,318.80
65-69	\$1,714.49	\$1,714.49	\$1,648.56	\$1,648.56

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$204.50	\$204.50
2-12	\$68.84	\$68.84
13-17	\$68.84	\$106.50
18-24	\$68.84	\$106.50
25-29	\$83.47	\$137.14
30-34	\$93.68	\$160.18
35-39	\$112.94	\$192.11
40-44	\$135.43	\$220.11
45-49	\$180.10	\$253.62
50-54	\$241.21	\$289.29
55-59	\$348.46	\$360.31
60-64	\$485.88	\$440.27
65-69	\$607.35	\$550.36
Individual and Spouse		
00-24	\$165.01	\$165.01
25-29	\$207.69	\$207.69
30-34	\$239.01	\$239.01
35-39	\$287.15	\$287.15
40-44	\$334.64	\$334.64
45-49	\$394.51	\$394.51
50-54	\$492.15	\$492.15
55-59	\$657.31	\$657.31
60-64	\$858.76	\$858.76
65-69	\$1,073.44	\$1,073.44
Individual and Child		
00-24	\$182.12	\$228.81
25-29	\$200.31	\$266.74
30-34	\$212.94	\$295.20
35-39	\$236.79	\$334.72
40-44	\$264.54	\$369.37
45-49	\$296.29	\$379.72
50-54	\$334.09	\$384.03
55-59	\$445.32	\$457.57
60-64	\$587.88	\$540.58
65-69	\$734.84	\$675.71
Individual, Spouse, and Child		
00-24	\$287.29	\$287.29
25-29	\$338.64	\$338.64
30-34	\$376.28	\$376.28
35-39	\$434.21	\$434.21
40-44	\$491.31	\$491.31
45-49	\$555.14	\$555.14
50-54	\$649.55	\$649.55
55-59	\$838.79	\$838.79
60-64	\$1,069.80	\$1,069.80
65-69	\$1,337.25	\$1,337.25

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

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

Optional Riders

Maternity Rider

Deductible	Rate
\$500	\$376.75
\$1,000	\$344.07
\$1,500	\$312.64
\$2,500	\$302.43

TMJ

Individual	\$5.81
Individual and Spouse	\$11.58
Individual and Child	\$13.90
Individual, Spouse, Children	\$23.22

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$406.93	\$406.93	\$391.25	\$391.25
2-12	\$136.98	\$136.98	\$131.73	\$131.73
13-17	\$136.98	\$211.96	\$131.73	\$203.81
18-24	\$136.98	\$211.96	\$131.73	\$203.81
25-29	\$166.16	\$272.99	\$159.80	\$262.46
30-34	\$186.50	\$318.80	\$179.32	\$306.51
35-39	\$224.81	\$382.34	\$216.18	\$367.61
40-44	\$269.51	\$438.06	\$259.12	\$421.22
45-49	\$358.36	\$504.65	\$344.54	\$485.26
50-54	\$479.99	\$575.74	\$461.54	\$553.64
55-59	\$693.39	\$716.99	\$666.73	\$689.40
60-64	\$966.89	\$876.14	\$929.73	\$842.43
65-69	\$1,208.65	\$1,095.18	\$1,162.17	\$1,053.06
Individual and Spouse				
00-24	\$328.39	\$328.39	\$315.78	\$315.78
25-29	\$413.30	\$413.30	\$397.40	\$397.40
30-34	\$475.60	\$475.60	\$457.29	\$457.29
35-39	\$571.39	\$571.39	\$549.40	\$549.40
40-44	\$665.92	\$665.92	\$640.31	\$640.31
45-49	\$785.03	\$785.03	\$754.87	\$754.87
50-54	\$979.35	\$979.35	\$941.69	\$941.69
55-59	\$1,307.95	\$1,307.95	\$1,257.60	\$1,257.60
60-64	\$1,708.84	\$1,708.84	\$1,643.10	\$1,643.10
65-69	\$2,135.97	\$2,135.97	\$2,053.85	\$2,053.85
Individual and Child				
00-24	\$362.49	\$455.32	\$348.57	\$437.80
25-29	\$398.63	\$530.82	\$383.30	\$510.39
30-34	\$423.79	\$587.51	\$407.49	\$564.91
35-39	\$471.20	\$666.08	\$453.09	\$640.48
40-44	\$526.49	\$735.09	\$506.23	\$706.79
45-49	\$589.62	\$755.68	\$566.92	\$726.64
50-54	\$664.87	\$764.20	\$639.27	\$734.82
55-59	\$886.18	\$910.67	\$852.11	\$875.66
60-64	\$1,169.91	\$1,075.78	\$1,124.91	\$1,034.38
65-69	\$1,462.39	\$1,344.73	\$1,406.13	\$1,293.00
Individual, Spouse, and Child				
00-24	\$571.73	\$571.73	\$549.73	\$549.73
25-29	\$673.86	\$673.86	\$647.93	\$647.93
30-34	\$748.74	\$748.74	\$719.93	\$719.93
35-39	\$864.00	\$864.00	\$830.75	\$830.75
40-44	\$977.74	\$977.74	\$940.15	\$940.15
45-49	\$1,104.76	\$1,104.76	\$1,062.26	\$1,062.26
50-54	\$1,292.56	\$1,292.56	\$1,242.85	\$1,242.85
55-59	\$1,669.23	\$1,669.23	\$1,605.00	\$1,605.00
60-64	\$2,128.85	\$2,128.85	\$2,046.96	\$2,046.96
65-69	\$2,661.04	\$2,661.04	\$2,558.71	\$2,558.71

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$334.81	\$334.81	\$321.91	\$321.91
2-12	\$112.69	\$112.69	\$108.39	\$108.39
13-17	\$112.69	\$174.43	\$108.39	\$167.69
18-24	\$112.69	\$174.43	\$108.39	\$167.69
25-29	\$136.70	\$224.61	\$131.46	\$215.98
30-34	\$153.42	\$262.34	\$147.52	\$252.23
35-39	\$184.96	\$314.54	\$177.83	\$302.46
40-44	\$221.74	\$360.43	\$213.23	\$346.56
45-49	\$294.89	\$415.29	\$283.54	\$399.32
50-54	\$394.96	\$473.79	\$379.75	\$455.56
55-59	\$570.56	\$589.96	\$548.62	\$567.29
60-64	\$795.66	\$720.94	\$765.03	\$693.22
65-69	\$994.55	\$901.18	\$956.32	\$866.53
Individual and Spouse				
00-24	\$270.22	\$270.22	\$259.82	\$259.82
25-29	\$340.09	\$340.09	\$327.01	\$327.01
30-34	\$391.35	\$391.35	\$376.29	\$376.29
35-39	\$470.15	\$470.15	\$452.07	\$452.07
40-44	\$547.96	\$547.96	\$526.87	\$526.87
45-49	\$645.95	\$645.95	\$621.13	\$621.13
50-54	\$805.84	\$805.84	\$774.85	\$774.85
55-59	\$1,076.22	\$1,076.22	\$1,034.82	\$1,034.82
60-64	\$1,406.08	\$1,406.08	\$1,352.02	\$1,352.02
65-69	\$1,757.64	\$1,757.64	\$1,690.00	\$1,690.00
Individual and Child				
00-24	\$298.28	\$374.65	\$286.84	\$360.24
25-29	\$328.01	\$436.79	\$315.38	\$419.98
30-34	\$348.70	\$483.43	\$335.30	\$464.82
35-39	\$387.70	\$548.07	\$372.81	\$526.96
40-44	\$433.23	\$604.87	\$416.55	\$581.59
45-49	\$485.15	\$621.80	\$466.50	\$597.88
50-54	\$547.10	\$628.83	\$526.04	\$604.62
55-59	\$729.18	\$749.27	\$701.16	\$720.45
60-64	\$962.62	\$885.13	\$925.61	\$851.12
65-69	\$1,203.29	\$1,106.42	\$1,157.02	\$1,063.87
Individual, Spouse, and Child				
00-24	\$470.39	\$470.39	\$452.30	\$452.30
25-29	\$554.46	\$554.46	\$533.12	\$533.12
30-34	\$616.05	\$616.05	\$592.35	\$592.35
35-39	\$710.88	\$710.88	\$683.55	\$683.55
40-44	\$804.53	\$804.53	\$773.56	\$773.56
45-49	\$909.00	\$909.00	\$874.04	\$874.04
50-54	\$1,063.55	\$1,063.55	\$1,022.67	\$1,022.67
55-59	\$1,373.48	\$1,373.48	\$1,320.64	\$1,320.64
60-64	\$1,751.69	\$1,751.69	\$1,684.32	\$1,684.32
65-69	\$2,189.63	\$2,189.63	\$2,105.39	\$2,105.39

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Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

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	\$301.30	\$301.30	\$289.71	\$289.71
2-12	\$101.43	\$101.43	\$97.48	\$97.48
13-17	\$101.43	\$157.00	\$97.48	\$150.90
18-24	\$101.43	\$157.00	\$97.48	\$150.90
25-29	\$123.05	\$202.13	\$118.33	\$194.38
30-34	\$138.10	\$236.09	\$132.80	\$227.02
35-39	\$166.45	\$283.07	\$160.07	\$272.20
40-44	\$199.56	\$324.40	\$191.91	\$311.92
45-49	\$265.40	\$373.76	\$255.20	\$359.38
50-54	\$355.44	\$426.40	\$341.81	\$410.01
55-59	\$513.49	\$530.97	\$493.72	\$510.54
60-64	\$716.08	\$648.85	\$688.54	\$623.92
65-69	\$895.11	\$811.09	\$860.67	\$779.86
Individual and Spouse				
00-24	\$243.21	\$243.21	\$233.84	\$233.84
25-29	\$306.08	\$306.08	\$294.33	\$294.33
30-34	\$352.18	\$352.18	\$338.67	\$338.67
35-39	\$423.16	\$423.16	\$406.89	\$406.89
40-44	\$493.15	\$493.15	\$474.17	\$474.17
45-49	\$581.37	\$581.37	\$559.01	\$559.01
50-54	\$725.30	\$725.30	\$697.38	\$697.38
55-59	\$968.59	\$968.59	\$931.35	\$931.35
60-64	\$1,265.50	\$1,265.50	\$1,216.80	\$1,216.80
65-69	\$1,581.88	\$1,581.88	\$1,521.02	\$1,521.02
Individual and Child				
00-24	\$268.46	\$337.21	\$258.15	\$324.21
25-29	\$295.20	\$393.12	\$283.84	\$378.02
30-34	\$313.80	\$435.09	\$301.77	\$418.34
35-39	\$348.95	\$493.28	\$335.55	\$474.28
40-44	\$389.91	\$544.39	\$374.92	\$523.43
45-49	\$436.63	\$559.63	\$419.85	\$538.10
50-54	\$492.37	\$565.92	\$473.43	\$544.18
55-59	\$656.28	\$674.38	\$631.02	\$648.43
60-64	\$866.36	\$796.65	\$833.05	\$765.97
65-69	\$1,082.94	\$995.76	\$1,041.29	\$957.50
Individual, Spouse, and Child				
00-24	\$423.32	\$423.32	\$407.06	\$407.06
25-29	\$498.99	\$498.99	\$479.81	\$479.81
30-34	\$554.46	\$554.46	\$533.11	\$533.11
35-39	\$639.81	\$639.81	\$615.20	\$615.20
40-44	\$724.07	\$724.07	\$696.23	\$696.23
45-49	\$818.12	\$818.12	\$786.61	\$786.61
50-54	\$957.23	\$957.23	\$920.39	\$920.39
55-59	\$1,236.11	\$1,236.11	\$1,188.58	\$1,188.58
60-64	\$1,576.54	\$1,576.54	\$1,515.87	\$1,515.87
65-69	\$1,970.64	\$1,970.64	\$1,894.86	\$1,894.86

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$235.03	\$235.03
2-12	\$79.10	\$79.10
13-17	\$79.10	\$122.43
18-24	\$79.10	\$122.43
25-29	\$95.94	\$157.64
30-34	\$107.70	\$184.13
35-39	\$129.83	\$220.81
40-44	\$155.67	\$252.98
45-49	\$206.97	\$291.48
50-54	\$277.25	\$332.57
55-59	\$400.50	\$414.13
60-64	\$558.49	\$506.04
65-69	\$698.10	\$632.60
Individual and Spouse		
00-24	\$189.70	\$189.70
25-29	\$238.73	\$238.73
30-34	\$274.68	\$274.68
35-39	\$330.05	\$330.05
40-44	\$384.62	\$384.62
45-49	\$453.46	\$453.46
50-54	\$565.71	\$565.71
55-59	\$755.50	\$755.50
60-64	\$987.08	\$987.08
65-69	\$1,233.84	\$1,233.84
Individual and Child		
00-24	\$209.36	\$263.00
25-29	\$230.22	\$306.60
30-34	\$244.75	\$339.33
35-39	\$272.15	\$384.73
40-44	\$304.11	\$424.54
45-49	\$340.58	\$436.48
50-54	\$384.03	\$441.41
55-59	\$511.88	\$525.97
60-64	\$675.73	\$621.34
65-69	\$844.65	\$776.66
Individual, Spouse, and Child		
00-24	\$330.22	\$330.22
25-29	\$389.24	\$389.24
30-34	\$432.50	\$432.50
35-39	\$499.05	\$499.05
40-44	\$564.76	\$564.76
45-49	\$638.09	\$638.09
50-54	\$746.61	\$746.61
55-59	\$964.13	\$964.13
60-64	\$1,229.63	\$1,229.63
65-69	\$1,537.08	\$1,537.08

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

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

Optional Riders

Maternity Rider

Deductible	Rate
\$500	\$376.75
\$1,000	\$344.07
\$1,500	\$312.64
\$2,500	\$302.43

TMJ

Individual	\$5.81
Individual and Spouse	\$11.58
Individual and Child	\$13.90
Individual, Spouse, Children	\$23.22

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO
17-236 9/04**

	Individual	Family	Individual	Family
Deductible				
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	\$171.38	\$171.38	\$118.77	\$118.77
2-12	\$57.69	\$57.69	\$39.98	\$39.98
13-17	\$57.69	\$89.26	\$39.98	\$61.88
18-24	\$57.69	\$89.26	\$39.98	\$61.88
25-29	\$69.98	\$114.98	\$48.52	\$79.68
30-34	\$78.55	\$134.27	\$54.43	\$93.08
35-39	\$94.68	\$161.03	\$65.63	\$111.59
40-44	\$113.52	\$184.51	\$78.67	\$127.87
45-49	\$150.98	\$212.60	\$104.63	\$147.35
50-54	\$202.20	\$242.53	\$140.10	\$168.10
55-59	\$292.07	\$302.02	\$202.43	\$209.31
60-64	\$407.31	\$369.06	\$282.28	\$255.78
65-69	\$509.14	\$461.31	\$352.85	\$319.71
Individual and Spouse				
00-24	\$138.34	\$138.34	\$95.88	\$95.88
25-29	\$174.10	\$174.10	\$120.65	\$120.65
30-34	\$200.34	\$200.34	\$138.84	\$138.84
35-39	\$240.69	\$240.69	\$166.81	\$166.81
40-44	\$280.50	\$280.50	\$194.38	\$194.38
45-49	\$330.67	\$330.67	\$229.17	\$229.17
50-54	\$412.55	\$412.55	\$285.91	\$285.91
55-59	\$550.94	\$550.94	\$381.84	\$381.84
60-64	\$719.82	\$719.82	\$498.86	\$498.86
65-69	\$899.77	\$899.77	\$623.57	\$623.57
Individual and Child				
00-24	\$152.70	\$191.79	\$105.82	\$132.91
25-29	\$167.91	\$223.61	\$116.37	\$154.98
30-34	\$178.52	\$247.47	\$123.71	\$171.51
35-39	\$198.49	\$280.56	\$137.55	\$194.44
40-44	\$221.79	\$309.64	\$153.69	\$214.59
45-49	\$248.36	\$318.30	\$172.13	\$220.59
50-54	\$280.06	\$321.90	\$194.08	\$223.09
55-59	\$373.28	\$383.58	\$258.69	\$265.82
60-64	\$492.78	\$453.12	\$341.52	\$314.02
65-69	\$615.98	\$566.40	\$426.91	\$392.54
Individual, Spouse, and Child				
00-24	\$240.80	\$240.80	\$166.89	\$166.89
25-29	\$283.84	\$283.84	\$196.72	\$196.72
30-34	\$315.36	\$315.36	\$218.56	\$218.56
35-39	\$363.93	\$363.93	\$252.22	\$252.22
40-44	\$411.86	\$411.86	\$285.42	\$285.42
45-49	\$465.35	\$465.35	\$322.51	\$322.51
50-54	\$544.47	\$544.47	\$377.35	\$377.35
55-59	\$703.10	\$703.10	\$487.27	\$487.27
60-64	\$896.72	\$896.72	\$621.47	\$621.47
65-69	\$1,120.91	\$1,120.91	\$776.85	\$776.85

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$153.34	\$153.34	\$107.58	\$107.58
2-12	\$51.60	\$51.60	\$36.20	\$36.20
13-17	\$51.60	\$79.88	\$36.20	\$56.06
18-24	\$51.60	\$79.88	\$36.20	\$56.06
25-29	\$62.61	\$102.86	\$43.94	\$72.19
30-34	\$70.26	\$120.14	\$49.31	\$84.28
35-39	\$84.71	\$144.06	\$59.44	\$101.08
40-44	\$101.57	\$165.07	\$71.25	\$115.80
45-49	\$135.03	\$190.18	\$94.76	\$133.46
50-54	\$180.89	\$216.99	\$126.92	\$152.26
55-59	\$261.31	\$270.18	\$183.34	\$189.58
60-64	\$364.36	\$330.16	\$255.68	\$231.68
65-69	\$455.47	\$412.72	\$319.61	\$289.59
Individual and Spouse				
00-24	\$123.75	\$123.75	\$86.83	\$86.83
25-29	\$155.75	\$155.75	\$109.29	\$109.29
30-34	\$179.21	\$179.21	\$125.76	\$125.76
35-39	\$215.33	\$215.33	\$151.09	\$151.09
40-44	\$250.93	\$250.93	\$176.09	\$176.09
45-49	\$295.82	\$295.82	\$207.58	\$207.58
50-54	\$369.09	\$369.09	\$258.97	\$258.97
55-59	\$492.92	\$492.92	\$345.83	\$345.83
60-64	\$643.99	\$643.99	\$451.84	\$451.84
65-69	\$804.97	\$804.97	\$564.81	\$564.81
Individual and Child				
00-24	\$136.59	\$171.58	\$95.87	\$120.39
25-29	\$150.20	\$200.03	\$105.38	\$140.37
30-34	\$159.67	\$221.38	\$112.05	\$155.34
35-39	\$177.56	\$251.02	\$124.59	\$176.12
40-44	\$198.40	\$276.99	\$139.21	\$194.36
45-49	\$222.21	\$284.76	\$155.90	\$199.82
50-54	\$250.55	\$287.99	\$175.80	\$202.07
55-59	\$333.94	\$343.15	\$234.32	\$240.79
60-64	\$440.86	\$405.37	\$309.34	\$284.43
65-69	\$551.08	\$506.74	\$386.66	\$355.56
Individual, Spouse, and Child				
00-24	\$215.45	\$215.45	\$151.16	\$151.16
25-29	\$253.96	\$253.96	\$178.18	\$178.18
30-34	\$282.18	\$282.18	\$197.96	\$197.96
35-39	\$325.59	\$325.59	\$228.44	\$228.44
40-44	\$368.46	\$368.46	\$258.55	\$258.55
45-49	\$416.33	\$416.33	\$292.12	\$292.12
50-54	\$487.12	\$487.12	\$341.80	\$341.80
55-59	\$629.03	\$629.03	\$441.36	\$441.36
60-64	\$802.25	\$802.25	\$562.91	\$562.91
65-69	\$1,002.81	\$1,002.81	\$703.64	\$703.64

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO
17-236 9/04**

Optional Riders

Maternity Rider

Deductible	In-Network Coinsurance	Rate
\$1,200	80%	\$261.88
\$3,100	80%	\$221.25
\$6,050	100%	\$210.15
\$3,100	100%	\$242.25

TMJ

	Rate
Individual	\$4.68
Individual and Spouse	\$9.33
Individual and Child	\$11.19
Individual, Spouse, Children	\$18.68

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO Plus
17-237 9/04**

	Individual	Family	Individual	Family
Deductible				
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	\$241.32	\$241.32	\$164.50	\$164.50
2-12	\$81.21	\$81.21	\$55.36	\$55.36
13-17	\$81.21	\$125.72	\$55.36	\$85.70
18-24	\$81.21	\$125.72	\$55.36	\$85.70
25-29	\$98.54	\$161.92	\$67.17	\$110.38
30-34	\$110.61	\$189.08	\$75.41	\$128.91
35-39	\$133.31	\$226.74	\$90.90	\$154.56
40-44	\$159.84	\$259.80	\$108.96	\$177.11
45-49	\$212.58	\$299.34	\$144.91	\$204.06
50-54	\$284.69	\$341.52	\$194.07	\$232.81
55-59	\$411.26	\$425.26	\$280.35	\$289.91
60-64	\$573.51	\$519.67	\$390.98	\$354.29
65-69	\$716.89	\$649.56	\$488.72	\$442.83
Individual and Spouse				
00-24	\$194.79	\$194.79	\$132.80	\$132.80
25-29	\$245.13	\$245.13	\$167.13	\$167.13
30-34	\$282.09	\$282.09	\$192.32	\$192.32
35-39	\$338.92	\$338.92	\$231.04	\$231.04
40-44	\$394.97	\$394.97	\$269.26	\$269.26
45-49	\$465.62	\$465.62	\$317.41	\$317.41
50-54	\$580.88	\$580.88	\$395.99	\$395.99
55-59	\$775.76	\$775.76	\$528.85	\$528.85
60-64	\$1,013.53	\$1,013.53	\$690.94	\$690.94
65-69	\$1,266.92	\$1,266.92	\$863.70	\$863.70
Individual and Child				
00-24	\$215.01	\$270.05	\$146.59	\$184.09
25-29	\$236.42	\$314.85	\$161.17	\$214.64
30-34	\$251.37	\$348.47	\$171.36	\$237.56
35-39	\$279.48	\$395.04	\$190.54	\$269.31
40-44	\$312.28	\$435.99	\$212.90	\$297.24
45-49	\$349.72	\$448.19	\$238.41	\$305.54
50-54	\$394.34	\$453.27	\$268.82	\$309.00
55-59	\$525.62	\$540.09	\$358.33	\$368.20
60-64	\$693.88	\$638.02	\$473.03	\$434.95
65-69	\$867.34	\$797.52	\$591.28	\$543.69
Individual, Spouse, and Child				
00-24	\$339.06	\$339.06	\$231.14	\$231.14
25-29	\$399.65	\$399.65	\$272.47	\$272.47
30-34	\$444.05	\$444.05	\$302.72	\$302.72
35-39	\$512.42	\$512.42	\$349.34	\$349.34
40-44	\$579.91	\$579.91	\$395.35	\$395.35
45-49	\$655.24	\$655.24	\$446.68	\$446.68
50-54	\$766.65	\$766.65	\$522.64	\$522.64
55-59	\$990.02	\$990.02	\$674.91	\$674.91
60-64	\$1,262.63	\$1,262.63	\$860.78	\$860.78
65-69	\$1,578.31	\$1,578.31	\$1,075.96	\$1,075.96

Exhibit A

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Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

HSA Blue PPO Plus
17-237 9/04

	Individual	Family	Individual	Family
Individual 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	\$213.28	\$213.28	\$147.22	\$147.22
2-12	\$71.78	\$71.78	\$49.54	\$49.54
13-17	\$71.78	\$111.08	\$49.54	\$76.69
18-24	\$71.78	\$111.08	\$49.54	\$76.69
25-29	\$87.08	\$143.08	\$60.11	\$98.79
30-34	\$97.74	\$167.10	\$67.49	\$115.35
35-39	\$117.83	\$200.39	\$81.32	\$138.32
40-44	\$141.26	\$229.58	\$97.51	\$158.49
45-49	\$187.81	\$264.52	\$129.68	\$182.62
50-54	\$251.62	\$301.80	\$173.68	\$208.33
55-59	\$363.45	\$375.81	\$250.89	\$259.43
60-64	\$506.79	\$459.22	\$349.88	\$317.03
65-69	\$633.51	\$574.05	\$437.35	\$396.26
Individual and Spouse				
00-24	\$172.13	\$172.13	\$118.82	\$118.82
25-29	\$216.64	\$216.64	\$149.54	\$149.54
30-34	\$249.29	\$249.29	\$172.09	\$172.09
35-39	\$299.53	\$299.53	\$206.75	\$206.75
40-44	\$349.06	\$349.06	\$240.95	\$240.95
45-49	\$411.49	\$411.49	\$284.03	\$284.03
50-54	\$513.36	\$513.36	\$354.36	\$354.36
55-59	\$685.62	\$685.62	\$473.25	\$473.25
60-64	\$895.74	\$895.74	\$618.30	\$618.30
65-69	\$1,119.65	\$1,119.65	\$772.90	\$772.90
Individual and Child				
00-24	\$190.00	\$238.65	\$131.16	\$164.75
25-29	\$208.92	\$278.23	\$144.23	\$192.08
30-34	\$222.12	\$307.93	\$153.34	\$212.58
35-39	\$246.97	\$349.15	\$170.50	\$240.99
40-44	\$275.95	\$385.27	\$190.51	\$265.97
45-49	\$309.06	\$396.08	\$213.36	\$273.44
50-54	\$348.49	\$400.58	\$240.57	\$276.50
55-59	\$464.51	\$477.29	\$320.65	\$329.48
60-64	\$613.20	\$563.84	\$423.30	\$389.21
65-69	\$766.48	\$704.81	\$529.12	\$486.52
Individual, Spouse, and Child				
00-24	\$299.67	\$299.67	\$206.85	\$206.85
25-29	\$353.25	\$353.25	\$243.81	\$243.81
30-34	\$392.48	\$392.48	\$270.89	\$270.89
35-39	\$452.88	\$452.88	\$312.59	\$312.59
40-44	\$512.49	\$512.49	\$353.78	\$353.78
45-49	\$579.06	\$579.06	\$399.72	\$399.72
50-54	\$677.50	\$677.50	\$467.70	\$467.70
55-59	\$874.94	\$874.94	\$603.98	\$603.98
60-64	\$1,115.87	\$1,115.87	\$770.26	\$770.26
65-69	\$1,394.86	\$1,394.86	\$962.84	\$962.84

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO Plus
17-237 9/04**

Optional Riders

Maternity Rider

Deductible	In-Network Coinsurance	Rate
\$1,200	80%	\$291.25
\$3,100	80%	\$246.06
\$6,050	100%	\$233.72
\$3,100	100%	\$269.41

TMJ

	Rate
Individual	\$5.19
Individual and Spouse	\$10.37
Individual and Child	\$12.45
Individual, Spouse, Children	\$20.77

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$214.02	\$214.02	\$190.77	\$190.77
2-12	\$72.03	\$72.03	\$64.22	\$64.22
13-17	\$72.03	\$111.50	\$64.22	\$99.38
18-24	\$72.03	\$111.50	\$64.22	\$99.38
25-29	\$87.40	\$143.62	\$77.90	\$127.99
30-34	\$98.11	\$167.72	\$87.43	\$149.48
35-39	\$118.24	\$201.10	\$105.38	\$179.24
40-44	\$141.76	\$230.42	\$126.35	\$205.38
45-49	\$188.53	\$265.50	\$168.04	\$236.65
50-54	\$252.49	\$302.90	\$225.07	\$269.98
55-59	\$364.76	\$377.17	\$325.11	\$336.17
60-64	\$508.66	\$460.92	\$453.39	\$410.83
65-69	\$635.84	\$576.14	\$566.75	\$513.51
Individual and Spouse				
00-24	\$172.75	\$172.75	\$153.98	\$153.98
25-29	\$217.43	\$217.43	\$193.81	\$193.81
30-34	\$250.20	\$250.20	\$223.02	\$223.02
35-39	\$300.59	\$300.59	\$267.91	\$267.91
40-44	\$350.30	\$350.30	\$312.24	\$312.24
45-49	\$412.96	\$412.96	\$368.09	\$368.09
50-54	\$515.21	\$515.21	\$459.22	\$459.22
55-59	\$688.04	\$688.04	\$613.28	\$613.28
60-64	\$898.94	\$898.94	\$801.26	\$801.26
65-69	\$1,123.70	\$1,123.70	\$1,001.56	\$1,001.56
Individual and Child				
00-24	\$190.70	\$239.51	\$169.98	\$213.48
25-29	\$209.68	\$279.26	\$186.92	\$248.93
30-34	\$222.93	\$309.06	\$198.71	\$275.48
35-39	\$247.88	\$350.40	\$220.96	\$312.30
40-44	\$276.98	\$386.70	\$246.89	\$344.67
45-49	\$310.18	\$397.53	\$276.48	\$354.33
50-54	\$349.75	\$402.01	\$311.73	\$358.33
55-59	\$466.20	\$479.03	\$415.53	\$426.97
60-64	\$615.42	\$565.87	\$548.55	\$504.38
65-69	\$769.29	\$707.36	\$685.67	\$630.49
Individual, Spouse, and Child				
00-24	\$300.73	\$300.73	\$268.04	\$268.04
25-29	\$354.47	\$354.47	\$315.95	\$315.95
30-34	\$393.86	\$393.86	\$351.04	\$351.04
35-39	\$454.50	\$454.50	\$405.10	\$405.10
40-44	\$514.35	\$514.35	\$458.45	\$458.45
45-49	\$581.15	\$581.15	\$517.99	\$517.99
50-54	\$679.98	\$679.98	\$606.07	\$606.07
55-59	\$878.10	\$878.10	\$782.66	\$782.66
60-64	\$1,119.89	\$1,119.89	\$998.19	\$998.19
65-69	\$1,399.87	\$1,399.87	\$1,247.74	\$1,247.74

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$162.08	\$162.08	\$153.60	\$153.60
2-12	\$54.54	\$54.54	\$51.69	\$51.69
13-17	\$54.54	\$84.44	\$51.69	\$80.01
18-24	\$54.54	\$84.44	\$51.69	\$80.01
25-29	\$66.19	\$108.77	\$62.72	\$103.07
30-34	\$74.29	\$127.00	\$70.41	\$120.36
35-39	\$89.55	\$152.30	\$84.85	\$144.32
40-44	\$107.35	\$174.50	\$101.73	\$165.35
45-49	\$142.79	\$201.07	\$135.30	\$190.55
50-54	\$191.22	\$229.40	\$181.21	\$217.38
55-59	\$276.23	\$285.65	\$261.75	\$270.67
60-64	\$385.24	\$349.07	\$365.04	\$330.77
65-69	\$481.53	\$436.32	\$456.31	\$413.45
Individual and Spouse				
00-24	\$130.84	\$130.84	\$123.97	\$123.97
25-29	\$164.66	\$164.66	\$156.02	\$156.02
30-34	\$189.48	\$189.48	\$179.56	\$179.56
35-39	\$227.64	\$227.64	\$215.71	\$215.71
40-44	\$265.31	\$265.31	\$251.40	\$251.40
45-49	\$312.74	\$312.74	\$296.36	\$296.36
50-54	\$390.19	\$390.19	\$369.72	\$369.72
55-59	\$521.07	\$521.07	\$493.77	\$493.77
60-64	\$680.79	\$680.79	\$645.12	\$645.12
65-69	\$850.99	\$850.99	\$806.41	\$806.41
Individual and Child				
00-24	\$144.44	\$181.40	\$136.86	\$171.87
25-29	\$158.80	\$211.48	\$150.49	\$200.41
30-34	\$168.82	\$234.05	\$159.99	\$221.80
35-39	\$187.74	\$265.36	\$177.90	\$251.44
40-44	\$209.76	\$292.86	\$198.76	\$277.50
45-49	\$234.89	\$301.06	\$222.60	\$285.27
50-54	\$264.87	\$304.47	\$250.99	\$288.52
55-59	\$353.07	\$362.78	\$334.55	\$343.76
60-64	\$466.09	\$428.55	\$441.65	\$406.09
65-69	\$582.58	\$535.70	\$552.07	\$507.62
Individual, Spouse, and Child				
00-24	\$227.75	\$227.75	\$215.81	\$215.81
25-29	\$268.46	\$268.46	\$254.38	\$254.38
30-34	\$298.27	\$298.27	\$282.63	\$282.63
35-39	\$344.19	\$344.19	\$326.15	\$326.15
40-44	\$389.52	\$389.52	\$369.11	\$369.11
45-49	\$440.12	\$440.12	\$417.05	\$417.05
50-54	\$514.96	\$514.96	\$487.98	\$487.98
55-59	\$665.00	\$665.00	\$630.14	\$630.14
60-64	\$848.12	\$848.12	\$803.67	\$803.67
65-69	\$1,060.16	\$1,060.16	\$1,004.60	\$1,004.60

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**Blue Solutions PPO
17-238 9/04**

Optional Riders

Maternity Rider

Deductible	Rate
\$750	\$255.96
\$1,500	\$224.71
\$3,000	\$212.35
\$5,000	\$203.15

TMJ

Individual	\$4.57
Individual and Spouse	\$9.12
Individual and Child	\$10.95
Individual, Spouse, Children	\$18.23

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$238.20	\$238.20	\$232.15	\$232.15
2-12	\$80.16	\$80.16	\$78.14	\$78.14
13-17	\$80.16	\$124.08	\$78.14	\$120.92
18-24	\$80.16	\$124.08	\$78.14	\$120.92
25-29	\$97.27	\$159.79	\$94.80	\$155.72
30-34	\$109.15	\$186.63	\$106.37	\$181.86
35-39	\$131.59	\$223.80	\$128.23	\$218.10
40-44	\$157.77	\$256.41	\$153.75	\$249.89
45-49	\$209.78	\$295.45	\$204.43	\$287.91
50-54	\$281.02	\$337.10	\$273.86	\$328.50
55-59	\$405.93	\$419.72	\$395.60	\$409.03
60-64	\$566.04	\$512.90	\$551.62	\$499.84
65-69	\$707.56	\$641.17	\$689.55	\$624.83
Individual and Spouse				
00-24	\$192.25	\$192.25	\$187.37	\$187.37
25-29	\$241.96	\$241.96	\$235.81	\$235.81
30-34	\$278.42	\$278.42	\$271.33	\$271.33
35-39	\$334.53	\$334.53	\$326.01	\$326.01
40-44	\$389.85	\$389.85	\$379.91	\$379.91
45-49	\$459.59	\$459.59	\$447.89	\$447.89
50-54	\$573.38	\$573.38	\$558.77	\$558.77
55-59	\$765.77	\$765.77	\$746.26	\$746.26
60-64	\$1,000.46	\$1,000.46	\$974.99	\$974.99
65-69	\$1,250.55	\$1,250.55	\$1,218.70	\$1,218.70
Individual and Child				
00-24	\$212.21	\$266.54	\$206.80	\$259.77
25-29	\$233.33	\$310.75	\$227.39	\$302.84
30-34	\$248.10	\$343.92	\$241.77	\$335.16
35-39	\$275.83	\$389.94	\$268.82	\$380.02
40-44	\$308.22	\$430.30	\$300.36	\$419.34
45-49	\$345.19	\$442.37	\$336.39	\$431.12
50-54	\$389.23	\$447.39	\$379.31	\$436.00
55-59	\$518.81	\$533.09	\$505.60	\$519.51
60-64	\$684.89	\$629.76	\$667.44	\$613.72
65-69	\$856.11	\$787.22	\$834.30	\$767.16
Individual, Spouse, and Child				
00-24	\$334.69	\$334.69	\$326.16	\$326.16
25-29	\$394.53	\$394.53	\$384.47	\$384.47
30-34	\$438.36	\$438.36	\$427.19	\$427.19
35-39	\$505.81	\$505.81	\$492.94	\$492.94
40-44	\$572.43	\$572.43	\$557.82	\$557.82
45-49	\$646.74	\$646.74	\$630.27	\$630.27
50-54	\$756.72	\$756.72	\$737.44	\$737.44
55-59	\$977.23	\$977.23	\$952.33	\$952.33
60-64	\$1,246.29	\$1,246.29	\$1,214.56	\$1,214.56
65-69	\$1,557.92	\$1,557.92	\$1,518.23	\$1,518.23

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$217.79	\$217.79	\$212.41	\$212.41
2-12	\$73.31	\$73.31	\$71.49	\$71.49
13-17	\$73.31	\$113.45	\$71.49	\$110.66
18-24	\$73.31	\$113.45	\$71.49	\$110.66
25-29	\$88.94	\$146.10	\$86.75	\$142.49
30-34	\$99.81	\$170.63	\$97.33	\$166.41
35-39	\$120.31	\$204.63	\$117.34	\$199.57
40-44	\$144.24	\$234.44	\$140.69	\$228.65
45-49	\$191.80	\$270.13	\$187.06	\$263.45
50-54	\$256.93	\$308.18	\$250.58	\$300.58
55-59	\$371.16	\$383.75	\$361.97	\$374.28
60-64	\$517.54	\$468.95	\$504.74	\$457.35
65-69	\$646.94	\$586.22	\$630.95	\$571.73
Individual and Spouse				
00-24	\$175.77	\$175.77	\$171.43	\$171.43
25-29	\$221.22	\$221.22	\$215.77	\$215.77
30-34	\$254.55	\$254.55	\$248.27	\$248.27
35-39	\$305.86	\$305.86	\$298.29	\$298.29
40-44	\$356.43	\$356.43	\$347.63	\$347.63
45-49	\$420.21	\$420.21	\$409.82	\$409.82
50-54	\$524.24	\$524.24	\$511.28	\$511.28
55-59	\$700.13	\$700.13	\$682.83	\$682.83
60-64	\$914.72	\$914.72	\$892.11	\$892.11
65-69	\$1,143.37	\$1,143.37	\$1,115.11	\$1,115.11
Individual and Child				
00-24	\$194.02	\$243.70	\$189.23	\$237.67
25-29	\$213.32	\$284.13	\$208.06	\$277.12
30-34	\$226.82	\$314.46	\$221.21	\$306.69
35-39	\$252.21	\$356.53	\$245.96	\$347.71
40-44	\$281.81	\$393.42	\$274.83	\$383.71
45-49	\$315.61	\$404.48	\$307.81	\$394.48
50-54	\$355.87	\$409.05	\$347.08	\$398.95
55-59	\$474.35	\$487.41	\$462.62	\$475.35
60-64	\$626.20	\$575.79	\$610.72	\$561.56
65-69	\$782.72	\$719.74	\$763.39	\$701.97
Individual, Spouse, and Child				
00-24	\$306.02	\$306.02	\$298.45	\$298.45
25-29	\$360.72	\$360.72	\$351.80	\$351.80
30-34	\$400.80	\$400.80	\$390.88	\$390.88
35-39	\$462.48	\$462.48	\$451.06	\$451.06
40-44	\$523.38	\$523.38	\$510.43	\$510.43
45-49	\$591.31	\$591.31	\$576.71	\$576.71
50-54	\$691.88	\$691.88	\$674.78	\$674.78
55-59	\$893.47	\$893.47	\$871.40	\$871.40
60-64	\$1,139.50	\$1,139.50	\$1,111.33	\$1,111.33
65-69	\$1,424.40	\$1,424.40	\$1,389.20	\$1,389.20

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$173.10	\$173.10	\$189.17	\$189.17
2-12	\$58.26	\$58.26	\$63.66	\$63.66
13-17	\$58.26	\$90.18	\$63.66	\$98.54
18-24	\$58.26	\$90.18	\$63.66	\$98.54
25-29	\$70.68	\$116.13	\$77.23	\$126.88
30-34	\$79.34	\$135.62	\$86.68	\$148.20
35-39	\$95.62	\$162.64	\$104.50	\$177.72
40-44	\$114.64	\$186.33	\$125.29	\$203.63
45-49	\$152.44	\$214.70	\$166.58	\$234.61
50-54	\$204.20	\$244.95	\$223.16	\$267.69
55-59	\$294.99	\$305.02	\$322.37	\$333.31
60-64	\$411.35	\$372.73	\$449.51	\$407.31
65-69	\$514.19	\$465.92	\$561.89	\$509.16
Individual and Spouse				
00-24	\$139.71	\$139.71	\$152.67	\$152.67
25-29	\$175.84	\$175.84	\$192.14	\$192.14
30-34	\$202.32	\$202.32	\$221.09	\$221.09
35-39	\$243.11	\$243.11	\$265.65	\$265.65
40-44	\$283.30	\$283.30	\$309.57	\$309.57
45-49	\$333.96	\$333.96	\$364.98	\$364.98
50-54	\$416.68	\$416.68	\$455.33	\$455.33
55-59	\$556.46	\$556.46	\$608.11	\$608.11
60-64	\$727.02	\$727.02	\$794.48	\$794.48
65-69	\$908.75	\$908.75	\$993.09	\$993.09
Individual and Child				
00-24	\$154.20	\$193.70	\$168.52	\$211.67
25-29	\$169.57	\$225.82	\$185.29	\$246.78
30-34	\$180.28	\$249.92	\$197.00	\$273.11
35-39	\$200.44	\$283.37	\$219.06	\$309.66
40-44	\$223.97	\$312.70	\$244.75	\$341.70
45-49	\$250.84	\$321.47	\$274.11	\$351.30
50-54	\$282.85	\$325.11	\$309.09	\$355.28
55-59	\$377.01	\$387.38	\$411.99	\$423.32
60-64	\$497.70	\$457.63	\$543.89	\$500.10
65-69	\$622.12	\$572.06	\$679.85	\$625.13
Individual, Spouse, and Child				
00-24	\$243.21	\$243.21	\$265.79	\$265.79
25-29	\$286.71	\$286.71	\$313.30	\$313.30
30-34	\$318.55	\$318.55	\$348.11	\$348.11
35-39	\$367.58	\$367.58	\$401.68	\$401.68
40-44	\$415.98	\$415.98	\$454.56	\$454.56
45-49	\$469.99	\$469.99	\$513.59	\$513.59
50-54	\$549.90	\$549.90	\$600.94	\$600.94
55-59	\$710.12	\$710.12	\$776.03	\$776.03
60-64	\$905.67	\$905.67	\$989.71	\$989.71
65-69	\$1,132.11	\$1,132.11	\$1,237.17	\$1,237.17

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$138.35	\$138.35	\$113.97	\$113.97
2-12	\$46.57	\$46.57	\$38.36	\$38.36
13-17	\$46.57	\$72.06	\$38.36	\$59.36
18-24	\$46.57	\$72.06	\$38.36	\$59.36
25-29	\$56.49	\$92.81	\$46.54	\$76.46
30-34	\$63.40	\$108.39	\$52.23	\$89.30
35-39	\$76.43	\$129.97	\$62.96	\$107.09
40-44	\$91.62	\$148.93	\$75.48	\$122.70
45-49	\$121.84	\$171.58	\$100.37	\$141.38
50-54	\$163.22	\$195.76	\$134.46	\$161.29
55-59	\$235.76	\$243.76	\$194.22	\$200.84
60-64	\$328.74	\$297.87	\$270.84	\$245.42
65-69	\$410.92	\$372.37	\$338.55	\$306.78
Individual and Spouse				
00-24	\$111.65	\$111.65	\$91.99	\$91.99
25-29	\$140.54	\$140.54	\$115.78	\$115.78
30-34	\$161.70	\$161.70	\$133.21	\$133.21
35-39	\$194.29	\$194.29	\$160.06	\$160.06
40-44	\$226.40	\$226.40	\$186.53	\$186.53
45-49	\$266.91	\$266.91	\$219.91	\$219.91
50-54	\$333.00	\$333.00	\$274.35	\$274.35
55-59	\$444.72	\$444.72	\$366.41	\$366.41
60-64	\$581.03	\$581.03	\$478.71	\$478.71
65-69	\$726.26	\$726.26	\$598.36	\$598.36
Individual and Child				
00-24	\$123.24	\$154.79	\$101.54	\$127.54
25-29	\$135.51	\$180.47	\$111.64	\$148.69
30-34	\$144.07	\$199.73	\$118.71	\$164.57
35-39	\$160.19	\$226.47	\$131.99	\$186.59
40-44	\$179.02	\$249.89	\$147.48	\$205.89
45-49	\$200.45	\$256.92	\$165.16	\$211.68
50-54	\$226.04	\$259.82	\$186.24	\$214.07
55-59	\$301.30	\$309.60	\$248.25	\$255.07
60-64	\$397.76	\$365.74	\$327.70	\$301.32
65-69	\$497.18	\$457.17	\$409.64	\$376.67
Individual, Spouse, and Child				
00-24	\$194.37	\$194.37	\$160.15	\$160.15
25-29	\$229.13	\$229.13	\$188.78	\$188.78
30-34	\$254.57	\$254.57	\$209.75	\$209.75
35-39	\$293.75	\$293.75	\$242.03	\$242.03
40-44	\$332.45	\$332.45	\$273.88	\$273.88
45-49	\$375.61	\$375.61	\$309.46	\$309.46
50-54	\$439.46	\$439.46	\$362.09	\$362.09
55-59	\$567.52	\$567.52	\$467.58	\$467.58
60-64	\$723.81	\$723.81	\$596.35	\$596.35
65-69	\$904.78	\$904.78	\$745.44	\$745.44

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$107.81	\$107.81	\$75.19	\$75.19
2-12	\$36.28	\$36.28	\$25.29	\$25.29
13-17	\$36.28	\$56.17	\$25.29	\$39.17
18-24	\$36.28	\$56.17	\$25.29	\$39.17
25-29	\$44.02	\$72.32	\$30.70	\$50.42
30-34	\$49.40	\$84.45	\$34.44	\$58.90
35-39	\$59.56	\$101.28	\$41.53	\$70.64
40-44	\$71.39	\$116.04	\$49.80	\$80.93
45-49	\$94.93	\$133.71	\$66.21	\$93.26
50-54	\$127.18	\$152.56	\$88.70	\$106.39
55-59	\$183.71	\$189.96	\$128.12	\$132.46
60-64	\$256.17	\$232.12	\$178.66	\$161.89
65-69	\$320.22	\$290.16	\$223.33	\$202.37
Individual and Spouse				
00-24	\$87.01	\$87.01	\$60.68	\$60.68
25-29	\$109.50	\$109.50	\$76.37	\$76.37
30-34	\$126.01	\$126.01	\$87.87	\$87.87
35-39	\$151.39	\$151.39	\$105.58	\$105.58
40-44	\$176.43	\$176.43	\$123.05	\$123.05
45-49	\$207.99	\$207.99	\$145.06	\$145.06
50-54	\$259.50	\$259.50	\$180.97	\$180.97
55-59	\$346.56	\$346.56	\$241.69	\$241.69
60-64	\$452.77	\$452.77	\$315.78	\$315.78
65-69	\$565.95	\$565.95	\$394.71	\$394.71
Individual and Child				
00-24	\$96.03	\$120.63	\$66.99	\$84.14
25-29	\$105.59	\$140.64	\$73.65	\$98.09
30-34	\$112.27	\$155.65	\$78.30	\$108.56
35-39	\$124.82	\$176.49	\$87.06	\$123.08
40-44	\$139.50	\$194.73	\$97.28	\$135.80
45-49	\$156.21	\$200.20	\$108.94	\$139.62
50-54	\$176.14	\$202.48	\$122.84	\$141.20
55-59	\$234.79	\$241.25	\$163.75	\$168.25
60-64	\$309.95	\$285.02	\$216.16	\$198.76
65-69	\$387.45	\$356.26	\$270.20	\$248.47
Individual, Spouse, and Child				
00-24	\$151.47	\$151.47	\$105.63	\$105.63
25-29	\$178.55	\$178.55	\$124.53	\$124.53
30-34	\$198.37	\$198.37	\$138.36	\$138.36
35-39	\$228.91	\$228.91	\$159.65	\$159.65
40-44	\$259.04	\$259.04	\$180.67	\$180.67
45-49	\$292.69	\$292.69	\$204.14	\$204.14
50-54	\$342.46	\$342.46	\$238.85	\$238.85
55-59	\$442.24	\$442.24	\$308.43	\$308.43
60-64	\$564.03	\$564.03	\$393.37	\$393.37
65-69	\$705.06	\$705.06	\$491.72	\$491.72

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$88.14	\$88.14	\$51.45	\$51.45
2-12	\$29.67	\$29.67	\$17.33	\$17.33
13-17	\$29.67	\$45.91	\$17.33	\$26.80
18-24	\$29.67	\$45.91	\$17.33	\$26.80
25-29	\$35.97	\$59.12	\$21.00	\$34.52
30-34	\$40.39	\$69.07	\$23.58	\$40.31
35-39	\$48.68	\$82.82	\$28.41	\$48.33
40-44	\$58.39	\$94.89	\$34.08	\$55.37
45-49	\$77.62	\$109.32	\$45.30	\$63.81
50-54	\$103.98	\$124.74	\$60.68	\$72.81
55-59	\$150.20	\$155.30	\$87.67	\$90.66
60-64	\$209.45	\$189.77	\$122.24	\$110.78
65-69	\$261.80	\$237.22	\$152.81	\$138.48
Individual and Spouse				
00-24	\$71.15	\$71.15	\$41.53	\$41.53
25-29	\$89.53	\$89.53	\$52.27	\$52.27
30-34	\$103.01	\$103.01	\$60.12	\$60.12
35-39	\$123.78	\$123.78	\$72.25	\$72.25
40-44	\$144.24	\$144.24	\$84.20	\$84.20
45-49	\$170.06	\$170.06	\$99.27	\$99.27
50-54	\$212.17	\$212.17	\$123.83	\$123.83
55-59	\$283.34	\$283.34	\$165.38	\$165.38
60-64	\$370.18	\$370.18	\$216.07	\$216.07
65-69	\$462.73	\$462.73	\$270.09	\$270.09
Individual and Child				
00-24	\$78.52	\$98.62	\$45.83	\$57.56
25-29	\$86.33	\$114.97	\$50.39	\$67.12
30-34	\$91.79	\$127.24	\$53.58	\$74.28
35-39	\$102.07	\$144.30	\$59.58	\$84.22
40-44	\$114.06	\$159.22	\$66.56	\$92.94
45-49	\$127.71	\$163.68	\$74.55	\$95.53
50-54	\$144.02	\$165.55	\$84.05	\$96.62
55-59	\$191.96	\$197.25	\$112.04	\$115.12
60-64	\$253.43	\$233.02	\$147.93	\$136.00
65-69	\$316.76	\$291.28	\$184.89	\$170.02
Individual, Spouse, and Child				
00-24	\$123.84	\$123.84	\$72.28	\$72.28
25-29	\$146.00	\$146.00	\$85.21	\$85.21
30-34	\$162.20	\$162.20	\$94.67	\$94.67
35-39	\$187.16	\$187.16	\$109.24	\$109.24
40-44	\$211.80	\$211.80	\$123.61	\$123.61
45-49	\$239.30	\$239.30	\$139.68	\$139.68
50-54	\$279.99	\$279.99	\$163.43	\$163.43
55-59	\$361.59	\$361.59	\$211.06	\$211.06
60-64	\$461.14	\$461.14	\$269.15	\$269.15
65-69	\$576.44	\$576.44	\$336.46	\$336.46

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$226.97	\$226.97	\$220.91	\$220.91
2-12	\$76.39	\$76.39	\$74.35	\$74.35
13-17	\$76.39	\$118.23	\$74.35	\$115.08
18-24	\$76.39	\$118.23	\$74.35	\$115.08
25-29	\$92.68	\$152.25	\$90.20	\$148.18
30-34	\$104.01	\$177.82	\$101.22	\$173.07
35-39	\$125.38	\$213.24	\$122.02	\$207.54
40-44	\$150.32	\$244.32	\$146.30	\$237.79
45-49	\$199.88	\$281.50	\$194.54	\$273.98
50-54	\$267.76	\$321.17	\$260.58	\$312.58
55-59	\$386.78	\$399.91	\$376.44	\$389.21
60-64	\$539.32	\$488.70	\$524.90	\$475.62
65-69	\$674.17	\$610.90	\$656.13	\$594.57
Individual and Spouse				
00-24	\$183.19	\$183.19	\$178.28	\$178.28
25-29	\$230.55	\$230.55	\$224.38	\$224.38
30-34	\$265.27	\$265.27	\$258.18	\$258.18
35-39	\$318.73	\$318.73	\$310.21	\$310.21
40-44	\$371.44	\$371.44	\$361.51	\$361.51
45-49	\$437.89	\$437.89	\$426.19	\$426.19
50-54	\$546.31	\$546.31	\$531.70	\$531.70
55-59	\$729.62	\$729.62	\$710.10	\$710.10
60-64	\$953.23	\$953.23	\$927.74	\$927.74
65-69	\$1,191.53	\$1,191.53	\$1,159.65	\$1,159.65
Individual and Child				
00-24	\$202.20	\$253.97	\$196.79	\$247.17
25-29	\$222.33	\$296.08	\$216.38	\$288.17
30-34	\$236.36	\$327.69	\$230.06	\$318.93
35-39	\$262.82	\$371.54	\$255.79	\$361.60
40-44	\$293.66	\$410.00	\$285.81	\$399.03
45-49	\$328.89	\$421.50	\$320.09	\$410.24
50-54	\$370.85	\$426.29	\$360.92	\$414.88
55-59	\$494.30	\$507.92	\$481.09	\$494.34
60-64	\$652.56	\$600.04	\$635.11	\$583.99
65-69	\$815.69	\$750.05	\$793.88	\$729.99
Individual, Spouse, and Child				
00-24	\$318.91	\$318.91	\$310.37	\$310.37
25-29	\$375.90	\$375.90	\$365.86	\$365.86
30-34	\$417.66	\$417.66	\$406.49	\$406.49
35-39	\$481.94	\$481.94	\$469.07	\$469.07
40-44	\$545.41	\$545.41	\$530.82	\$530.82
45-49	\$616.23	\$616.23	\$599.75	\$599.75
50-54	\$721.01	\$721.01	\$701.72	\$701.72
55-59	\$931.08	\$931.08	\$906.19	\$906.19
60-64	\$1,187.48	\$1,187.48	\$1,155.72	\$1,155.72
65-69	\$1,484.37	\$1,484.37	\$1,444.68	\$1,444.68

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$206.55	\$206.55	\$201.17	\$201.17
2-12	\$69.52	\$69.52	\$67.71	\$67.71
13-17	\$69.52	\$107.59	\$67.71	\$104.79
18-24	\$69.52	\$107.59	\$67.71	\$104.79
25-29	\$84.34	\$138.54	\$82.15	\$134.94
30-34	\$94.66	\$161.82	\$92.18	\$157.59
35-39	\$114.10	\$194.05	\$111.12	\$189.01
40-44	\$136.80	\$222.34	\$133.23	\$216.54
45-49	\$181.92	\$256.18	\$177.15	\$249.51
50-54	\$243.67	\$292.28	\$237.32	\$284.66
55-59	\$351.99	\$363.94	\$342.82	\$354.46
60-64	\$490.81	\$444.74	\$478.03	\$433.14
65-69	\$613.52	\$555.95	\$597.54	\$541.47
Individual and Spouse				
00-24	\$166.70	\$166.70	\$162.35	\$162.35
25-29	\$209.81	\$209.81	\$204.33	\$204.33
30-34	\$241.42	\$241.42	\$235.12	\$235.12
35-39	\$290.07	\$290.07	\$282.50	\$282.50
40-44	\$338.02	\$338.02	\$329.22	\$329.22
45-49	\$398.51	\$398.51	\$388.11	\$388.11
50-54	\$497.17	\$497.17	\$484.22	\$484.22
55-59	\$663.99	\$663.99	\$646.67	\$646.67
60-64	\$867.48	\$867.48	\$844.88	\$844.88
65-69	\$1,084.35	\$1,084.35	\$1,056.08	\$1,056.08
Individual and Child				
00-24	\$184.01	\$231.12	\$179.20	\$225.10
25-29	\$202.32	\$269.45	\$197.05	\$262.43
30-34	\$215.11	\$298.22	\$209.50	\$290.45
35-39	\$239.17	\$338.10	\$232.95	\$329.32
40-44	\$267.26	\$373.11	\$260.29	\$363.40
45-49	\$299.30	\$383.59	\$291.49	\$373.60
50-54	\$337.49	\$387.93	\$328.70	\$377.83
55-59	\$449.85	\$462.24	\$438.12	\$450.21
60-64	\$593.86	\$546.05	\$578.39	\$531.84
65-69	\$742.32	\$682.58	\$722.98	\$664.79
Individual, Spouse, and Child				
00-24	\$290.21	\$290.21	\$282.64	\$282.64
25-29	\$342.10	\$342.10	\$333.18	\$333.18
30-34	\$380.10	\$380.10	\$370.19	\$370.19
35-39	\$438.59	\$438.59	\$427.17	\$427.17
40-44	\$496.34	\$496.34	\$483.40	\$483.40
45-49	\$560.79	\$560.79	\$546.17	\$546.17
50-54	\$656.14	\$656.14	\$639.06	\$639.06
55-59	\$847.34	\$847.34	\$825.26	\$825.26
60-64	\$1,080.67	\$1,080.67	\$1,052.51	\$1,052.51
65-69	\$1,350.86	\$1,350.86	\$1,315.64	\$1,315.64

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$161.86	\$161.86	\$177.92	\$177.92
2-12	\$54.49	\$54.49	\$59.87	\$59.87
13-17	\$54.49	\$84.32	\$59.87	\$92.68
18-24	\$54.49	\$84.32	\$59.87	\$92.68
25-29	\$66.10	\$108.57	\$72.66	\$119.34
30-34	\$74.17	\$126.82	\$81.53	\$139.38
35-39	\$89.41	\$152.08	\$98.29	\$167.16
40-44	\$107.19	\$174.23	\$117.84	\$191.52
45-49	\$142.53	\$200.75	\$156.69	\$220.68
50-54	\$190.94	\$229.04	\$209.88	\$251.76
55-59	\$275.82	\$285.20	\$303.19	\$313.50
60-64	\$384.62	\$348.50	\$422.78	\$383.08
65-69	\$480.78	\$435.66	\$528.49	\$478.89
Individual and Spouse				
00-24	\$130.62	\$130.62	\$143.60	\$143.60
25-29	\$164.41	\$164.41	\$180.73	\$180.73
30-34	\$189.18	\$189.18	\$207.95	\$207.95
35-39	\$227.31	\$227.31	\$249.85	\$249.85
40-44	\$264.88	\$264.88	\$291.18	\$291.18
45-49	\$312.28	\$312.28	\$343.27	\$343.27
50-54	\$389.60	\$389.60	\$428.26	\$428.26
55-59	\$520.32	\$520.32	\$571.96	\$571.96
60-64	\$679.80	\$679.80	\$747.25	\$747.25
65-69	\$849.72	\$849.72	\$934.04	\$934.04
Individual and Child				
00-24	\$144.20	\$181.12	\$158.50	\$199.09
25-29	\$158.55	\$211.16	\$174.28	\$232.11
30-34	\$168.57	\$233.69	\$185.29	\$256.88
35-39	\$187.43	\$264.96	\$206.02	\$291.25
40-44	\$209.42	\$292.39	\$230.22	\$321.40
45-49	\$234.54	\$300.59	\$257.83	\$330.43
50-54	\$264.48	\$303.99	\$290.72	\$334.17
55-59	\$352.52	\$362.23	\$387.50	\$398.17
60-64	\$465.37	\$427.91	\$511.56	\$470.37
65-69	\$581.70	\$534.89	\$639.43	\$587.96
Individual, Spouse, and Child				
00-24	\$227.43	\$227.43	\$249.98	\$249.98
25-29	\$268.07	\$268.07	\$294.68	\$294.68
30-34	\$297.86	\$297.86	\$327.41	\$327.41
35-39	\$343.69	\$343.69	\$377.80	\$377.80
40-44	\$388.94	\$388.94	\$427.54	\$427.54
45-49	\$439.44	\$439.44	\$483.05	\$483.05
50-54	\$514.19	\$514.19	\$565.20	\$565.20
55-59	\$664.00	\$664.00	\$729.89	\$729.89
60-64	\$846.83	\$846.83	\$930.88	\$930.88
65-69	\$1,058.57	\$1,058.57	\$1,163.62	\$1,163.62

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$127.11	\$127.11	\$105.27	\$105.27
2-12	\$42.78	\$42.78	\$35.42	\$35.42
13-17	\$42.78	\$66.20	\$35.42	\$54.84
18-24	\$42.78	\$66.20	\$35.42	\$54.84
25-29	\$51.91	\$85.25	\$42.98	\$70.63
30-34	\$58.25	\$99.56	\$48.25	\$82.47
35-39	\$70.21	\$119.41	\$58.15	\$98.91
40-44	\$84.17	\$136.81	\$69.72	\$113.32
45-49	\$111.91	\$157.64	\$92.71	\$130.58
50-54	\$149.93	\$179.86	\$124.20	\$148.97
55-59	\$216.58	\$223.95	\$179.40	\$185.48
60-64	\$302.01	\$273.66	\$250.16	\$226.67
65-69	\$377.52	\$342.10	\$312.71	\$283.36
Individual and Spouse				
00-24	\$102.58	\$102.58	\$84.96	\$84.96
25-29	\$129.11	\$129.11	\$106.92	\$106.92
30-34	\$148.54	\$148.54	\$123.05	\$123.05
35-39	\$178.48	\$178.48	\$147.84	\$147.84
40-44	\$207.99	\$207.99	\$172.29	\$172.29
45-49	\$245.21	\$245.21	\$203.10	\$203.10
50-54	\$305.92	\$305.92	\$253.39	\$253.39
55-59	\$408.58	\$408.58	\$338.42	\$338.42
60-64	\$533.79	\$533.79	\$442.15	\$442.15
65-69	\$667.23	\$667.23	\$552.67	\$552.67
Individual and Child				
00-24	\$113.24	\$142.23	\$93.80	\$117.79
25-29	\$124.51	\$165.81	\$103.13	\$137.32
30-34	\$132.36	\$183.51	\$109.64	\$151.99
35-39	\$147.16	\$208.06	\$121.90	\$172.34
40-44	\$164.46	\$229.58	\$136.21	\$190.17
45-49	\$184.17	\$236.03	\$152.56	\$195.52
50-54	\$207.67	\$238.70	\$172.01	\$197.74
55-59	\$276.81	\$284.42	\$229.28	\$235.59
60-64	\$365.41	\$336.00	\$302.67	\$278.31
65-69	\$456.78	\$420.01	\$378.35	\$347.88
Individual, Spouse, and Child				
00-24	\$178.58	\$178.58	\$147.93	\$147.93
25-29	\$210.51	\$210.51	\$174.36	\$174.36
30-34	\$233.89	\$233.89	\$193.72	\$193.72
35-39	\$269.87	\$269.87	\$223.55	\$223.55
40-44	\$305.41	\$305.41	\$252.98	\$252.98
45-49	\$345.07	\$345.07	\$285.82	\$285.82
50-54	\$403.75	\$403.75	\$334.43	\$334.43
55-59	\$521.39	\$521.39	\$431.88	\$431.88
60-64	\$664.96	\$664.96	\$550.77	\$550.77
65-69	\$831.23	\$831.23	\$688.50	\$688.50

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$96.57	\$96.57	\$66.49	\$66.49
2-12	\$32.50	\$32.50	\$22.37	\$22.37
13-17	\$32.50	\$50.29	\$22.37	\$34.61
18-24	\$32.50	\$50.29	\$22.37	\$34.61
25-29	\$39.43	\$64.78	\$27.15	\$44.58
30-34	\$44.26	\$75.65	\$30.47	\$52.08
35-39	\$53.33	\$90.72	\$36.73	\$62.47
40-44	\$63.95	\$103.94	\$44.02	\$71.54
45-49	\$85.03	\$119.77	\$58.55	\$82.45
50-54	\$113.91	\$136.64	\$78.43	\$94.07
55-59	\$164.56	\$170.14	\$113.28	\$117.15
60-64	\$229.44	\$207.92	\$157.97	\$143.14
65-69	\$286.81	\$259.89	\$197.48	\$178.93
Individual and Spouse				
00-24	\$77.92	\$77.92	\$53.65	\$53.65
25-29	\$98.09	\$98.09	\$67.52	\$67.52
30-34	\$112.86	\$112.86	\$77.70	\$77.70
35-39	\$135.60	\$135.60	\$93.36	\$93.36
40-44	\$158.04	\$158.04	\$108.79	\$108.79
45-49	\$186.30	\$186.30	\$128.26	\$128.26
50-54	\$232.42	\$232.42	\$160.01	\$160.01
55-59	\$310.40	\$310.40	\$213.72	\$213.72
60-64	\$405.55	\$405.55	\$279.21	\$279.21
65-69	\$506.92	\$506.92	\$349.01	\$349.01
Individual and Child				
00-24	\$86.03	\$108.05	\$59.23	\$74.39
25-29	\$94.57	\$125.98	\$65.11	\$86.73
30-34	\$100.55	\$139.41	\$69.23	\$95.99
35-39	\$111.82	\$158.07	\$76.98	\$108.83
40-44	\$124.94	\$174.43	\$86.03	\$120.09
45-49	\$139.92	\$179.32	\$96.35	\$123.45
50-54	\$157.78	\$181.36	\$108.63	\$124.87
55-59	\$210.31	\$216.08	\$144.80	\$148.78
60-64	\$277.63	\$255.27	\$191.14	\$175.76
65-69	\$347.02	\$319.10	\$238.91	\$219.69
Individual, Spouse, and Child				
00-24	\$135.69	\$135.69	\$93.39	\$93.39
25-29	\$159.92	\$159.92	\$110.10	\$110.10
30-34	\$177.69	\$177.69	\$122.34	\$122.34
35-39	\$205.04	\$205.04	\$141.16	\$141.16
40-44	\$232.02	\$232.02	\$159.75	\$159.75
45-49	\$262.17	\$262.17	\$180.49	\$180.49
50-54	\$306.74	\$306.74	\$211.19	\$211.19
55-59	\$396.12	\$396.12	\$272.73	\$272.73
60-64	\$505.20	\$505.20	\$347.82	\$347.82
65-69	\$631.51	\$631.51	\$434.79	\$434.79

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$76.89	\$76.89	\$42.74	\$42.74
2-12	\$25.88	\$25.88	\$14.38	\$14.38
13-17	\$25.88	\$40.06	\$14.38	\$22.26
18-24	\$25.88	\$40.06	\$14.38	\$22.26
25-29	\$31.40	\$51.58	\$17.46	\$28.67
30-34	\$35.24	\$60.25	\$19.58	\$33.49
35-39	\$42.47	\$72.25	\$23.60	\$40.15
40-44	\$50.93	\$82.77	\$28.31	\$46.02
45-49	\$67.71	\$95.38	\$37.64	\$53.01
50-54	\$90.72	\$108.80	\$50.41	\$60.48
55-59	\$131.05	\$135.48	\$72.84	\$75.31
60-64	\$182.71	\$165.57	\$101.57	\$92.03
65-69	\$228.42	\$206.96	\$126.96	\$115.04
Individual and Spouse				
00-24	\$62.06	\$62.06	\$34.50	\$34.50
25-29	\$78.12	\$78.12	\$43.42	\$43.42
30-34	\$89.88	\$89.88	\$49.96	\$49.96
35-39	\$107.98	\$107.98	\$60.01	\$60.01
40-44	\$125.84	\$125.84	\$69.94	\$69.94
45-49	\$148.36	\$148.36	\$82.46	\$82.46
50-54	\$185.10	\$185.10	\$102.89	\$102.89
55-59	\$247.18	\$247.18	\$137.40	\$137.40
60-64	\$322.94	\$322.94	\$179.51	\$179.51
65-69	\$403.68	\$403.68	\$224.38	\$224.38
Individual and Child				
00-24	\$68.50	\$86.05	\$38.08	\$47.83
25-29	\$75.33	\$100.32	\$41.87	\$55.75
30-34	\$80.08	\$111.02	\$44.52	\$61.70
35-39	\$89.02	\$125.87	\$49.50	\$69.96
40-44	\$99.50	\$138.90	\$55.32	\$77.20
45-49	\$111.43	\$142.80	\$61.92	\$79.38
50-54	\$125.64	\$144.42	\$69.83	\$80.27
55-59	\$167.48	\$172.09	\$93.09	\$95.65
60-64	\$221.07	\$203.30	\$122.88	\$113.00
65-69	\$276.35	\$254.11	\$153.61	\$141.25
Individual, Spouse, and Child				
00-24	\$108.04	\$108.04	\$60.05	\$60.05
25-29	\$127.36	\$127.36	\$70.78	\$70.78
30-34	\$141.49	\$141.49	\$78.66	\$78.66
35-39	\$163.27	\$163.27	\$90.76	\$90.76
40-44	\$184.77	\$184.77	\$102.71	\$102.71
45-49	\$208.77	\$208.77	\$116.04	\$116.04
50-54	\$244.26	\$244.26	\$135.76	\$135.76
55-59	\$315.46	\$315.46	\$175.32	\$175.32
60-64	\$402.31	\$402.31	\$223.61	\$223.61
65-69	\$502.89	\$502.89	\$279.53	\$279.53

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**BlueChoice
17-247 6/06**

Optional Riders

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

80% In Network Coinsurance	\$206.32
100% In Network Coinsurance	\$224.60

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$500	\$500
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	151.39	151.39	35	107.83	68.89
1	151.39	151.39	36	110.71	71.59
2	48.71	48.71	37	113.41	74.39
3	48.71	48.71	38	116.65	77.97
4	48.71	48.71	39	119.87	81.55
5	48.71	48.71	40	123.10	85.12
6	48.71	48.71	41	126.34	88.70
7	48.71	48.71	42	137.25	92.37
8	48.71	48.71	43	141.70	97.96
9	48.71	48.71	44	146.24	103.46
10	48.71	48.71	45	150.78	108.96
11	48.71	48.71	46	155.32	114.55
12	48.71	48.71	47	159.69	120.14
13	53.52	48.71	48	166.23	128.17
14	53.52	48.71	49	172.79	136.29
15	53.52	48.71	50	179.24	144.32
16	56.06	48.71	51	185.80	152.35
17	58.58	48.71	52	192.43	160.39
18	59.81	49.33	53	200.46	171.91
19	61.03	49.33	54	208.58	188.94
20	61.03	49.33	55	216.61	206.66
21	63.39	49.33	56	224.65	225.09
22	65.75	49.33	57	232.68	244.38
23	68.10	49.33	58	242.81	262.36
24	72.47	49.33	59	252.84	280.61
25	78.75	51.25	60	262.97	299.12
26	80.50	53.44	61	273.01	317.98
27	82.24	54.05	62	282.96	336.93
28	83.99	54.75	63	298.25	358.14
29	85.74	55.44	64	313.44	379.44
30	91.32	56.06	65	359.28	443.18
31	95.17	57.71	66	359.28	443.18
32	99.01	60.94	67	359.28	443.18
33	101.97	63.65	68	359.28	443.18
34	104.86	66.27	69	359.28	443.18

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$1,000	\$1,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained						Attained
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>	
0	133.78	133.78	35	95.27	60.87	
1	133.78	133.78	36	97.82	63.26	
2	43.05	43.05	37	100.21	65.73	
3	43.05	43.05	38	103.06	68.89	
4	43.05	43.05	39	105.92	72.05	
5	43.05	43.05	40	108.77	75.21	
6	43.05	43.05	41	111.63	78.38	
7	43.05	43.05	42	121.27	81.62	
8	43.05	43.05	43	125.21	86.56	
9	43.05	43.05	44	129.22	91.42	
10	43.05	43.05	45	133.23	96.28	
11	43.05	43.05	46	137.25	101.21	
12	43.05	43.05	47	141.10	106.15	
13	47.29	43.05	48	146.89	113.26	
14	47.29	43.05	49	152.67	120.42	
15	47.29	43.05	50	158.38	127.52	
16	49.52	43.05	51	164.16	134.62	
17	51.76	43.05	52	170.03	141.72	
18	52.84	43.59	53	177.13	151.90	
19	53.92	43.59	54	184.30	166.94	
20	53.92	43.59	55	191.40	182.60	
21	56.00	43.59	56	198.49	198.88	
22	58.09	43.59	57	205.60	215.94	
23	60.17	43.59	58	214.54	231.83	
24	64.03	43.59	59	223.41	247.95	
25	69.59	45.28	60	232.37	264.31	
26	71.13	47.22	61	241.24	280.97	
27	72.68	47.76	62	250.04	297.71	
28	74.21	48.37	63	263.54	316.45	
29	75.75	48.98	64	276.95	335.28	
30	80.69	49.52	65	317.46	391.59	
31	84.09	50.99	66	317.46	391.59	
32	87.48	53.85	67	317.46	391.59	
33	90.11	56.24	68	317.46	391.59	
34	92.65	58.55	69	317.46	391.59	

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	116.53	116.53	35	82.99	53.02
1	116.53	116.53	36	85.22	55.11
2	37.50	37.50	37	87.30	57.25
3	37.50	37.50	38	89.78	60.01
4	37.50	37.50	39	92.27	62.76
5	37.50	37.50	40	94.75	65.52
6	37.50	37.50	41	97.24	68.28
7	37.50	37.50	42	105.64	71.10
8	37.50	37.50	43	109.08	75.40
9	37.50	37.50	44	112.57	79.63
10	37.50	37.50	45	116.06	83.87
11	37.50	37.50	46	119.56	88.17
12	37.50	37.50	47	122.92	92.47
13	41.19	37.50	48	127.95	98.65
14	41.19	37.50	49	133.00	104.90
15	41.19	37.50	50	137.97	111.08
16	43.14	37.50	51	143.01	117.27
17	45.09	37.50	52	148.12	123.45
18	46.03	37.97	53	154.29	132.32
19	46.98	37.97	54	160.54	145.42
20	46.98	37.97	55	166.73	159.07
21	48.79	37.97	56	172.91	173.25
22	50.61	37.97	57	179.10	188.10
23	52.42	37.97	58	186.89	201.95
24	55.78	37.97	59	194.62	215.99
25	60.62	39.45	60	202.42	230.24
26	61.96	41.13	61	210.14	244.75
27	63.30	41.60	62	217.81	259.33
28	64.65	42.14	63	229.57	275.66
29	65.99	42.67	64	241.26	292.06
30	70.29	43.14	65	276.54	341.12
31	73.25	44.42	66	276.54	341.12
32	76.21	46.90	67	276.54	341.12
33	78.49	48.99	68	276.54	341.12
34	80.71	51.01	69	276.54	341.12

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	89.63	89.63	35	63.84	40.78
1	89.63	89.63	36	65.54	42.38
2	28.84	28.84	37	67.14	44.03
3	28.84	28.84	38	69.06	46.16
4	28.84	28.84	39	70.97	48.28
5	28.84	28.84	40	72.87	50.40
6	28.84	28.84	41	74.79	52.51
7	28.84	28.84	42	81.26	54.68
8	28.84	28.84	43	83.89	57.99
9	28.84	28.84	44	86.57	61.25
10	28.84	28.84	45	89.26	64.50
11	28.84	28.84	46	91.95	67.81
12	28.84	28.84	47	94.54	71.12
13	31.68	28.84	48	98.42	75.88
14	31.68	28.84	49	102.28	80.68
15	31.68	28.84	50	106.11	85.44
16	33.19	28.84	51	109.99	90.19
17	34.68	28.84	52	113.91	94.95
18	35.40	29.20	53	118.67	101.77
19	36.13	29.20	54	123.48	111.85
20	36.13	29.20	55	128.23	122.35
21	37.52	29.20	56	132.98	133.24
22	38.92	29.20	57	137.75	144.67
23	40.31	29.20	58	143.74	155.31
24	42.90	29.20	59	149.69	166.12
25	46.62	30.34	60	155.68	177.08
26	47.65	31.64	61	161.63	188.24
27	48.69	31.99	62	167.51	199.46
28	49.72	32.41	63	176.56	212.01
29	50.75	32.82	64	185.56	224.63
30	54.06	33.19	65	212.69	262.36
31	56.34	34.16	66	212.69	262.36
32	58.61	36.08	67	212.69	262.36
33	60.37	37.68	68	212.69	262.36
34	62.08	39.23	69	212.69	262.36

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$10,000	\$10,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	68.79	68.79	35	48.98	31.29
1	68.79	68.79	36	50.29	32.53
2	22.13	22.13	37	51.52	33.80
3	22.13	22.13	38	53.00	35.42
4	22.13	22.13	39	54.46	37.04
5	22.13	22.13	40	55.93	38.68
6	22.13	22.13	41	57.40	40.30
7	22.13	22.13	42	62.36	41.96
8	22.13	22.13	43	64.38	44.50
9	22.13	22.13	44	66.45	47.01
10	22.13	22.13	45	68.50	49.50
11	22.13	22.13	46	70.56	52.04
12	22.13	22.13	47	72.55	54.58
13	24.32	22.13	48	75.52	58.23
14	24.32	22.13	49	78.50	61.92
15	24.32	22.13	50	81.43	65.57
16	25.47	22.13	51	84.41	69.22
17	26.61	22.13	52	87.42	72.86
18	27.18	22.41	53	91.07	78.10
19	27.73	22.41	54	94.76	85.84
20	27.73	22.41	55	98.42	93.89
21	28.80	22.41	56	102.07	102.26
22	29.87	22.41	57	105.71	111.03
23	30.94	22.41	58	110.31	119.19
24	32.93	22.41	59	114.87	127.48
25	35.78	23.29	60	119.48	135.90
26	36.58	24.27	61	124.04	144.47
27	37.37	24.55	62	128.55	153.07
28	38.16	24.87	63	135.50	162.71
29	38.95	25.19	64	142.40	172.39
30	41.49	25.47	65	163.23	201.34
31	43.23	26.22	66	163.23	201.34
32	44.98	27.68	67	163.23	201.34
33	46.33	28.91	68	163.23	201.34
34	47.64	30.11	69	163.23	201.34

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**Comprehensive Blue PPO I
17-259 7-09, et al**

	In Network	Out of Network
Deductible	\$15,000	\$15,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	57.41	57.41	35	40.89	26.12
1	57.41	57.41	36	41.98	27.15
2	18.47	18.47	37	43.01	28.20
3	18.47	18.47	38	44.23	29.57
4	18.47	18.47	39	45.46	30.93
5	18.47	18.47	40	46.69	32.28
6	18.47	18.47	41	47.91	33.64
7	18.47	18.47	42	52.05	35.03
8	18.47	18.47	43	53.74	37.15
9	18.47	18.47	44	55.46	39.24
10	18.47	18.47	45	57.18	41.32
11	18.47	18.47	46	58.91	43.44
12	18.47	18.47	47	60.56	45.56
13	20.30	18.47	48	63.04	48.61
14	20.30	18.47	49	65.52	51.69
15	20.30	18.47	50	67.97	54.74
16	21.26	18.47	51	70.46	57.77
17	22.21	18.47	52	72.98	60.82
18	22.68	18.71	53	76.02	65.20
19	23.14	18.71	54	79.10	71.65
20	23.14	18.71	55	82.15	78.37
21	24.03	18.71	56	85.19	85.35
22	24.93	18.71	57	88.23	92.67
23	25.82	18.71	58	92.08	99.50
24	27.48	18.71	59	95.89	106.41
25	29.87	19.44	60	99.73	113.43
26	30.52	20.26	61	103.53	120.59
27	31.19	20.50	62	107.31	127.77
28	31.86	20.76	63	113.10	135.81
29	32.51	21.03	64	118.86	143.89
30	34.63	21.26	65	136.25	168.06
31	36.09	21.88	66	136.25	168.06
32	37.54	23.11	67	136.25	168.06
33	38.67	24.14	68	136.25	168.06
34	39.77	25.13	69	136.25	168.06

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$20,000	\$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	52.10	52.10	35	37.11	23.71
1	52.10	52.10	36	38.11	24.64
2	16.76	16.76	37	39.03	25.60
3	16.76	16.76	38	40.14	26.83
4	16.76	16.76	39	41.26	28.07
5	16.76	16.76	40	42.37	29.30
6	16.76	16.76	41	43.48	30.53
7	16.76	16.76	42	47.24	31.79
8	16.76	16.76	43	48.78	33.72
9	16.76	16.76	44	50.34	35.61
10	16.76	16.76	45	51.90	37.50
11	16.76	16.76	46	53.46	39.43
12	16.76	16.76	47	54.96	41.35
13	18.42	16.76	48	57.21	44.12
14	18.42	16.76	49	59.47	46.90
15	18.42	16.76	50	61.69	49.67
16	19.29	16.76	51	63.95	52.44
17	20.17	16.76	52	66.23	55.20
18	20.58	16.98	53	68.99	59.17
19	21.01	16.98	54	71.79	65.03
20	21.01	16.98	55	74.56	71.13
21	21.82	16.98	56	77.31	77.47
22	22.63	16.98	57	80.08	84.12
23	23.44	16.98	58	83.56	90.30
24	24.94	16.98	59	87.03	96.58
25	27.10	17.64	60	90.51	102.95
26	27.71	18.39	61	93.96	109.44
27	28.31	18.61	62	97.40	115.96
28	28.91	18.84	63	102.65	123.26
29	29.50	19.08	64	107.88	130.59
30	31.43	19.29	65	123.66	152.54
31	32.75	19.86	66	123.66	152.54
32	34.08	20.98	67	123.66	152.54
33	35.10	21.90	68	123.66	152.54
34	36.09	22.81	69	123.66	152.54

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$25,000	\$25,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained						Attained
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>	
0	46.23	46.23	35	32.93	21.04	
1	46.23	46.23	36	33.81	21.86	
2	14.88	14.88	37	34.63	22.71	
3	14.88	14.88	38	35.62	23.81	
4	14.88	14.88	39	36.61	24.91	
5	14.88	14.88	40	37.60	26.00	
6	14.88	14.88	41	38.58	27.09	
7	14.88	14.88	42	41.91	28.20	
8	14.88	14.88	43	43.27	29.91	
9	14.88	14.88	44	44.66	31.60	
10	14.88	14.88	45	46.05	33.28	
11	14.88	14.88	46	47.43	34.99	
12	14.88	14.88	47	48.77	36.69	
13	16.35	14.88	48	50.76	39.15	
14	16.35	14.88	49	52.77	41.62	
15	16.35	14.88	50	54.74	44.08	
16	17.12	14.88	51	56.74	46.53	
17	17.89	14.88	52	58.76	48.98	
18	18.26	15.06	53	61.21	52.50	
19	18.64	15.06	54	63.70	57.70	
20	18.64	15.06	55	66.15	63.11	
21	19.35	15.06	56	68.60	68.73	
22	20.07	15.06	57	71.05	74.63	
23	20.80	15.06	58	74.15	80.12	
24	22.13	15.06	59	77.21	85.70	
25	24.04	15.65	60	80.31	91.34	
26	24.59	16.32	61	83.38	97.10	
27	25.12	16.50	62	86.41	102.89	
28	25.65	16.71	63	91.08	109.37	
29	26.19	16.93	64	95.72	115.88	
30	27.89	17.12	65	109.72	135.34	
31	29.06	17.63	66	109.72	135.34	
32	30.23	18.61	67	109.72	135.34	
33	31.14	19.44	68	109.72	135.34	
34	32.02	20.24	69	109.72	135.34	

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$500	\$500
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	48.52	53.30	43	88.35	125.83
16	48.52	55.83	44	92.00	136.70
17	48.52	58.34	45	97.56	141.14
18	49.13	59.57	46	103.04	145.66
19	49.13	60.79	47	108.52	150.18
20	49.13	60.79	48	114.09	154.70
21	49.13	60.79	49	119.66	159.06
22	49.13	63.14	50	127.66	165.57
23	49.13	65.49	51	135.75	172.10
24	49.13	67.83	52	143.75	178.53
25	49.13	67.83	53	151.74	185.06
26	49.13	72.18	54	159.74	191.66
27	51.04	78.44	55	171.23	199.66
28	53.22	80.17	56	188.18	207.75
29	53.83	81.91	57	205.84	215.75
30	54.53	83.66	58	224.18	223.76
31	55.22	85.39	59	243.40	231.75
32	55.83	90.96	60	261.31	241.84
33	57.48	94.79	61	279.49	251.84
34	60.70	98.61	62	297.93	261.92
35	63.40	101.57	63	316.71	271.92
36	66.01	104.45	64	335.58	281.83
37	68.62	107.40	65	356.71	297.06
38	71.30	110.26	66	356.71	297.06
39	74.09	112.95	67	356.71	297.06
40	77.66	116.18	68	356.71	297.06
41	81.22	119.39	69	356.71	297.06
42	84.78	122.62			

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$1,000	\$1,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	42.87	47.10	43	78.07	111.19
16	42.87	49.33	44	81.30	120.79
17	42.87	51.55	45	86.22	124.71
18	43.41	52.63	46	91.05	128.70
19	43.41	53.71	47	95.90	132.70
20	43.41	53.71	48	100.81	136.70
21	43.41	53.71	49	105.73	140.54
22	43.41	55.78	50	112.80	146.31
23	43.41	57.87	51	119.94	152.06
24	43.41	59.94	52	127.02	157.75
25	43.41	59.94	53	134.08	163.51
26	43.41	63.77	54	141.16	169.35
27	45.10	69.31	55	151.30	176.43
28	47.03	70.84	56	166.28	183.56
29	47.57	72.38	57	181.88	190.63
30	48.17	73.91	58	198.09	197.70
31	48.79	75.45	59	215.07	204.78
32	49.33	80.37	60	230.90	213.69
33	50.78	83.76	61	246.96	222.52
34	53.63	87.13	62	263.24	231.44
35	56.01	89.74	63	279.84	240.27
36	58.31	92.28	64	296.52	249.04
37	60.63	94.89	65	315.18	262.49
38	63.01	97.43	66	315.18	262.49
39	65.47	99.81	67	315.18	262.49
40	68.62	102.65	68	315.18	262.49
41	71.76	105.50	69	315.18	262.49
42	74.91	108.34			

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	37.36	41.03	43	68.01	96.86
16	37.36	42.96	44	70.82	105.22
17	37.36	44.92	45	75.10	108.64
18	37.81	45.84	46	79.31	112.12
19	37.81	46.79	47	83.53	115.60
20	37.81	46.79	48	87.82	119.08
21	37.81	46.79	49	92.09	122.43
22	37.81	48.59	50	98.26	127.44
23	37.81	50.41	51	104.49	132.46
24	37.81	52.21	52	110.64	137.42
25	37.81	52.21	53	116.80	142.44
26	37.81	55.56	54	122.96	147.52
27	39.29	60.38	55	131.79	153.68
28	40.97	61.71	56	144.84	159.90
29	41.43	63.06	57	158.43	166.07
30	41.97	64.39	58	172.56	172.22
31	42.50	65.73	59	187.36	178.38
32	42.96	70.01	60	201.14	186.14
33	44.24	72.96	61	215.12	193.84
34	46.72	75.91	62	229.32	201.60
35	48.80	78.18	63	243.78	209.30
36	50.80	80.39	64	258.29	216.93
37	52.81	82.66	65	274.56	228.65
38	54.89	84.87	66	274.56	228.65
39	57.02	86.94	67	274.56	228.65
40	59.77	89.42	68	274.56	228.65
41	62.51	91.90	69	274.56	228.65
42	65.26	94.38			

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**Comprehensive Blue PPO I
17-259 7-09, et al**

	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	28.72	31.55	43	52.30	74.48
16	28.72	33.05	44	54.46	80.93
17	28.72	34.55	45	57.76	83.55
18	29.09	35.26	46	61.00	86.23
19	29.09	35.98	47	64.24	88.91
20	29.09	35.98	48	67.54	91.58
21	29.09	35.98	49	70.83	94.16
22	29.09	37.38	50	75.58	98.02
23	29.09	38.76	51	80.36	101.88
24	29.09	40.15	52	85.09	105.68
25	29.09	40.15	53	89.82	109.55
26	29.09	42.73	54	94.58	113.45
27	30.21	46.44	55	101.37	118.20
28	31.51	47.47	56	111.40	122.99
29	31.87	48.50	57	121.86	127.72
30	32.28	49.52	58	132.71	132.45
31	32.69	50.54	59	144.09	137.20
32	33.05	53.84	60	154.69	143.17
33	34.03	56.11	61	165.45	149.08
34	35.93	58.38	62	176.37	155.05
35	37.53	60.13	63	187.49	160.98
36	39.07	61.83	64	198.66	166.85
37	40.61	63.58	65	211.17	175.85
38	42.21	65.28	66	211.17	175.85
39	43.86	66.87	67	211.17	175.85
40	45.97	68.78	68	211.17	175.85
41	48.08	70.69	69	211.17	175.85
42	50.20	72.58			

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$10,000	\$10,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	22.04	24.22	43	40.14	57.17
16	22.04	25.37	44	41.80	62.11
17	22.04	26.51	45	44.32	64.12
18	22.32	27.07	46	46.82	66.18
19	22.32	27.61	47	49.31	68.23
20	22.32	27.61	48	51.83	70.28
21	22.32	27.61	49	54.36	72.26
22	22.32	28.68	50	58.00	75.22
23	22.32	29.75	51	61.67	78.19
24	22.32	30.82	52	65.31	81.11
25	22.32	30.82	53	68.94	84.07
26	22.32	32.79	54	72.57	87.07
27	23.19	35.63	55	77.79	90.71
28	24.18	36.43	56	85.50	94.39
29	24.46	37.22	57	93.52	98.02
30	24.76	38.00	58	101.86	101.66
31	25.08	38.79	59	110.58	105.28
32	25.37	41.32	60	118.72	109.88
33	26.11	43.06	61	126.97	114.41
34	27.57	44.80	62	135.36	119.00
35	28.80	46.14	63	143.88	123.54
36	29.98	47.46	64	152.45	128.04
37	31.17	48.79	65	162.05	134.96
38	32.40	50.10	66	162.05	134.96
39	33.66	51.31	67	162.05	134.96
40	35.28	52.79	68	162.05	134.96
41	36.90	54.25	69	162.05	134.96
42	38.52	55.71			

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$15,000	\$15,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	18.40	20.22	43	33.51	47.73
16	18.40	21.17	44	34.89	51.84
17	18.40	22.12	45	37.00	53.52
18	18.64	22.59	46	39.08	55.24
19	18.64	23.05	47	41.15	56.95
20	18.64	23.05	48	43.26	58.67
21	18.64	23.05	49	45.38	60.32
22	18.64	23.94	50	48.41	62.80
23	18.64	24.82	51	51.48	65.26
24	18.64	25.72	52	54.52	67.70
25	18.64	25.72	53	57.54	70.18
26	18.64	27.36	54	60.58	72.69
27	19.36	29.75	55	64.94	75.72
28	20.18	30.40	56	71.35	78.79
29	20.42	31.06	57	78.06	81.82
30	20.68	31.73	58	85.01	84.84
31	20.95	32.39	59	92.30	87.88
32	21.17	34.50	60	99.10	91.72
33	21.80	35.94	61	105.99	95.50
34	23.02	37.40	62	112.98	99.33
35	24.04	38.51	63	120.11	103.12
36	25.02	39.61	64	127.26	106.88
37	26.02	40.73	65	135.27	112.65
38	27.05	41.82	66	135.27	112.65
39	28.09	42.84	67	135.27	112.65
40	29.45	44.05	68	135.27	112.65
41	30.80	45.28	69	135.27	112.65
42	32.16	46.50			

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$20,000	\$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	16.70	18.35	43	30.41	43.31
16	16.70	19.22	44	31.67	47.05
17	16.70	20.08	45	33.58	48.58
18	16.91	20.50	46	35.46	50.14
19	16.91	20.92	47	37.36	51.69
20	16.91	20.92	48	39.27	53.24
21	16.91	20.92	49	41.18	54.75
22	16.91	21.74	50	43.94	56.98
23	16.91	22.54	51	46.72	59.23
24	16.91	23.35	52	49.47	61.44
25	16.91	23.35	53	52.23	63.69
26	16.91	24.84	54	54.98	65.97
27	17.57	27.00	55	58.93	68.71
28	18.31	27.59	56	64.77	71.50
29	18.53	28.19	57	70.84	74.26
30	18.77	28.80	58	77.16	77.00
31	19.01	29.39	59	83.78	79.76
32	19.22	31.30	60	89.94	83.23
33	19.78	32.61	61	96.20	86.68
34	20.89	33.95	62	102.53	90.15
35	21.82	34.96	63	109.00	93.59
36	22.71	35.94	64	115.49	97.01
37	23.62	36.96	65	122.77	102.24
38	24.54	37.95	66	122.77	102.24
39	25.50	38.88	67	122.77	102.24
40	26.73	39.99	68	122.77	102.24
41	27.96	41.09	69	122.77	102.24
42	29.18	42.20			

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$25,000	\$25,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	14.82	16.29	43	26.99	38.43
16	14.82	17.05	44	28.09	41.75
17	14.82	17.82	45	29.80	43.10
18	15.00	18.19	46	31.47	44.48
19	15.00	18.56	47	33.14	45.86
20	15.00	18.56	48	34.85	47.25
21	15.00	18.56	49	36.55	48.57
22	15.00	19.28	50	38.99	50.55
23	15.00	19.99	51	41.45	52.56
24	15.00	20.72	52	43.90	54.52
25	15.00	20.72	53	46.34	56.51
26	15.00	22.04	54	48.79	58.52
27	15.59	23.95	55	52.29	60.96
28	16.26	24.49	56	57.47	63.45
29	16.44	25.01	57	62.86	65.89
30	16.65	25.54	58	68.46	68.33
31	16.86	26.08	59	74.33	70.77
32	17.05	27.78	60	79.80	73.85
33	17.56	28.94	61	85.35	76.90
34	18.53	30.11	62	90.98	79.99
35	19.36	31.01	63	96.72	83.04
36	20.16	31.90	64	102.47	86.07
37	20.96	32.79	65	108.93	90.72
38	21.78	33.68	66	108.93	90.72
39	22.62	34.50	67	108.93	90.72
40	23.71	35.47	68	108.93	90.72
41	24.80	36.46	69	108.93	90.72
42	25.90	37.45			

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

Dependent Child(ren) Insured Medical Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	In Network		Out of Network <u>Coinsurance</u>	One <u>Child</u>	Two <u>Children</u>	All (3+) <u>Children</u>
	<u>In Network Coinsurance</u>	<u>Stop Loss Amount</u>				
\$500	80% / 20%	\$10,000	60% / 40%	55.69	111.38	167.08
\$1,000	80% / 20%	\$10,000	60% / 40%	49.21	98.43	147.64
\$2,500	100% / 0%	Not Applicable	80% / 20%	42.87	85.74	128.61
\$5,000	100% / 0%	Not Applicable	80% / 20%	32.98	65.96	98.94
\$10,000	100% / 0%	Not Applicable	80% / 20%	25.30	50.61	75.91
\$15,000	100% / 0%	Not Applicable	80% / 20%	21.12	42.24	63.37
\$20,000	100% / 0%	Not Applicable	80% / 20%	19.18	38.36	57.53
\$25,000	100% / 0%	Not Applicable	80% / 20%	17.01	34.03	51.04

Maternity Rider Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	In Network		Out of Network <u>Coinsurance</u>	Maternity <u>Rider</u>
	<u>In Network Coinsurance</u>	<u>Stop Loss Amount</u>		
\$500	80% / 20%	No Limit	60% / 40%	99.43
\$1,000	80% / 20%	No Limit	60% / 40%	93.97
\$2,500	100% / 0%	Not Applicable	80% / 20%	91.17
\$5,000	100% / 0%	Not Applicable	80% / 20%	78.76
\$10,000	100% / 0%	Not Applicable	80% / 20%	31.20
\$15,000	100% / 0%	Not Applicable	80% / 20%	20.80
\$20,000	100% / 0%	Not Applicable	80% / 20%	15.60
\$25,000	100% / 0%	Not Applicable	80% / 20%	10.40

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

Primary Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	\$10
Tier 2 Copay (Preferred Brands)	\$35
Tier 3 Copay (Non-Preferred Brands)	\$70

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	10.69	10.69	35	43.70	27.04
1	10.69	10.69	36	43.70	27.04
2	10.69	10.69	37	43.70	27.04
3	10.69	10.69	38	43.70	27.04
4	10.69	10.69	39	43.70	27.04
5	10.69	10.69	40	43.70	27.04
6	10.69	10.69	41	43.70	27.04
7	10.69	10.69	42	43.70	27.04
8	10.69	10.69	43	43.70	27.04
9	10.69	10.69	44	43.70	27.04
10	10.69	10.69	45	44.60	29.72
11	10.69	10.69	46	44.60	32.41
12	10.69	10.69	47	44.60	35.09
13	10.69	10.69	48	44.60	37.14
14	10.69	10.69	49	44.60	39.20
15	10.69	10.69	50	45.61	41.26
16	15.09	10.69	51	46.64	43.31
17	19.49	10.69	52	47.67	45.34
18	23.89	12.39	53	53.06	47.55
19	28.29	12.39	54	58.45	49.76
20	32.67	12.39	55	63.84	51.97
21	32.67	12.39	56	69.22	54.18
22	32.67	12.39	57	74.62	56.41
23	32.67	12.39	58	76.24	58.70
24	32.67	12.39	59	77.86	60.99
25	37.45	14.08	60	79.49	63.27
26	37.45	15.78	61	81.11	65.56
27	37.45	17.46	62	82.74	67.84
28	37.45	19.15	63	85.44	72.20
29	37.45	20.84	64	88.14	76.55
30	41.67	22.53	65	90.84	80.91
31	41.67	22.53	66	90.84	80.91
32	41.67	22.53	67	90.84	80.91
33	41.67	22.53	68	90.84	80.91
34	41.67	22.53	69	90.84	80.91

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**Comprehensive Blue PPO I
17-259 7-09, et al**

Spouse Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	\$10
Tier 2 Copay (Preferred Brands)	\$35
Tier 3 Copay (Non-Preferred Brands)	\$70

<u>Attained Age of Primary</u>	<u>Primary is Female</u>	<u>Primary is Male</u>	<u>Attained Age of Primary</u>	<u>Primary is Female</u>	<u>Primary is Male</u>
15	10.69	10.69	43	27.04	43.70
16	10.69	15.09	44	27.04	43.70
17	10.69	19.49	45	27.04	43.70
18	12.39	23.89	46	27.04	43.70
19	12.39	28.29	47	29.72	44.60
20	12.39	28.29	48	32.41	44.60
21	12.39	32.67	49	35.09	44.60
22	12.39	32.67	50	37.14	44.60
23	12.39	32.67	51	39.20	44.60
24	12.39	32.67	52	41.26	45.61
25	12.39	32.67	53	43.31	46.64
26	12.39	32.67	54	45.34	47.67
27	14.08	37.45	55	47.55	53.06
28	15.78	37.45	56	49.76	58.45
29	17.46	37.45	57	51.97	63.84
30	19.15	37.45	58	54.18	69.22
31	20.84	37.45	59	56.41	74.62
32	22.53	41.67	60	58.70	76.24
33	22.53	41.67	61	62.59	78.96
34	22.53	41.67	62	66.75	81.79
35	22.53	41.67	63	71.17	84.70
36	22.53	41.67	64	75.89	87.71
37	27.04	43.70	65	80.91	90.84
38	27.04	43.70	66	80.91	90.84
39	27.04	43.70	67	80.91	90.84
40	27.04	43.70	68	80.91	90.84
41	27.04	43.70	69	80.91	90.84
42	27.04	43.70			

Dependent Child(ren) Insured Prescription Drug Coverage Monthly Bank Draft Premiums

<u>Attained Age All Eligible</u>	<u>One Child 12.22</u>	<u>Two Children 24.44</u>	<u>All (3+) Children 36.66</u>
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Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

Policy Form: Mental Health Parity Rider

	Deductible	\$500	\$1,000
	In Network Coinsurance	80% / 20%	80% / 20%
	In Network Stop Loss Amount	\$10,000	\$10,000
	Out of Network Coinsurance	60% / 40%	60% / 40%
Individual	All Ages	\$52.20	\$46.12
Spouse	All Ages	\$46.98	\$41.52
One Dependent Child	All Ages	\$46.98	\$41.52
Two Dependent Children	All Ages	\$93.95	\$83.03
Three or More Dependent Children	All Ages	\$140.93	\$124.55

	Deductible	\$2,500	\$5,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	\$40.18	\$30.90
Spouse	All Ages	\$36.16	\$27.81
One Dependent Child	All Ages	\$36.16	\$27.81
Two Dependent Children	All Ages	\$72.32	\$55.62
Three or More Dependent Children	All Ages	\$108.48	\$83.43

	Deductible	\$10,000	\$15,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	\$23.71	\$19.79
Spouse	All Ages	\$21.34	\$17.82
One Dependent Child	All Ages	\$21.34	\$17.82
Two Dependent Children	All Ages	\$42.68	\$35.63
Three or More Dependent Children	All Ages	\$64.02	\$53.45

	Deductible	\$20,000	\$25,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	\$17.97	\$15.94
Spouse	All Ages	\$16.17	\$14.35
One Dependent Child	All Ages	\$16.17	\$14.35
Two Dependent Children	All Ages	\$32.34	\$28.70
Three or More Dependent Children	All Ages	\$48.52	\$43.06

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$500	\$500
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	191.95	191.95	35	148.39	109.45
1	191.95	191.95	36	151.27	112.15
2	89.27	89.27	37	153.97	114.95
3	89.27	89.27	38	157.21	118.53
4	89.27	89.27	39	160.43	122.11
5	89.27	89.27	40	163.66	125.68
6	89.27	89.27	41	166.90	129.26
7	89.27	89.27	42	177.81	132.93
8	89.27	89.27	43	182.26	138.52
9	89.27	89.27	44	186.80	144.02
10	89.27	89.27	45	194.46	152.64
11	89.27	89.27	46	199.00	158.23
12	89.27	89.27	47	203.37	163.82
13	94.08	89.27	48	209.91	171.85
14	94.08	89.27	49	216.47	179.97
15	94.08	89.27	50	222.92	188.00
16	96.62	89.27	51	229.48	196.03
17	99.14	89.27	52	236.11	204.07
18	100.37	89.89	53	244.14	215.59
19	101.59	89.89	54	252.26	232.62
20	101.59	89.89	55	263.41	253.46
21	103.95	89.89	56	271.45	271.89
22	106.31	89.89	57	279.48	291.18
23	108.66	89.89	58	289.61	309.16
24	113.03	89.89	59	299.64	327.41
25	119.31	91.81	60	309.77	345.92
26	121.06	94.00	61	319.81	364.78
27	122.80	94.61	62	329.76	383.73
28	124.55	95.31	63	345.05	404.94
29	126.30	96.00	64	360.24	426.24
30	131.88	96.62	65	409.20	493.10
31	135.73	98.27	66	409.20	493.10
32	139.57	101.50	67	409.20	493.10
33	142.53	104.21	68	409.20	493.10
34	145.42	106.83	69	409.20	493.10

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$1,000	\$1,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	174.34	174.34	35	135.83	101.43
1	174.34	174.34	36	138.38	103.82
2	83.61	83.61	37	140.77	106.29
3	83.61	83.61	38	143.62	109.45
4	83.61	83.61	39	146.48	112.61
5	83.61	83.61	40	149.33	115.77
6	83.61	83.61	41	152.19	118.94
7	83.61	83.61	42	161.83	122.18
8	83.61	83.61	43	165.77	127.12
9	83.61	83.61	44	169.78	131.98
10	83.61	83.61	45	176.91	139.96
11	83.61	83.61	46	180.93	144.89
12	83.61	83.61	47	184.78	149.83
13	87.85	83.61	48	190.57	156.94
14	87.85	83.61	49	196.35	164.10
15	87.85	83.61	50	202.06	171.20
16	90.08	83.61	51	207.84	178.30
17	92.32	83.61	52	213.71	185.40
18	93.40	84.15	53	220.81	195.58
19	94.48	84.15	54	227.98	210.62
20	94.48	84.15	55	238.20	229.40
21	96.56	84.15	56	245.29	245.68
22	98.65	84.15	57	252.40	262.74
23	100.73	84.15	58	261.34	278.63
24	104.59	84.15	59	270.21	294.75
25	110.15	85.84	60	279.17	311.11
26	111.69	87.78	61	288.04	327.77
27	113.24	88.32	62	296.84	344.51
28	114.77	88.93	63	310.34	363.25
29	116.31	89.54	64	323.75	382.08
30	121.25	90.08	65	367.38	441.51
31	124.65	91.55	66	367.38	441.51
32	128.04	94.41	67	367.38	441.51
33	130.67	96.80	68	367.38	441.51
34	133.21	99.11	69	367.38	441.51

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	157.09	157.09	35	123.55	93.58
1	157.09	157.09	36	125.78	95.67
2	78.06	78.06	37	127.86	97.81
3	78.06	78.06	38	130.34	100.57
4	78.06	78.06	39	132.83	103.32
5	78.06	78.06	40	135.31	106.08
6	78.06	78.06	41	137.80	108.84
7	78.06	78.06	42	146.20	111.66
8	78.06	78.06	43	149.64	115.96
9	78.06	78.06	44	153.13	120.19
10	78.06	78.06	45	159.74	127.55
11	78.06	78.06	46	163.24	131.85
12	78.06	78.06	47	166.60	136.15
13	81.75	78.06	48	171.63	142.33
14	81.75	78.06	49	176.68	148.58
15	81.75	78.06	50	181.65	154.76
16	83.70	78.06	51	186.69	160.95
17	85.65	78.06	52	191.80	167.13
18	86.59	78.53	53	197.97	176.00
19	87.54	78.53	54	204.22	189.10
20	87.54	78.53	55	213.53	205.87
21	89.35	78.53	56	219.71	220.05
22	91.17	78.53	57	225.90	234.90
23	92.98	78.53	58	233.69	248.75
24	96.34	78.53	59	241.42	262.79
25	101.18	80.01	60	249.22	277.04
26	102.52	81.69	61	256.94	291.55
27	103.86	82.16	62	264.61	306.13
28	105.21	82.70	63	276.37	322.46
29	106.55	83.23	64	288.06	338.86
30	110.85	83.70	65	326.46	391.04
31	113.81	84.98	66	326.46	391.04
32	116.77	87.46	67	326.46	391.04
33	119.05	89.55	68	326.46	391.04
34	121.27	91.57	69	326.46	391.04

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained				Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>		<u>Age</u>	<u>Female</u>	<u>Male</u>
0	130.19	130.19		35	104.40	81.34
1	130.19	130.19		36	106.10	82.94
2	69.40	69.40		37	107.70	84.59
3	69.40	69.40		38	109.62	86.72
4	69.40	69.40		39	111.53	88.84
5	69.40	69.40		40	113.43	90.96
6	69.40	69.40		41	115.35	93.07
7	69.40	69.40		42	121.82	95.24
8	69.40	69.40		43	124.45	98.55
9	69.40	69.40		44	127.13	101.81
10	69.40	69.40		45	132.94	108.18
11	69.40	69.40		46	135.63	111.49
12	69.40	69.40		47	138.22	114.80
13	72.24	69.40		48	142.10	119.56
14	72.24	69.40		49	145.96	124.36
15	72.24	69.40		50	149.79	129.12
16	73.75	69.40		51	153.67	133.87
17	75.24	69.40		52	157.59	138.63
18	75.96	69.76		53	162.35	145.45
19	76.69	69.76		54	167.16	155.53
20	76.69	69.76		55	175.03	169.15
21	78.08	69.76		56	179.78	180.04
22	79.48	69.76		57	184.55	191.47
23	80.87	69.76		58	190.54	202.11
24	83.46	69.76		59	196.49	212.92
25	87.18	70.90		60	202.48	223.88
26	88.21	72.20		61	208.43	235.04
27	89.25	72.55		62	214.31	246.26
28	90.28	72.97		63	223.36	258.81
29	91.31	73.38		64	232.36	271.43
30	94.62	73.75		65	262.61	312.28
31	96.90	74.72		66	262.61	312.28
32	99.17	76.64		67	262.61	312.28
33	100.93	78.24		68	262.61	312.28
34	102.64	79.79		69	262.61	312.28

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$10,000	\$10,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	109.35	109.35	35	89.54	71.85
1	109.35	109.35	36	90.85	73.09
2	62.69	62.69	37	92.08	74.36
3	62.69	62.69	38	93.56	75.98
4	62.69	62.69	39	95.02	77.60
5	62.69	62.69	40	96.49	79.24
6	62.69	62.69	41	97.96	80.86
7	62.69	62.69	42	102.92	82.52
8	62.69	62.69	43	104.94	85.06
9	62.69	62.69	44	107.01	87.57
10	62.69	62.69	45	112.18	93.18
11	62.69	62.69	46	114.24	95.72
12	62.69	62.69	47	116.23	98.26
13	64.88	62.69	48	119.20	101.91
14	64.88	62.69	49	122.18	105.60
15	64.88	62.69	50	125.11	109.25
16	66.03	62.69	51	128.09	112.90
17	67.17	62.69	52	131.10	116.54
18	67.74	62.97	53	134.75	121.78
19	68.29	62.97	54	138.44	129.52
20	68.29	62.97	55	145.22	140.69
21	69.36	62.97	56	148.87	149.06
22	70.43	62.97	57	152.51	157.83
23	71.50	62.97	58	157.11	165.99
24	73.49	62.97	59	161.67	174.28
25	76.34	63.85	60	166.28	182.70
26	77.14	64.83	61	170.84	191.27
27	77.93	65.11	62	175.35	199.87
28	78.72	65.43	63	182.30	209.51
29	79.51	65.75	64	189.20	219.19
30	82.05	66.03	65	213.15	251.26
31	83.79	66.78	66	213.15	251.26
32	85.54	68.24	67	213.15	251.26
33	86.89	69.47	68	213.15	251.26
34	88.20	70.67	69	213.15	251.26

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$15,000	\$15,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	97.97	97.97	35	81.45	66.68
1	97.97	97.97	36	82.54	67.71
2	59.03	59.03	37	83.57	68.76
3	59.03	59.03	38	84.79	70.13
4	59.03	59.03	39	86.02	71.49
5	59.03	59.03	40	87.25	72.84
6	59.03	59.03	41	88.47	74.20
7	59.03	59.03	42	92.61	75.59
8	59.03	59.03	43	94.30	77.71
9	59.03	59.03	44	96.02	79.80
10	59.03	59.03	45	100.86	85.00
11	59.03	59.03	46	102.59	87.12
12	59.03	59.03	47	104.24	89.24
13	60.86	59.03	48	106.72	92.29
14	60.86	59.03	49	109.20	95.37
15	60.86	59.03	50	111.65	98.42
16	61.82	59.03	51	114.14	101.45
17	62.77	59.03	52	116.66	104.50
18	63.24	59.27	53	119.70	108.88
19	63.70	59.27	54	122.78	115.33
20	63.70	59.27	55	128.95	125.17
21	64.59	59.27	56	131.99	132.15
22	65.49	59.27	57	135.03	139.47
23	66.38	59.27	58	138.88	146.30
24	68.04	59.27	59	142.69	153.21
25	70.43	60.00	60	146.53	160.23
26	71.08	60.82	61	150.33	167.39
27	71.75	61.06	62	154.11	174.57
28	72.42	61.32	63	159.90	182.61
29	73.07	61.59	64	165.66	190.69
30	75.19	61.82	65	186.17	217.98
31	76.65	62.44	66	186.17	217.98
32	78.10	63.67	67	186.17	217.98
33	79.23	64.70	68	186.17	217.98
34	80.33	65.69	69	186.17	217.98

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$20,000	\$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained						Attained
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>	
0	92.66	92.66	35	77.67	64.27	
1	92.66	92.66	36	78.67	65.20	
2	57.32	57.32	37	79.59	66.16	
3	57.32	57.32	38	80.70	67.39	
4	57.32	57.32	39	81.82	68.63	
5	57.32	57.32	40	82.93	69.86	
6	57.32	57.32	41	84.04	71.09	
7	57.32	57.32	42	87.80	72.35	
8	57.32	57.32	43	89.34	74.28	
9	57.32	57.32	44	90.90	76.17	
10	57.32	57.32	45	95.58	81.18	
11	57.32	57.32	46	97.14	83.11	
12	57.32	57.32	47	98.64	85.03	
13	58.98	57.32	48	100.89	87.80	
14	58.98	57.32	49	103.15	90.58	
15	58.98	57.32	50	105.37	93.35	
16	59.85	57.32	51	107.63	96.12	
17	60.73	57.32	52	109.91	98.88	
18	61.14	57.54	53	112.67	102.85	
19	61.57	57.54	54	115.47	108.71	
20	61.57	57.54	55	121.36	117.93	
21	62.38	57.54	56	124.11	124.27	
22	63.19	57.54	57	126.88	130.92	
23	64.00	57.54	58	130.36	137.10	
24	65.50	57.54	59	133.83	143.38	
25	67.66	58.20	60	137.31	149.75	
26	68.27	58.95	61	140.76	156.24	
27	68.87	59.17	62	144.20	162.76	
28	69.47	59.40	63	149.45	170.06	
29	70.06	59.64	64	154.68	177.39	
30	71.99	59.85	65	173.58	202.46	
31	73.31	60.42	66	173.58	202.46	
32	74.64	61.54	67	173.58	202.46	
33	75.66	62.46	68	173.58	202.46	
34	76.65	63.37	69	173.58	202.46	

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$25,000	\$25,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	86.79	86.79	35	73.49	61.60
1	86.79	86.79	36	74.37	62.42
2	55.44	55.44	37	75.19	63.27
3	55.44	55.44	38	76.18	64.37
4	55.44	55.44	39	77.17	65.47
5	55.44	55.44	40	78.16	66.56
6	55.44	55.44	41	79.14	67.65
7	55.44	55.44	42	82.47	68.76
8	55.44	55.44	43	83.83	70.47
9	55.44	55.44	44	85.22	72.16
10	55.44	55.44	45	89.73	76.96
11	55.44	55.44	46	91.11	78.67
12	55.44	55.44	47	92.45	80.37
13	56.91	55.44	48	94.44	82.83
14	56.91	55.44	49	96.45	85.30
15	56.91	55.44	50	98.42	87.76
16	57.68	55.44	51	100.42	90.21
17	58.45	55.44	52	102.44	92.66
18	58.82	55.62	53	104.89	96.18
19	59.20	55.62	54	107.38	101.38
20	59.20	55.62	55	112.95	109.91
21	59.91	55.62	56	115.40	115.53
22	60.63	55.62	57	117.85	121.43
23	61.36	55.62	58	120.95	126.92
24	62.69	55.62	59	124.01	132.50
25	64.60	56.21	60	127.11	138.14
26	65.15	56.88	61	130.18	143.90
27	65.68	57.06	62	133.21	149.69
28	66.21	57.27	63	137.88	156.17
29	66.75	57.49	64	142.52	162.68
30	68.45	57.68	65	159.64	185.26
31	69.62	58.19	66	159.64	185.26
32	70.79	59.17	67	159.64	185.26
33	71.70	60.00	68	159.64	185.26
34	72.58	60.80	69	159.64	185.26

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$500	\$500
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	89.08	93.86	43	128.91	166.39
16	89.08	96.39	44	132.56	177.26
17	89.08	98.90	45	141.24	184.82
18	89.69	100.13	46	146.72	189.34
19	89.69	101.35	47	152.20	193.86
20	89.69	101.35	48	157.77	198.38
21	89.69	101.35	49	163.34	202.74
22	89.69	103.70	50	171.34	209.25
23	89.69	106.05	51	179.43	215.78
24	89.69	108.39	52	187.43	222.21
25	89.69	108.39	53	195.42	228.74
26	89.69	112.74	54	203.42	235.34
27	91.60	119.00	55	218.03	246.46
28	93.78	120.73	56	234.98	254.55
29	94.39	122.47	57	252.64	262.55
30	95.09	124.22	58	270.98	270.56
31	95.78	125.95	59	290.20	278.55
32	96.39	131.52	60	308.11	288.64
33	98.04	135.35	61	326.29	298.64
34	101.26	139.17	62	344.73	308.72
35	103.96	142.13	63	363.51	318.72
36	106.57	145.01	64	382.38	328.63
37	109.18	147.96	65	406.63	346.98
38	111.86	150.82	66	406.63	346.98
39	114.65	153.51	67	406.63	346.98
40	118.22	156.74	68	406.63	346.98
41	121.78	159.95	69	406.63	346.98
42	125.34	163.18			

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$1,000	\$1,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	83.43	87.66	43	118.63	151.75
16	83.43	89.89	44	121.86	161.35
17	83.43	92.11	45	129.90	168.39
18	83.97	93.19	46	134.73	172.38
19	83.97	94.27	47	139.58	176.38
20	83.97	94.27	48	144.49	180.38
21	83.97	94.27	49	149.41	184.22
22	83.97	96.34	50	156.48	189.99
23	83.97	98.43	51	163.62	195.74
24	83.97	100.50	52	170.70	201.43
25	83.97	100.50	53	177.76	207.19
26	83.97	104.33	54	184.84	213.03
27	85.66	109.87	55	198.10	223.23
28	87.59	111.40	56	213.08	230.36
29	88.13	112.94	57	228.68	237.43
30	88.73	114.47	58	244.89	244.50
31	89.35	116.01	59	261.87	251.58
32	89.89	120.93	60	277.70	260.49
33	91.34	124.32	61	293.76	269.32
34	94.19	127.69	62	310.04	278.24
35	96.57	130.30	63	326.64	287.07
36	98.87	132.84	64	343.32	295.84
37	101.19	135.45	65	365.10	312.41
38	103.57	137.99	66	365.10	312.41
39	106.03	140.37	67	365.10	312.41
40	109.18	143.21	68	365.10	312.41
41	112.32	146.06	69	365.10	312.41
42	115.47	148.90			

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	77.92	81.59	43	108.57	137.42
16	77.92	83.52	44	111.38	145.78
17	77.92	85.48	45	118.78	152.32
18	78.37	86.40	46	122.99	155.80
19	78.37	87.35	47	127.21	159.28
20	78.37	87.35	48	131.50	162.76
21	78.37	87.35	49	135.77	166.11
22	78.37	89.15	50	141.94	171.12
23	78.37	90.97	51	148.17	176.14
24	78.37	92.77	52	154.32	181.10
25	78.37	92.77	53	160.48	186.12
26	78.37	96.12	54	166.64	191.20
27	79.85	100.94	55	178.59	200.48
28	81.53	102.27	56	191.64	206.70
29	81.99	103.62	57	205.23	212.87
30	82.53	104.95	58	219.36	219.02
31	83.06	106.29	59	234.16	225.18
32	83.52	110.57	60	247.94	232.94
33	84.80	113.52	61	261.92	240.64
34	87.28	116.47	62	276.12	248.40
35	89.36	118.74	63	290.58	256.10
36	91.36	120.95	64	305.09	263.73
37	93.37	123.22	65	324.48	278.57
38	95.45	125.43	66	324.48	278.57
39	97.58	127.50	67	324.48	278.57
40	100.33	129.98	68	324.48	278.57
41	103.07	132.46	69	324.48	278.57
42	105.82	134.94			

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	69.28	72.11	43	92.86	115.04
16	69.28	73.61	44	95.02	121.49
17	69.28	75.11	45	101.44	127.23
18	69.65	75.82	46	104.68	129.91
19	69.65	76.54	47	107.92	132.59
20	69.65	76.54	48	111.22	135.26
21	69.65	76.54	49	114.51	137.84
22	69.65	77.94	50	119.26	141.70
23	69.65	79.32	51	124.04	145.56
24	69.65	80.71	52	128.77	149.36
25	69.65	80.71	53	133.50	153.23
26	69.65	83.29	54	138.26	157.13
27	70.77	87.00	55	148.17	165.00
28	72.07	88.03	56	158.20	169.79
29	72.43	89.06	57	168.66	174.52
30	72.84	90.08	58	179.51	179.25
31	73.25	91.10	59	190.89	184.00
32	73.61	94.40	60	201.49	189.97
33	74.59	96.67	61	212.25	195.88
34	76.49	98.94	62	223.17	201.85
35	78.09	100.69	63	234.29	207.78
36	79.63	102.39	64	245.46	213.65
37	81.17	104.14	65	261.09	225.77
38	82.77	105.84	66	261.09	225.77
39	84.42	107.43	67	261.09	225.77
40	86.53	109.34	68	261.09	225.77
41	88.64	111.25	69	261.09	225.77
42	90.76	113.14			

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$10,000	\$10,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	62.60	64.78	43	80.70	97.73
16	62.60	65.93	44	82.36	102.67
17	62.60	67.07	45	88.00	107.80
18	62.88	67.63	46	90.50	109.86
19	62.88	68.17	47	92.99	111.91
20	62.88	68.17	48	95.51	113.96
21	62.88	68.17	49	98.04	115.94
22	62.88	69.24	50	101.68	118.90
23	62.88	70.31	51	105.35	121.87
24	62.88	71.38	52	108.99	124.79
25	62.88	71.38	53	112.62	127.75
26	62.88	73.35	54	116.25	130.75
27	63.75	76.19	55	124.59	137.51
28	64.74	76.99	56	132.30	141.19
29	65.02	77.78	57	140.32	144.82
30	65.32	78.56	58	148.66	148.46
31	65.64	79.35	59	157.38	152.08
32	65.93	81.88	60	165.52	156.68
33	66.67	83.62	61	173.77	161.21
34	68.13	85.36	62	182.16	165.80
35	69.36	86.70	63	190.68	170.34
36	70.54	88.02	64	199.25	174.84
37	71.73	89.35	65	211.97	184.88
38	72.96	90.66	66	211.97	184.88
39	74.22	91.87	67	211.97	184.88
40	75.84	93.35	68	211.97	184.88
41	77.46	94.81	69	211.97	184.88
42	79.08	96.27			

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$15,000	\$15,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	58.96	60.78	43	74.07	88.29
16	58.96	61.73	44	75.45	92.40
17	58.96	62.68	45	80.68	97.20
18	59.20	63.15	46	82.76	98.92
19	59.20	63.61	47	84.83	100.63
20	59.20	63.61	48	86.94	102.35
21	59.20	63.61	49	89.06	104.00
22	59.20	64.50	50	92.09	106.48
23	59.20	65.38	51	95.16	108.94
24	59.20	66.28	52	98.20	111.38
25	59.20	66.28	53	101.22	113.86
26	59.20	67.92	54	104.26	116.37
27	59.92	70.31	55	111.74	122.52
28	60.74	70.96	56	118.15	125.59
29	60.98	71.62	57	124.86	128.62
30	61.24	72.29	58	131.81	131.64
31	61.51	72.95	59	139.10	134.68
32	61.73	75.06	60	145.90	138.52
33	62.36	76.50	61	152.79	142.30
34	63.58	77.96	62	159.78	146.13
35	64.60	79.07	63	166.91	149.92
36	65.58	80.17	64	174.06	153.68
37	66.58	81.29	65	185.19	162.57
38	67.61	82.38	66	185.19	162.57
39	68.65	83.40	67	185.19	162.57
40	70.01	84.61	68	185.19	162.57
41	71.36	85.84	69	185.19	162.57
42	72.72	87.06			

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$20,000	\$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	57.26	58.91	43	70.97	83.87
16	57.26	59.78	44	72.23	87.61
17	57.26	60.64	45	77.26	92.26
18	57.47	61.06	46	79.14	93.82
19	57.47	61.48	47	81.04	95.37
20	57.47	61.48	48	82.95	96.92
21	57.47	61.48	49	84.86	98.43
22	57.47	62.30	50	87.62	100.66
23	57.47	63.10	51	90.40	102.91
24	57.47	63.91	52	93.15	105.12
25	57.47	63.91	53	95.91	107.37
26	57.47	65.40	54	98.66	109.65
27	58.13	67.56	55	105.73	115.51
28	58.87	68.15	56	111.57	118.30
29	59.09	68.75	57	117.64	121.06
30	59.33	69.36	58	123.96	123.80
31	59.57	69.95	59	130.58	126.56
32	59.78	71.86	60	136.74	130.03
33	60.34	73.17	61	143.00	133.48
34	61.45	74.51	62	149.33	136.95
35	62.38	75.52	63	155.80	140.39
36	63.27	76.50	64	162.29	143.81
37	64.18	77.52	65	172.69	152.16
38	65.10	78.51	66	172.69	152.16
39	66.06	79.44	67	172.69	152.16
40	67.29	80.55	68	172.69	152.16
41	68.52	81.65	69	172.69	152.16
42	69.74	82.76			

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$25,000	\$25,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	55.38	56.85	43	67.55	78.99
16	55.38	57.61	44	68.65	82.31
17	55.38	58.38	45	73.48	86.78
18	55.56	58.75	46	75.15	88.16
19	55.56	59.12	47	76.82	89.54
20	55.56	59.12	48	78.53	90.93
21	55.56	59.12	49	80.23	92.25
22	55.56	59.84	50	82.67	94.23
23	55.56	60.55	51	85.13	96.24
24	55.56	61.28	52	87.58	98.20
25	55.56	61.28	53	90.02	100.19
26	55.56	62.60	54	92.47	102.20
27	56.15	64.51	55	99.09	107.76
28	56.82	65.05	56	104.27	110.25
29	57.00	65.57	57	109.66	112.69
30	57.21	66.10	58	115.26	115.13
31	57.42	66.64	59	121.13	117.57
32	57.61	68.34	60	126.60	120.65
33	58.12	69.50	61	132.15	123.70
34	59.09	70.67	62	137.78	126.79
35	59.92	71.57	63	143.52	129.84
36	60.72	72.46	64	149.27	132.87
37	61.52	73.35	65	158.85	140.64
38	62.34	74.24	66	158.85	140.64
39	63.18	75.06	67	158.85	140.64
40	64.27	76.03	68	158.85	140.64
41	65.36	77.02	69	158.85	140.64
42	66.46	78.01			

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

Dependent Child(ren) Insured Medical Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	<u>In Network Coinsurance</u>	<u>In Network</u>		<u>Out of Network Coinsurance</u>	<u>One Child</u>	<u>Two Children</u>	<u>All (3+) Children</u>
		<u>Stop Loss Amount</u>					
\$500	80% / 20%	\$10,000		60% / 40%	76.49	152.98	229.48
\$1,000	80% / 20%	\$10,000		60% / 40%	70.01	140.03	210.04
\$2,500	100% / 0%	Not Applicable		80% / 20%	63.67	127.34	191.01
\$5,000	100% / 0%	Not Applicable		80% / 20%	53.78	107.56	161.34
\$10,000	100% / 0%	Not Applicable		80% / 20%	46.10	92.21	138.31
\$15,000	100% / 0%	Not Applicable		80% / 20%	41.92	83.84	125.77
\$20,000	100% / 0%	Not Applicable		80% / 20%	39.98	79.96	119.93
\$25,000	100% / 0%	Not Applicable		80% / 20%	37.81	75.63	113.44

Maternity Rider Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	<u>In Network Coinsurance</u>	<u>In Network</u>		<u>Out of Network Coinsurance</u>	<u>Maternity Rider</u>
		<u>Stop Loss Amount</u>			
\$500	80% / 20%	No Limit		60% / 40%	99.43
\$1,000	80% / 20%	No Limit		60% / 40%	93.97
\$2,500	100% / 0%	Not Applicable		80% / 20%	91.17
\$5,000	100% / 0%	Not Applicable		80% / 20%	78.76
\$10,000	100% / 0%	Not Applicable		80% / 20%	31.20
\$15,000	100% / 0%	Not Applicable		80% / 20%	20.80
\$20,000	100% / 0%	Not Applicable		80% / 20%	15.60
\$25,000	100% / 0%	Not Applicable		80% / 20%	10.40

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

Primary Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	\$10
Tier 2 Copay (Preferred Brands)	\$35
Tier 3 Copay (Non-Preferred Brands)	\$70

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	10.69	10.69	35	43.70	27.04
1	10.69	10.69	36	43.70	27.04
2	10.69	10.69	37	43.70	27.04
3	10.69	10.69	38	43.70	27.04
4	10.69	10.69	39	43.70	27.04
5	10.69	10.69	40	43.70	27.04
6	10.69	10.69	41	43.70	27.04
7	10.69	10.69	42	43.70	27.04
8	10.69	10.69	43	43.70	27.04
9	10.69	10.69	44	43.70	27.04
10	10.69	10.69	45	44.60	29.72
11	10.69	10.69	46	44.60	32.41
12	10.69	10.69	47	44.60	35.09
13	10.69	10.69	48	44.60	37.14
14	10.69	10.69	49	44.60	39.20
15	10.69	10.69	50	45.61	41.26
16	15.09	10.69	51	46.64	43.31
17	19.49	10.69	52	47.67	45.34
18	23.89	12.39	53	53.06	47.55
19	28.29	12.39	54	58.45	49.76
20	32.67	12.39	55	63.84	51.97
21	32.67	12.39	56	69.22	54.18
22	32.67	12.39	57	74.62	56.41
23	32.67	12.39	58	76.24	58.70
24	32.67	12.39	59	77.86	60.99
25	37.45	14.08	60	79.49	63.27
26	37.45	15.78	61	81.11	65.56
27	37.45	17.46	62	82.74	67.84
28	37.45	19.15	63	85.44	72.20
29	37.45	20.84	64	88.14	76.55
30	41.67	22.53	65	90.84	80.91
31	41.67	22.53	66	90.84	80.91
32	41.67	22.53	67	90.84	80.91
33	41.67	22.53	68	90.84	80.91
34	41.67	22.53	69	90.84	80.91

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

Spouse Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	\$10
Tier 2 Copay (Preferred Brands)	\$35
Tier 3 Copay (Non-Preferred Brands)	\$70

Attained Age of Primary	Primary is Female	Primary is Male	Attained Age of Primary	Primary is Female	Primary is Male
15	10.69	10.69	43	27.04	43.70
16	10.69	15.09	44	27.04	43.70
17	10.69	19.49	45	27.04	43.70
18	12.39	23.89	46	27.04	43.70
19	12.39	28.29	47	29.72	44.60
20	12.39	28.29	48	32.41	44.60
21	12.39	32.67	49	35.09	44.60
22	12.39	32.67	50	37.14	44.60
23	12.39	32.67	51	39.20	44.60
24	12.39	32.67	52	41.26	45.61
25	12.39	32.67	53	43.31	46.64
26	12.39	32.67	54	45.34	47.67
27	14.08	37.45	55	47.55	53.06
28	15.78	37.45	56	49.76	58.45
29	17.46	37.45	57	51.97	63.84
30	19.15	37.45	58	54.18	69.22
31	20.84	37.45	59	56.41	74.62
32	22.53	41.67	60	58.70	76.24
33	22.53	41.67	61	62.59	78.96
34	22.53	41.67	62	66.75	81.79
35	22.53	41.67	63	71.17	84.70
36	22.53	41.67	64	75.89	87.71
37	27.04	43.70	65	80.91	90.84
38	27.04	43.70	66	80.91	90.84
39	27.04	43.70	67	80.91	90.84
40	27.04	43.70	68	80.91	90.84
41	27.04	43.70	69	80.91	90.84
42	27.04	43.70			

Dependent Child(ren) Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Attained Age All Eligible	One Child	Two Children	All (3+) Children
	12.22	24.44	36.66

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

Policy Form: Mental Health Parity Rider

	Deductible	\$500	\$1,000
	In Network Coinsurance	80% / 20%	80% / 20%
	In Network Stop Loss Amount	\$10,000	\$10,000
	Out of Network Coinsurance	60% / 40%	60% / 40%
Individual	All Ages	\$52.20	\$46.12
Spouse	All Ages	\$46.98	\$41.52
One Dependent Child	All Ages	\$46.98	\$41.52
Two Dependent Children	All Ages	\$93.95	\$83.03
Three or More Dependent Children	All Ages	\$140.93	\$124.55

	Deductible	\$2,500	\$5,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	\$40.18	\$30.90
Spouse	All Ages	\$36.16	\$27.81
One Dependent Child	All Ages	\$36.16	\$27.81
Two Dependent Children	All Ages	\$72.32	\$55.62
Three or More Dependent Children	All Ages	\$108.48	\$83.43

	Deductible	\$10,000	\$15,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	\$23.71	\$19.79
Spouse	All Ages	\$21.34	\$17.82
One Dependent Child	All Ages	\$21.34	\$17.82
Two Dependent Children	All Ages	\$42.68	\$35.63
Three or More Dependent Children	All Ages	\$64.02	\$53.45

	Deductible	\$20,000	\$25,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	\$17.97	\$15.94
Spouse	All Ages	\$16.17	\$14.35
One Dependent Child	All Ages	\$16.17	\$14.35
Two Dependent Children	All Ages	\$32.34	\$28.70
Three or More Dependent Children	All Ages	\$48.52	\$43.06

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO II 17-260 7-09, et al

	In Network	Out of Network
Deductible	\$1,500	\$1,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	128.65	128.65	35	91.62	58.53
1	128.65	128.65	36	94.08	60.84
2	41.39	41.39	37	96.38	63.21
3	41.39	41.39	38	99.12	66.25
4	41.39	41.39	39	101.87	69.30
5	41.39	41.39	40	104.61	72.34
6	41.39	41.39	41	107.35	75.38
7	41.39	41.39	42	116.63	78.50
8	41.39	41.39	43	120.41	83.24
9	41.39	41.39	44	124.27	87.92
10	41.39	41.39	45	128.13	92.59
11	41.39	41.39	46	131.99	97.33
12	41.39	41.39	47	135.69	102.09
13	45.48	41.39	48	141.25	108.91
14	45.48	41.39	49	146.82	115.81
15	45.48	41.39	50	152.31	122.64
16	45.48	41.39	51	157.87	129.46
17	45.48	41.39	52	163.51	136.28
18	55.05	41.91	53	170.34	146.08
19	58.98	41.91	54	177.24	160.54
20	51.85	41.91	55	184.07	175.60
21	53.86	41.91	56	190.89	191.27
22	55.87	41.91	57	197.71	207.66
23	57.87	41.91	58	206.33	222.94
24	61.58	41.91	59	214.85	238.44
25	66.92	43.54	60	223.46	254.18
26	68.40	44.80	61	231.99	270.19
27	69.89	44.80	62	240.45	286.30
28	71.38	44.80	63	253.43	304.32
29	72.86	44.80	64	266.33	322.43
30	77.60	47.63	65	305.29	376.58
31	80.87	49.04	66	305.29	376.58
32	84.14	51.78	67	305.29	376.58
33	86.65	54.08	68	305.29	376.58
34	89.11	56.31	69	305.29	376.58

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO II 17-260 7-09, et al

	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	106.90	106.90	35	76.14	48.64
1	106.90	106.90	36	78.18	50.55
2	34.40	34.40	37	80.08	52.52
3	34.40	34.40	38	82.37	55.06
4	34.40	34.40	39	84.65	57.57
5	34.40	34.40	40	86.92	60.11
6	34.40	34.40	41	89.20	62.64
7	34.40	34.40	42	96.91	65.23
8	34.40	34.40	43	100.06	69.17
9	34.40	34.40	44	103.26	73.06
10	34.40	34.40	45	106.48	76.94
11	34.40	34.40	46	109.68	80.88
12	34.40	34.40	47	112.76	84.83
13	37.79	34.40	48	117.37	90.50
14	37.79	34.40	49	122.00	96.24
15	37.79	34.40	50	126.57	101.91
16	37.79	34.40	51	131.19	107.58
17	37.79	34.40	52	135.88	113.25
18	45.75	34.83	53	141.54	121.39
19	49.02	34.83	54	147.28	133.41
20	43.10	34.83	55	152.95	145.92
21	44.76	34.83	56	158.62	158.93
22	46.43	34.83	57	164.29	172.56
23	48.09	34.83	58	171.44	185.26
24	51.17	34.83	59	178.54	198.14
25	55.61	36.19	60	185.69	211.21
26	56.85	37.23	61	192.77	224.53
27	58.07	37.23	62	199.80	237.90
28	59.31	37.23	63	210.59	252.89
29	60.54	37.23	64	221.32	267.92
30	64.48	39.57	65	253.69	312.93
31	67.19	40.75	66	253.69	312.93
32	69.91	43.04	67	253.69	312.93
33	72.00	44.94	68	253.69	312.93
34	74.04	46.79	69	253.69	312.93

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO II 17-260 7-09, et al

	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	82.96	82.96	35	59.08	37.75
1	82.96	82.96	36	60.66	39.23
2	26.70	26.70	37	62.15	40.76
3	26.70	26.70	38	63.92	42.72
4	26.70	26.70	39	65.70	44.69
5	26.70	26.70	40	67.46	46.65
6	26.70	26.70	41	69.23	48.61
7	26.70	26.70	42	75.21	50.62
8	26.70	26.70	43	77.65	53.68
9	26.70	26.70	44	80.14	56.70
10	26.70	26.70	45	82.63	59.71
11	26.70	26.70	46	85.11	62.76
12	26.70	26.70	47	87.51	65.83
13	29.33	26.70	48	91.09	70.23
14	29.33	26.70	49	94.68	74.68
15	29.33	26.70	50	98.23	79.09
16	29.33	26.70	51	101.82	83.49
17	29.33	26.70	52	105.45	87.89
18	35.51	27.03	53	109.84	94.20
19	38.03	27.03	54	114.30	103.53
20	33.45	27.03	55	118.71	113.25
21	34.74	27.03	56	123.10	123.34
22	36.03	27.03	57	127.50	133.91
23	37.32	27.03	58	133.06	143.77
24	39.71	27.03	59	138.56	153.76
25	43.16	28.08	60	144.11	163.91
26	44.12	28.89	61	149.60	174.24
27	45.06	28.89	62	155.06	184.63
28	46.03	28.89	63	163.44	196.26
29	46.99	28.89	64	171.76	207.93
30	50.04	30.71	65	196.87	242.85
31	52.15	31.63	66	196.87	242.85
32	54.26	33.39	67	196.87	242.85
33	55.88	34.88	68	196.87	242.85
34	57.46	36.32	69	196.87	242.85

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO II 17-260 7-09, et al

	In Network	Out of Network
Deductible	\$1,500	\$1,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	41.23	45.29	43	75.08	106.91
16	41.23	45.29	44	78.18	116.16
17	41.23	45.29	45	82.91	119.92
18	41.75	54.83	46	87.57	123.77
19	41.75	58.74	47	92.22	127.61
20	41.75	58.74	48	96.94	131.46
21	41.75	51.65	49	101.67	135.14
22	41.75	53.64	50	108.47	140.68
23	41.75	55.64	51	115.35	146.22
24	41.75	57.63	52	122.14	151.69
25	41.75	57.63	53	128.94	157.24
26	41.75	61.33	54	135.73	162.84
27	43.37	66.65	55	145.49	169.66
28	44.63	68.12	56	159.90	176.52
29	44.63	69.61	57	174.90	183.32
30	44.63	71.08	58	190.50	190.12
31	44.63	72.57	59	206.81	196.91
32	47.43	77.29	60	222.04	205.49
33	48.84	80.55	61	237.47	213.98
34	51.57	83.79	62	253.15	222.56
35	53.86	86.30	63	269.10	231.06
36	56.08	88.74	64	285.15	239.47
37	58.29	91.25	65	303.10	252.40
38	60.59	93.69	66	303.10	252.40
39	62.95	95.99	67	303.10	252.40
40	65.98	98.72	68	303.10	252.40
41	69.01	101.45	69	303.10	252.40
42	72.05	104.19			

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO II 17-260 7-09, et al

	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	34.27	37.64	43	62.39	88.84
16	34.27	37.64	44	64.97	96.51
17	34.27	37.64	45	68.89	99.65
18	34.68	45.56	46	72.77	102.85
19	34.68	48.82	47	76.63	106.05
20	34.68	48.82	48	80.56	109.23
21	34.68	42.92	49	84.49	112.30
22	34.68	44.58	50	90.14	116.90
23	34.68	46.24	51	95.86	121.51
24	34.68	47.89	52	101.49	126.06
25	34.68	47.89	53	107.14	130.66
26	34.68	50.96	54	112.79	135.32
27	36.05	55.38	55	120.90	140.97
28	37.09	56.62	56	132.87	146.69
29	37.09	57.83	57	145.33	152.33
30	37.09	59.07	58	158.29	157.98
31	37.09	60.29	59	171.86	163.62
32	39.42	64.22	60	184.51	170.75
33	40.58	66.92	61	197.34	177.82
34	42.86	69.63	62	210.36	184.94
35	44.76	71.71	63	223.62	191.99
36	46.60	73.74	64	236.93	198.99
37	48.44	75.83	65	251.87	209.74
38	50.35	77.86	66	251.87	209.74
39	52.31	79.76	67	251.87	209.74
40	54.84	82.04	68	251.87	209.74
41	57.35	84.30	69	251.87	209.74
42	59.87	86.57			

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO II 17-260 7-09, et al

	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	26.59	29.21	43	48.41	68.95
16	26.59	29.21	44	50.41	74.91
17	26.59	29.21	45	53.47	77.33
18	26.92	35.36	46	56.47	79.82
19	26.92	37.88	47	59.47	82.30
20	26.92	37.88	48	62.51	84.77
21	26.92	33.31	49	65.56	87.15
22	26.92	34.59	50	69.95	90.73
23	26.92	35.88	51	74.38	94.30
24	26.92	37.16	52	78.77	97.83
25	26.92	37.16	53	83.16	101.40
26	26.92	39.55	54	87.54	105.02
27	27.97	42.98	55	93.82	109.40
28	28.78	43.94	56	103.12	113.84
29	28.78	44.88	57	112.79	118.23
30	28.78	45.84	58	122.84	122.61
31	28.78	46.80	59	133.37	126.98
32	30.59	49.85	60	143.19	132.52
33	31.50	51.94	61	153.14	138.00
34	33.26	54.04	62	163.25	143.53
35	34.74	55.65	63	173.53	149.00
36	36.17	57.23	64	183.88	154.44
37	37.60	58.84	65	195.47	162.77
38	39.07	60.41	66	195.47	162.77
39	40.59	61.90	67	195.47	162.77
40	42.55	63.66	68	195.47	162.77
41	44.51	65.43	69	195.47	162.77
42	46.47	67.19			

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO II 17-260 7-09, et al

Dependent Child(ren) Insured Medical Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	<u>In Network Coinsurance</u>	<u>In Network</u>		<u>Out of Network Coinsurance</u>	<u>One Child</u>	<u>Two Children</u>	<u>All (3+) Children</u>
		<u>Stop Loss Amount</u>					
\$1,500	100% / 0%	Not Applicable		80% / 20%	49.81	99.61	149.42
\$2,500	100% / 0%	Not Applicable		80% / 20%	41.39	82.78	124.18
\$5,000	100% / 0%	Not Applicable		80% / 20%	32.13	64.25	96.38

Maternity Rider Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	<u>In Network Coinsurance</u>	<u>In Network</u>		<u>Out of Network Coinsurance</u>	<u>Maternity Rider</u>
		<u>Stop Loss Amount</u>			
\$1,500	100% / 0%	Not Applicable		80% / 20%	102.64
\$2,500	100% / 0%	Not Applicable		80% / 20%	94.00
\$5,000	100% / 0%	Not Applicable		80% / 20%	80.51

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HSA Blue PPO II 17-260 7-09, et al

	In Network	Out of Network
Deductible	\$1,500	\$1,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Primary Insured Drug Coverage Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	10.86	10.86	35	44.32	27.41
1	10.86	10.86	36	44.32	27.41
2	10.86	10.86	37	44.32	27.41
3	10.86	10.86	38	44.32	27.41
4	10.86	10.86	39	44.32	27.41
5	10.86	10.86	40	44.32	27.41
6	10.86	10.86	41	44.32	27.41
7	10.86	10.86	42	44.32	27.41
8	10.86	10.86	43	44.32	27.41
9	10.86	10.86	44	44.32	27.41
10	10.86	10.86	45	45.24	30.14
11	10.86	10.86	46	45.24	32.86
12	10.86	10.86	47	45.24	35.59
13	10.86	10.86	48	45.24	37.67
14	10.86	10.86	49	45.24	39.75
15	10.86	10.86	50	46.28	41.83
16	10.86	10.86	51	47.32	43.91
17	10.86	10.86	52	48.36	45.99
18	22.85	12.57	53	53.83	48.24
19	22.85	12.57	54	59.30	50.48
20	33.13	12.57	55	64.77	52.73
21	33.13	12.57	56	70.23	54.97
22	33.13	12.57	57	75.69	57.22
23	33.13	12.57	58	77.33	59.55
24	33.13	12.57	59	78.99	61.87
25	37.98	14.29	60	80.63	64.19
26	37.98	14.29	61	82.28	66.51
27	37.98	14.29	62	83.94	68.82
28	37.98	14.29	63	86.67	73.24
29	37.98	14.29	64	89.41	77.66
30	42.27	22.85	65	92.15	82.08
31	42.27	22.85	66	92.15	82.08
32	42.27	22.85	67	92.15	82.08
33	42.27	22.85	68	92.15	82.08
34	42.27	22.85	69	92.15	82.08

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HSA Blue PPO II 17-260 7-09, et al

	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Primary Insured Drug Coverage Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	9.03	9.03	35	36.84	22.79
1	9.03	9.03	36	36.84	22.79
2	9.03	9.03	37	36.84	22.79
3	9.03	9.03	38	36.84	22.79
4	9.03	9.03	39	36.84	22.79
5	9.03	9.03	40	36.84	22.79
6	9.03	9.03	41	36.84	22.79
7	9.03	9.03	42	36.84	22.79
8	9.03	9.03	43	36.84	22.79
9	9.03	9.03	44	36.84	22.79
10	9.03	9.03	45	37.60	25.04
11	9.03	9.03	46	37.60	27.31
12	9.03	9.03	47	37.60	29.58
13	9.03	9.03	48	37.60	31.30
14	9.03	9.03	49	37.60	33.03
15	9.03	9.03	50	38.46	34.76
16	9.03	9.03	51	39.32	36.48
17	9.03	9.03	52	40.19	38.21
18	18.99	10.44	53	44.73	40.08
19	18.99	10.44	54	49.28	41.95
20	27.53	10.44	55	53.82	43.82
21	27.53	10.44	56	58.36	45.69
22	27.53	10.44	57	62.90	47.55
23	27.53	10.44	58	64.26	49.48
24	27.53	10.44	59	65.63	51.41
25	31.56	11.87	60	67.01	53.34
26	31.56	11.87	61	68.37	55.27
27	31.56	11.87	62	69.74	57.18
28	31.56	11.87	63	72.02	60.86
29	31.56	11.87	64	74.30	64.53
30	35.12	18.99	65	76.58	68.20
31	35.12	18.99	66	76.58	68.20
32	35.12	18.99	67	76.58	68.20
33	35.12	18.99	68	76.58	68.20
34	35.12	18.99	69	76.58	68.20

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO II 17-260 7-09, et al

	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Primary Insured Drug Coverage Coverage Monthly Bank Draft Premiums

Attained	<u>Age</u>	<u>Female</u>	<u>Male</u>	Attained	<u>Age</u>	<u>Female</u>	<u>Male</u>
	0	7.00	7.00		35	28.59	17.68
	1	7.00	7.00		36	28.59	17.68
	2	7.00	7.00		37	28.59	17.68
	3	7.00	7.00		38	28.59	17.68
	4	7.00	7.00		39	28.59	17.68
	5	7.00	7.00		40	28.59	17.68
	6	7.00	7.00		41	28.59	17.68
	7	7.00	7.00		42	28.59	17.68
	8	7.00	7.00		43	28.59	17.68
	9	7.00	7.00		44	28.59	17.68
	10	7.00	7.00		45	29.17	19.44
	11	7.00	7.00		46	29.17	21.20
	12	7.00	7.00		47	29.17	22.95
	13	7.00	7.00		48	29.17	24.29
	14	7.00	7.00		49	29.17	25.64
	15	7.00	7.00		50	29.85	26.98
	16	7.00	7.00		51	30.51	28.32
	17	7.00	7.00		52	31.19	29.66
	18	14.74	8.11		53	34.72	31.11
	19	14.74	8.11		54	38.24	32.55
	20	21.36	8.11		55	41.77	34.01
	21	21.36	8.11		56	45.29	35.45
	22	21.36	8.11		57	48.81	36.90
	23	21.36	8.11		58	49.88	38.40
	24	21.36	8.11		59	50.94	39.89
	25	24.49	9.21		60	52.00	41.39
	26	24.49	9.21		61	53.06	42.89
	27	24.49	9.21		62	54.13	44.38
	28	24.49	9.21		63	55.89	47.23
	29	24.49	9.21		64	57.66	50.09
	30	27.26	14.74		65	59.43	52.93
	31	27.26	14.74		66	59.43	52.93
	32	27.26	14.74		67	59.43	52.93
	33	27.26	14.74		68	59.43	52.93
	34	27.26	14.74		69	59.43	52.93

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO II 17-260 7-09, et al

	In Network	Out of Network
Deductible	\$1,500	\$1,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Spoused Insured Drug Coverage Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	10.86	10.86	43	27.41	44.32
16	10.86	10.86	44	27.41	44.32
17	10.86	10.86	45	27.41	44.32
18	12.57	22.85	46	27.41	44.32
19	12.57	22.85	47	30.14	45.24
20	12.57	22.85	48	32.86	45.24
21	12.57	33.13	49	35.59	45.24
22	12.57	33.13	50	37.67	45.24
23	12.57	33.13	51	39.75	45.24
24	12.57	33.13	52	41.83	46.28
25	12.57	33.13	53	43.91	47.32
26	12.57	33.13	54	45.99	48.36
27	14.29	37.98	55	48.24	53.83
28	14.29	37.98	56	50.48	59.30
29	14.29	37.98	57	52.73	64.77
30	14.29	37.98	58	54.97	70.23
31	14.29	37.98	59	57.22	75.69
32	22.85	42.27	60	59.55	77.33
33	22.85	42.27	61	64.05	80.30
34	22.85	42.27	62	68.56	83.26
35	22.85	42.27	63	73.06	86.23
36	22.85	42.27	64	77.56	89.19
37	27.41	44.32	65	82.08	92.15
38	27.41	44.32	66	82.08	92.15
39	27.41	44.32	67	82.08	92.15
40	27.41	44.32	68	82.08	92.15
41	27.41	44.32	69	82.08	92.15
42	27.41	44.32			

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO II 17-260 7-09, et al

	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Spoused Insured Drug Coverage Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	9.03	9.03	43	22.79	36.84
16	9.03	9.03	44	22.79	36.84
17	9.03	9.03	45	22.79	36.84
18	10.44	18.99	46	22.79	36.84
19	10.44	18.99	47	25.04	37.60
20	10.44	18.99	48	27.31	37.60
21	10.44	27.53	49	29.58	37.60
22	10.44	27.53	50	31.30	37.60
23	10.44	27.53	51	33.03	37.60
24	10.44	27.53	52	34.76	38.46
25	10.44	27.53	53	36.48	39.32
26	10.44	27.53	54	38.21	40.19
27	11.87	31.56	55	40.08	44.73
28	11.87	31.56	56	41.95	49.28
29	11.87	31.56	57	43.82	53.82
30	11.87	31.56	58	45.69	58.36
31	11.87	31.56	59	47.55	62.90
32	18.99	35.12	60	49.48	64.26
33	18.99	35.12	61	53.23	66.73
34	18.99	35.12	62	56.97	69.19
35	18.99	35.12	63	60.72	71.66
36	18.99	35.12	64	64.46	74.12
37	22.79	36.84	65	68.20	76.58
38	22.79	36.84	66	68.20	76.58
39	22.79	36.84	67	68.20	76.58
40	22.79	36.84	68	68.20	76.58
41	22.79	36.84	69	68.20	76.58
42	22.79	36.84			

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO II
17-260 7-09, et al**

Deductible	In Network \$5,000	Out of Network \$5,000
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Spoused Insured Drug Coverage Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	7.00	7.00	43	17.68	28.59
16	7.00	7.00	44	17.68	28.59
17	7.00	7.00	45	17.68	28.59
18	8.11	14.74	46	17.68	28.59
19	8.11	14.74	47	19.44	29.17
20	8.11	14.74	48	21.20	29.17
21	8.11	21.36	49	22.95	29.17
22	8.11	21.36	50	24.29	29.17
23	8.11	21.36	51	25.64	29.17
24	8.11	21.36	52	26.98	29.85
25	8.11	21.36	53	28.32	30.51
26	8.11	21.36	54	29.66	31.19
27	9.21	24.49	55	31.11	34.72
28	9.21	24.49	56	32.55	38.24
29	9.21	24.49	57	34.01	41.77
30	9.21	24.49	58	35.45	45.29
31	9.21	24.49	59	36.90	48.81
32	14.74	27.26	60	38.40	49.88
33	14.74	27.26	61	41.30	51.79
34	14.74	27.26	62	44.20	53.71
35	14.74	27.26	63	47.10	55.62
36	14.74	27.26	64	50.00	57.53
37	17.68	28.59	65	52.93	59.43
38	17.68	28.59	66	52.93	59.43
39	17.68	28.59	67	52.93	59.43
40	17.68	28.59	68	52.93	59.43
41	17.68	28.59	69	52.93	59.43
42	17.68	28.59			

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO II 17-260 7-09, et al

Dependent Child(ren) Insured Drug Coverage Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	<u>In Network Coinsurance</u>	<u>In Network Stop Loss Amount</u>	<u>Out of Network Coinsurance</u>	<u>One Child</u>	<u>Two Children</u>	<u>All (3+) Children</u>
\$1,500	100% / 0%	Not Applicable	80% / 20%	12.18	24.36	36.54
\$2,500	100% / 0%	Not Applicable	80% / 20%	10.12	20.24	30.36
\$5,000	100% / 0%	Not Applicable	80% / 20%	7.85	15.70	23.56

SERFF Tracking #:

ARBB-128439343

State Tracking #:

Company Tracking #:

17-111 ET.AL.

State: Arkansas

Filing Company:

Arkansas Blue Cross and Blue Shield

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name: Individual Closed Bloc Rate Increase

Project Name/Number: Individual Closed Bloc Rate Increase/17-111

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Rate Summary Worksheet	Approved	08/28/2012
Comments:	See Rate Summary Worksheet -		
Attachment(s):			
RateFiling_Closed Bloc_Exh1_AID.xlsm			

		Item Status:	Status Date:
Satisfied - Item:	Consumer Disclosure Form	Approved	08/28/2012
Comments:	See attached Consumer Disclosure Form.		
Attachment(s):			
RateFiling_Closed Bloc_Exh2_AID.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Deemer	Approved	08/28/2012
Comments:	I am attaching the signed Deemer.		
Attachment(s):			
Deemer Letter signed and sent 6-29-12.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Responses for Questions	Approved	08/28/2012
Comments:	Please see attached.		
Attachment(s):			
LewisEllisResponseLetter1.pdf			
LewisEllisResponse1.xlsm			

		Item Status:	Status Date:
Satisfied - Item:	Response for Question dated July 20, 2012	Approved	08/28/2012

SERFF Tracking #:

ARBB-128439343

State Tracking #:

Company Tracking #:

17-111 ET.AL.

State:

Arkansas

Filing Company:

Arkansas Blue Cross and Blue Shield

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name:

Individual Closed Bloc Rate Increase

Project Name/Number:

Individual Closed Bloc Rate Increase/17-111

Comments:

See attached.

Attachment(s):

LewisEllisResponseLetter2.pdf

SERFF Tracking #:

ARBB-128439343

State Tracking #:

Company Tracking #:

17-111 ET.AL.

State:

Arkansas

Filing Company:

Arkansas Blue Cross and Blue Shield

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name:

Individual Closed Bloc Rate Increase

Project Name/Number:

Individual Closed Bloc Rate Increase/17-111

Attachment RateFiling_Closed Bloc_Exh1_AID.xlsm is not a PDF document and cannot be reproduced here.

ARKANSAS BLUE CROSS BLUE SHIELD

Exhibit 2

as prescribed by Bulletin 6A-2011

Reason for Requesting Rate Increase

Arkansas BlueCross BlueShield (ABCBS) is proposing a rate increase of 9.8% for our closed block of Individual products as of January 1, 2013. Most of the policy forms listed below have received a rate increase of 8.1% as of January 1, 2012. Three of the listed policy forms, Comprehensive Blue I, Comprehensive Blue II, and HSA Blue PPO II have not had a rate increase since inception.

However, in accordance to A.C.A. §23-79-153(d)(1) and AID Bulletin No. 8-2006, Section I, ABCBS is giving notice that with this filing we are closing Comprehensive Blue I, Comprehensive Blue II, and HSA Blue PPO II and adding them to the closed bloc effective December 31, 2012.

The cost of hospital services, physician services, and prescription drug coverage for our individual members continues to rise. Those increases are driven both by higher payment rates to healthcare providers as well as increased utilization of services. The higher payments to healthcare providers happen in two ways - 1) higher charges and 2) leveraging. Leveraging occurs when the overall costs go up, but a fixed element does not change.

Leverage example:

An individual has \$1,000 of allowed charges, and the individual has a \$200 deductible. As a result, the insurance company would pay \$800 and the individual pays \$200. If the charges increase 10%, then the \$1,000 becomes \$1,100. In this instance, the individual would still only pay \$200, but the insurance company would pay \$900. This means that the insurance company's cost actually went up by 12.5% ($900/800$). This example is one reason why health insurance trends are higher than healthcare trends.

The data shows that for the last 24 months, trends are between 15-16%, but we do not believe that this trend will continue into the future. Many times trends go in cycles, and we believe that we have peaked on the trends and should start to come down. Therefore, in spite of the data, we have assumed a lower trend of 11.9%.

Administrative costs consist of many items, including, but not limited to, broker commissions, claims administration, customer service, marketing, and fixed overheads. In cases in which overall membership is declining and overhead costs remain fixed, an increase in per member administrative costs can result.

ARKANSAS BLUE CROSS BLUE SHIELD

Exhibit 2

as prescribed by Bulletin 6A-2011

At ABCBS we do not raise rates to increase overall company profit. In fact, although Bulletin 12-81 has allowed for target loss ratios down to 50%, our historical loss ratio and the target loss ratio for the 2013 policy year are well above the 50%. Due to our commitment to making healthcare coverage affordable for all Arkansans, ABCBS has historically strived to keep its profit margins below the industry. This particular filing has a 0% profit built into the rates.

Arkansas Insurance Department

Mike Beebe
Governor



Jay Bradford
Commissioner

June 29, 2012

Ms. Christi Kittler
Compliance Supervisor
Arkansas BlueCross BlueShield
320 West Capitol, Suite 211
Little Rock, AR 72201

RE: Individual Major Medical PPO Rate Increase Filing
SERFF Tracking Number: ARBB-128439343
Your submission of June 1, 2012

Dear Christi:

Thank you for the rate increase filing which we received in our office on June 1, 2012.

Pursuant to the provisions of Ark. Code Ann. 23-79-109(b), the period for review of this filing is being automatically extended an additional thirty (30) days until July 30, 2012.

We request that you sign and return this form letter in order to waive all rights to deemer on this filing.

Sincerely,
Donna Lambert
Donna Lambert
Compliance Officer
Life and Health Division

djl

I, Christi Kittler, representing Arkansas Blue Cross, do hereby acknowledge receipt of this letter and waive all rights to deemer on this filing **in accordance with the terms of this letter.**

6-29-12
Dated
Christi Kittler, Compliance Supervisor
Signature and Title

ARKANSAS BLUE CROSS BLUE SHIELD

ACTUARIAL CERTIFICATION FOR

POLICY FORM(S)

I, Paul Ricard, hold the position of Actuary for Arkansas Blue Cross Blue Shield. I am a member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

I have reviewed the filing of the rates contained in this document. To the best of my knowledge and judgment, I certify that the:

- (1) Filing is in compliance with applicable laws and regulations of the State of Arkansas.
- (2) Rates are reasonable in relation to the benefits and do not discriminate unfairly between policyholders or contract holders.
- (3) Assumptions used are the best judgments as to the expected values.
- (4) Submission is in accordance with the current Standard of Procedure promulgated by the Actuarial Standards Board.



Paul Ricard, A.S.A, M.A.A.A., F.L.M.I.
Actuary
Arkansas Blue Cross Blue Shield
320 Capitol Street, Suite 840
Little Rock, AR 72203
(501) 396-4163
prricard@arkbluecross.com



Arkansas
BlueCross BlueShield

601 S. Gaines St.
P.O. Box 2181
Little Rock, Arkansas 72205-2181

July 16, 2012

Ms. Jacqueline B. Lee
Vice-President & Consulting Actuary
Lewis & Ellis, Inc.

Re: Arkansas Blue Cross Blue Shield Rate Filing
SERFF Tracking Number: ARBB-128439343

Ms. Lee:

As requested, here is our formal response to your questions/requests in your letter that we received on July 11, 2012 and requesting a response by July 16, 2012.

1. Please modify your Actuarial Certification to revision does not discriminate unfairly between policyholders or contract holders, as pursuant to Bulletin No. 6A-2011.

Response: Added the additional words “or contract holders” to my Actuarial Certification, signed the adjusted certification and resubmitted it.

2. It appears that the additional forms to be closed will be added to the current closed block of business. Due to the size of the recently closed forms, please explain why it is appropriate to combine these forms with the current closed block for rating purposes.

Response: According to A.C.A. §23-79-153(d)(1) and AID Bulletin No. 8-2006, once a block has been closed it must pool the experience of the policy forms just closed with all other previously closed policy forms. The additional forms, that you referenced, have not been marketed since March 10, 2010 due to PPACA. We determined we should close these new forms because it meets two of the criteria spelled out in AID Bulletin No. 8-2006 in that 1) no new business has been added in over 24 months and 2) the membership has decreased well over the 12% as stipulated in the Bulletin. Additionally, since this block was already down by over 30% and the claim experience was rapidly rising we believe it is prudent to pool this data so as not to have to give a very large rate increase to the newly closed forms resulting in many dropping coverage. This fits well with the intent of the law, which was to try to reduce the large rate increases that were associated with closed forms which led to many Arkansans dropping coverage due to affordability.

3. Reconcile the difference between the Overall Rate Increase in Section C of the Exhibit 1 Rate Summary (“RateFiling_Closed Bloc_Exh1_AID.pdf”) of 11.9% with the Proposed Premium Change in Section F of 9.8%.

Response: There are 21 different policy forms with 6 different sets of age bands. Another complicating factor is that not all of the rates are monthly, therefore rate increases do not get applied until the first billing mode after or equal to the effective date of the rate increase.

The rate increase demonstrated in Section C of Exhibit 1 is really a revenue increase because it includes a rate change to our various rate tables plus the anticipated increases in moving from one rate band to another minus the small loss of revenue due to not all of our contract holders pay their premium on a monthly basis. Therefore, the 9.8% increase represents the rate increase to our rate tables to accomplish the overall revenue increase in Section C.

4. Provide a distribution of policyholders by deductible amount.

Date	Contracts	Members	Deductible
201202	9,100	13,314	500
201202	3,873	6,171	750
201202	3,592	5,997	1,000
201202	71	71	1,200
201202	1,878	3,507	1,500
201202	37	124	2,400
201202	12,687	22,699	2,500
201202	850	1,516	3,000
201202	221	221	3,100
201202	3,247	5,526	5,000
201202	768	768	6,050
201202	147	486	6,250
201202	451	818	10,000
201202	363	1,011	12,100
201202	2	5	15,000
201202	81	133	25,000
	37,368	62,367	

5. In file, "RateFiling_Closed Bloc_Exh3_AID.pdf", there is a section for the Interest Rate Assumptions, but it was left blank. Please describe your interest rate assumptions.

Response: Since there is currently no expected positive margin for these policies, these policies are not covering the cost of capital. Therefore, with interest being a part of the cost of capital, it was not part of the calculation of needed rates.

6. In the memorandum, the trend assumption is shown as 11.9%. Provide quantitative and qualitative support for the trend assumption. Please include all sources used.

Response: In the attached Excel workbook, we show how we came up with the 11.9% trend. The raw contracts and allowed claim dollars come from Arkansas Blue Cross and

Blue Shield's databases. The duration factors used were developed from the same data by Tom Attaway, FSA of Milliman, Inc and applied to the contracts to produce a duration adjusted contract. The allowed claims were then divided by the duration adjusted contracts to get a durational pmpm. This was done so as to not have the underwriting wear-off overstate the actual underlying trends.

The underlying trends were determined by first using the actual claims then fitting them to an exponential curve. We did this over two different time periods, one was for the most current 24 months the other for the most current 36 months.

The most current 24 month period is indicating over a 15% trend and when we include an additional year and use 36 months the trend is a little over 9%. We do not believe trends will continue on the 24 month path nor can we say with any certainty that trends will come down to the average of the 36 months, therefore chose a trend rate between the two values but much closer to the 36 month value.

Sincerely,

A handwritten signature in cursive script, appearing to read "Paul Ricard".

Paul Ricard, A.S.A, M.A.A.A., F.L.M.I.
Actuary
Arkansas Blue Cross Blue Shield

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

Supporting Document Schedules

Attachment LewisEllisResponse1.xlsm is not a PDF document and cannot be reproduced here.



Arkansas
BlueCross BlueShield

601 S. Gaines St.
P.O. Box 2181
Little Rock, Arkansas 72205-2181

July 18, 2012

Ms. Jacqueline B. Lee
Vice-President & Consulting Actuary
Lewis & Ellis, Inc.

Re: Arkansas Blue Cross Blue Shield Rate Filing
SERFF Tracking Number: ARBB-128439343

Ms. Lee:

As requested, here is our formal response to your questions/requests in your letter that we received on July 18, 2012 and requesting a response by July 20, 2012.

1. Please demonstrate how combining the newly closed forms with the current closed block meets the classification requirements pursuant to A.C.A. 23-79-153(b)(1).

Response: Both the current and the newly closed forms were originally filed and approved under the classification in A.C.A. 23-79-153(a)(4)(A)(ii)(a), "Comprehensive Major Medical." Therefore, these policy forms meet the classification requirements of A.C.A. 23-79-153(b)(1).

Sincerely,

A handwritten signature in cursive script that reads "Paul Ricard".

Paul Ricard, A.S.A., M.A.A.A., F.L.M.I.
Actuary
Arkansas Blue Cross Blue Shield

State: Arkansas

Filing Company:

Arkansas Blue Cross and Blue Shield

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name: Individual Closed Bloc Rate Increase

Project Name/Number: Individual Closed Bloc Rate Increase/17-111

Superceded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/05/2012	Rate	Rate Increase	08/28/2012	RateFiling_Closed Bloc_AID_1a.PDF (Superceded) RateFiling_Closed Bloc_AID_1b.PDF (Superceded) RateFiling_Closed Bloc_AID_2.PDF (Superceded)
06/01/2012	Rate	Rate Increase	06/05/2012	RateFiling_Closed Bloc_AID_1a.PDF RateFiling_Closed Bloc_AID_1b.PDF RateFiling_Closed Bloc_AID_2.PDF RateFiling_Closed Bloc_Exh1_AID.pdf (Superceded) RateFiling_Closed Bloc_Exh2_AID.pdf (Superceded)
06/01/2012	Supporting Document	Rate Summary Worksheet	06/05/2012	
06/01/2012	Supporting Document	Consumer Disclosure Form	06/05/2012	



**Arkansas
BlueCross BlueShield**

601 S. Gaines St.
P.O. Box 2181
Little Rock, Arkansas 72205-2181

The Honorable Commissioner
Mr. Jay Bradford
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

5/29/2012

Dear Commissioner Bradford:

In compliance with regulatory guidelines, we are submitting two copies of our 2013 rate filing for our closed bloc of individual medical policies for the Department's review and approval. The rates and benefits for the policy forms that make up the closed blocs of individual medical policies are projected for the twelve months beginning January 01, 2013. The most recent increase for this bloc of policy forms was effective January 01, 2012. The approximate number of persons in Arkansas affected by the proposed rate increase is estimated to be 62,367. In accordance with A.C.A. §23-79-153(d)(1) and AID Bulletin No. 8-2006, Section I, Arkansas BlueCross and BlueShield is giving notice that with this filing we are closing Comprehensive Blue I, Comprehensive Blue II, and HSA Blue PPO II and adding it to the closed bloc effective December 31, 2012. Listed below are the policy forms that are included in our Closed Bloc for this rate filing.

<u>Plan Name</u>	<u>Policy Form</u>
UniqueCare I	17-111R995, 112-SAE792 and 23-232792
UniqueCare II	17-113R995, 112-SAE792 and 23-232792
UniqueCare I Preferred	17-1251193, 17-127SAE1193 and 23-3071193
UniqueCare II Preferred	17-1261193, 17-127SAE1193 and 23-3071193
Farm Bureau Flexplan I	17-134594, 17-136SAE594 and 23-346594
Farm Bureau Flexplan II	17-135594, 17-136SAE594 and 23-246594
Farm Bureau Flexplan I Preferred	17-129294, 17-131SAE294 and 23-314294
Farm Bureau Flexplan II Preferred	17-130294, 17-131SAE294 and 23-314294
UniqueCare Blue I	17-147896, 23-561896, 149SAE896
Blue Select	17-1661098, 23-8491098, 23-8501098, 23-8511098, 17-167SAE1098
Nongroup	17-70
Student	17-93
BlueCare PPO	17-183 and 17-185
BlueCare PPO Plus	17-183 and 17-185
HSA Blue PPO	17-236 9/04, et al
HSA Blue PPO Plus	17-237 9/04, et al
Blue Solution PPO	17-238 9/04, et al
Blue Choice	17-247 6/06
Comprehensive Blue I	17-259 7-09, et al
Comprehensive Blue II	17-262 et al
HSA Blue PPO II	17-260 et al

All of the above policy forms are Grandfathered in accordance with 45 CFR Part 147.

We have used the rating methodology as mandated in Arkansas Insurance Code 23-79-153 for closed blocs of individual medical policies to calculate the requested rate increase of 9.80%. This filing has been prepared for the sole purpose of demonstrating compliance with regulatory guidelines and may not be appropriate for other purposes. If you have any questions or concerns, please contact through correspondence or telephone me at (501) 396-4163.

Sincerely,

A handwritten signature in black ink, appearing to read "P. Ricard". The signature is fluid and cursive, with a large loop at the end.

Paul Ricard, A.S.A, M.A.A.A., F.L.M.I.
Actuary
Arkansas Blue Cross Blue Shield

Arkansas Blue Cross and Blue Shield

Table of Contents

Page	Exhibit	Benefit Name	Description
1		All	Actuarial Certification
2 - 5	A	UniqueCare I	Proposed Rates
6 - 9	A	UniqueCare II	Proposed Rates
10 - 13	A	UniqueCare I Preferred	Proposed Rates
14 - 17	A	UniqueCare II Preferred	Proposed Rates
18 - 21	A	Farm Bureau Flexplan I	Proposed Rates
22 - 25	A	Farm Bureau Flexplan II	Proposed Rates
26 - 29	A	Farm Bureau Flexplan I Preferred	Proposed Rates
30 - 33	A	Farm Bureau Flexplan II Preferred	Proposed Rates
34 - 40	A	UniqueCare Blue I	Proposed Rates
41 - 45	A	Blue Select	Proposed Rates
46	A	Nongroup	Proposed Rates
47	A	Student	Proposed Rates
48 - 52	A	BlueCare PPO	Proposed Rates
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ARKANSAS BLUE CROSS BLUE SHIELD

ACTUARIAL CERTIFICATION FOR

POLICY FORM(S)

I, Paul Ricard, hold the position of Actuary for Arkansas Blue Cross Blue Shield. I am a member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

I have reviewed the filing of the rates contained in this document. To the best of my knowledge and judgment, I certify that the:

- (1) Filing is in compliance with applicable laws and regulations of the State of Arkansas.
- (2) Rates are reasonable in relation to the benefits and do not discriminate unfairly between policyholders.
- (3) Assumptions used are the best judgments as to the expected values.
- (4) Submission is in accordance with the current Standard of Procedure promulgated by the Actuarial Standards Board.



Paul Ricard, A.S.A, M.A.A.A., F.L.M.I.
Actuary
Arkansas Blue Cross Blue Shield
320 Capitol Street, Suite 840
Little Rock, AR 72203
(501) 396-4163
prricard@arkbluecross.com

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare I

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

	<u>\$500 Deductible</u>			<u>\$1000 Deductible</u>		
	\$2,500 80%/20%	\$10,000 80%/20%	\$50,000 80%/20%	\$2,500 80%/20%	\$10,000 80%/20%	\$50,000 80%/20%
Individual						
02-29	\$606.82	\$583.83	\$544.14	\$497.61	\$480.43	\$442.57
30-39	\$885.32	\$851.82	\$787.91	\$725.99	\$700.86	\$645.88
40-44	\$1,049.42	\$1,009.84	\$934.08	\$859.46	\$830.80	\$765.64
45-49	\$1,279.80	\$1,231.35	\$1,139.05	\$1,049.33	\$1,013.31	\$933.59
50-54	\$1,565.09	\$1,505.96	\$1,393.07	\$1,283.36	\$1,239.24	\$1,141.72
55-64	\$2,214.78	\$2,134.59	\$1,974.48	\$1,819.06	\$1,756.38	\$1,618.39
65-69	\$3,100.74	\$2,988.40	\$2,764.30	\$2,546.64	\$2,458.93	\$2,265.76
Individual and Spouse						
02-29	\$1,166.64	\$1,122.60	\$1,038.31	\$956.52	\$923.66	\$851.10
30-39	\$1,658.66	\$1,596.03	\$1,476.29	\$1,360.04	\$1,313.26	\$1,210.04
40-44	\$1,973.66	\$1,899.20	\$1,756.68	\$1,618.39	\$1,562.79	\$1,439.80
45-49	\$2,326.84	\$2,238.93	\$2,071.04	\$1,907.91	\$1,842.28	\$1,697.48
50-54	\$2,902.78	\$2,793.10	\$2,583.75	\$2,380.23	\$2,298.31	\$2,117.68
55-64	\$4,051.41	\$3,898.38	\$3,606.04	\$3,322.06	\$3,207.71	\$2,955.61
65-69	\$5,671.99	\$5,457.76	\$5,048.48	\$4,650.94	\$4,490.81	\$4,137.85
Individual and Child						
02-29	\$1,282.88	\$1,234.33	\$1,141.72	\$1,051.87	\$1,015.67	\$935.88
30-39	\$1,547.27	\$1,488.80	\$1,377.20	\$1,268.76	\$1,225.04	\$1,128.75
40-44	\$1,870.74	\$1,800.04	\$1,665.11	\$1,534.02	\$1,481.15	\$1,364.72
45-49	\$1,863.10	\$1,792.84	\$1,658.32	\$1,527.67	\$1,475.12	\$1,359.27
50-54	\$2,118.36	\$2,038.42	\$1,885.54	\$1,737.01	\$1,677.20	\$1,545.31
55-64	\$2,607.62	\$2,509.16	\$2,321.03	\$2,138.25	\$2,064.62	\$1,902.36
65-69	\$3,650.69	\$3,512.88	\$3,249.42	\$2,993.53	\$2,890.45	\$2,663.31
Individual, Spouse, and Child						
02-29	\$1,898.56	\$1,826.87	\$1,689.85	\$1,556.77	\$1,503.27	\$1,385.16
30-39	\$2,513.44	\$2,418.47	\$2,237.13	\$2,060.94	\$1,989.97	\$1,833.65
40-44	\$2,897.90	\$2,789.33	\$2,579.42	\$2,376.21	\$2,294.49	\$2,114.25
45-49	\$3,274.47	\$3,150.78	\$2,914.53	\$2,684.97	\$2,592.55	\$2,388.79
50-54	\$3,831.20	\$3,686.46	\$3,410.00	\$3,141.45	\$3,195.59	\$2,794.93
55-64	\$4,891.73	\$4,706.95	\$4,354.08	\$4,011.14	\$3,873.13	\$3,568.63
65-69	\$6,848.43	\$6,589.79	\$6,095.68	\$5,615.58	\$5,422.42	\$4,996.12

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare I

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

	<u>\$2500 Deductible</u>			<u>\$5000 Deductible</u>		
	\$0	\$10,000	\$50,000	\$0	\$10,000	\$50,000
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	\$344.34	\$335.48	\$307.84	\$284.80	\$276.78	\$256.65
30-39	\$502.32	\$489.42	\$449.10	\$415.54	\$403.69	\$374.37
40-44	\$595.34	\$580.17	\$532.40	\$492.51	\$478.65	\$443.86
45-49	\$726.02	\$707.53	\$649.30	\$600.69	\$583.70	\$541.26
50-54	\$887.99	\$865.38	\$794.10	\$734.72	\$713.78	\$661.85
55-64	\$1,258.58	\$1,226.49	\$1,125.47	\$1,041.33	\$1,011.80	\$938.14
65-69	\$1,762.05	\$1,717.06	\$1,575.70	\$1,457.84	\$1,416.51	\$1,313.37
Individual and Spouse						
02-29	\$661.85	\$645.06	\$591.87	\$559.20	\$543.43	\$503.83
30-39	\$941.06	\$917.06	\$841.53	\$795.06	\$772.53	\$716.37
40-44	\$1,119.81	\$1,091.25	\$1,001.38	\$946.04	\$919.34	\$852.40
45-49	\$1,320.11	\$1,286.42	\$1,180.53	\$1,115.45	\$1,083.73	\$1,004.98
50-54	\$1,646.89	\$1,604.92	\$1,472.75	\$1,391.52	\$1,352.07	\$1,254.87
55-64	\$2,298.52	\$2,239.94	\$2,055.51	\$1,942.10	\$1,887.09	\$1,749.84
65-69	\$3,217.92	\$3,135.94	\$2,877.75	\$2,718.96	\$2,641.86	\$2,449.73
Individual and Child						
02-29	\$727.81	\$709.23	\$650.83	\$608.24	\$590.97	\$548.08
30-39	\$877.89	\$857.46	\$785.09	\$733.66	\$712.90	\$661.05
40-44	\$1,061.37	\$1,034.23	\$949.08	\$887.00	\$861.89	\$799.21
45-49	\$1,057.04	\$1,030.13	\$945.18	\$883.35	\$858.39	\$795.92
50-54	\$1,201.79	\$1,171.17	\$1,074.81	\$1,004.47	\$975.96	\$904.95
55-64	\$1,479.40	\$1,441.77	\$1,323.04	\$1,236.45	\$1,201.33	\$1,114.05
65-69	\$2,071.16	\$2,018.44	\$1,852.23	\$1,731.03	\$1,681.89	\$1,559.70
Individual, Spouse, and Child						
02-29	\$1,077.14	\$1,049.75	\$963.20	\$910.14	\$884.33	\$820.04
30-39	\$1,425.97	\$1,389.69	\$1,275.25	\$1,204.82	\$1,170.70	\$1,085.50
40-44	\$1,644.11	\$1,602.26	\$1,470.21	\$1,389.20	\$1,349.87	\$1,251.58
45-49	\$1,857.78	\$1,810.44	\$1,661.30	\$1,569.71	\$1,525.19	\$1,414.19
50-54	\$2,173.55	\$2,118.26	\$1,943.70	\$1,836.51	\$1,784.45	\$1,654.66
55-64	\$2,775.24	\$2,704.64	\$2,481.85	\$2,344.92	\$2,278.42	\$2,112.71
65-69	\$3,885.31	\$3,786.53	\$3,474.57	\$3,282.90	\$3,189.80	\$2,957.81

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare I

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

	<u>\$10,000 Deductible</u>		<u>\$25,000 Deductible</u>	
Stop Loss Amount:	\$0	\$50,000	\$0	\$50,000
Co-Pay:	100%/0%	80%/20%	100%/0%	80%/20%
Individual				
02-29	\$203.99	\$186.71	\$112.18	\$105.84
30-39	\$297.60	\$272.35	\$163.67	\$154.44
40-44	\$352.84	\$322.81	\$194.01	\$183.15
45-49	\$430.23	\$393.79	\$236.66	\$223.32
50-54	\$526.26	\$481.48	\$291.18	\$273.02
55-64	\$745.86	\$682.55	\$410.25	\$386.96
65-69	\$1,044.13	\$955.57	\$574.35	\$541.79
Individual and Spouse				
02-29	\$404.68	\$370.42	\$222.58	\$210.09
30-39	\$575.41	\$526.66	\$316.49	\$298.52
40-44	\$684.66	\$626.60	\$376.58	\$355.35
45-49	\$807.18	\$738.66	\$443.91	\$418.92
50-54	\$1,006.98	\$921.57	\$553.91	\$522.54
55-64	\$1,405.58	\$1,286.27	\$773.08	\$729.46
65-69	\$1,967.81	\$1,800.81	\$1,082.29	\$1,021.18
Individual and Child				
02-29	\$437.90	\$400.65	\$240.80	\$227.28
30-39	\$528.21	\$483.30	\$290.54	\$274.10
40-44	\$638.60	\$584.32	\$351.24	\$331.35
45-49	\$635.95	\$581.98	\$349.77	\$329.96
50-54	\$723.02	\$661.63	\$397.76	\$375.23
55-64	\$890.12	\$814.60	\$489.58	\$461.92
65-69	\$1,246.15	\$1,140.44	\$685.47	\$646.69
Individual, Spouse, and Child				
02-29	\$658.71	\$602.74	\$362.27	\$341.82
30-39	\$872.03	\$797.99	\$479.65	\$452.51
40-44	\$1,005.35	\$919.99	\$552.96	\$521.69
45-49	\$1,135.95	\$1,039.50	\$624.82	\$589.49
50-54	\$1,329.17	\$1,216.30	\$730.97	\$689.65
55-64	\$1,697.08	\$1,553.04	\$933.45	\$880.59
65-69	\$2,375.91	\$2,174.24	\$1,306.81	\$1,232.86

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare I

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

Supplemental Accident Endorsement

(\$500 and \$1,000 Deductibles Only)

<u>\$500 CMM Deductible</u>	<u>Rates</u>
Individual	\$31.37
Individual and Spouse	\$62.70
Individual and Child	\$76.00
Individual, Spouse, Children	\$125.82

\$1,000 CMM Deductible

Individual	\$38.80
Individual and Spouse	\$77.52
Individual and Child	\$93.93
Individual, Spouse, Children	\$155.37

Optional Riders

TMJ

Individual	\$5.59
Individual and Spouse	\$11.14
Individual and Child	\$13.43
Individual, Spouse, Children	\$22.36

Maternity Rider

(\$500 and \$1,000 Deductibles Only) \$1,532.91

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare II

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

	<u>\$500 Deductible</u>			<u>\$1000 Deductible</u>		
	\$2,500	\$10,000	\$50,000	\$2,500	\$10,000	\$50,000
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	\$375.54	\$322.10	\$256.03	\$317.99	\$273.19	\$212.68
30-39	\$547.77	\$469.95	\$373.53	\$463.94	\$398.57	\$310.26
40-44	\$649.40	\$557.13	\$442.75	\$549.89	\$472.48	\$367.86
45-49	\$791.91	\$679.42	\$539.97	\$670.56	\$576.20	\$448.55
50-54	\$968.47	\$830.89	\$660.37	\$820.17	\$704.73	\$548.59
55-64	\$1,372.77	\$1,177.74	\$935.98	\$1,162.43	\$998.88	\$777.58
65-69	\$1,921.90	\$1,648.87	\$1,310.45	\$1,627.39	\$1,398.40	\$1,088.63
Individual and Spouse						
02-29	\$721.88	\$619.29	\$492.22	\$611.30	\$525.33	\$408.90
30-39	\$1,026.39	\$880.59	\$699.84	\$869.15	\$746.79	\$581.45
40-44	\$1,221.34	\$1,047.90	\$832.78	\$1,034.23	\$888.69	\$691.83
45-49	\$1,439.80	\$1,235.32	\$981.77	\$1,219.33	\$1,047.63	\$815.55
50-54	\$1,796.25	\$1,541.10	\$1,224.78	\$1,521.10	\$1,306.99	\$1,017.48
55-64	\$2,506.98	\$2,150.84	\$1,709.37	\$2,122.95	\$1,824.07	\$1,420.07
65-69	\$3,509.76	\$3,011.17	\$2,393.08	\$2,972.17	\$2,553.73	\$1,988.08
Individual and Child						
02-29	\$793.83	\$681.05	\$541.26	\$672.26	\$577.61	\$449.67
30-39	\$957.38	\$821.45	\$652.83	\$810.80	\$696.66	\$542.35
40-44	\$1,157.63	\$993.16	\$789.28	\$980.29	\$842.33	\$655.70
45-49	\$1,152.88	\$989.14	\$786.08	\$976.31	\$838.89	\$653.00
50-54	\$1,310.87	\$1,124.64	\$893.76	\$1,110.05	\$953.71	\$742.49
55-64	\$1,613.63	\$1,384.44	\$1,100.23	\$1,366.44	\$1,174.08	\$914.00
65-69	\$2,259.04	\$1,938.12	\$1,540.33	\$1,913.07	\$1,643.75	\$1,279.58
Individual, Spouse, and Child						
02-29	\$1,174.83	\$1,007.96	\$801.10	\$994.94	\$854.90	\$665.48
30-39	\$1,555.22	\$1,334.33	\$1,060.47	\$1,317.05	\$1,131.63	\$880.99
40-44	\$1,793.25	\$1,538.53	\$1,222.72	\$1,518.57	\$1,304.80	\$1,015.77
45-49	\$2,026.17	\$1,738.44	\$1,381.54	\$1,715.89	\$1,474.36	\$1,147.70
50-54	\$2,370.69	\$2,033.86	\$1,616.43	\$2,007.57	\$1,724.99	\$1,342.83
55-64	\$3,026.98	\$2,596.95	\$2,063.87	\$2,563.35	\$2,202.51	\$1,714.59
65-69	\$4,237.76	\$3,635.73	\$2,889.49	\$3,588.66	\$3,083.48	\$2,400.50

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare II

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

	<u>\$2500 Deductible</u>		<u>\$5000 Deductible</u>	
Stop Loss Amount:	\$10,000	\$50,000	\$10,000	\$50,000
Co-Pay:	50%/50%	50%/50%	50%/50%	50%/50%
 Individual				
02-29	\$202.97	\$154.46	\$169.11	\$130.57
30-39	\$296.06	\$225.34	\$246.64	\$190.47
40-44	\$350.94	\$267.18	\$292.35	\$225.84
45-49	\$428.01	\$325.78	\$356.56	\$275.38
50-54	\$523.42	\$397.76	\$436.11	\$336.84
55-64	\$741.92	\$564.69	\$618.13	\$477.38
65-69	\$1,038.68	\$790.52	\$865.41	\$668.30
 Individual and Spouse				
02-29	\$390.13	\$296.99	\$332.01	\$256.37
30-39	\$554.69	\$422.18	\$472.01	\$364.46
40-44	\$660.11	\$502.38	\$561.69	\$433.69
45-49	\$778.19	\$592.25	\$662.07	\$511.29
50-54	\$970.80	\$738.83	\$826.08	\$637.91
55-64	\$1,354.91	\$1,031.31	\$1,152.88	\$890.34
65-69	\$1,896.93	\$1,443.84	\$1,614.04	\$1,246.55
 Individual and Child				
02-29	\$428.94	\$326.52	\$361.12	\$278.88
30-39	\$517.47	\$393.83	\$435.49	\$336.42
40-44	\$625.62	\$476.22	\$526.56	\$406.67
45-49	\$623.15	\$474.28	\$524.46	\$405.09
50-54	\$708.42	\$539.21	\$596.28	\$460.50
55-64	\$872.15	\$663.75	\$733.99	\$566.86
65-69	\$1,220.98	\$929.25	\$1,027.68	\$793.60
 Individual, Spouse, and Child				
02-29	\$635.03	\$483.31	\$540.30	\$417.21
30-39	\$840.56	\$639.78	\$715.25	\$552.38
40-44	\$969.24	\$737.71	\$824.64	\$636.89
45-49	\$1,095.09	\$833.49	\$931.80	\$719.67
50-54	\$1,281.29	\$975.22	\$1,090.25	\$841.96
55-64	\$1,636.02	\$1,245.14	\$1,392.06	\$1,075.03
65-69	\$2,290.40	\$1,743.20	\$1,948.87	\$1,505.01

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare II

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

	<u>\$10,000 Deductible</u>	<u>\$25,000 Deductible</u>
Stop Loss Amount:	\$50,000	\$50,000
Co-Pay:	50%/50%	50%/50%
Individual		
02-29	\$98.29	\$59.56
30-39	\$143.38	\$86.91
40-44	\$169.94	\$103.07
45-49	\$207.23	\$125.68
50-54	\$253.45	\$153.80
55-64	\$359.30	\$217.87
65-69	\$502.99	\$305.02
Individual and Spouse		
02-29	\$194.97	\$118.20
30-39	\$277.20	\$168.13
40-44	\$329.86	\$200.13
45-49	\$388.80	\$235.82
50-54	\$485.06	\$294.21
55-64	\$677.03	\$410.65
65-69	\$947.84	\$574.88
Individual and Child		
02-29	\$210.87	\$127.90
30-39	\$254.38	\$154.33
40-44	\$307.60	\$186.51
45-49	\$306.32	\$185.81
50-54	\$348.34	\$211.29
55-64	\$428.82	\$260.06
65-69	\$600.36	\$364.05
Individual, Spouse, and Child		
02-29	\$317.29	\$192.47
30-39	\$420.06	\$254.74
40-44	\$484.29	\$293.76
45-49	\$547.27	\$331.87
50-54	\$640.27	\$388.22
55-64	\$817.49	\$495.77
65-69	\$1,144.43	\$694.08

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare II

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

Supplemental Accident Endorsement

(\$500 and \$1,000 Deductibles Only)

<u>\$500 CMM Deductible</u>	<u>Rates</u>
Individual	\$22.27
Individual and Spouse	\$44.46
Individual and Child	\$53.94
Individual, Spouse, Children	\$89.23

<u>\$1,000 CMM Deductible</u>	
Individual	\$27.53
Individual and Spouse	\$54.99
Individual and Child	\$66.65
Individual, Spouse, Children	\$110.25

Optional Riders

<u>TMJ</u>	
Individual	\$5.59
Individual and Spouse	\$11.14
Individual and Child	\$13.43
Individual, Spouse, Children	\$22.36

<u>Maternity Rider</u>	\$1,087.50
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(\$500 and \$1,000 Deductibles Only)

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare I Preferred

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

	<u>\$500 Deductible</u>			<u>\$1000 Deductible</u>		
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	\$516.20	\$482.46	\$445.35	\$449.91	\$418.20	\$384.96
25-29	\$645.24	\$603.91	\$558.62	\$561.36	\$522.54	\$481.91
30-34	\$747.49	\$701.08	\$650.01	\$648.98	\$605.11	\$559.20
35-39	\$898.53	\$843.30	\$782.57	\$779.18	\$727.22	\$672.78
40-44	\$1,075.60	\$1,010.91	\$939.87	\$931.04	\$870.21	\$806.40
45-49	\$1,237.15	\$1,164.31	\$1,084.23	\$1,069.16	\$1,000.66	\$928.80
50-54	\$1,487.77	\$1,400.41	\$1,304.64	\$1,285.14	\$1,203.10	\$1,117.02
55-59	\$1,914.49	\$1,802.39	\$1,679.40	\$1,653.39	\$1,547.94	\$1,437.80
60-64	\$2,371.26	\$2,233.17	\$2,081.62	\$2,047.16	\$1,917.27	\$1,781.33
65-69	\$2,964.07	\$2,791.39	\$2,602.03	\$2,558.91	\$2,396.60	\$2,226.69
Individual and Spouse						
00-24	\$962.01	\$899.51	\$830.76	\$838.10	\$779.18	\$717.72
25-29	\$1,208.32	\$1,130.63	\$1,045.48	\$1,051.57	\$978.59	\$902.09
30-34	\$1,398.71	\$1,310.87	\$1,214.68	\$1,214.68	\$1,132.30	\$1,045.89
35-39	\$1,666.29	\$1,563.77	\$1,451.26	\$1,444.80	\$1,348.43	\$1,247.47
40-44	\$1,968.15	\$1,850.87	\$1,722.32	\$1,702.14	\$1,592.08	\$1,476.49
45-49	\$2,259.89	\$2,128.25	\$1,983.71	\$1,950.94	\$1,827.40	\$1,697.62
50-54	\$2,758.36	\$2,596.99	\$2,420.01	\$2,382.09	\$2,230.47	\$2,071.62
55-59	\$3,644.67	\$3,435.53	\$3,205.96	\$3,142.90	\$2,946.27	\$2,740.22
60-64	\$4,545.47	\$4,279.78	\$3,988.23	\$3,925.35	\$3,675.66	\$3,413.97
65-69	\$5,681.86	\$5,349.73	\$4,985.38	\$4,906.71	\$4,594.60	\$4,267.45
Individual and Child						
00-24	\$1,103.83	\$1,031.96	\$953.27	\$961.60	\$894.24	\$823.50
25-29	\$1,380.16	\$1,292.84	\$1,197.01	\$1,199.46	\$1,117.51	\$1,031.57
30-34	\$1,528.45	\$1,433.72	\$1,329.86	\$1,326.20	\$1,237.15	\$1,143.83
35-39	\$1,809.89	\$1,699.31	\$1,577.86	\$1,568.65	\$1,464.59	\$1,355.60
40-44	\$1,965.97	\$1,847.51	\$1,717.69	\$1,701.77	\$1,590.58	\$1,473.91
45-49	\$1,981.56	\$1,863.24	\$1,733.35	\$1,714.27	\$1,603.00	\$1,486.34
50-54	\$2,174.44	\$2,045.67	\$1,904.37	\$1,879.67	\$1,758.57	\$1,631.80
55-59	\$2,538.58	\$2,389.24	\$2,225.60	\$2,193.31	\$2,053.03	\$1,906.08
60-64	\$2,962.95	\$2,788.07	\$2,596.09	\$2,560.54	\$2,396.42	\$2,224.12
65-69	\$3,703.74	\$3,485.11	\$3,245.15	\$3,200.64	\$2,995.51	\$2,780.10
Individual, Spouse, and Child						
00-24	\$1,594.37	\$1,491.70	\$1,378.89	\$1,387.85	\$1,291.42	\$1,190.22
25-29	\$2,004.21	\$1,877.74	\$1,738.96	\$1,741.53	\$1,622.77	\$1,498.19
30-34	\$2,409.09	\$2,260.66	\$2,097.62	\$2,089.25	\$1,949.74	\$1,803.50
35-39	\$2,744.41	\$2,557.62	\$2,394.51	\$2,377.20	\$2,220.55	\$2,056.10
40-44	\$3,025.35	\$2,844.71	\$2,646.56	\$2,616.93	\$2,447.18	\$2,269.38
45-49	\$3,209.70	\$3,020.18	\$2,812.44	\$2,773.87	\$2,595.79	\$2,409.21
50-54	\$3,557.41	\$3,347.37	\$3,117.02	\$3,074.27	\$2,877.02	\$2,670.23
55-59	\$4,417.70	\$4,162.54	\$3,882.93	\$3,811.11	\$3,571.51	\$3,320.38
60-64	\$5,180.37	\$4,875.04	\$4,540.11	\$4,476.40	\$4,189.58	\$3,888.81
65-69	\$6,475.54	\$6,093.83	\$5,675.16	\$5,595.56	\$5,236.99	\$4,860.97

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

UniqueCare I Preferred

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

	<u>\$2500 Deductible</u>			<u>\$5000 Deductible</u>		
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	\$365.74	\$330.27	\$301.17	\$268.02	\$245.13	\$222.08
25-29	\$455.52	\$412.06	\$376.28	\$333.19	\$305.24	\$277.01
30-34	\$525.35	\$476.44	\$436.00	\$383.47	\$351.92	\$320.13
35-39	\$630.12	\$572.09	\$524.36	\$459.45	\$422.29	\$384.52
40-44	\$751.69	\$683.80	\$627.75	\$547.28	\$503.65	\$459.55
45-49	\$861.75	\$785.26	\$722.15	\$626.77	\$577.49	\$527.82
50-54	\$1,035.84	\$944.05	\$868.40	\$753.05	\$694.17	\$634.39
55-59	\$1,332.30	\$1,214.59	\$1,117.63	\$968.41	\$892.65	\$816.29
60-64	\$1,649.09	\$1,504.15	\$1,384.31	\$1,198.24	\$1,104.99	\$1,010.74
65-69	\$2,061.37	\$1,880.17	\$1,730.35	\$1,497.74	\$1,381.27	\$1,263.39
Individual and Spouse						
00-24	\$681.05	\$615.20	\$561.02	\$508.65	\$465.51	\$421.94
25-29	\$853.52	\$771.94	\$704.71	\$636.81	\$583.27	\$529.19
30-34	\$984.08	\$891.95	\$815.95	\$732.67	\$672.15	\$611.00
35-39	\$1,168.72	\$1,061.09	\$972.31	\$868.94	\$798.04	\$726.65
40-44	\$1,373.46	\$1,250.39	\$1,148.80	\$1,018.12	\$937.38	\$855.62
45-49	\$1,571.49	\$1,433.45	\$1,319.23	\$1,162.91	\$1,072.07	\$980.40
50-54	\$1,919.56	\$1,750.06	\$1,610.25	\$1,420.77	\$1,309.46	\$1,197.01
55-59	\$2,528.92	\$2,309.39	\$2,128.14	\$1,869.18	\$1,724.83	\$1,579.04
60-64	\$3,162.59	\$2,883.68	\$2,653.44	\$2,340.96	\$2,157.80	\$1,972.51
65-69	\$3,953.22	\$3,604.57	\$3,316.81	\$2,926.17	\$2,697.31	\$2,465.62
Individual and Child						
00-24	\$781.15	\$705.89	\$643.55	\$577.61	\$528.57	\$479.15
25-29	\$972.26	\$880.53	\$805.01	\$717.28	\$657.79	\$597.45
30-34	\$1,073.35	\$973.83	\$891.77	\$790.38	\$725.76	\$660.56
35-39	\$1,268.21	\$1,152.02	\$1,056.12	\$932.99	\$857.57	\$781.27
40-44	\$1,374.20	\$1,249.86	\$1,147.19	\$1,009.80	\$928.92	\$847.33
45-49	\$1,383.48	\$1,259.09	\$1,156.59	\$1,015.96	\$935.30	\$853.68
50-54	\$1,516.06	\$1,380.83	\$1,269.21	\$1,112.50	\$1,024.84	\$935.98
55-59	\$1,767.66	\$1,611.15	\$1,481.88	\$1,296.76	\$1,194.91	\$1,091.99
60-64	\$2,064.73	\$1,881.07	\$1,729.47	\$1,514.94	\$1,395.73	\$1,275.11
65-69	\$2,580.91	\$2,351.40	\$2,161.83	\$1,893.74	\$1,744.63	\$1,593.87
Individual, Spouse, and Child						
00-24	\$1,126.65	\$1,018.87	\$929.83	\$840.79	\$769.98	\$698.40
25-29	\$1,411.53	\$1,278.68	\$1,169.10	\$1,051.64	\$964.37	\$876.16
30-34	\$1,690.23	\$1,534.46	\$1,405.77	\$1,256.63	\$1,154.06	\$1,050.64
35-39	\$1,921.28	\$1,746.11	\$1,601.50	\$1,426.62	\$1,311.51	\$1,195.32
40-44	\$2,111.66	\$1,922.14	\$1,765.65	\$1,565.72	\$1,441.26	\$1,315.36
45-49	\$2,236.57	\$2,037.71	\$1,873.55	\$1,656.77	\$1,526.08	\$1,394.08
50-54	\$2,478.65	\$2,258.29	\$2,076.45	\$1,836.08	\$1,691.25	\$1,544.96
55-59	\$3,067.69	\$2,800.12	\$2,579.00	\$2,268.22	\$2,092.38	\$1,914.68
60-64	\$3,608.86	\$3,288.38	\$3,023.86	\$2,673.11	\$2,462.46	\$2,249.88
65-69	\$4,511.11	\$4,110.46	\$3,779.88	\$3,341.44	\$3,078.11	\$2,812.32

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

UniqueCare I Preferred

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

	<u>\$10,000 Deductible</u>		<u>\$25,000 Deductible</u>		
Stop Loss Amount:	\$0	\$50,000	\$0	\$50,000	
Co-Pay In-Network:	100%/0%	80%/20%	100%/0%	80%/20%	80%/20%
Co-Pay Out-of-Network:	80%/20%	60%/40%	80%/20%	60%/40%	80%/20%
Individual					
00-24	\$168.21	\$145.36	\$63.00	\$62.21	
25-29	\$211.09	\$183.15	\$82.36	\$81.28	
30-34	\$245.79	\$214.21	\$100.72	\$99.56	
35-39	\$296.41	\$258.95	\$124.16	\$122.64	
40-44	\$356.43	\$312.58	\$154.80	\$153.02	
45-49	\$411.34	\$361.99	\$184.01	\$182.03	
50-54	\$495.12	\$435.81	\$222.87	\$220.51	
55-59	\$637.55	\$561.46	\$288.12	\$285.06	
60-64	\$790.25	\$696.51	\$359.72	\$355.80	
65-69	\$987.79	\$870.69	\$449.58	\$444.77	
Individual and Spouse					
00-24	\$322.76	\$279.01	\$121.44	\$119.62	
25-29	\$406.28	\$352.08	\$156.48	\$154.31	
30-34	\$472.27	\$410.98	\$190.07	\$187.48	
35-39	\$564.37	\$492.64	\$234.49	\$231.62	
40-44	\$670.21	\$588.23	\$292.96	\$289.74	
45-49	\$772.12	\$680.12	\$348.67	\$344.98	
50-54	\$941.75	\$828.86	\$422.70	\$418.15	
55-59	\$1,247.98	\$1,101.73	\$575.10	\$569.12	
60-64	\$1,552.09	\$1,366.32	\$697.43	\$689.86	
65-69	\$1,940.17	\$1,707.93	\$871.75	\$862.28	
Individual and Child					
00-24	\$365.07	\$315.65	\$137.89	\$135.94	
25-29	\$458.71	\$398.77	\$182.64	\$180.24	
30-34	\$509.92	\$444.62	\$210.14	\$207.55	
35-39	\$605.32	\$529.19	\$254.94	\$251.90	
40-44	\$659.28	\$577.78	\$284.37	\$281.20	
45-49	\$665.42	\$583.93	\$290.75	\$287.41	
50-54	\$731.28	\$642.67	\$323.70	\$320.06	
55-59	\$854.78	\$752.09	\$382.63	\$378.39	
60-64	\$997.03	\$876.77	\$443.44	\$438.71	
65-69	\$1,246.25	\$1,095.96	\$554.29	\$548.33	
Individual, Spouse, and Child					
00-24	\$535.97	\$464.10	\$205.69	\$202.67	
25-29	\$676.06	\$587.56	\$269.13	\$265.49	
30-34	\$815.76	\$711.79	\$338.04	\$333.63	
35-39	\$931.32	\$814.67	\$394.58	\$389.81	
40-44	\$1,029.68	\$903.53	\$449.04	\$443.86	
45-49	\$1,094.30	\$961.69	\$484.92	\$479.56	
50-54	\$1,212.76	\$1,066.05	\$537.72	\$531.66	
55-59	\$1,511.27	\$1,332.92	\$691.16	\$683.80	
60-64	\$1,766.84	\$1,553.24	\$784.66	\$776.00	
65-69	\$2,208.56	\$1,941.55	\$980.84	\$969.98	

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare I Preferred

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

Supplemental Accident Endorsement

(\$500 and \$1,000 Deductibles Only)

<u>\$500 CMM Deductible</u>	<u>Rates</u>
Individual	\$38.94
Individual and Spouse	\$78.02
Individual and Child	\$99.29
Individual, Spouse, Children	\$155.87

<u>\$1,000 CMM Deductible</u>	
Individual	\$60.63
Individual and Spouse	\$121.44
Individual and Child	\$154.54
Individual, Spouse, Children	\$242.78

Optional Riders

TMJ

Individual	\$5.59
Individual and Spouse	\$11.14
Individual and Child	\$13.43
Individual, Spouse, Children	\$22.36

Maternity Rider

Maximum Benefit	
\$2,000	\$271.84
\$3,000	\$552.58
\$5,000	\$921.04

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare II Preferred

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

	<u>\$500 Deductible</u>			<u>\$1000 Deductible</u>		
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	\$310.94	\$258.92	\$206.24	\$278.66	\$230.45	\$180.93
25-29	\$386.59	\$322.87	\$258.40	\$345.84	\$286.76	\$226.31
30-34	\$444.53	\$372.90	\$300.23	\$396.82	\$330.36	\$262.05
35-39	\$532.64	\$447.54	\$361.42	\$475.05	\$396.00	\$315.17
40-44	\$634.12	\$534.50	\$433.59	\$564.42	\$471.93	\$377.27
45-49	\$725.80	\$613.49	\$499.71	\$645.06	\$540.83	\$434.00
50-54	\$871.92	\$737.34	\$601.09	\$774.63	\$649.77	\$521.90
55-59	\$1,121.17	\$948.52	\$773.82	\$995.91	\$835.69	\$671.62
60-64	\$1,387.19	\$1,174.46	\$958.94	\$1,231.69	\$1,034.22	\$831.87
65-69	\$1,733.99	\$1,468.06	\$1,198.68	\$1,539.63	\$1,292.73	\$1,039.83
Individual and Spouse						
00-24	\$613.49	\$510.81	\$407.02	\$549.81	\$454.66	\$357.01
25-29	\$767.61	\$640.34	\$511.49	\$687.41	\$569.23	\$448.31
30-34	\$882.14	\$738.41	\$592.77	\$788.31	\$654.86	\$518.14
35-39	\$1,044.99	\$876.90	\$706.74	\$932.55	\$776.63	\$616.71
40-44	\$1,222.72	\$1,030.73	\$836.02	\$1,088.43	\$910.04	\$727.34
45-49	\$1,395.07	\$1,179.38	\$960.85	\$1,239.86	\$1,039.62	\$834.55
50-54	\$1,704.92	\$1,440.40	\$1,172.62	\$1,515.58	\$1,270.14	\$1,018.68
55-59	\$2,240.70	\$1,897.90	\$1,550.65	\$1,989.17	\$1,670.80	\$1,344.87
60-64	\$2,808.89	\$2,373.43	\$1,932.45	\$2,496.93	\$2,092.66	\$1,678.59
65-69	\$3,511.09	\$2,966.80	\$2,415.55	\$3,121.19	\$2,615.84	\$2,098.23
Individual and Child						
00-24	\$676.68	\$563.82	\$449.58	\$606.22	\$501.48	\$394.17
25-29	\$839.48	\$702.31	\$563.46	\$750.43	\$623.16	\$492.72
30-34	\$924.69	\$775.78	\$625.14	\$825.30	\$687.23	\$545.60
35-39	\$1,091.20	\$917.21	\$741.08	\$972.90	\$811.36	\$646.05
40-44	\$1,180.43	\$994.40	\$806.00	\$1,051.15	\$878.47	\$701.49
45-49	\$1,187.33	\$1,001.28	\$812.95	\$1,056.79	\$884.01	\$707.02
50-54	\$1,300.04	\$1,097.64	\$892.63	\$1,156.19	\$968.26	\$775.77
55-59	\$1,514.80	\$1,280.26	\$1,042.74	\$1,346.37	\$1,128.65	\$905.59
60-64	\$1,770.02	\$1,495.04	\$1,216.63	\$1,573.66	\$1,318.49	\$1,057.01
65-69	\$2,212.55	\$1,868.82	\$1,520.78	\$1,967.06	\$1,648.07	\$1,321.29
Individual, Spouse, and Child						
00-24	\$1,013.54	\$845.31	\$674.89	\$907.73	\$751.49	\$591.42
25-29	\$1,266.37	\$1,059.08	\$849.15	\$1,132.35	\$939.94	\$742.83
30-34	\$1,511.64	\$1,268.27	\$1,021.84	\$1,349.13	\$1,123.22	\$891.85
35-39	\$1,715.21	\$1,441.77	\$1,164.79	\$1,529.03	\$1,275.17	\$1,015.22
40-44	\$1,880.56	\$1,584.62	\$1,285.08	\$1,674.25	\$1,399.58	\$1,118.18
45-49	\$1,988.94	\$1,678.38	\$1,363.92	\$1,769.26	\$1,481.07	\$1,185.87
50-54	\$2,204.14	\$1,860.10	\$1,511.73	\$1,960.69	\$1,641.39	\$1,314.26
55-59	\$2,720.14	\$2,302.32	\$1,879.15	\$2,415.75	\$2,027.85	\$1,630.52
60-64	\$3,208.52	\$2,708.22	\$2,201.49	\$2,853.92	\$2,389.50	\$1,913.74
65-69	\$4,010.70	\$3,385.23	\$2,751.91	\$3,567.38	\$2,986.88	\$2,392.19

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare II Preferred

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

	<u>\$2500 Deductible</u>		<u>\$5000 Deductible</u>	
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	\$189.84	\$145.75	\$146.91	\$110.69
25-29	\$235.93	\$182.03	\$182.19	\$137.89
30-34	\$271.26	\$210.44	\$209.05	\$158.92
35-39	\$324.77	\$252.72	\$249.98	\$190.68
40-44	\$386.46	\$301.90	\$296.76	\$227.36
45-49	\$442.04	\$346.85	\$338.85	\$260.53
50-54	\$531.01	\$417.04	\$406.90	\$313.09
55-59	\$682.84	\$536.61	\$523.09	\$402.64
60-64	\$844.78	\$664.39	\$646.77	\$498.38
65-69	\$1,055.96	\$830.47	\$808.44	\$622.96
Individual and Spouse				
00-24	\$374.74	\$287.82	\$289.97	\$218.49
25-29	\$468.78	\$360.80	\$362.32	\$273.59
30-34	\$538.27	\$416.41	\$415.19	\$314.93
35-39	\$637.38	\$494.93	\$490.92	\$373.73
40-44	\$745.25	\$582.42	\$572.31	\$438.27
45-49	\$849.76	\$666.97	\$651.32	\$500.94
50-54	\$1,038.55	\$814.45	\$796.26	\$611.85
55-59	\$1,364.39	\$1,073.92	\$1,044.36	\$805.36
60-64	\$1,711.04	\$1,344.15	\$1,311.82	\$1,008.16
65-69	\$2,138.77	\$1,680.17	\$1,639.78	\$1,260.22
Individual and Child				
00-24	\$413.22	\$317.55	\$319.76	\$241.09
25-29	\$512.33	\$396.09	\$395.40	\$299.73
30-34	\$564.06	\$437.90	\$434.49	\$330.71
35-39	\$665.36	\$517.96	\$511.89	\$390.61
40-44	\$719.52	\$561.82	\$552.74	\$422.88
45-49	\$723.69	\$565.90	\$555.56	\$425.83
50-54	\$792.17	\$620.58	\$607.55	\$466.45
55-59	\$922.68	\$723.98	\$707.30	\$543.75
60-64	\$1,078.23	\$845.31	\$826.84	\$635.20
65-69	\$1,347.82	\$1,056.57	\$1,033.57	\$794.02
Individual, Spouse, and Child				
00-24	\$618.84	\$476.24	\$478.57	\$361.23
25-29	\$772.86	\$597.24	\$596.60	\$452.07
30-34	\$921.98	\$715.69	\$710.20	\$540.51
35-39	\$1,045.77	\$814.01	\$804.45	\$613.83
40-44	\$1,146.04	\$895.40	\$880.20	\$673.96
45-49	\$1,211.81	\$948.73	\$929.83	\$713.41
50-54	\$1,342.89	\$1,051.42	\$1,030.49	\$790.52
55-59	\$1,656.43	\$1,302.33	\$1,268.59	\$977.26
60-64	\$1,954.87	\$1,530.89	\$1,499.85	\$1,151.04
65-69	\$2,443.58	\$1,913.58	\$1,874.81	\$1,438.82

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare II Preferred

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

	<u>\$10,000 Deductible</u>	<u>\$25,000 Deductible</u>
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	\$76.00	\$38.80
25-29	\$95.43	\$49.85
30-34	\$111.17	\$59.75
35-39	\$133.93	\$73.00
40-44	\$160.92	\$89.60
45-49	\$185.68	\$105.20
50-54	\$223.41	\$127.07
55-59	\$287.62	\$163.99
60-64	\$356.63	\$204.13
65-69	\$445.78	\$255.16
Individual and Spouse		
00-24	\$150.22	\$76.63
25-29	\$188.74	\$97.56
30-34	\$219.17	\$116.16
35-39	\$261.73	\$141.40
40-44	\$310.19	\$172.48
45-49	\$357.12	\$202.50
50-54	\$435.70	\$246.15
55-59	\$576.82	\$331.21
60-64	\$717.94	\$405.96
65-69	\$897.41	\$507.45
Individual and Child		
00-24	\$165.83	\$84.99
25-29	\$208.39	\$110.05
30-34	\$231.47	\$124.77
35-39	\$274.66	\$150.02
40-44	\$298.85	\$165.49
45-49	\$301.77	\$168.51
50-54	\$331.55	\$186.48
55-59	\$387.47	\$219.37
60-64	\$451.97	\$254.94
65-69	\$565.01	\$318.69
Individual, Spouse, and Child		
00-24	\$249.11	\$128.50
25-29	\$313.90	\$165.29
30-34	\$378.32	\$203.90
35-39	\$431.63	\$235.67
40-44	\$476.82	\$264.75
45-49	\$506.47	\$283.94
50-54	\$561.35	\$314.80
55-59	\$698.83	\$399.31
60-64	\$817.61	\$459.04
65-69	\$1,022.03	\$573.79

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare II Preferred

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

Supplemental Accident Endorsement

(\$500 and \$1,000 Deductibles Only)

<u>\$500 CMM Deductible</u>	<u>Rates</u>
Individual	\$27.58
Individual and Spouse	\$55.36
Individual and Child	\$70.38
Individual, Spouse, Children	\$110.58

<u>\$1,000 CMM Deductible</u>	
Individual	\$43.03
Individual and Spouse	\$86.16
Individual and Child	\$109.61
Individual, Spouse, Children	\$172.21

Optional Riders

<u>TMJ</u>	
Individual	\$5.59
Individual and Spouse	\$11.14
Individual and Child	\$13.43
Individual, Spouse, Children	\$22.36

Maternity Rider

Maximum Benefit	
\$2,000	\$192.87
\$3,000	\$392.02
\$5,000	\$653.43

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

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

	<u>\$500 Deductible</u>			<u>\$1000 Deductible</u>		
	\$2,500 80%/20%	\$10,000 80%/20%	\$50,000 80%/20%	\$2,500 80%/20%	\$10,000 80%/20%	\$50,000 80%/20%
Individual						
00-24	\$577.06	\$538.92	\$496.88	\$503.14	\$467.26	\$429.69
25-29	\$719.17	\$672.46	\$621.27	\$625.96	\$582.10	\$536.11
30-34	\$829.95	\$777.45	\$719.73	\$721.17	\$671.61	\$619.81
35-39	\$995.82	\$933.45	\$864.75	\$864.46	\$805.70	\$744.25
40-44	\$1,188.63	\$1,115.60	\$1,035.25	\$1,030.04	\$961.33	\$889.30
45-49	\$1,363.62	\$1,281.25	\$1,190.62	\$1,180.02	\$1,102.62	\$1,021.54
50-54	\$1,638.89	\$1,540.11	\$1,431.81	\$1,417.86	\$1,325.15	\$1,227.96
55-59	\$2,108.26	\$1,981.64	\$1,842.50	\$1,823.40	\$1,704.33	\$1,579.78
60-64	\$2,609.68	\$2,453.58	\$2,282.26	\$2,256.37	\$2,109.55	\$1,955.98
65-69	\$3,262.13	\$3,066.98	\$2,852.81	\$2,820.47	\$2,637.01	\$2,445.05
Individual and Spouse						
00-24	\$1,074.72	\$1,004.02	\$926.23	\$936.70	\$870.15	\$800.55
25-29	\$1,347.42	\$1,259.54	\$1,163.23	\$1,173.29	\$1,090.87	\$1,004.35
30-34	\$1,554.39	\$1,455.10	\$1,346.35	\$1,351.07	\$1,258.07	\$1,160.32
35-39	\$1,847.02	\$1,731.12	\$1,603.87	\$1,603.21	\$1,494.36	\$1,380.20
40-44	\$2,172.29	\$2,039.69	\$1,894.28	\$1,881.23	\$1,756.79	\$1,626.23
45-49	\$2,487.13	\$2,338.25	\$2,175.00	\$2,150.48	\$2,010.89	\$1,864.18
50-54	\$3,037.36	\$2,854.93	\$2,654.87	\$2,626.94	\$2,455.63	\$2,276.06
55-59	\$4,003.69	\$3,767.05	\$3,507.51	\$3,458.04	\$3,235.99	\$3,003.12
60-64	\$5,004.78	\$4,704.36	\$4,374.71	\$4,328.40	\$4,046.26	\$3,750.56
65-69	\$6,256.00	\$5,880.45	\$5,468.40	\$5,410.50	\$5,057.81	\$4,688.20
Individual and Child						
00-24	\$1,232.96	\$1,151.73	\$1,062.77	\$1,074.56	\$998.46	\$918.48
25-29	\$1,535.63	\$1,436.83	\$1,328.62	\$1,335.52	\$1,242.89	\$1,145.82
30-34	\$1,695.87	\$1,588.84	\$1,471.27	\$1,472.81	\$1,372.20	\$1,266.86
35-39	\$2,004.51	\$1,879.50	\$1,742.12	\$1,739.23	\$1,621.60	\$1,498.41
40-44	\$2,208.35	\$2,071.92	\$1,922.36	\$1,914.18	\$1,786.25	\$1,652.00
45-49	\$2,137.58	\$2,007.35	\$1,864.48	\$1,851.10	\$1,728.80	\$1,600.51
50-54	\$2,398.31	\$2,252.69	\$2,092.81	\$2,075.97	\$1,939.24	\$1,796.02
55-59	\$2,796.98	\$2,628.23	\$2,443.23	\$2,420.13	\$2,261.54	\$2,095.51
60-64	\$3,266.54	\$3,068.70	\$2,851.77	\$2,826.87	\$2,641.22	\$2,446.60
65-69	\$4,083.11	\$3,835.88	\$3,564.67	\$3,533.54	\$3,301.55	\$3,058.23
Individual, Spouse, and Child						
00-24	\$1,778.55	\$1,662.33	\$1,534.91	\$1,548.84	\$1,439.84	\$1,325.56
25-29	\$2,229.38	\$2,086.43	\$1,929.43	\$1,938.67	\$1,804.45	\$1,663.61
30-34	\$2,671.09	\$2,503.33	\$2,319.02	\$2,318.80	\$2,161.15	\$1,995.81
35-39	\$3,037.18	\$2,848.61	\$2,641.59	\$2,634.03	\$2,456.93	\$2,271.10
40-44	\$3,339.97	\$3,135.72	\$2,911.68	\$2,892.77	\$2,701.12	\$2,500.19
45-49	\$3,538.37	\$3,324.25	\$3,089.23	\$3,062.32	\$2,861.15	\$2,650.31
50-54	\$3,921.52	\$3,684.16	\$3,423.76	\$3,393.72	\$3,170.90	\$2,937.26
55-59	\$4,856.08	\$4,567.71	\$4,251.43	\$4,196.17	\$3,925.45	\$3,641.66
60-64	\$5,709.90	\$5,364.51	\$4,985.81	\$4,940.93	\$4,616.79	\$4,277.02
65-69	\$7,137.32	\$6,705.66	\$6,232.26	\$6,176.16	\$5,770.97	\$5,346.28

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Farm Bureau Flexplan I

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

	<u>\$2500 Deductible</u>			<u>\$5000 Deductible</u>		
	\$0 100% / 0%	\$10,000 80%/20%	\$50,000 80%/20%	\$0 100% / 0%	\$10,000 80%/20%	\$50,000 80%/20%
Individual						
00-24	\$408.41	\$368.44	\$335.55	\$299.14	\$273.34	\$247.45
25-29	\$507.45	\$458.55	\$418.20	\$370.89	\$339.59	\$307.84
30-34	\$583.40	\$528.37	\$482.68	\$425.82	\$390.32	\$354.52
35-39	\$698.83	\$633.45	\$579.52	\$509.47	\$467.62	\$425.20
40-44	\$831.58	\$755.04	\$691.83	\$605.54	\$556.39	\$506.71
45-49	\$951.24	\$864.95	\$793.83	\$691.95	\$636.50	\$580.51
50-54	\$1,142.82	\$1,039.38	\$954.15	\$830.91	\$764.68	\$697.50
55-59	\$1,469.45	\$1,336.75	\$1,227.49	\$1,068.31	\$983.08	\$897.10
60-64	\$1,817.89	\$1,654.38	\$1,519.29	\$1,320.99	\$1,216.11	\$1,110.05
65-69	\$2,272.30	\$2,067.97	\$1,899.12	\$1,651.33	\$1,520.19	\$1,387.52
Individual and Spouse						
00-24	\$760.19	\$686.02	\$624.92	\$567.51	\$518.89	\$469.79
25-29	\$951.35	\$859.47	\$783.61	\$709.36	\$649.24	\$588.28
30-34	\$1,093.90	\$990.09	\$904.40	\$814.28	\$746.18	\$677.24
35-39	\$1,296.21	\$1,174.83	\$1,074.85	\$963.76	\$884.01	\$803.58
40-44	\$1,517.79	\$1,378.96	\$1,264.51	\$1,125.53	\$1,034.67	\$942.64
45-49	\$1,732.44	\$1,576.70	\$1,448.04	\$1,282.72	\$1,180.53	\$1,077.23
50-54	\$2,116.95	\$1,925.95	\$1,768.30	\$1,567.79	\$1,442.61	\$1,316.06
55-59	\$2,783.32	\$2,535.77	\$2,331.44	\$2,058.70	\$1,896.17	\$1,732.18
60-64	\$3,487.70	\$3,173.24	\$2,913.70	\$2,582.99	\$2,376.87	\$2,168.46
65-69	\$4,359.61	\$3,966.57	\$3,642.14	\$3,228.79	\$2,971.11	\$2,710.56
Individual and Child						
00-24	\$872.08	\$787.05	\$716.87	\$644.33	\$589.12	\$533.41
25-29	\$1,081.76	\$978.26	\$893.14	\$797.70	\$730.64	\$662.93
30-34	\$1,191.35	\$1,079.26	\$986.74	\$877.23	\$804.46	\$731.02
35-39	\$1,405.58	\$1,274.67	\$1,166.53	\$1,033.96	\$949.05	\$863.25
40-44	\$1,545.68	\$1,402.90	\$1,285.24	\$1,136.34	\$1,043.59	\$950.02
45-49	\$1,493.33	\$1,356.80	\$1,244.36	\$1,096.46	\$1,008.12	\$918.78
50-54	\$1,674.37	\$1,521.89	\$1,396.10	\$1,229.15	\$1,130.22	\$1,030.39
55-59	\$1,950.63	\$1,774.04	\$1,628.33	\$1,431.28	\$1,316.71	\$1,200.95
60-64	\$2,279.38	\$2,072.39	\$1,901.44	\$1,672.93	\$1,538.64	\$1,403.02
65-69	\$2,849.27	\$2,590.47	\$2,376.85	\$2,091.13	\$1,923.33	\$1,753.79
Individual, Spouse, and Child						
00-24	\$1,256.19	\$1,134.72	\$1,034.28	\$936.95	\$857.32	\$776.77
25-29	\$1,570.22	\$1,420.45	\$1,296.87	\$1,169.45	\$1,071.30	\$972.07
30-34	\$1,875.15	\$1,699.41	\$1,554.30	\$1,394.09	\$1,278.66	\$1,162.15
35-39	\$2,127.93	\$1,930.49	\$1,767.54	\$1,580.34	\$1,450.86	\$1,320.11
40-44	\$2,334.11	\$2,120.44	\$1,944.05	\$1,731.27	\$1,591.08	\$1,449.43
45-49	\$2,469.17	\$2,244.94	\$2,059.84	\$1,829.93	\$1,682.86	\$1,534.25
50-54	\$2,735.68	\$2,487.94	\$2,282.91	\$2,027.85	\$1,864.82	\$1,700.21
55-59	\$3,378.33	\$3,076.61	\$2,827.42	\$2,499.70	\$2,301.73	\$2,101.86
60-64	\$3,983.48	\$3,622.08	\$3,323.93	\$2,951.85	\$2,714.96	\$2,475.52
65-69	\$4,979.33	\$4,527.64	\$4,154.92	\$3,689.81	\$3,393.68	\$3,094.45

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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

	<u>\$10,000 Deductible</u>		<u>\$25,000 Deductible</u>	
	\$0	\$50,000	\$0	\$50,000
Stop Loss Amount:				
Co-Pay:	100% / 0%	80%/20%	100% / 0%	80%/20%
Individual				
00-24	\$186.05	\$160.42	\$67.93	\$67.02
25-29	\$232.81	\$201.34	\$88.32	\$87.17
30-34	\$269.90	\$234.51	\$107.07	\$105.63
35-39	\$324.78	\$282.83	\$131.54	\$129.79
40-44	\$389.26	\$340.15	\$163.07	\$161.10
45-49	\$447.94	\$392.51	\$192.89	\$190.56
50-54	\$538.80	\$472.39	\$233.23	\$230.67
55-59	\$693.44	\$608.45	\$301.51	\$298.16
60-64	\$859.04	\$754.05	\$375.92	\$371.62
65-69	\$1,073.81	\$942.56	\$469.91	\$464.51
Individual and Spouse				
00-24	\$356.83	\$307.84	\$131.02	\$129.07
25-29	\$448.31	\$387.46	\$168.08	\$165.60
30-34	\$519.23	\$450.39	\$202.61	\$199.69
35-39	\$618.76	\$538.44	\$248.72	\$245.42
40-44	\$731.39	\$639.48	\$308.13	\$304.49
45-49	\$839.96	\$736.77	\$364.79	\$360.66
50-54	\$1,025.20	\$898.64	\$442.75	\$437.64
55-59	\$1,355.10	\$1,191.14	\$599.96	\$593.36
60-64	\$1,689.49	\$1,481.15	\$730.44	\$722.01
65-69	\$2,111.87	\$1,851.39	\$913.07	\$902.56
Individual and Child				
00-24	\$403.55	\$348.13	\$148.63	\$146.37
25-29	\$504.84	\$437.56	\$195.00	\$192.38
30-34	\$559.55	\$486.35	\$223.17	\$220.20
35-39	\$662.93	\$577.45	\$269.67	\$266.23
40-44	\$731.70	\$638.72	\$303.37	\$299.72
45-49	\$709.96	\$621.08	\$300.85	\$297.20
50-54	\$797.17	\$697.84	\$339.83	\$335.76
55-59	\$930.75	\$815.67	\$400.92	\$396.14
60-64	\$1,086.24	\$951.47	\$465.16	\$459.80
65-69	\$1,357.82	\$1,189.31	\$581.47	\$574.77
Individual, Spouse, and Child				
00-24	\$591.61	\$511.20	\$220.98	\$217.85
25-29	\$743.97	\$644.87	\$287.53	\$283.39
30-34	\$894.62	\$778.19	\$358.57	\$353.79
35-39	\$1,019.32	\$888.60	\$417.04	\$411.82
40-44	\$1,123.92	\$982.52	\$472.46	\$466.67
45-49	\$1,192.77	\$1,044.25	\$508.91	\$502.96
50-54	\$1,321.79	\$1,157.29	\$564.36	\$557.59
55-59	\$1,642.33	\$1,442.44	\$722.01	\$713.78
60-64	\$1,925.20	\$1,685.83	\$823.28	\$813.57
65-69	\$2,406.56	\$2,107.31	\$1,029.09	\$1,016.95

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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	\$16.29
Individual and Spouse	\$32.68
Individual and Child	\$41.63
Individual, Spouse, Children	\$65.36

\$1,000 CMM Deductible

Individual	\$19.88
Individual and Spouse	\$39.86
Individual and Child	\$50.61
Individual, Spouse, Children	\$79.45

Optional Riders

TMJ

Individual	\$5.59
Individual and Spouse	\$11.14
Individual and Child	\$13.43
Individual, Spouse, Children	\$22.36

Maternity Rider

CMM Benefit	\$1,479.83
Maximum Benefit	
\$2,000	\$271.84
\$3,000	\$552.58
\$5,000	\$921.04

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

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

	<u>\$500 Deductible</u>			<u>\$1000 Deductible</u>		
	\$2,500 50%/50%	\$10,000 50%/50%	\$50,000 50%/50%	\$2,500 50%/50%	\$10,000 50%/50%	\$50,000 50%/50%
Individual						
00-24	\$348.58	\$289.85	\$230.22	\$312.56	\$257.99	\$202.13
25-29	\$432.46	\$360.40	\$287.59	\$387.01	\$320.26	\$252.01
30-34	\$495.87	\$414.84	\$332.72	\$443.12	\$367.90	\$290.84
35-39	\$593.38	\$497.17	\$399.75	\$529.64	\$440.44	\$348.97
40-44	\$704.75	\$592.16	\$478.05	\$628.11	\$523.66	\$416.58
45-49	\$805.00	\$678.00	\$549.40	\$716.45	\$598.66	\$477.94
50-54	\$966.73	\$814.60	\$660.52	\$860.06	\$719.04	\$574.52
55-59	\$1,242.67	\$1,047.46	\$849.86	\$1,105.41	\$924.44	\$739.00
60-64	\$1,536.71	\$1,296.17	\$1,052.47	\$1,366.55	\$1,143.42	\$914.83
65-69	\$1,920.84	\$1,620.19	\$1,315.61	\$1,708.16	\$1,429.31	\$1,143.55
Individual and Spouse						
00-24	\$687.95	\$571.87	\$454.43	\$616.64	\$509.12	\$398.82
25-29	\$859.59	\$715.71	\$570.03	\$770.09	\$636.50	\$499.85
30-34	\$985.43	\$822.86	\$658.28	\$881.32	\$730.50	\$576.04
35-39	\$1,165.15	\$975.16	\$782.75	\$1,040.66	\$864.46	\$683.88
40-44	\$1,359.13	\$1,141.93	\$921.83	\$1,211.20	\$1,009.63	\$803.18
45-49	\$1,547.26	\$1,303.37	\$1,056.29	\$1,376.96	\$1,150.63	\$919.00
50-54	\$1,891.59	\$1,592.57	\$1,289.74	\$1,683.73	\$1,406.44	\$1,122.32
55-59	\$2,481.52	\$2,093.90	\$1,701.31	\$2,206.21	\$1,846.61	\$1,478.37
60-64	\$3,116.15	\$2,623.80	\$2,125.23	\$2,773.87	\$2,317.09	\$1,849.33
65-69	\$3,895.24	\$3,279.77	\$2,656.48	\$3,467.31	\$2,896.43	\$2,311.62
Individual and Child						
00-24	\$758.38	\$630.79	\$501.61	\$679.69	\$561.35	\$440.13
25-29	\$938.14	\$783.06	\$626.06	\$839.19	\$695.34	\$547.92
30-34	\$1,031.25	\$862.92	\$692.46	\$921.23	\$765.12	\$605.23
35-39	\$1,215.23	\$1,018.56	\$819.32	\$1,084.64	\$902.09	\$715.25
40-44	\$1,334.77	\$1,120.53	\$903.37	\$1,190.22	\$991.42	\$787.69
45-49	\$1,287.69	\$1,082.80	\$875.46	\$1,147.14	\$957.05	\$762.41
50-54	\$1,443.19	\$1,214.29	\$982.52	\$1,285.24	\$1,072.82	\$855.32
55-59	\$1,680.27	\$1,415.09	\$1,146.52	\$1,495.51	\$1,249.46	\$997.47
60-64	\$1,964.16	\$1,653.32	\$1,338.43	\$1,748.64	\$1,460.33	\$1,164.95
65-69	\$2,455.20	\$2,066.57	\$1,673.04	\$2,185.85	\$1,825.38	\$1,456.17
Individual, Spouse, and Child						
00-24	\$1,135.26	\$944.95	\$752.34	\$1,017.07	\$840.56	\$659.68
25-29	\$1,415.70	\$1,181.23	\$943.86	\$1,266.56	\$1,049.10	\$826.48
30-34	\$1,685.79	\$1,410.60	\$1,131.88	\$1,505.94	\$1,250.57	\$989.10
35-39	\$1,910.08	\$1,600.99	\$1,287.88	\$1,704.56	\$1,417.73	\$1,123.97
40-44	\$2,090.54	\$1,755.93	\$1,417.19	\$1,863.40	\$1,552.93	\$1,235.14
45-49	\$2,208.71	\$1,857.53	\$1,502.00	\$1,967.23	\$1,641.67	\$1,307.98
50-54	\$2,447.54	\$2,058.54	\$1,664.63	\$2,180.02	\$1,819.18	\$1,449.56
55-59	\$3,013.99	\$2,541.63	\$2,063.17	\$2,680.69	\$2,242.47	\$1,793.47
60-64	\$3,562.42	\$2,996.74	\$2,423.85	\$3,172.69	\$2,648.02	\$2,110.50
65-69	\$4,453.06	\$3,745.99	\$3,029.78	\$3,965.92	\$3,310.03	\$2,638.13

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Farm Bureau Flexplan II

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

	<u>\$2500 Deductible</u>		<u>\$5000 Deductible</u>	
Stop Loss Amount:	\$10,000	\$50,000	\$10,000	\$50,000
Co-Pay:	50%/50%	50%/50%	50%/50%	50%/50%
Individual				
00-24	\$212.38	\$162.67	\$164.26	\$123.42
25-29	\$263.36	\$202.57	\$203.31	\$153.37
30-34	\$301.93	\$233.43	\$232.56	\$176.19
35-39	\$361.10	\$279.75	\$277.83	\$211.19
40-44	\$428.64	\$333.42	\$329.28	\$251.18
45-49	\$489.38	\$382.14	\$375.44	\$287.20
50-54	\$587.65	\$459.12	\$450.62	\$345.06
55-59	\$755.45	\$590.44	\$579.10	\$443.62
60-64	\$934.08	\$730.73	\$715.71	\$548.79
65-69	\$1,167.59	\$913.38	\$894.65	\$685.98
Individual and Spouse				
00-24	\$419.15	\$321.12	\$324.20	\$243.64
25-29	\$523.66	\$401.98	\$404.62	\$304.80
30-34	\$599.96	\$462.58	\$462.65	\$349.95
35-39	\$709.08	\$548.51	\$546.09	\$414.20
40-44	\$826.52	\$642.94	\$635.03	\$484.19
45-49	\$940.62	\$734.50	\$721.39	\$552.14
50-54	\$1,150.03	\$897.35	\$882.32	\$674.80
55-59	\$1,508.14	\$1,180.61	\$1,155.37	\$886.36
60-64	\$1,894.52	\$1,478.56	\$1,453.40	\$1,111.63
65-69	\$2,368.17	\$1,848.20	\$1,816.77	\$1,389.60
Individual and Child				
00-24	\$461.96	\$354.15	\$357.25	\$268.68
25-29	\$571.19	\$440.13	\$440.66	\$333.07
30-34	\$627.69	\$485.36	\$483.54	\$366.62
35-39	\$739.46	\$573.28	\$569.04	\$432.49
40-44	\$811.89	\$630.79	\$624.13	\$475.34
45-49	\$783.06	\$609.98	\$601.25	\$459.12
50-54	\$877.63	\$684.11	\$673.58	\$514.69
55-59	\$1,021.54	\$797.43	\$783.54	\$599.50
60-64	\$1,194.13	\$931.52	\$916.38	\$700.64
65-69	\$1,492.64	\$1,164.36	\$1,145.50	\$875.83
Individual, Spouse, and Child				
00-24	\$691.48	\$530.74	\$534.50	\$402.41
25-29	\$861.96	\$663.84	\$665.21	\$502.52
30-34	\$1,025.99	\$793.37	\$790.26	\$599.28
35-39	\$1,162.05	\$900.85	\$894.24	\$679.64
40-44	\$1,271.45	\$988.84	\$976.95	\$744.81
45-49	\$1,342.99	\$1,046.39	\$1,031.14	\$787.39
50-54	\$1,488.22	\$1,159.58	\$1,142.60	\$872.65
55-59	\$1,831.95	\$1,432.74	\$1,404.07	\$1,076.24
60-64	\$2,166.22	\$1,688.15	\$1,662.88	\$1,270.29
65-69	\$2,707.73	\$2,110.21	\$2,078.60	\$1,587.84

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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

	<u>\$10,000 Deductible</u>	<u>\$25,000 Deductible</u>
Stop Loss Amount:	\$50,000	\$50,000
Co-Pay:	50%/50%	50%/50%
Individual		
00-24	\$84.12	\$42.28
25-29	\$105.23	\$54.05
30-34	\$122.01	\$64.27
35-39	\$146.79	\$78.35
40-44	\$175.83	\$95.72
45-49	\$202.33	\$111.89
50-54	\$243.29	\$134.98
55-59	\$313.17	\$174.20
60-64	\$387.88	\$216.58
65-69	\$484.84	\$270.70
Individual and Spouse		
00-24	\$166.15	\$83.51
25-29	\$208.52	\$106.08
30-34	\$241.19	\$125.50
35-39	\$287.19	\$151.97
40-44	\$338.85	\$184.18
45-49	\$388.97	\$215.27
50-54	\$474.81	\$261.95
55-59	\$627.09	\$351.18
60-64	\$782.40	\$431.85
65-69	\$978.04	\$539.84
Individual and Child		
00-24	\$183.38	\$92.51
25-29	\$229.28	\$118.88
30-34	\$254.06	\$134.22
35-39	\$300.98	\$160.86
40-44	\$331.90	\$179.27
45-49	\$322.09	\$176.29
50-54	\$361.60	\$198.62
55-59	\$422.16	\$233.33
60-64	\$492.72	\$271.39
65-69	\$615.85	\$339.21
Individual, Spouse, and Child		
00-24	\$275.17	\$139.71
25-29	\$345.73	\$178.83
30-34	\$415.22	\$219.33
35-39	\$472.93	\$252.76
40-44	\$521.08	\$282.87
45-49	\$552.74	\$302.74
50-54	\$612.51	\$335.55
55-59	\$760.32	\$423.87
60-64	\$891.91	\$489.17
65-69	\$1,114.84	\$611.47

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Farm Bureau Flexplan II

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

Supplemental Accident Endorsement

(\$500 and \$1,000 Deductibles Only)

<u>\$500 CMM Deductible</u>	<u>Rate</u>
Individual	\$11.58
Individual and Spouse	\$23.23
Individual and Child	\$29.56
Individual, Spouse, Children	\$46.34

<u>\$1,000 CMM Deductible</u>	
Individual	\$14.09
Individual and Spouse	\$28.24
Individual and Child	\$35.89
Individual, Spouse, Children	\$56.40

Optional Riders

TMJ

Individual	\$5.59
Individual and Spouse	\$11.14
Individual and Child	\$13.43
Individual, Spouse, Children	\$22.36

Maternity Rider

CMM Benefit	\$1,049.89
Maximum Benefit	
\$2,000	\$192.87
\$3,000	\$392.02
\$5,000	\$653.43

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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

	<u>\$500 Deductible</u>			<u>\$1000 Deductible</u>		
	\$2,500	\$10,000	\$50,000	\$2,500	\$10,000	\$50,000
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	\$541.79	\$506.75	\$468.17	\$466.80	\$434.67	\$400.90
25-29	\$676.42	\$633.56	\$586.41	\$581.98	\$542.63	\$501.28
30-34	\$782.40	\$734.10	\$680.92	\$671.91	\$627.47	\$580.98
35-39	\$939.82	\$882.46	\$819.43	\$806.31	\$753.72	\$698.45
40-44	\$1,123.77	\$1,056.57	\$982.73	\$962.59	\$900.99	\$836.39
45-49	\$1,291.03	\$1,215.45	\$1,132.18	\$1,104.54	\$1,035.17	\$962.27
50-54	\$1,552.25	\$1,461.55	\$1,361.90	\$1,327.68	\$1,244.44	\$1,157.16
55-59	\$1,997.23	\$1,880.93	\$1,753.02	\$1,707.76	\$1,601.07	\$1,489.21
60-64	\$2,473.09	\$2,329.77	\$2,172.22	\$2,114.18	\$1,982.59	\$1,844.67
65-69	\$3,091.38	\$2,912.25	\$2,715.18	\$2,642.72	\$2,478.21	\$2,305.82
Individual and Spouse						
00-24	\$1,009.42	\$944.51	\$872.92	\$869.50	\$809.85	\$747.28
25-29	\$1,266.92	\$1,186.24	\$1,097.67	\$1,090.27	\$1,016.40	\$938.76
30-34	\$1,464.49	\$1,373.43	\$1,273.35	\$1,258.17	\$1,174.61	\$1,087.02
35-39	\$1,742.89	\$1,636.35	\$1,519.42	\$1,495.41	\$1,397.78	\$1,295.28
40-44	\$2,055.12	\$1,933.45	\$1,799.62	\$1,759.48	\$1,647.80	\$1,530.59
45-49	\$2,357.04	\$2,220.35	\$2,070.11	\$2,014.85	\$1,889.57	\$1,757.96
50-54	\$2,877.48	\$2,710.05	\$2,525.93	\$2,460.53	\$2,306.88	\$2,145.57
55-59	\$3,798.52	\$3,581.32	\$3,342.63	\$3,243.99	\$3,044.83	\$2,835.74
60-64	\$4,741.64	\$4,465.81	\$4,162.64	\$4,054.35	\$3,801.31	\$3,535.77
65-69	\$5,927.08	\$5,582.25	\$5,203.28	\$5,067.95	\$4,751.56	\$4,419.69
Individual and Child						
00-24	\$1,158.13	\$1,083.58	\$1,001.69	\$997.48	\$929.16	\$857.33
25-29	\$1,445.76	\$1,355.10	\$1,255.54	\$1,242.78	\$1,159.69	\$1,072.49
30-34	\$1,599.37	\$1,500.99	\$1,392.92	\$1,372.91	\$1,282.75	\$1,188.03
35-39	\$1,892.52	\$1,777.67	\$1,651.35	\$1,623.11	\$1,517.64	\$1,407.05
40-44	\$2,086.89	\$1,961.68	\$1,824.07	\$1,788.27	\$1,673.38	\$1,552.90
45-49	\$2,022.53	\$1,902.97	\$1,771.45	\$1,731.44	\$1,621.61	\$1,506.49
50-54	\$2,269.92	\$2,136.21	\$1,989.20	\$1,942.52	\$1,819.91	\$1,691.25
55-59	\$2,649.01	\$2,494.01	\$2,323.77	\$2,265.84	\$2,123.63	\$1,974.53
60-64	\$3,092.48	\$2,910.89	\$2,711.28	\$2,645.84	\$2,479.28	\$2,304.59
65-69	\$3,865.60	\$3,638.62	\$3,389.10	\$3,307.30	\$3,099.20	\$2,880.72
Individual, Spouse, and Child						
00-24	\$1,671.94	\$1,565.34	\$1,448.04	\$1,439.04	\$1,341.21	\$1,238.65
25-29	\$2,099.32	\$1,968.01	\$1,823.68	\$1,804.38	\$1,683.89	\$1,557.52
30-34	\$2,520.15	\$2,366.00	\$2,196.40	\$2,162.45	\$2,021.07	\$1,872.70
35-39	\$2,868.74	\$2,695.60	\$2,505.16	\$2,459.28	\$2,300.51	\$2,133.67
40-44	\$3,159.34	\$2,971.87	\$2,765.83	\$2,705.09	\$2,533.13	\$2,352.66
45-49	\$3,349.83	\$3,153.26	\$2,937.05	\$2,866.20	\$2,685.78	\$2,496.45
50-54	\$3,712.74	\$3,494.71	\$3,255.15	\$3,176.36	\$2,976.59	\$2,766.78
55-59	\$4,605.45	\$4,340.64	\$4,049.72	\$3,934.58	\$3,691.72	\$3,436.99
60-64	\$5,406.23	\$5,089.27	\$4,740.91	\$4,625.04	\$4,334.28	\$4,029.29
65-69	\$6,757.82	\$6,361.61	\$5,926.13	\$5,781.27	\$5,417.87	\$5,036.57

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

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

	<u>\$2500 Deductible</u>			<u>\$5000 Deductible</u>		
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	\$385.73	\$345.12	\$316.23	\$285.89	\$256.68	\$235.04
25-29	\$479.99	\$430.23	\$394.77	\$355.03	\$319.42	\$292.77
30-34	\$552.74	\$496.76	\$456.77	\$408.08	\$367.90	\$337.94
35-39	\$662.62	\$596.06	\$548.84	\$488.61	\$441.08	\$405.55
40-44	\$789.58	\$711.78	\$656.29	\$581.31	\$525.56	\$483.95
45-49	\$904.40	\$816.63	\$754.24	\$664.97	\$602.10	\$555.20
50-54	\$1,086.73	\$981.59	\$906.79	\$798.77	\$723.47	\$667.23
55-59	\$1,397.56	\$1,262.71	\$1,166.75	\$1,027.06	\$930.32	\$858.32
60-64	\$1,729.37	\$1,563.24	\$1,444.80	\$1,270.38	\$1,151.35	\$1,062.50
65-69	\$2,161.79	\$1,954.02	\$1,806.01	\$1,587.97	\$1,439.19	\$1,328.09
Individual and Spouse						
00-24	\$718.08	\$642.82	\$589.12	\$542.63	\$487.44	\$446.35
25-29	\$899.43	\$806.00	\$739.50	\$678.85	\$610.55	\$559.52
30-34	\$1,035.80	\$930.24	\$855.09	\$780.10	\$702.81	\$645.13
35-39	\$1,228.98	\$1,105.61	\$1,017.78	\$924.00	\$833.68	\$766.29
40-44	\$1,441.92	\$1,300.88	\$1,200.42	\$1,081.01	\$977.79	\$900.70
45-49	\$1,648.20	\$1,489.84	\$1,377.00	\$1,233.27	\$1,117.29	\$1,030.82
50-54	\$2,013.45	\$1,819.25	\$1,681.03	\$1,507.15	\$1,364.96	\$1,259.00
55-59	\$2,650.36	\$2,398.64	\$2,219.40	\$1,980.67	\$1,796.36	\$1,658.98
60-64	\$3,317.39	\$2,997.72	\$2,770.08	\$2,483.03	\$2,249.03	\$2,074.50
65-69	\$4,146.71	\$3,747.09	\$3,462.52	\$3,103.79	\$2,811.26	\$2,593.18
Individual and Child						
00-24	\$823.86	\$737.50	\$675.91	\$616.03	\$553.48	\$506.87
25-29	\$1,023.75	\$918.72	\$844.01	\$763.86	\$687.83	\$631.10
30-34	\$1,129.04	\$1,015.05	\$933.78	\$840.88	\$758.36	\$696.87
35-39	\$1,333.24	\$1,200.07	\$1,105.17	\$991.91	\$895.56	\$823.62
40-44	\$1,467.27	\$1,322.16	\$1,218.82	\$1,090.58	\$985.50	\$907.19
45-49	\$1,418.87	\$1,311.76	\$1,181.40	\$1,053.29	\$952.90	\$878.05
50-54	\$1,591.28	\$1,436.28	\$1,325.88	\$1,180.88	\$1,068.66	\$985.04
55-59	\$1,854.74	\$1,675.35	\$1,547.42	\$1,375.74	\$1,245.74	\$1,148.69
60-64	\$2,166.77	\$1,956.31	\$1,806.35	\$1,607.65	\$1,455.21	\$1,341.61
65-69	\$2,708.45	\$2,445.38	\$2,257.98	\$2,009.48	\$1,819.07	\$1,676.95
Individual, Spouse, and Child						
00-24	\$1,187.40	\$1,063.84	\$975.91	\$896.39	\$805.95	\$738.57
25-29	\$1,486.26	\$1,334.00	\$1,225.59	\$1,119.93	\$1,008.47	\$925.37
30-34	\$1,777.46	\$1,598.84	\$1,471.59	\$1,336.62	\$1,205.78	\$1,108.20
35-39	\$2,019.08	\$1,818.30	\$1,675.35	\$1,516.74	\$1,369.43	\$1,259.87
40-44	\$2,217.25	\$2,000.11	\$1,845.29	\$1,662.55	\$1,503.51	\$1,384.93
45-49	\$2,347.19	\$2,119.12	\$1,956.81	\$1,758.27	\$1,591.38	\$1,466.94
50-54	\$2,601.24	\$2,348.62	\$2,168.67	\$1,948.53	\$1,763.55	\$1,625.75
55-59	\$3,215.92	\$2,909.19	\$2,690.63	\$2,404.46	\$2,179.87	\$2,012.41
60-64	\$3,787.07	\$3,419.69	\$3,158.08	\$2,836.50	\$2,567.60	\$2,367.16
65-69	\$4,733.82	\$4,274.58	\$3,947.58	\$3,545.62	\$3,209.43	\$2,958.90

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Farm Bureau Flexplan I Preferred

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

	<u>\$10,000 Deductible</u>		<u>\$25,000 Deductible</u>	
	\$0	\$50,000	\$0	\$50,000
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	\$198.65	\$168.10	\$114.71	\$102.28
25-29	\$248.39	\$210.98	\$145.66	\$130.43
30-34	\$287.90	\$245.69	\$172.09	\$176.03
35-39	\$346.16	\$296.10	\$208.67	\$188.22
40-44	\$414.55	\$355.91	\$253.63	\$229.67
45-49	\$476.82	\$410.71	\$295.37	\$268.36
50-54	\$573.38	\$494.21	\$356.11	\$323.82
55-59	\$737.94	\$636.39	\$459.12	\$417.68
60-64	\$914.03	\$788.75	\$570.35	\$519.23
65-69	\$1,142.51	\$985.88	\$712.98	\$648.99
Individual and Spouse				
00-24	\$381.20	\$322.65	\$220.51	\$196.68
25-29	\$478.70	\$406.07	\$279.30	\$249.67
30-34	\$553.91	\$471.80	\$328.68	\$295.11
35-39	\$659.68	\$563.71	\$396.39	\$357.25
40-44	\$778.79	\$669.13	\$477.76	\$433.06
45-49	\$893.85	\$770.82	\$555.90	\$505.68
50-54	\$1,091.10	\$940.28	\$676.88	\$615.30
55-59	\$1,441.34	\$1,245.74	\$904.18	\$824.40
60-64	\$1,798.03	\$1,549.50	\$1,115.83	\$1,014.51
65-69	\$2,247.57	\$1,936.87	\$1,394.78	\$1,268.09
Individual and Child				
00-24	\$430.83	\$364.87	\$249.58	\$222.60
25-29	\$538.69	\$458.36	\$318.24	\$285.56
30-34	\$596.59	\$509.36	\$357.34	\$321.79
35-39	\$706.48	\$604.66	\$426.80	\$385.29
40-44	\$779.56	\$668.50	\$474.81	\$429.60
45-49	\$756.02	\$649.95	\$464.94	\$421.69
50-54	\$848.75	\$730.19	\$523.33	\$475.01
55-59	\$990.74	\$853.49	\$613.89	\$557.77
60-64	\$1,156.45	\$995.52	\$714.60	\$648.99
65-69	\$1,445.53	\$1,244.36	\$893.27	\$811.28
Individual, Spouse, and Child				
00-24	\$631.72	\$535.67	\$368.01	\$328.87
25-29	\$793.78	\$675.48	\$469.03	\$420.73
30-34	\$953.73	\$814.89	\$572.46	\$515.70
35-39	\$1,086.28	\$930.24	\$657.86	\$594.15
40-44	\$1,197.11	\$1,028.33	\$733.54	\$664.75
45-49	\$1,269.84	\$1,092.61	\$783.47	\$711.09
50-54	\$1,407.37	\$1,211.05	\$868.40	\$788.31
55-59	\$1,747.25	\$1,508.75	\$1,092.55	\$995.22
60-64	\$2,049.54	\$1,763.89	\$1,265.64	\$1,149.17
65-69	\$2,561.90	\$2,204.89	\$1,582.05	\$1,436.39

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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

Supplemental Accident Endorsement

(\$500 and \$1,000 Deductibles Only)

<u>\$500 CMM Deductible</u>	<u>Rate</u>
Individual	\$41.78
Individual and Spouse	\$83.42
Individual and Child	\$106.25
Individual, Spouse, Children	\$166.90

<u>\$1,000 CMM Deductible</u>	
Individual	\$61.70
Individual and Spouse	\$123.32
Individual and Child	\$157.00
Individual, Spouse, Children	\$246.74

Optional Riders

<u>TMJ</u>	
Individual	\$5.59
Individual and Spouse	\$11.14
Individual and Child	\$13.43
Individual, Spouse, Children	\$22.36

Maternity Rider

Maximum Benefit	
\$2,000	\$271.84
\$3,000	\$552.58
\$5,000	\$921.04

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

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

	<u>\$500 Deductible</u>			<u>\$1000 Deductible</u>		
	\$2,500	\$10,000	\$50,000	\$2,500	\$10,000	\$50,000
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	\$458.05	\$382.14	\$305.15	\$403.82	\$335.23	\$264.91
25-29	\$569.01	\$475.99	\$381.84	\$500.83	\$416.81	\$330.76
30-34	\$653.75	\$549.02	\$442.89	\$574.56	\$479.77	\$382.81
35-39	\$782.78	\$658.62	\$532.56	\$687.41	\$574.99	\$459.85
40-44	\$931.18	\$785.63	\$638.27	\$816.49	\$684.88	\$549.97
45-49	\$1,065.02	\$900.92	\$734.62	\$932.58	\$784.25	\$632.15
50-54	\$1,279.28	\$1,082.76	\$883.65	\$1,119.81	\$942.16	\$760.02
55-59	\$1,644.73	\$1,392.64	\$1,137.23	\$1,439.43	\$1,211.57	\$978.04
60-64	\$2,034.54	\$1,723.82	\$1,408.84	\$1,780.10	\$1,499.09	\$1,211.10
65-69	\$2,543.19	\$2,154.79	\$1,761.03	\$2,225.16	\$1,873.88	\$1,513.92
Individual and Spouse						
00-24	\$852.41	\$711.56	\$568.85	\$751.27	\$624.02	\$493.45
25-29	\$1,066.69	\$891.95	\$714.81	\$939.43	\$781.33	\$619.51
30-34	\$1,225.81	\$1,028.40	\$828.41	\$1,077.76	\$899.28	\$716.37
35-39	\$1,452.18	\$1,221.48	\$987.69	\$1,275.13	\$1,066.61	\$852.75
40-44	\$1,699.41	\$1,435.62	\$1,168.23	\$1,489.00	\$1,250.47	\$1,006.08
45-49	\$1,939.01	\$1,642.84	\$1,342.61	\$1,696.51	\$1,428.70	\$1,154.28
50-54	\$2,369.54	\$2,006.47	\$1,638.48	\$2,073.80	\$1,745.44	\$1,409.04
55-59	\$3,114.43	\$2,643.71	\$2,166.77	\$2,722.36	\$2,296.69	\$1,860.56
60-64	\$3,903.90	\$3,306.10	\$2,700.25	\$3,416.49	\$2,875.87	\$2,321.94
65-69	\$4,879.84	\$4,132.69	\$3,375.32	\$4,270.66	\$3,594.90	\$2,902.38
Individual and Child						
00-24	\$977.79	\$816.33	\$652.67	\$861.78	\$715.79	\$566.12
25-29	\$1,212.40	\$1,016.07	\$817.10	\$1,066.61	\$889.02	\$707.08
30-34	\$1,334.84	\$1,121.73	\$905.73	\$1,172.66	\$979.98	\$782.49
35-39	\$1,574.51	\$1,325.56	\$1,073.14	\$1,382.09	\$1,156.85	\$926.11
40-44	\$1,731.12	\$1,459.79	\$1,184.80	\$1,518.19	\$1,272.85	\$1,021.44
45-49	\$1,671.94	\$1,412.65	\$1,149.88	\$1,464.93	\$1,230.42	\$990.09
50-54	\$1,874.52	\$1,584.74	\$1,291.03	\$1,641.91	\$1,379.85	\$1,111.30
55-59	\$2,183.65	\$1,847.92	\$1,507.66	\$1,911.72	\$1,608.14	\$1,297.07
60-64	\$2,551.74	\$2,158.26	\$1,759.48	\$2,234.63	\$1,878.70	\$1,514.07
65-69	\$3,189.70	\$2,697.78	\$2,199.30	\$2,793.20	\$2,348.42	\$1,892.59
Individual, Spouse, and Child						
00-24	\$1,408.35	\$1,177.29	\$943.21	\$1,240.45	\$1,031.57	\$817.40
25-29	\$1,759.74	\$1,475.20	\$1,186.70	\$1,547.94	\$1,290.53	\$1,026.84
30-34	\$2,100.65	\$1,766.53	\$1,427.94	\$1,844.84	\$1,542.64	\$1,233.08
35-39	\$2,383.49	\$2,008.10	\$1,627.62	\$2,091.29	\$1,751.74	\$1,403.87
40-44	\$2,613.59	\$2,207.25	\$1,795.64	\$2,290.40	\$1,922.98	\$1,546.59
45-49	\$2,764.29	\$2,337.88	\$1,905.94	\$2,420.61	\$2,035.19	\$1,640.19
50-54	\$3,063.31	\$2,590.95	\$2,112.37	\$2,682.52	\$2,255.36	\$1,817.77
55-59	\$3,780.72	\$3,207.07	\$2,625.66	\$3,306.01	\$2,787.21	\$2,255.58
60-64	\$4,459.34	\$3,772.51	\$3,076.32	\$3,904.59	\$3,283.56	\$2,646.96
65-69	\$5,574.19	\$4,715.66	\$3,845.43	\$4,880.76	\$4,104.42	\$3,308.67

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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

	<u>\$2500 Deductible</u>		<u>\$5000 Deductible</u>	
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	\$275.01	\$214.20	\$209.88	\$162.33
25-29	\$341.55	\$267.08	\$260.14	\$201.97
30-34	\$392.37	\$308.45	\$298.22	\$232.49
35-39	\$469.79	\$370.12	\$356.63	\$278.80
40-44	\$558.55	\$441.91	\$423.28	\$332.11
45-49	\$638.65	\$507.17	\$483.12	\$380.47
50-54	\$767.11	\$609.69	\$580.16	\$457.10
55-59	\$986.22	\$784.25	\$745.72	\$587.85
60-64	\$1,219.88	\$970.80	\$922.01	\$727.37
65-69	\$1,524.87	\$1,213.55	\$1,152.53	\$909.17
Individual and Spouse				
00-24	\$511.83	\$398.99	\$398.28	\$308.23
25-29	\$640.38	\$500.31	\$497.70	\$385.94
30-34	\$735.66	\$577.50	\$570.45	\$444.21
35-39	\$871.30	\$686.43	\$674.45	\$526.91
40-44	\$1,019.21	\$807.80	\$786.62	\$617.77
45-49	\$1,162.64	\$925.27	\$895.33	\$705.98
50-54	\$1,420.77	\$1,129.93	\$1,094.62	\$862.48
55-59	\$1,867.04	\$1,489.96	\$1,435.91	\$1,134.91
60-64	\$2,340.76	\$1,861.82	\$1,803.32	\$1,420.98
65-69	\$2,925.96	\$2,327.29	\$2,254.18	\$1,776.18
Individual and Child				
00-24	\$587.12	\$457.73	\$452.17	\$349.97
25-29	\$727.69	\$570.35	\$558.98	\$434.78
30-34	\$800.97	\$630.24	\$614.22	\$479.35
35-39	\$944.72	\$745.14	\$723.55	\$566.07
40-44	\$1,038.44	\$820.99	\$794.56	\$622.74
45-49	\$1,002.78	\$794.92	\$766.14	\$602.20
50-54	\$1,124.13	\$891.95	\$858.61	\$675.27
55-59	\$1,309.41	\$1,040.45	\$999.51	\$787.05
60-64	\$1,530.22	\$1,214.93	\$1,168.44	\$919.45
65-69	\$1,912.76	\$1,518.64	\$1,460.53	\$1,149.39
Individual, Spouse, and Child				
00-24	\$845.43	\$660.37	\$657.33	\$509.50
25-29	\$1,056.22	\$828.20	\$819.64	\$637.55
30-34	\$1,260.38	\$992.68	\$975.91	\$762.14
35-39	\$1,429.83	\$1,129.10	\$1,105.61	\$865.47
40-44	\$1,567.44	\$1,242.01	\$1,209.86	\$950.04
45-49	\$1,657.61	\$1,316.06	\$1,278.23	\$1,005.54
50-54	\$1,836.99	\$1,458.61	\$1,416.46	\$1,114.34
55-59	\$2,266.50	\$1,806.89	\$1,744.16	\$1,377.20
60-64	\$2,674.09	\$2,123.78	\$2,059.86	\$1,622.34
65-69	\$3,342.63	\$2,654.67	\$2,574.81	\$2,027.97

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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

	<u>\$10,000 Deductible</u>	<u>\$25,000 Deductible</u>
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	\$119.19	\$77.82
25-29	\$149.08	\$98.46
30-34	\$173.04	\$116.00
35-39	\$208.13	\$140.42
40-44	\$249.44	\$170.22
45-49	\$287.20	\$197.82
50-54	\$345.42	\$238.41
55-59	\$444.68	\$307.29
60-64	\$550.83	\$381.52
65-69	\$688.56	\$476.86
Individual and Spouse		
00-24	\$228.71	\$149.38
25-29	\$287.20	\$188.94
30-34	\$332.83	\$221.73
35-39	\$396.59	\$266.86
40-44	\$468.80	\$320.46
45-49	\$538.61	\$372.01
50-54	\$657.33	\$453.20
55-59	\$868.95	\$604.31
60-64	\$1,083.28	\$747.06
65-69	\$1,354.01	\$933.85
Individual and Child		
00-24	\$258.40	\$169.15
25-29	\$323.47	\$214.93
30-34	\$358.61	\$240.73
35-39	\$424.96	\$287.13
40-44	\$469.03	\$318.90
45-49	\$455.19	\$311.80
50-54	\$511.09	\$350.69
55-59	\$596.81	\$411.12
60-64	\$696.54	\$478.79
65-69	\$870.70	\$598.54
Individual, Spouse, and Child		
00-24	\$379.07	\$249.06
25-29	\$476.73	\$316.64
30-34	\$573.38	\$385.38
35-39	\$653.45	\$442.25
40-44	\$720.60	\$492.21
45-49	\$764.78	\$525.02
50-54	\$847.54	\$581.98
55-59	\$1,053.19	\$730.51
60-64	\$1,234.33	\$847.99
65-69	\$1,542.95	\$1,060.03

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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

Supplemental Accident Endorsement

(\$500 and \$1,000 Deductibles Only)

<u>\$500 CMM Deductible</u>	<u>Rate</u>
Individual	\$41.78
Individual and Spouse	\$83.42
Individual and Child	\$106.25
Individual, Spouse, Children	\$166.90

<u>\$1,000 CMM Deductible</u>	
Individual	\$61.70
Individual and Spouse	\$123.32
Individual and Child	\$157.00
Individual, Spouse, Children	\$246.74

Optional Riders

TMJ

Individual	\$5.59
Individual and Spouse	\$11.14
Individual and Child	\$13.43
Individual, Spouse, Children	\$22.36

Maternity Rider

Maximum Benefit	
\$2,000	\$271.84
\$3,000	\$552.58
\$5,000	\$921.04

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

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

\$500 Deductible

Stop Loss Amount: Co-Pay:	\$2500 80%/20%		\$10,000 80%/20%		\$50,000 80%/20%	
	Male	Female	Male	Female	Male	Female
Individual						
00-24	\$275.37	\$426.08	\$264.93	\$410.02	\$245.03	\$379.21
25-29	\$334.06	\$548.79	\$321.45	\$528.02	\$297.32	\$488.40
30-34	\$374.85	\$640.80	\$360.73	\$616.61	\$333.63	\$570.38
35-39	\$451.87	\$768.47	\$434.82	\$739.46	\$402.23	\$684.01
40-44	\$541.75	\$880.59	\$521.24	\$847.33	\$482.19	\$783.76
45-49	\$720.36	\$1,014.51	\$693.12	\$976.12	\$641.21	\$902.97
50-54	\$964.89	\$1,157.42	\$928.41	\$1,113.68	\$858.80	\$1,030.14
55-59	\$1,393.86	\$1,441.22	\$1,341.19	\$1,386.78	\$1,240.58	\$1,282.76
60-64	\$1,943.70	\$1,761.22	\$1,870.28	\$1,694.68	\$1,730.00	\$1,567.54
65-69	\$2,429.60	\$2,201.49	\$2,337.82	\$2,118.34	\$2,162.45	\$1,959.45
Individual and Spouse						
00-24	\$660.12	\$660.12	\$635.20	\$635.20	\$587.47	\$587.47
25-29	\$830.80	\$830.80	\$799.45	\$799.45	\$739.46	\$739.46
30-34	\$956.00	\$956.00	\$919.89	\$919.89	\$850.87	\$850.87
35-39	\$1,148.57	\$1,148.57	\$1,105.20	\$1,105.20	\$1,022.28	\$1,022.28
40-44	\$1,338.63	\$1,338.63	\$1,288.09	\$1,288.09	\$1,191.36	\$1,191.36
45-49	\$1,578.05	\$1,578.05	\$1,518.47	\$1,518.47	\$1,404.56	\$1,404.56
50-54	\$1,968.67	\$1,968.67	\$1,894.28	\$1,894.28	\$1,752.29	\$1,752.29
55-59	\$2,629.27	\$2,629.27	\$2,529.88	\$2,529.88	\$2,340.16	\$2,340.16
60-64	\$3,435.13	\$3,435.13	\$3,305.31	\$3,305.31	\$3,057.46	\$3,057.46
65-69	\$4,293.90	\$4,293.90	\$4,131.57	\$4,131.57	\$3,821.76	\$3,821.76
Individual and Child						
00-24	\$728.73	\$915.29	\$701.17	\$880.67	\$648.63	\$814.67
25-29	\$801.36	\$1,067.04	\$771.05	\$1,026.71	\$713.24	\$949.74
30-34	\$851.89	\$1,180.96	\$819.71	\$1,136.35	\$758.26	\$1,051.15
35-39	\$947.20	\$1,338.98	\$911.41	\$1,288.34	\$843.03	\$1,191.71
40-44	\$1,058.34	\$1,477.72	\$1,018.34	\$1,421.82	\$942.04	\$1,315.22
45-49	\$1,185.18	\$1,519.09	\$1,140.44	\$1,461.67	\$1,054.88	\$1,352.08
50-54	\$1,336.51	\$1,536.19	\$1,285.97	\$1,478.15	\$1,189.53	\$1,367.27
55-59	\$1,781.41	\$1,830.53	\$1,714.13	\$1,761.49	\$1,585.58	\$1,629.29
60-64	\$2,351.76	\$2,162.45	\$2,262.87	\$2,080.78	\$2,093.08	\$1,924.66
65-69	\$2,939.70	\$2,703.08	\$2,828.59	\$2,601.03	\$2,616.44	\$2,405.84
Individual, Spouse, and Child						
00-24	\$1,149.18	\$1,149.18	\$1,105.84	\$1,105.84	\$1,022.85	\$1,022.85
25-29	\$1,354.51	\$1,354.51	\$1,303.39	\$1,303.39	\$1,205.65	\$1,205.65
30-34	\$1,505.01	\$1,505.01	\$1,448.22	\$1,448.22	\$1,339.54	\$1,339.54
35-39	\$1,736.74	\$1,736.74	\$1,671.20	\$1,671.20	\$1,545.84	\$1,545.84
40-44	\$1,965.44	\$1,965.44	\$1,891.20	\$1,891.20	\$1,749.38	\$1,749.38
45-49	\$2,220.74	\$2,220.74	\$2,136.87	\$2,136.87	\$1,976.56	\$1,976.56
50-54	\$2,598.33	\$2,598.33	\$2,500.10	\$2,500.10	\$2,312.63	\$2,312.63
55-59	\$3,355.41	\$3,355.41	\$3,228.65	\$3,228.65	\$2,986.55	\$2,986.55
60-64	\$4,279.41	\$4,279.41	\$4,117.73	\$4,117.73	\$3,808.98	\$3,808.98
65-69	\$5,349.28	\$5,349.28	\$5,147.16	\$5,147.16	\$4,761.19	\$4,761.19

Exhibit A

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Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

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

\$1,000 Deductible

Stop Loss Amount: Co-Pay:	\$2,500 80%/20%		\$10,000 80%/20%		\$50,000 80%/20%	
	Male	Female	Male	Female	Male	Female
Individual						
00-24	\$225.80	\$349.37	\$217.99	\$337.38	\$200.90	\$310.82
25-29	\$273.84	\$449.97	\$264.49	\$434.46	\$243.65	\$400.32
30-34	\$307.37	\$525.36	\$296.76	\$507.35	\$273.46	\$467.48
35-39	\$370.51	\$630.11	\$357.73	\$608.45	\$329.72	\$560.58
40-44	\$444.20	\$722.01	\$428.85	\$697.11	\$395.16	\$642.35
45-49	\$590.67	\$831.87	\$570.38	\$803.31	\$525.56	\$740.10
50-54	\$791.14	\$949.05	\$763.98	\$916.46	\$703.84	\$844.33
55-59	\$1,142.85	\$1,181.72	\$1,103.59	\$1,141.20	\$1,016.79	\$1,051.31
60-64	\$1,593.75	\$1,444.08	\$1,538.96	\$1,394.47	\$1,417.90	\$1,284.77
65-69	\$1,992.18	\$1,805.13	\$1,923.72	\$1,743.09	\$1,772.37	\$1,605.92
Individual and Spouse						
00-24	\$541.26	\$541.26	\$522.67	\$522.67	\$481.52	\$481.52
25-29	\$681.23	\$681.23	\$657.79	\$657.79	\$606.09	\$606.09
30-34	\$783.93	\$783.93	\$756.95	\$756.95	\$697.42	\$697.42
35-39	\$941.83	\$941.83	\$909.39	\$909.39	\$837.91	\$837.91
40-44	\$1,097.55	\$1,097.55	\$1,059.86	\$1,059.86	\$976.53	\$976.53
45-49	\$1,294.00	\$1,294.00	\$1,249.46	\$1,249.46	\$1,151.29	\$1,151.29
50-54	\$1,614.28	\$1,614.28	\$1,558.73	\$1,558.73	\$1,436.23	\$1,436.23
55-59	\$2,155.84	\$2,155.84	\$2,081.69	\$2,081.69	\$1,918.12	\$1,918.12
60-64	\$2,816.60	\$2,816.60	\$2,719.74	\$2,719.74	\$2,506.00	\$2,506.00
65-69	\$3,520.75	\$3,520.75	\$3,399.72	\$3,399.72	\$3,132.54	\$3,132.54
Individual and Child						
00-24	\$597.56	\$750.52	\$576.94	\$724.64	\$531.56	\$667.73
25-29	\$657.10	\$874.88	\$634.46	\$844.89	\$584.58	\$778.42
30-34	\$698.50	\$968.34	\$674.50	\$935.08	\$621.44	\$861.51
35-39	\$776.65	\$1,097.88	\$749.93	\$1,060.06	\$690.97	\$976.73
40-44	\$867.87	\$1,211.68	\$838.02	\$1,169.94	\$772.12	\$1,078.03
45-49	\$971.81	\$1,245.57	\$938.41	\$1,202.76	\$864.62	\$1,108.17
50-54	\$1,095.90	\$1,259.66	\$1,058.22	\$1,216.33	\$975.00	\$1,120.70
55-59	\$1,460.71	\$1,500.99	\$1,410.40	\$1,449.34	\$1,299.56	\$1,335.40
60-64	\$1,928.37	\$1,773.16	\$1,861.98	\$1,712.07	\$1,715.52	\$1,577.52
65-69	\$2,410.49	\$2,216.44	\$2,327.42	\$2,140.07	\$2,144.46	\$1,971.88
Individual, Spouse, and Child						
00-24	\$942.36	\$942.36	\$909.82	\$909.82	\$838.38	\$838.38
25-29	\$1,110.64	\$1,110.64	\$1,072.45	\$1,072.45	\$988.16	\$988.16
30-34	\$1,234.08	\$1,234.08	\$1,191.58	\$1,191.58	\$1,097.96	\$1,097.96
35-39	\$1,424.04	\$1,424.04	\$1,375.07	\$1,375.07	\$1,267.05	\$1,267.05
40-44	\$1,611.59	\$1,611.59	\$1,556.11	\$1,556.11	\$1,433.94	\$1,433.94
45-49	\$1,820.97	\$1,820.97	\$1,758.24	\$1,758.24	\$1,620.11	\$1,620.11
50-54	\$2,130.47	\$2,130.47	\$2,057.20	\$2,057.20	\$1,895.57	\$1,895.57
55-59	\$2,751.38	\$2,751.38	\$2,656.65	\$2,656.65	\$2,447.89	\$2,447.89
60-64	\$3,508.97	\$3,508.97	\$3,388.23	\$3,388.23	\$3,121.94	\$3,121.94
65-69	\$4,386.20	\$4,386.20	\$4,235.30	\$4,235.30	\$3,902.39	\$3,902.39

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

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

\$2,500 Deductible

	\$0 100%/0%		\$10,000 80%/20%		\$50,000 80%/20%	
	Male	Female	Male	Female	Male	Female
Individual						
00-24	\$156.18	\$241.79	\$152.22	\$235.58	\$139.62	\$216.16
25-29	\$189.56	\$311.35	\$184.63	\$303.37	\$169.44	\$278.39
30-34	\$212.61	\$363.58	\$207.23	\$354.26	\$190.15	\$325.12
35-39	\$256.37	\$436.00	\$249.80	\$424.85	\$229.24	\$389.82
40-44	\$307.30	\$499.55	\$299.51	\$486.77	\$274.82	\$446.70
45-49	\$408.66	\$575.53	\$398.28	\$560.92	\$365.52	\$514.73
50-54	\$547.41	\$656.67	\$533.49	\$639.90	\$489.52	\$587.23
55-59	\$790.85	\$817.65	\$770.62	\$796.84	\$707.20	\$731.27
60-64	\$1,102.78	\$999.20	\$1,074.57	\$973.73	\$986.20	\$893.56
65-69	\$1,378.50	\$1,248.98	\$1,343.29	\$1,217.18	\$1,232.71	\$1,116.92
Individual and Spouse						
00-24	\$374.52	\$374.52	\$364.99	\$364.99	\$334.89	\$334.89
25-29	\$471.36	\$471.36	\$459.36	\$459.36	\$421.52	\$421.52
30-34	\$542.42	\$542.42	\$528.53	\$528.53	\$484.95	\$484.95
35-39	\$651.65	\$651.65	\$635.05	\$635.05	\$582.71	\$582.71
40-44	\$759.44	\$759.44	\$740.10	\$740.10	\$679.11	\$679.11
45-49	\$895.30	\$895.30	\$872.49	\$872.49	\$800.57	\$800.57
50-54	\$1,116.92	\$1,116.92	\$1,088.47	\$1,088.47	\$998.80	\$998.80
55-59	\$1,491.70	\$1,491.70	\$1,453.72	\$1,453.72	\$1,333.89	\$1,333.89
60-64	\$1,948.87	\$1,948.87	\$1,899.23	\$1,899.23	\$1,742.76	\$1,742.76
65-69	\$2,436.10	\$2,436.10	\$2,374.07	\$2,374.07	\$2,178.42	\$2,178.42
Individual and Child						
00-24	\$413.43	\$519.29	\$402.81	\$506.01	\$369.71	\$464.39
25-29	\$454.66	\$605.39	\$443.01	\$589.93	\$406.59	\$541.35
30-34	\$483.31	\$670.00	\$470.93	\$652.87	\$432.25	\$599.16
35-39	\$537.34	\$759.68	\$523.66	\$740.27	\$480.55	\$679.34
40-44	\$600.50	\$838.36	\$585.12	\$816.94	\$536.97	\$749.70
45-49	\$672.39	\$861.83	\$655.29	\$839.84	\$601.32	\$770.70
50-54	\$758.17	\$871.53	\$738.90	\$849.31	\$678.05	\$779.43
55-59	\$1,010.57	\$1,038.47	\$984.88	\$1,011.98	\$903.82	\$928.74
60-64	\$1,334.10	\$1,226.77	\$1,300.19	\$1,195.49	\$1,193.17	\$1,097.12
65-69	\$1,667.70	\$1,533.46	\$1,625.22	\$1,494.43	\$1,491.48	\$1,371.42
Individual, Spouse, and Child						
00-24	\$651.96	\$651.96	\$635.38	\$635.38	\$583.02	\$583.02
25-29	\$768.47	\$768.47	\$748.96	\$748.96	\$687.21	\$687.21
30-34	\$853.83	\$853.83	\$832.17	\$832.17	\$763.55	\$763.55
35-39	\$985.32	\$985.32	\$960.31	\$960.31	\$881.09	\$881.09
40-44	\$1,115.04	\$1,115.04	\$1,086.66	\$1,086.66	\$997.16	\$997.16
45-49	\$1,259.91	\$1,259.91	\$1,227.85	\$1,227.85	\$1,126.68	\$1,126.68
50-54	\$1,474.09	\$1,474.09	\$1,436.57	\$1,436.57	\$1,318.23	\$1,318.23
55-59	\$1,903.62	\$1,903.62	\$1,855.15	\$1,855.15	\$1,702.34	\$1,702.34
60-64	\$2,427.79	\$2,427.79	\$2,366.03	\$2,366.03	\$2,171.12	\$2,171.12
65-69	\$3,034.77	\$3,034.77	\$2,957.55	\$2,957.55	\$2,713.89	\$2,713.89

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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

\$5000 Deductible

Stop Loss Amount: Co-Pay:	\$0 80%/20%		\$10,000 80%/20%		\$50,000 80%/20%	
	Male	Female	Male	Female	Male	Female
Individual						
00-24	\$122.51	\$189.58	\$119.03	\$184.20	\$110.35	\$170.77
25-29	\$148.57	\$244.14	\$144.40	\$237.20	\$133.91	\$220.02
30-34	\$166.78	\$285.06	\$162.02	\$277.01	\$150.29	\$256.88
35-39	\$201.00	\$341.86	\$195.37	\$332.21	\$181.18	\$308.12
40-44	\$241.02	\$391.72	\$234.21	\$380.68	\$217.21	\$353.03
45-49	\$320.54	\$451.38	\$311.35	\$438.59	\$288.76	\$406.69
50-54	\$429.30	\$514.93	\$417.08	\$500.38	\$386.69	\$463.94
55-59	\$620.16	\$641.22	\$602.54	\$623.06	\$558.65	\$577.65
60-64	\$864.84	\$783.61	\$840.22	\$761.34	\$779.07	\$705.93
65-69	\$1,081.01	\$979.54	\$1,050.30	\$951.67	\$973.83	\$882.37
Individual and Spouse						
00-24	\$299.93	\$299.93	\$291.41	\$291.41	\$270.18	\$270.18
25-29	\$377.50	\$377.50	\$366.83	\$366.83	\$340.08	\$340.08
30-34	\$434.35	\$434.35	\$421.98	\$421.98	\$391.35	\$391.35
35-39	\$521.91	\$521.91	\$507.10	\$507.10	\$470.17	\$470.17
40-44	\$608.23	\$608.23	\$590.97	\$590.97	\$547.98	\$547.98
45-49	\$717.09	\$717.09	\$696.66	\$696.66	\$646.02	\$646.02
50-54	\$894.56	\$894.56	\$869.07	\$869.07	\$805.98	\$805.98
55-59	\$1,194.69	\$1,194.69	\$1,160.75	\$1,160.75	\$1,076.36	\$1,076.36
60-64	\$1,560.87	\$1,560.87	\$1,516.58	\$1,516.58	\$1,406.30	\$1,406.30
65-69	\$1,951.06	\$1,951.06	\$1,895.66	\$1,895.66	\$1,757.89	\$1,757.89
Individual and Child						
00-24	\$327.52	\$411.33	\$318.26	\$399.70	\$295.04	\$370.61
25-29	\$360.12	\$479.57	\$349.95	\$465.95	\$324.46	\$432.05
30-34	\$382.82	\$530.81	\$371.99	\$515.76	\$344.98	\$478.24
35-39	\$425.63	\$601.76	\$413.58	\$584.69	\$383.54	\$542.16
40-44	\$475.61	\$664.07	\$462.16	\$645.33	\$428.52	\$598.32
45-49	\$532.67	\$682.70	\$517.59	\$663.36	\$479.90	\$615.11
50-54	\$600.68	\$690.41	\$583.71	\$670.88	\$541.16	\$622.08
55-59	\$800.67	\$822.74	\$777.95	\$799.45	\$721.36	\$741.28
60-64	\$1,056.92	\$971.88	\$1,027.06	\$944.39	\$952.25	\$875.66
65-69	\$1,321.15	\$1,214.89	\$1,283.78	\$1,180.53	\$1,190.32	\$1,094.54
Individual, Spouse, and Child						
00-24	\$522.12	\$522.12	\$507.35	\$507.35	\$470.48	\$470.48
25-29	\$615.44	\$615.44	\$598.01	\$598.01	\$554.56	\$554.56
30-34	\$683.80	\$683.80	\$664.45	\$664.45	\$616.14	\$616.14
35-39	\$789.11	\$789.11	\$766.76	\$766.76	\$711.04	\$711.04
40-44	\$892.99	\$892.99	\$867.68	\$867.68	\$804.66	\$804.66
45-49	\$1,009.07	\$1,009.07	\$980.48	\$980.48	\$909.10	\$909.10
50-54	\$1,180.61	\$1,180.61	\$1,147.14	\$1,147.14	\$1,063.70	\$1,063.70
55-59	\$1,524.67	\$1,524.67	\$1,481.42	\$1,481.42	\$1,373.65	\$1,373.65
60-64	\$1,944.42	\$1,944.42	\$1,889.31	\$1,889.31	\$1,751.89	\$1,751.89
65-69	\$2,430.49	\$2,430.49	\$2,361.70	\$2,361.70	\$2,189.91	\$2,189.91

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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

\$10,000 Deductible

Stop Loss Amount: Co-Pay:	\$0 100%/0%		\$50,000 80%/20%	
	Male	Female	Male	Female
Individual				
00-24	\$87.75	\$135.75	\$80.27	\$124.26
25-29	\$106.48	\$174.90	\$97.38	\$159.97
30-34	\$119.44	\$204.17	\$109.28	\$186.86
35-39	\$144.04	\$244.91	\$131.77	\$224.05
40-44	\$172.70	\$280.59	\$157.99	\$256.75
45-49	\$229.56	\$323.30	\$210.09	\$295.89
50-54	\$307.48	\$368.86	\$281.36	\$337.51
55-59	\$444.21	\$459.34	\$406.46	\$420.23
60-64	\$619.40	\$561.23	\$566.81	\$513.57
65-69	\$774.24	\$701.58	\$708.47	\$641.95
Individual and Spouse				
00-24	\$217.05	\$217.05	\$198.62	\$198.62
25-29	\$273.19	\$273.19	\$249.99	\$249.99
30-34	\$314.37	\$314.37	\$287.62	\$287.62
35-39	\$377.70	\$377.70	\$345.63	\$345.63
40-44	\$440.13	\$440.13	\$402.81	\$402.81
45-49	\$518.90	\$518.90	\$474.81	\$474.81
50-54	\$647.36	\$647.36	\$592.48	\$592.48
55-59	\$864.53	\$864.53	\$791.23	\$791.23
60-64	\$1,129.58	\$1,129.58	\$1,033.71	\$1,033.71
65-69	\$1,411.96	\$1,411.96	\$1,292.17	\$1,292.17
Individual and Child				
00-24	\$235.80	\$296.12	\$215.72	\$270.94
25-29	\$259.26	\$345.23	\$237.24	\$315.91
30-34	\$275.61	\$382.14	\$252.22	\$349.69
35-39	\$306.52	\$433.27	\$280.43	\$396.41
40-44	\$342.41	\$478.10	\$313.38	\$437.54
45-49	\$383.48	\$491.51	\$350.92	\$449.73
50-54	\$432.40	\$497.05	\$395.65	\$454.82
55-59	\$576.37	\$592.22	\$527.38	\$541.97
60-64	\$760.83	\$699.62	\$696.20	\$640.23
65-69	\$951.03	\$874.55	\$870.27	\$800.24
Individual, Spouse, and Child				
00-24	\$377.89	\$377.89	\$345.80	\$345.80
25-29	\$445.47	\$445.47	\$407.56	\$407.56
30-34	\$494.97	\$494.97	\$452.88	\$452.88
35-39	\$571.17	\$571.17	\$522.64	\$522.64
40-44	\$646.34	\$646.34	\$591.42	\$591.42
45-49	\$730.29	\$730.29	\$668.25	\$668.25
50-54	\$854.43	\$854.43	\$781.93	\$781.93
55-59	\$1,103.42	\$1,103.42	\$1,009.75	\$1,009.75
60-64	\$1,407.31	\$1,407.31	\$1,287.79	\$1,287.79
65-69	\$1,759.09	\$1,759.09	\$1,609.76	\$1,609.76

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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	\$48.29	\$74.70	\$45.48	\$70.47
25-29	\$58.58	\$96.21	\$55.26	\$90.74
30-34	\$65.70	\$112.28	\$62.04	\$106.00
35-39	\$79.21	\$134.65	\$74.80	\$127.08
40-44	\$94.93	\$154.33	\$89.63	\$145.66
45-49	\$126.26	\$177.78	\$119.09	\$167.77
50-54	\$170.22	\$204.13	\$159.59	\$191.38
55-59	\$245.79	\$254.18	\$230.51	\$238.29
60-64	\$342.80	\$310.62	\$321.45	\$291.22
65-69	\$428.51	\$388.30	\$401.76	\$364.05
Individual and Spouse				
00-24	\$119.36	\$119.36	\$112.63	\$112.63
25-29	\$150.22	\$150.22	\$141.73	\$141.73
30-34	\$172.89	\$172.89	\$163.13	\$163.13
35-39	\$207.74	\$207.74	\$195.94	\$195.94
40-44	\$242.09	\$242.09	\$228.38	\$228.38
45-49	\$285.44	\$285.44	\$269.30	\$269.30
50-54	\$356.14	\$356.14	\$335.92	\$335.92
55-59	\$475.59	\$475.59	\$448.64	\$448.64
60-64	\$621.33	\$621.33	\$586.09	\$586.09
65-69	\$776.68	\$776.68	\$732.65	\$732.65
Individual and Child				
00-24	\$129.71	\$162.93	\$122.32	\$153.68
25-29	\$142.60	\$189.93	\$134.56	\$179.18
30-34	\$151.66	\$210.21	\$142.98	\$198.25
35-39	\$168.53	\$238.29	\$159.01	\$224.82
40-44	\$188.36	\$263.03	\$177.73	\$248.14
45-49	\$210.97	\$270.33	\$198.98	\$255.05
50-54	\$237.86	\$273.37	\$224.39	\$257.87
55-59	\$317.01	\$325.78	\$299.04	\$307.30
60-64	\$418.55	\$384.85	\$394.83	\$363.02
65-69	\$523.22	\$481.09	\$493.52	\$453.76
Individual, Spouse, and Child				
00-24	\$207.84	\$207.84	\$196.11	\$196.11
25-29	\$244.92	\$244.92	\$231.14	\$231.14
30-34	\$272.22	\$272.22	\$256.77	\$256.77
35-39	\$314.08	\$314.08	\$296.41	\$296.41
40-44	\$355.49	\$355.49	\$335.41	\$335.41
45-49	\$401.64	\$401.64	\$378.96	\$378.96
50-54	\$469.95	\$469.95	\$443.31	\$443.31
55-59	\$606.84	\$606.84	\$572.53	\$572.53
60-64	\$773.96	\$773.96	\$730.20	\$730.20
65-69	\$967.45	\$967.45	\$912.81	\$912.81

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare Blue I

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

Optional Riders

Maternity Rider

Maximum Benefit	Rate
\$2,000	\$292.25
\$3,000	\$438.40
\$5,000	\$703.57

TMJ

Individual	\$8.83
Individual and Spouse	\$17.64
Individual and Child	\$21.19
Individual, Spouse, Children	\$35.36

Supplemental Accident Endorsement

(\$500, \$1,000, and \$2,500 deductibles)

\$500 Deductible

Individual	\$23.89
Individual & Spouse	\$47.83
Individual & Child	\$60.95
Individual, Spouse, Children	\$95.64

\$1,000 Deductible

Individual	\$35.79
Individual & Spouse	\$71.55
Individual & Child	\$91.09
Individual, Spouse, Children	\$143.03

\$2,500 Deductible

Individual	\$56.77
Individual & Spouse	\$113.70
Individual & Child	\$144.67
Individual, Spouse, Children	\$227.28

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

Blue Select

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

\$500 Deductible

	\$5,000		\$10,000	
	80%/20%		80%/20%	
Stop Loss Amount:				
Co-Pay:				
	Male	Female	Male	Female
Individual				
00-24	\$201.45	\$311.71	\$193.70	\$299.73
25-29	\$244.43	\$401.48	\$235.00	\$386.03
30-34	\$274.29	\$468.82	\$263.74	\$450.84
35-39	\$330.63	\$562.25	\$317.93	\$540.66
40-44	\$396.36	\$644.33	\$381.13	\$619.52
45-49	\$527.01	\$742.25	\$506.77	\$713.69
50-54	\$705.98	\$846.84	\$678.84	\$814.28
55-59	\$1,019.84	\$1,054.46	\$980.59	\$1,013.94
60-64	\$1,422.11	\$1,288.59	\$1,367.43	\$1,239.01
65-69	\$1,777.65	\$1,610.73	\$1,709.26	\$1,548.79
Individual and Spouse				
00-24	\$482.99	\$482.99	\$464.42	\$464.42
25-29	\$607.86	\$607.86	\$584.50	\$584.50
30-34	\$699.45	\$699.45	\$672.57	\$672.57
35-39	\$840.38	\$840.38	\$808.03	\$808.03
40-44	\$979.39	\$979.39	\$941.75	\$941.75
45-49	\$1,154.61	\$1,154.61	\$1,110.19	\$1,110.19
50-54	\$1,440.38	\$1,440.38	\$1,384.96	\$1,384.96
55-59	\$1,923.67	\$1,923.67	\$1,849.67	\$1,849.67
60-64	\$2,513.25	\$2,513.25	\$2,416.56	\$2,416.56
65-69	\$3,141.55	\$3,141.55	\$3,020.77	\$3,020.77
Individual and Child				
00-24	\$533.18	\$669.63	\$512.62	\$643.89
25-29	\$586.31	\$780.72	\$563.75	\$750.61
30-34	\$623.26	\$864.06	\$599.30	\$830.83
35-39	\$692.99	\$979.62	\$666.34	\$941.95
40-44	\$774.32	\$1,081.11	\$744.55	\$1,039.50
45-49	\$867.19	\$1,111.47	\$833.82	\$1,068.71
50-54	\$977.83	\$1,123.97	\$940.26	\$1,080.76
55-59	\$1,303.39	\$1,339.38	\$1,253.26	\$1,287.87
60-64	\$1,720.68	\$1,582.20	\$1,654.47	\$1,521.33
65-69	\$2,150.84	\$1,977.74	\$2,068.08	\$1,901.69
Individual, Spouse, and Child				
00-24	\$840.86	\$840.86	\$808.50	\$808.50
25-29	\$991.08	\$991.08	\$952.95	\$952.95
30-34	\$1,101.20	\$1,101.20	\$1,058.85	\$1,058.85
35-39	\$1,270.72	\$1,270.72	\$1,221.87	\$1,221.87
40-44	\$1,438.04	\$1,438.04	\$1,382.72	\$1,382.72
45-49	\$1,624.82	\$1,624.82	\$1,562.36	\$1,562.36
50-54	\$1,901.04	\$1,901.04	\$1,827.92	\$1,827.92
55-59	\$2,455.01	\$2,455.01	\$2,360.59	\$2,360.59
60-64	\$3,131.03	\$3,131.03	\$3,010.57	\$3,010.57
65-69	\$3,913.79	\$3,913.79	\$3,763.29	\$3,763.29

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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	\$165.75	\$256.49	\$159.33	\$246.64
25-29	\$201.07	\$330.36	\$193.34	\$317.65
30-34	\$225.67	\$385.79	\$216.99	\$370.93
35-39	\$272.02	\$462.62	\$261.57	\$444.87
40-44	\$326.10	\$530.08	\$313.58	\$509.70
45-49	\$433.72	\$610.80	\$417.04	\$587.31
50-54	\$580.84	\$696.82	\$558.55	\$670.04
55-59	\$839.16	\$867.74	\$806.88	\$834.34
60-64	\$1,170.22	\$1,060.34	\$1,125.21	\$1,019.51
65-69	\$1,462.76	\$1,325.41	\$1,406.49	\$1,274.44
Individual and Spouse				
00-24	\$397.44	\$397.44	\$382.15	\$382.15
25-29	\$500.18	\$500.18	\$480.93	\$480.93
30-34	\$575.56	\$575.56	\$553.44	\$553.44
35-39	\$691.50	\$691.50	\$664.89	\$664.89
40-44	\$805.87	\$805.87	\$774.89	\$774.89
45-49	\$950.03	\$950.03	\$913.49	\$913.49
50-54	\$1,185.25	\$1,185.25	\$1,139.60	\$1,139.60
55-59	\$1,582.85	\$1,582.85	\$1,521.95	\$1,521.95
60-64	\$2,068.06	\$2,068.06	\$1,988.51	\$1,988.51
65-69	\$2,585.07	\$2,585.07	\$2,485.64	\$2,485.64
Individual and Child				
00-24	\$438.71	\$551.02	\$421.84	\$529.83
25-29	\$482.42	\$642.41	\$463.84	\$617.67
30-34	\$512.90	\$711.01	\$493.12	\$683.68
35-39	\$570.24	\$806.04	\$548.30	\$775.09
40-44	\$637.19	\$889.62	\$612.65	\$855.42
45-49	\$713.57	\$914.55	\$686.11	\$879.34
50-54	\$804.65	\$924.82	\$773.66	\$889.28
55-59	\$1,072.45	\$1,102.05	\$1,031.19	\$1,059.61
60-64	\$1,415.79	\$1,301.83	\$1,361.38	\$1,251.75
65-69	\$1,769.70	\$1,627.28	\$1,701.64	\$1,564.69
Individual, Spouse, and Child				
00-24	\$691.84	\$691.84	\$665.26	\$665.26
25-29	\$815.46	\$815.46	\$784.09	\$784.09
30-34	\$906.06	\$906.06	\$871.20	\$871.20
35-39	\$1,045.53	\$1,045.53	\$1,005.34	\$1,005.34
40-44	\$1,183.26	\$1,183.26	\$1,137.73	\$1,137.73
45-49	\$1,336.92	\$1,336.92	\$1,285.53	\$1,285.53
50-54	\$1,564.21	\$1,564.21	\$1,504.08	\$1,504.08
55-59	\$2,020.06	\$2,020.06	\$1,942.36	\$1,942.36
60-64	\$2,576.33	\$2,576.33	\$2,477.26	\$2,477.26
65-69	\$3,220.42	\$3,220.42	\$3,096.55	\$3,096.55

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

Blue Select

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

\$1,500 Deductible

	\$5,000 80%/20%		\$10,000 80%/20%	
	Male	Female	Male	Female
Individual				
00-24	\$149.15	\$230.84	\$143.41	\$222.02
25-29	\$180.96	\$297.32	\$173.98	\$285.89
30-34	\$203.10	\$347.18	\$195.30	\$333.86
35-39	\$244.78	\$416.36	\$235.37	\$400.35
40-44	\$293.51	\$477.09	\$282.23	\$458.71
45-49	\$390.36	\$549.70	\$375.33	\$528.57
50-54	\$522.76	\$627.16	\$502.70	\$603.01
55-59	\$755.25	\$780.93	\$726.22	\$750.90
60-64	\$1,053.19	\$954.34	\$1,012.67	\$917.60
65-69	\$1,316.47	\$1,192.88	\$1,265.84	\$1,146.99
Individual and Spouse				
00-24	\$357.66	\$357.66	\$343.94	\$343.94
25-29	\$450.17	\$450.17	\$432.84	\$432.84
30-34	\$518.01	\$518.01	\$498.05	\$498.05
35-39	\$622.32	\$622.32	\$598.43	\$598.43
40-44	\$725.32	\$725.32	\$697.42	\$697.42
45-49	\$855.06	\$855.06	\$822.15	\$822.15
50-54	\$1,066.74	\$1,066.74	\$1,025.66	\$1,025.66
55-59	\$1,424.57	\$1,424.57	\$1,369.78	\$1,369.78
60-64	\$1,861.23	\$1,861.23	\$1,789.69	\$1,789.69
65-69	\$2,326.56	\$2,326.56	\$2,237.08	\$2,237.08
Individual and Child				
00-24	\$394.83	\$495.92	\$379.63	\$476.83
25-29	\$434.17	\$578.16	\$417.50	\$555.94
30-34	\$461.58	\$639.90	\$443.80	\$615.30
35-39	\$513.23	\$725.47	\$493.51	\$697.54
40-44	\$573.47	\$800.65	\$551.38	\$769.84
45-49	\$642.22	\$823.08	\$617.48	\$791.42
50-54	\$724.20	\$832.36	\$696.32	\$800.34
55-59	\$965.21	\$991.83	\$928.10	\$953.70
60-64	\$1,274.17	\$1,171.64	\$1,225.19	\$1,126.58
65-69	\$1,592.78	\$1,464.53	\$1,531.50	\$1,408.23
Individual, Spouse, and Child				
00-24	\$622.63	\$622.63	\$598.68	\$598.68
25-29	\$733.91	\$733.91	\$705.63	\$705.63
30-34	\$815.46	\$815.46	\$784.08	\$784.08
35-39	\$940.95	\$940.95	\$904.81	\$904.81
40-44	\$1,064.90	\$1,064.90	\$1,023.97	\$1,023.97
45-49	\$1,203.24	\$1,203.24	\$1,156.95	\$1,156.95
50-54	\$1,407.80	\$1,407.80	\$1,353.69	\$1,353.69
55-59	\$1,818.05	\$1,818.05	\$1,748.08	\$1,748.08
60-64	\$2,318.71	\$2,318.71	\$2,229.53	\$2,229.53
65-69	\$2,898.37	\$2,898.37	\$2,786.91	\$2,786.91

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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	\$121.01	\$187.25	\$116.36	\$180.05
25-29	\$146.79	\$241.11	\$141.15	\$231.85
30-34	\$164.75	\$281.64	\$158.43	\$270.81
35-39	\$198.56	\$337.72	\$190.96	\$324.74
40-44	\$238.10	\$386.99	\$228.93	\$372.09
45-49	\$316.60	\$445.90	\$304.46	\$428.71
50-54	\$424.07	\$508.68	\$407.76	\$489.09
55-59	\$612.62	\$633.45	\$589.06	\$609.09
60-64	\$854.24	\$774.05	\$821.38	\$744.26
65-69	\$1,067.83	\$967.57	\$1,026.72	\$930.34
Individual and Spouse				
00-24	\$290.12	\$290.12	\$279.01	\$279.01
25-29	\$365.21	\$365.21	\$351.12	\$351.12
30-34	\$420.17	\$420.17	\$404.03	\$404.03
35-39	\$504.84	\$504.84	\$485.44	\$485.44
40-44	\$588.34	\$588.34	\$565.69	\$565.69
45-49	\$693.61	\$693.61	\$666.91	\$666.91
50-54	\$865.27	\$865.27	\$832.01	\$832.01
55-59	\$1,155.61	\$1,155.61	\$1,111.17	\$1,111.17
60-64	\$1,509.79	\$1,509.79	\$1,451.74	\$1,451.74
65-69	\$1,887.25	\$1,887.25	\$1,814.66	\$1,814.66
Individual and Child				
00-24	\$320.24	\$402.24	\$307.92	\$386.80
25-29	\$352.16	\$468.94	\$338.62	\$450.88
30-34	\$374.37	\$519.04	\$359.98	\$499.07
35-39	\$416.27	\$588.48	\$400.24	\$565.83
40-44	\$465.13	\$649.40	\$447.24	\$624.43
45-49	\$520.91	\$667.62	\$500.83	\$641.92
50-54	\$587.41	\$675.15	\$564.80	\$649.20
55-59	\$782.92	\$804.49	\$752.79	\$773.53
60-64	\$1,033.56	\$950.37	\$993.82	\$913.83
65-69	\$1,291.96	\$1,187.99	\$1,242.27	\$1,142.28
Individual, Spouse, and Child				
00-24	\$505.08	\$505.08	\$485.67	\$485.67
25-29	\$595.38	\$595.38	\$572.49	\$572.49
30-34	\$661.51	\$661.51	\$636.06	\$636.06
35-39	\$763.36	\$763.36	\$733.99	\$733.99
40-44	\$863.85	\$863.85	\$830.59	\$830.59
45-49	\$976.06	\$976.06	\$938.52	\$938.52
50-54	\$1,141.97	\$1,141.97	\$1,098.04	\$1,098.04
55-59	\$1,474.72	\$1,474.72	\$1,418.01	\$1,418.01
60-64	\$1,880.86	\$1,880.86	\$1,808.50	\$1,808.50
65-69	\$2,351.06	\$2,351.06	\$2,260.66	\$2,260.66

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Blue Select

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

Optional Riders

Maternity Rider

Maximum Benefit	Rate
\$2,000	\$194.26
\$3,000	\$291.35
\$5,000	\$467.62

TMJ

Individual	\$8.30
Individual and Spouse	\$16.57
Individual and Child	\$19.84
Individual, Spouse, Children	\$33.08

Supplemental Accident Endorsement

(\$500, \$1,000, and \$2,500 deductibles only)

\$500 Deductible

Individual	\$15.93
Individual & Spouse	\$31.80
Individual & Child	\$40.49
Individual, Spouse, Children	\$63.57

\$1,000 Deductible

Individual	\$23.80
Individual & Spouse	\$47.58
Individual & Child	\$60.53
Individual, Spouse, Children	\$95.10

\$1,500 Deductible

Individual	\$30.90
Individual & Spouse	\$61.74
Individual & Child	\$78.57
Individual, Spouse, Children	\$123.44

\$2,500 Deductible

Individual	\$37.73
Individual & Spouse	\$75.53
Individual & Child	\$96.15
Individual, Spouse, Children	\$151.06

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Current Quarterly Premium Rates Effective as of January 01, 2013

Nongroup Policy Form: 17-70

	<u>\$1,000 Deductible</u>		<u>\$1,500 Deductible</u>	
	Individual	Family	Individual	Family
00-29	\$929.65	\$2,274.06	\$845.15	\$2,067.30
30-39	\$1,387.52	\$3,110.85	\$1,261.37	\$2,828.12
40-44	\$1,900.22	\$3,515.01	\$1,727.45	\$3,195.49
45-49	\$2,234.18	\$3,940.11	\$2,031.05	\$3,581.94
50-54	\$2,467.68	\$4,245.76	\$2,243.37	\$3,859.79
55-64	\$3,090.28	\$5,016.93	\$2,809.32	\$4,560.83
65-69	\$4,326.37	\$7,023.64	\$3,933.10	\$6,385.28
TMJ Rider	\$6.84	\$13.59		

Exhibit A

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Arkansas Blue Cross and Blue Shield Current Quarterly Premium Rates Effective as of January 01, 2013

Student Policy Form: 17-93

	<u>\$250 Deductible</u>		<u>\$1,000 Deductible</u>	
	Individual	Family	Individual	Family
19-25	\$568.68	\$1,462.83	\$430.72	\$1,157.68
26-39	\$819.71	\$2,436.51	\$620.72	\$1,928.21
40-44	\$1,147.53	\$3,411.10	\$868.99	\$2,699.43
TMJ Rider	\$1.94	\$5.76		
Maternity Rider	\$573.49	per month		

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$373.76	\$373.76	\$359.39	\$359.39
2-12	\$125.82	\$125.82	\$120.98	\$120.98
13-17	\$125.82	\$194.69	\$120.98	\$187.21
18-24	\$125.82	\$194.69	\$120.98	\$187.21
25-29	\$152.63	\$250.76	\$146.78	\$241.10
30-34	\$171.31	\$292.79	\$164.71	\$281.55
35-39	\$206.49	\$351.14	\$198.53	\$337.65
40-44	\$247.52	\$402.37	\$238.00	\$386.89
45-49	\$329.17	\$463.53	\$316.49	\$445.72
50-54	\$440.88	\$528.87	\$423.96	\$508.51
55-59	\$636.94	\$658.57	\$612.40	\$633.23
60-64	\$888.15	\$804.76	\$853.97	\$773.82
65-69	\$1,110.19	\$1,005.97	\$1,067.46	\$967.24
Individual and Spouse				
00-24	\$301.65	\$301.65	\$290.00	\$290.00
25-29	\$379.68	\$379.68	\$365.04	\$365.04
30-34	\$436.84	\$436.84	\$420.01	\$420.01
35-39	\$524.83	\$524.83	\$504.66	\$504.66
40-44	\$611.64	\$611.64	\$588.13	\$588.13
45-49	\$721.08	\$721.08	\$693.35	\$693.35
50-54	\$899.54	\$899.54	\$864.95	\$864.95
55-59	\$1,201.37	\$1,201.37	\$1,155.17	\$1,155.17
60-64	\$1,569.60	\$1,569.60	\$1,509.20	\$1,509.20
65-69	\$1,961.97	\$1,961.97	\$1,886.50	\$1,886.50
Individual and Child				
00-24	\$332.96	\$418.20	\$320.17	\$402.13
25-29	\$366.16	\$487.56	\$352.08	\$468.80
30-34	\$389.26	\$539.63	\$374.26	\$518.88
35-39	\$432.78	\$611.81	\$416.13	\$588.28
40-44	\$483.61	\$675.18	\$464.98	\$649.21
45-49	\$541.58	\$694.11	\$520.75	\$667.43
50-54	\$610.67	\$701.95	\$587.21	\$674.97
55-59	\$814.01	\$836.48	\$782.68	\$804.31
60-64	\$1,074.59	\$988.09	\$1,033.25	\$950.12
65-69	\$1,343.21	\$1,235.14	\$1,291.56	\$1,187.64
Individual, Spouse, and Child				
00-24	\$525.10	\$525.10	\$504.94	\$504.94
25-29	\$618.96	\$618.96	\$595.14	\$595.14
30-34	\$687.70	\$687.70	\$661.26	\$661.26
35-39	\$793.59	\$793.59	\$763.10	\$763.10
40-44	\$898.08	\$898.08	\$863.54	\$863.54
45-49	\$1,014.74	\$1,014.74	\$975.69	\$975.69
50-54	\$1,187.23	\$1,187.23	\$1,141.55	\$1,141.55
55-59	\$1,533.20	\$1,533.20	\$1,474.24	\$1,474.24
60-64	\$1,955.40	\$1,955.40	\$1,880.17	\$1,880.17
65-69	\$2,444.24	\$2,444.24	\$2,350.25	\$2,350.25

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$307.49	\$307.49	\$295.68	\$295.68
2-12	\$103.51	\$103.51	\$99.54	\$99.54
13-17	\$103.51	\$160.20	\$99.54	\$154.05
18-24	\$103.51	\$160.20	\$99.54	\$154.05
25-29	\$125.57	\$206.31	\$120.76	\$198.36
30-34	\$140.95	\$240.93	\$135.50	\$231.69
35-39	\$169.89	\$288.95	\$163.33	\$277.80
40-44	\$203.69	\$331.05	\$195.82	\$318.31
45-49	\$270.89	\$381.43	\$260.42	\$366.80
50-54	\$362.80	\$435.20	\$348.86	\$418.45
55-59	\$524.04	\$541.92	\$503.91	\$521.06
60-64	\$730.82	\$662.20	\$702.69	\$636.72
65-69	\$913.51	\$827.76	\$878.38	\$795.92
Individual and Spouse				
00-24	\$248.21	\$248.21	\$238.65	\$238.65
25-29	\$312.37	\$312.37	\$300.38	\$300.38
30-34	\$359.45	\$359.45	\$345.63	\$345.63
35-39	\$431.85	\$431.85	\$415.25	\$415.25
40-44	\$503.30	\$503.30	\$483.94	\$483.94
45-49	\$593.33	\$593.33	\$570.50	\$570.50
50-54	\$740.19	\$740.19	\$711.75	\$711.75
55-59	\$988.52	\$988.52	\$950.48	\$950.48
60-64	\$1,291.54	\$1,291.54	\$1,241.87	\$1,241.87
65-69	\$1,614.40	\$1,614.40	\$1,552.34	\$1,552.34
Individual and Child				
00-24	\$273.98	\$344.12	\$263.45	\$330.87
25-29	\$301.29	\$401.21	\$289.69	\$385.77
30-34	\$320.30	\$444.06	\$308.00	\$426.98
35-39	\$356.14	\$503.41	\$342.41	\$484.05
40-44	\$397.93	\$555.58	\$382.64	\$534.24
45-49	\$445.61	\$571.11	\$428.52	\$549.19
50-54	\$502.50	\$577.61	\$483.17	\$555.38
55-59	\$669.79	\$688.23	\$643.98	\$661.80
60-64	\$884.18	\$813.00	\$850.18	\$781.74
65-69	\$1,105.22	\$1,016.26	\$1,062.72	\$977.21
Individual, Spouse, and Child				
00-24	\$432.10	\$432.10	\$415.46	\$415.46
25-29	\$509.26	\$509.26	\$489.69	\$489.69
30-34	\$565.89	\$565.89	\$544.07	\$544.07
35-39	\$652.95	\$652.95	\$627.83	\$627.83
40-44	\$738.96	\$738.96	\$710.54	\$710.54
45-49	\$834.94	\$834.94	\$802.82	\$802.82
50-54	\$976.89	\$976.89	\$939.34	\$939.34
55-59	\$1,261.54	\$1,261.54	\$1,213.05	\$1,213.05
60-64	\$1,608.97	\$1,608.97	\$1,547.08	\$1,547.08
65-69	\$2,011.20	\$2,011.20	\$1,933.86	\$1,933.86

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$276.78	\$276.78	\$266.13	\$266.13
2-12	\$93.14	\$93.14	\$89.57	\$89.57
13-17	\$93.14	\$144.19	\$89.57	\$138.66
18-24	\$93.14	\$144.19	\$89.57	\$138.66
25-29	\$113.03	\$185.68	\$108.67	\$178.52
30-34	\$126.86	\$216.84	\$121.98	\$208.51
35-39	\$152.92	\$260.04	\$147.00	\$250.01
40-44	\$183.29	\$297.96	\$176.27	\$286.50
45-49	\$243.80	\$343.30	\$234.40	\$330.09
50-54	\$326.51	\$391.67	\$313.96	\$376.58
55-59	\$471.66	\$487.69	\$453.53	\$468.94
60-64	\$657.71	\$595.96	\$632.45	\$573.07
65-69	\$822.15	\$744.97	\$790.53	\$716.31
Individual and Spouse				
00-24	\$223.38	\$223.38	\$214.81	\$214.81
25-29	\$281.14	\$281.14	\$270.32	\$270.32
30-34	\$323.49	\$323.49	\$311.05	\$311.05
35-39	\$388.67	\$388.67	\$373.73	\$373.73
40-44	\$452.98	\$452.98	\$435.53	\$435.53
45-49	\$533.99	\$533.99	\$513.47	\$513.47
50-54	\$666.17	\$666.17	\$640.55	\$640.55
55-59	\$889.67	\$889.67	\$855.45	\$855.45
60-64	\$1,162.38	\$1,162.38	\$1,117.65	\$1,117.65
65-69	\$1,452.96	\$1,452.96	\$1,397.08	\$1,397.08
Individual and Child				
00-24	\$246.59	\$309.72	\$237.10	\$297.79
25-29	\$271.15	\$361.07	\$260.72	\$347.18
30-34	\$288.27	\$399.64	\$277.19	\$384.25
35-39	\$320.53	\$453.07	\$308.20	\$435.65
40-44	\$358.15	\$500.02	\$344.35	\$480.80
45-49	\$401.08	\$514.04	\$385.65	\$494.25
50-54	\$452.27	\$519.83	\$434.87	\$499.83
55-59	\$602.80	\$619.40	\$579.60	\$595.59
60-64	\$795.78	\$731.72	\$765.17	\$703.58
65-69	\$994.73	\$914.64	\$956.46	\$879.47
Individual, Spouse, and Child				
00-24	\$388.87	\$388.87	\$373.92	\$373.92
25-29	\$458.33	\$458.33	\$440.73	\$440.73
30-34	\$509.26	\$509.26	\$489.69	\$489.69
35-39	\$587.65	\$587.65	\$565.05	\$565.05
40-44	\$665.06	\$665.06	\$639.50	\$639.50
45-49	\$751.43	\$751.43	\$722.53	\$722.53
50-54	\$879.20	\$879.20	\$845.41	\$845.41
55-59	\$1,135.41	\$1,135.41	\$1,091.74	\$1,091.74
60-64	\$1,448.05	\$1,448.05	\$1,392.35	\$1,392.35
65-69	\$1,810.11	\$1,810.11	\$1,740.49	\$1,740.49

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

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	\$215.90	\$215.90
2-12	\$72.68	\$72.68
13-17	\$72.68	\$112.44
18-24	\$72.68	\$112.44
25-29	\$88.13	\$144.79
30-34	\$98.91	\$169.11
35-39	\$119.24	\$202.82
40-44	\$142.98	\$232.38
45-49	\$190.14	\$267.77
50-54	\$254.66	\$305.42
55-59	\$367.90	\$380.40
60-64	\$512.97	\$464.83
65-69	\$641.22	\$581.05
Individual and Spouse		
00-24	\$174.21	\$174.21
25-29	\$219.27	\$219.27
30-34	\$252.34	\$252.34
35-39	\$303.17	\$303.17
40-44	\$353.30	\$353.30
45-49	\$416.52	\$416.52
50-54	\$519.60	\$519.60
55-59	\$693.97	\$693.97
60-64	\$906.65	\$906.65
65-69	\$1,133.30	\$1,133.30
Individual and Child		
00-24	\$192.28	\$241.57
25-29	\$211.49	\$281.62
30-34	\$224.82	\$311.67
35-39	\$249.99	\$353.39
40-44	\$279.30	\$389.97
45-49	\$312.81	\$400.90
50-54	\$352.72	\$405.45
55-59	\$470.15	\$483.09
60-64	\$620.67	\$570.73
65-69	\$775.82	\$713.39
Individual, Spouse, and Child		
00-24	\$303.31	\$303.31
25-29	\$357.53	\$357.53
30-34	\$397.27	\$397.27
35-39	\$458.43	\$458.43
40-44	\$518.71	\$518.71
45-49	\$586.10	\$586.10
50-54	\$685.78	\$685.78
55-59	\$885.57	\$885.57
60-64	\$1,129.46	\$1,129.46
65-69	\$1,411.83	\$1,411.83

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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

Optional Riders

Maternity Rider

Deductible	Rate
\$500	\$397.76
\$1,000	\$363.26
\$1,500	\$330.08
\$2,500	\$319.30

TMJ

Individual	\$6.14
Individual and Spouse	\$12.22
Individual and Child	\$14.68
Individual, Spouse, Children	\$24.52

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$429.63	\$429.63	\$413.07	\$413.07
2-12	\$144.62	\$144.62	\$139.07	\$139.07
13-17	\$144.62	\$223.78	\$139.07	\$215.18
18-24	\$144.62	\$223.78	\$139.07	\$215.18
25-29	\$175.43	\$288.21	\$168.71	\$277.10
30-34	\$196.90	\$336.58	\$189.32	\$323.60
35-39	\$237.34	\$403.66	\$228.24	\$388.11
40-44	\$284.54	\$462.49	\$273.57	\$444.71
45-49	\$378.35	\$532.79	\$363.76	\$512.33
50-54	\$506.76	\$607.85	\$487.28	\$584.52
55-59	\$732.06	\$756.97	\$703.92	\$727.84
60-64	\$1,020.81	\$925.00	\$981.58	\$889.41
65-69	\$1,276.05	\$1,156.26	\$1,226.98	\$1,111.79
Individual and Spouse				
00-24	\$346.70	\$346.70	\$333.39	\$333.39
25-29	\$436.35	\$436.35	\$419.57	\$419.57
30-34	\$502.13	\$502.13	\$482.79	\$482.79
35-39	\$603.25	\$603.25	\$580.04	\$580.04
40-44	\$703.06	\$703.06	\$676.02	\$676.02
45-49	\$828.81	\$828.81	\$796.97	\$796.97
50-54	\$1,033.96	\$1,033.96	\$994.21	\$994.21
55-59	\$1,380.89	\$1,380.89	\$1,327.73	\$1,327.73
60-64	\$1,804.15	\$1,804.15	\$1,734.73	\$1,734.73
65-69	\$2,255.09	\$2,255.09	\$2,168.40	\$2,168.40
Individual and Child				
00-24	\$382.71	\$480.72	\$368.01	\$462.21
25-29	\$420.86	\$560.42	\$404.68	\$538.85
30-34	\$447.42	\$620.27	\$430.22	\$596.41
35-39	\$497.48	\$703.23	\$478.35	\$676.20
40-44	\$555.85	\$776.09	\$534.46	\$746.21
45-49	\$622.50	\$797.83	\$598.54	\$767.16
50-54	\$701.95	\$806.82	\$674.92	\$775.80
55-59	\$935.61	\$961.45	\$899.64	\$924.49
60-64	\$1,235.15	\$1,135.77	\$1,187.64	\$1,092.07
65-69	\$1,543.94	\$1,419.72	\$1,484.55	\$1,365.11
Individual, Spouse, and Child				
00-24	\$603.61	\$603.61	\$580.39	\$580.39
25-29	\$711.44	\$711.44	\$684.06	\$684.06
30-34	\$790.49	\$790.49	\$760.08	\$760.08
35-39	\$912.19	\$912.19	\$877.08	\$877.08
40-44	\$1,032.26	\$1,032.26	\$992.58	\$992.58
45-49	\$1,166.37	\$1,166.37	\$1,121.50	\$1,121.50
50-54	\$1,364.65	\$1,364.65	\$1,312.16	\$1,312.16
55-59	\$1,762.32	\$1,762.32	\$1,694.51	\$1,694.51
60-64	\$2,247.57	\$2,247.57	\$2,161.12	\$2,161.12
65-69	\$2,809.44	\$2,809.44	\$2,701.41	\$2,701.41

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$353.48	\$353.48	\$339.86	\$339.86
2-12	\$118.98	\$118.98	\$114.43	\$114.43
13-17	\$118.98	\$184.16	\$114.43	\$177.04
18-24	\$118.98	\$184.16	\$114.43	\$177.04
25-29	\$144.32	\$237.14	\$138.79	\$228.02
30-34	\$161.98	\$276.97	\$155.75	\$266.30
35-39	\$195.28	\$332.08	\$187.75	\$319.33
40-44	\$234.10	\$380.53	\$225.12	\$365.89
45-49	\$311.34	\$438.45	\$299.35	\$421.59
50-54	\$416.99	\$500.22	\$400.92	\$480.97
55-59	\$602.38	\$622.86	\$579.22	\$598.93
60-64	\$840.04	\$761.14	\$807.70	\$731.88
65-69	\$1,050.02	\$951.44	\$1,009.65	\$914.85
Individual and Spouse				
00-24	\$285.29	\$285.29	\$274.31	\$274.31
25-29	\$359.06	\$359.06	\$345.24	\$345.24
30-34	\$413.18	\$413.18	\$397.28	\$397.28
35-39	\$496.37	\$496.37	\$477.28	\$477.28
40-44	\$578.51	\$578.51	\$556.26	\$556.26
45-49	\$681.98	\$681.98	\$655.77	\$655.77
50-54	\$850.79	\$850.79	\$818.06	\$818.06
55-59	\$1,136.24	\$1,136.24	\$1,092.53	\$1,092.53
60-64	\$1,484.50	\$1,484.50	\$1,427.42	\$1,427.42
65-69	\$1,855.66	\$1,855.66	\$1,784.25	\$1,784.25
Individual and Child				
00-24	\$314.92	\$395.54	\$302.84	\$380.33
25-29	\$346.30	\$461.15	\$332.97	\$443.41
30-34	\$368.15	\$510.39	\$354.00	\$490.74
35-39	\$409.32	\$578.64	\$393.60	\$556.35
40-44	\$457.39	\$638.61	\$439.78	\$614.02
45-49	\$512.21	\$656.47	\$492.52	\$631.22
50-54	\$577.61	\$663.89	\$555.38	\$638.34
55-59	\$769.84	\$791.05	\$740.26	\$760.63
60-64	\$1,016.31	\$934.50	\$977.23	\$898.58
65-69	\$1,270.40	\$1,168.13	\$1,221.55	\$1,123.20
Individual, Spouse, and Child				
00-24	\$496.63	\$496.63	\$477.52	\$477.52
25-29	\$585.38	\$585.38	\$562.86	\$562.86
30-34	\$650.41	\$650.41	\$625.39	\$625.39
35-39	\$750.53	\$750.53	\$721.67	\$721.67
40-44	\$849.40	\$849.40	\$816.70	\$816.70
45-49	\$959.70	\$959.70	\$922.78	\$922.78
50-54	\$1,122.86	\$1,122.86	\$1,079.71	\$1,079.71
55-59	\$1,450.07	\$1,450.07	\$1,394.30	\$1,394.30
60-64	\$1,849.38	\$1,849.38	\$1,778.25	\$1,778.25
65-69	\$2,311.74	\$2,311.74	\$2,222.80	\$2,222.80

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$318.10	\$318.10	\$305.87	\$305.87
2-12	\$107.09	\$107.09	\$102.92	\$102.92
13-17	\$107.09	\$165.75	\$102.92	\$159.32
18-24	\$107.09	\$165.75	\$102.92	\$159.32
25-29	\$129.92	\$213.41	\$124.93	\$205.22
30-34	\$145.80	\$249.26	\$140.20	\$239.68
35-39	\$175.73	\$298.85	\$168.99	\$287.38
40-44	\$210.68	\$342.49	\$202.61	\$329.31
45-49	\$280.20	\$394.60	\$269.43	\$379.42
50-54	\$375.26	\$450.18	\$360.87	\$432.88
55-59	\$542.13	\$560.58	\$521.25	\$539.01
60-64	\$756.02	\$685.03	\$726.94	\$658.71
65-69	\$945.03	\$856.32	\$908.67	\$823.36
Individual and Spouse				
00-24	\$256.78	\$256.78	\$246.89	\$246.89
25-29	\$323.15	\$323.15	\$310.74	\$310.74
30-34	\$371.82	\$371.82	\$357.55	\$357.55
35-39	\$446.75	\$446.75	\$429.58	\$429.58
40-44	\$520.65	\$520.65	\$500.61	\$500.61
45-49	\$613.79	\$613.79	\$590.19	\$590.19
50-54	\$765.75	\$765.75	\$736.27	\$736.27
55-59	\$1,022.61	\$1,022.61	\$983.29	\$983.29
60-64	\$1,336.08	\$1,336.08	\$1,284.66	\$1,284.66
65-69	\$1,670.10	\$1,670.10	\$1,605.85	\$1,605.85
Individual and Child				
00-24	\$283.43	\$356.02	\$272.55	\$342.29
25-29	\$311.67	\$415.04	\$299.67	\$399.10
30-34	\$331.30	\$459.36	\$318.60	\$441.67
35-39	\$368.41	\$520.79	\$354.26	\$500.73
40-44	\$411.65	\$574.75	\$395.83	\$552.62
45-49	\$460.98	\$590.84	\$443.26	\$568.11
50-54	\$519.83	\$597.48	\$499.83	\$574.53
55-59	\$692.88	\$711.99	\$666.21	\$684.59
60-64	\$914.68	\$841.08	\$879.51	\$808.69
65-69	\$1,143.34	\$1,051.29	\$1,099.36	\$1,010.90
Individual, Spouse, and Child				
00-24	\$446.93	\$446.93	\$429.76	\$429.76
25-29	\$526.82	\$526.82	\$506.57	\$506.57
30-34	\$585.38	\$585.38	\$562.85	\$562.85
35-39	\$675.49	\$675.49	\$649.51	\$649.51
40-44	\$764.45	\$764.45	\$735.06	\$735.06
45-49	\$863.74	\$863.74	\$830.48	\$830.48
50-54	\$1,010.61	\$1,010.61	\$971.72	\$971.72
55-59	\$1,305.05	\$1,305.05	\$1,254.87	\$1,254.87
60-64	\$1,664.46	\$1,664.46	\$1,600.41	\$1,600.41
65-69	\$2,080.55	\$2,080.55	\$2,000.53	\$2,000.53

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$248.14	\$248.14
2-12	\$83.51	\$83.51
13-17	\$83.51	\$129.26
18-24	\$83.51	\$129.26
25-29	\$101.29	\$166.43
30-34	\$113.71	\$194.40
35-39	\$137.07	\$233.13
40-44	\$164.35	\$267.09
45-49	\$218.51	\$307.74
50-54	\$292.72	\$351.12
55-59	\$422.84	\$437.22
60-64	\$589.64	\$534.26
65-69	\$737.03	\$667.88
Individual and Spouse		
00-24	\$200.28	\$200.28
25-29	\$252.05	\$252.05
30-34	\$290.00	\$290.00
35-39	\$348.46	\$348.46
40-44	\$406.07	\$406.07
45-49	\$478.75	\$478.75
50-54	\$597.26	\$597.26
55-59	\$797.63	\$797.63
60-64	\$1,042.13	\$1,042.13
65-69	\$1,302.65	\$1,302.65
Individual and Child		
00-24	\$221.04	\$277.66
25-29	\$243.06	\$323.70
30-34	\$258.40	\$358.26
35-39	\$287.32	\$406.18
40-44	\$321.07	\$448.21
45-49	\$359.57	\$460.82
50-54	\$405.45	\$466.02
55-59	\$540.42	\$555.30
60-64	\$713.41	\$655.99
65-69	\$891.75	\$819.98
Individual, Spouse, and Child		
00-24	\$348.64	\$348.64
25-29	\$410.95	\$410.95
30-34	\$456.63	\$456.63
35-39	\$526.89	\$526.89
40-44	\$596.26	\$596.26
45-49	\$673.68	\$673.68
50-54	\$788.24	\$788.24
55-59	\$1,017.90	\$1,017.90
60-64	\$1,298.21	\$1,298.21
65-69	\$1,622.80	\$1,622.80

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

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

Optional Riders

Maternity Rider

Deductible	Rate
\$500	\$397.76
\$1,000	\$363.26
\$1,500	\$330.08
\$2,500	\$319.30

TMJ

Individual	\$6.14
Individual and Spouse	\$12.22
Individual and Child	\$14.68
Individual, Spouse, Children	\$24.52

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO
17-236 9/04**

	Individual	Family	Individual	Family
Deductible				
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	\$180.94	\$180.94	\$125.39	\$125.39
2-12	\$60.91	\$60.91	\$42.21	\$42.21
13-17	\$60.91	\$94.24	\$42.21	\$65.33
18-24	\$60.91	\$94.24	\$42.21	\$65.33
25-29	\$73.88	\$121.39	\$51.22	\$84.13
30-34	\$82.93	\$141.76	\$57.47	\$98.27
35-39	\$99.96	\$170.01	\$69.29	\$117.82
40-44	\$119.85	\$194.80	\$83.05	\$135.00
45-49	\$159.40	\$224.45	\$110.47	\$155.56
50-54	\$213.47	\$256.05	\$147.91	\$177.47
55-59	\$308.36	\$318.86	\$213.71	\$220.98
60-64	\$430.02	\$389.65	\$298.02	\$270.04
65-69	\$537.54	\$487.04	\$372.53	\$337.54
Individual and Spouse				
00-24	\$146.06	\$146.06	\$101.22	\$101.22
25-29	\$183.81	\$183.81	\$127.38	\$127.38
30-34	\$211.51	\$211.51	\$146.58	\$146.58
35-39	\$254.11	\$254.11	\$176.11	\$176.11
40-44	\$296.14	\$296.14	\$205.22	\$205.22
45-49	\$349.11	\$349.11	\$241.96	\$241.96
50-54	\$435.55	\$435.55	\$301.85	\$301.85
55-59	\$581.67	\$581.67	\$403.13	\$403.13
60-64	\$759.96	\$759.96	\$526.68	\$526.68
65-69	\$949.95	\$949.95	\$658.35	\$658.35
Individual and Child				
00-24	\$161.22	\$202.48	\$111.72	\$140.32
25-29	\$177.27	\$236.08	\$122.86	\$163.62
30-34	\$188.47	\$261.27	\$130.61	\$181.07
35-39	\$209.56	\$296.21	\$145.22	\$205.28
40-44	\$234.16	\$326.91	\$162.26	\$226.56
45-49	\$262.21	\$336.05	\$181.73	\$232.90
50-54	\$295.68	\$339.85	\$204.91	\$235.53
55-59	\$394.09	\$404.98	\$273.12	\$280.65
60-64	\$520.27	\$478.39	\$360.56	\$331.53
65-69	\$650.33	\$597.99	\$450.72	\$414.43
Individual, Spouse, and Child				
00-24	\$254.23	\$254.23	\$176.20	\$176.20
25-29	\$299.67	\$299.67	\$207.69	\$207.69
30-34	\$332.95	\$332.95	\$230.74	\$230.74
35-39	\$384.22	\$384.22	\$266.29	\$266.29
40-44	\$434.83	\$434.83	\$301.34	\$301.34
45-49	\$491.30	\$491.30	\$340.50	\$340.50
50-54	\$574.84	\$574.84	\$398.40	\$398.40
55-59	\$742.31	\$742.31	\$514.45	\$514.45
60-64	\$946.73	\$946.73	\$656.13	\$656.13
65-69	\$1,183.42	\$1,183.42	\$820.17	\$820.17

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO
17-236 9/04**

	Individual	Family	Individual	Family
Individual				
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	\$161.89	\$161.89	\$113.58	\$113.58
2-12	\$54.48	\$54.48	\$38.22	\$38.22
13-17	\$54.48	\$84.34	\$38.22	\$59.18
18-24	\$54.48	\$84.34	\$38.22	\$59.18
25-29	\$66.10	\$108.59	\$46.39	\$76.21
30-34	\$74.18	\$126.84	\$52.06	\$88.98
35-39	\$89.43	\$152.09	\$62.75	\$106.71
40-44	\$107.23	\$174.27	\$75.22	\$122.26
45-49	\$142.56	\$200.79	\$100.05	\$140.91
50-54	\$190.98	\$229.09	\$134.00	\$160.75
55-59	\$275.88	\$285.25	\$193.57	\$200.15
60-64	\$384.68	\$348.57	\$269.94	\$244.60
65-69	\$480.87	\$435.74	\$337.44	\$305.74
Individual and Spouse				
00-24	\$130.65	\$130.65	\$91.67	\$91.67
25-29	\$164.44	\$164.44	\$115.39	\$115.39
30-34	\$189.21	\$189.21	\$132.77	\$132.77
35-39	\$227.34	\$227.34	\$159.52	\$159.52
40-44	\$264.93	\$264.93	\$185.91	\$185.91
45-49	\$312.32	\$312.32	\$219.16	\$219.16
50-54	\$389.67	\$389.67	\$273.41	\$273.41
55-59	\$520.41	\$520.41	\$365.12	\$365.12
60-64	\$679.90	\$679.90	\$477.04	\$477.04
65-69	\$849.86	\$849.86	\$596.31	\$596.31
Individual and Child				
00-24	\$144.21	\$181.15	\$101.21	\$127.10
25-29	\$158.57	\$211.19	\$111.26	\$148.20
30-34	\$168.58	\$233.73	\$118.30	\$164.01
35-39	\$187.46	\$265.02	\$131.54	\$185.95
40-44	\$209.47	\$292.44	\$146.98	\$205.19
45-49	\$234.60	\$300.64	\$164.59	\$210.96
50-54	\$264.52	\$304.05	\$185.61	\$213.34
55-59	\$352.57	\$362.29	\$247.39	\$254.22
60-64	\$465.44	\$427.98	\$326.59	\$300.29
65-69	\$581.81	\$535.00	\$408.23	\$375.38
Individual, Spouse, and Child				
00-24	\$227.46	\$227.46	\$159.59	\$159.59
25-29	\$268.12	\$268.12	\$188.12	\$188.12
30-34	\$297.92	\$297.92	\$209.00	\$209.00
35-39	\$343.75	\$343.75	\$241.18	\$241.18
40-44	\$389.01	\$389.01	\$272.97	\$272.97
45-49	\$439.55	\$439.55	\$308.41	\$308.41
50-54	\$514.28	\$514.28	\$360.86	\$360.86
55-59	\$664.11	\$664.11	\$465.97	\$465.97
60-64	\$846.99	\$846.99	\$594.30	\$594.30
65-69	\$1,058.74	\$1,058.74	\$742.88	\$742.88

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

HSA Blue PPO
17-236 9/04

Optional Riders

Maternity Rider

Deductible	In-Network Coinsurance	Rate
\$1,200	80%	\$276.49
\$3,100	80%	\$233.59
\$6,050	100%	\$221.87
\$3,100	100%	\$255.76

TMJ

	Rate
Individual	\$4.94
Individual and Spouse	\$9.85
Individual and Child	\$11.81
Individual, Spouse, Children	\$19.72

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$254.78	\$254.78	\$173.67	\$173.67
2-12	\$85.74	\$85.74	\$58.45	\$58.45
13-17	\$85.74	\$132.73	\$58.45	\$90.48
18-24	\$85.74	\$132.73	\$58.45	\$90.48
25-29	\$104.04	\$170.95	\$70.92	\$116.53
30-34	\$116.78	\$199.63	\$79.62	\$136.10
35-39	\$140.74	\$239.39	\$95.97	\$163.18
40-44	\$168.75	\$274.29	\$115.04	\$186.99
45-49	\$224.43	\$316.04	\$153.00	\$215.44
50-54	\$300.57	\$360.56	\$204.90	\$245.80
55-59	\$434.19	\$448.97	\$295.99	\$306.08
60-64	\$605.49	\$548.65	\$412.78	\$374.04
65-69	\$756.87	\$685.79	\$515.97	\$467.53
Individual and Spouse				
00-24	\$205.66	\$205.66	\$140.20	\$140.20
25-29	\$258.80	\$258.80	\$176.45	\$176.45
30-34	\$297.82	\$297.82	\$203.04	\$203.04
35-39	\$357.82	\$357.82	\$243.92	\$243.92
40-44	\$417.00	\$417.00	\$284.27	\$284.27
45-49	\$491.59	\$491.59	\$335.11	\$335.11
50-54	\$613.28	\$613.28	\$418.07	\$418.07
55-59	\$819.02	\$819.02	\$558.34	\$558.34
60-64	\$1,070.06	\$1,070.06	\$729.48	\$729.48
65-69	\$1,337.57	\$1,337.57	\$911.87	\$911.87
Individual and Child				
00-24	\$227.00	\$285.11	\$154.76	\$194.36
25-29	\$249.61	\$332.41	\$170.16	\$226.61
30-34	\$265.39	\$367.91	\$180.92	\$250.81
35-39	\$295.07	\$417.08	\$201.16	\$284.33
40-44	\$329.70	\$460.30	\$224.77	\$313.82
45-49	\$369.22	\$473.18	\$251.71	\$322.58
50-54	\$416.33	\$478.55	\$283.81	\$326.24
55-59	\$554.93	\$570.21	\$378.32	\$388.74
60-64	\$732.57	\$673.60	\$499.41	\$459.21
65-69	\$915.71	\$842.00	\$624.26	\$574.01
Individual, Spouse, and Child				
00-24	\$357.97	\$357.97	\$244.03	\$244.03
25-29	\$421.94	\$421.94	\$287.67	\$287.67
30-34	\$468.81	\$468.81	\$319.61	\$319.61
35-39	\$541.00	\$541.00	\$368.82	\$368.82
40-44	\$612.26	\$612.26	\$417.39	\$417.39
45-49	\$691.78	\$691.78	\$471.59	\$471.59
50-54	\$809.40	\$809.40	\$551.79	\$551.79
55-59	\$1,045.23	\$1,045.23	\$712.55	\$712.55
60-64	\$1,333.05	\$1,333.05	\$908.78	\$908.78
65-69	\$1,666.34	\$1,666.34	\$1,135.97	\$1,135.97

Exhibit A

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Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

HSA Blue PPO Plus
17-237 9/04

	Individual	Family	Individual	Family
Individual 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	\$225.18	\$225.18	\$155.43	\$155.43
2-12	\$75.78	\$75.78	\$52.30	\$52.30
13-17	\$75.78	\$117.28	\$52.30	\$80.97
18-24	\$75.78	\$117.28	\$52.30	\$80.97
25-29	\$91.94	\$151.06	\$63.46	\$104.30
30-34	\$103.19	\$176.42	\$71.25	\$121.78
35-39	\$124.40	\$211.56	\$85.85	\$146.03
40-44	\$149.14	\$242.38	\$102.95	\$167.32
45-49	\$198.29	\$279.28	\$136.91	\$192.81
50-54	\$265.65	\$318.63	\$183.37	\$219.95
55-59	\$383.72	\$396.77	\$264.88	\$273.90
60-64	\$535.06	\$484.83	\$369.39	\$334.71
65-69	\$668.84	\$606.06	\$461.74	\$418.36
Individual and Spouse				
00-24	\$181.73	\$181.73	\$125.45	\$125.45
25-29	\$228.72	\$228.72	\$157.88	\$157.88
30-34	\$263.19	\$263.19	\$181.69	\$181.69
35-39	\$316.23	\$316.23	\$218.28	\$218.28
40-44	\$368.52	\$368.52	\$254.38	\$254.38
45-49	\$434.43	\$434.43	\$299.87	\$299.87
50-54	\$541.99	\$541.99	\$374.12	\$374.12
55-59	\$723.86	\$723.86	\$499.64	\$499.64
60-64	\$945.70	\$945.70	\$652.78	\$652.78
65-69	\$1,182.10	\$1,182.10	\$816.00	\$816.00
Individual and Child				
00-24	\$200.59	\$251.96	\$138.48	\$173.93
25-29	\$220.57	\$293.75	\$152.27	\$202.79
30-34	\$234.51	\$325.11	\$161.89	\$224.43
35-39	\$260.74	\$368.62	\$180.01	\$254.43
40-44	\$291.34	\$406.75	\$201.13	\$280.80
45-49	\$326.29	\$418.17	\$225.25	\$288.69
50-54	\$367.93	\$422.92	\$253.99	\$291.93
55-59	\$490.41	\$503.91	\$338.54	\$347.86
60-64	\$647.40	\$595.28	\$446.91	\$410.92
65-69	\$809.23	\$744.11	\$558.63	\$513.66
Individual, Spouse, and Child				
00-24	\$316.38	\$316.38	\$218.38	\$218.38
25-29	\$372.95	\$372.95	\$257.40	\$257.40
30-34	\$414.36	\$414.36	\$286.00	\$286.00
35-39	\$478.14	\$478.14	\$330.03	\$330.03
40-44	\$541.07	\$541.07	\$373.51	\$373.51
45-49	\$611.36	\$611.36	\$422.02	\$422.02
50-54	\$715.28	\$715.28	\$493.78	\$493.78
55-59	\$923.74	\$923.74	\$637.66	\$637.66
60-64	\$1,178.10	\$1,178.10	\$813.21	\$813.21
65-69	\$1,472.65	\$1,472.65	\$1,016.54	\$1,016.54

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO Plus
17-237 9/04

Optional Riders

Maternity Rider

Deductible	In-Network Coinsurance	Rate
\$1,200	80%	\$307.49
\$3,100	80%	\$259.79
\$6,050	100%	\$246.75
\$3,100	100%	\$284.44

TMJ

	Rate
Individual	\$5.48
Individual and Spouse	\$10.95
Individual and Child	\$13.14
Individual, Spouse, Children	\$21.93

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$225.96	\$225.96	\$201.41	\$201.41
2-12	\$76.05	\$76.05	\$67.80	\$67.80
13-17	\$76.05	\$117.72	\$67.80	\$104.92
18-24	\$76.05	\$117.72	\$67.80	\$104.92
25-29	\$92.28	\$151.63	\$82.24	\$135.13
30-34	\$103.59	\$177.07	\$92.31	\$157.82
35-39	\$124.83	\$212.32	\$111.26	\$189.24
40-44	\$149.67	\$243.27	\$133.40	\$216.83
45-49	\$199.05	\$280.31	\$177.41	\$249.85
50-54	\$266.57	\$319.79	\$237.62	\$285.04
55-59	\$385.10	\$398.20	\$343.25	\$354.92
60-64	\$537.03	\$486.62	\$478.67	\$433.74
65-69	\$671.30	\$608.27	\$598.36	\$542.15
Individual and Spouse				
00-24	\$182.39	\$182.39	\$162.57	\$162.57
25-29	\$229.56	\$229.56	\$204.62	\$204.62
30-34	\$264.16	\$264.16	\$235.46	\$235.46
35-39	\$317.35	\$317.35	\$282.86	\$282.86
40-44	\$369.84	\$369.84	\$329.65	\$329.65
45-49	\$435.99	\$435.99	\$388.62	\$388.62
50-54	\$543.94	\$543.94	\$484.83	\$484.83
55-59	\$726.41	\$726.41	\$647.48	\$647.48
60-64	\$949.08	\$949.08	\$845.94	\$845.94
65-69	\$1,186.37	\$1,186.37	\$1,057.42	\$1,057.42
Individual and Child				
00-24	\$201.34	\$252.87	\$179.46	\$225.39
25-29	\$221.38	\$294.83	\$197.34	\$262.82
30-34	\$235.37	\$326.29	\$209.79	\$290.84
35-39	\$261.71	\$369.94	\$233.28	\$329.72
40-44	\$292.43	\$408.27	\$260.65	\$363.89
45-49	\$327.48	\$419.70	\$291.90	\$374.09
50-54	\$369.26	\$424.43	\$329.11	\$378.32
55-59	\$492.20	\$505.75	\$438.71	\$450.78
60-64	\$649.74	\$597.43	\$579.14	\$532.51
65-69	\$812.19	\$746.80	\$723.91	\$665.65
Individual, Spouse, and Child				
00-24	\$317.50	\$317.50	\$282.99	\$282.99
25-29	\$374.24	\$374.24	\$333.57	\$333.57
30-34	\$415.82	\$415.82	\$370.62	\$370.62
35-39	\$479.85	\$479.85	\$427.69	\$427.69
40-44	\$543.04	\$543.04	\$484.02	\$484.02
45-49	\$613.56	\$613.56	\$546.88	\$546.88
50-54	\$717.91	\$717.91	\$639.87	\$639.87
55-59	\$927.07	\$927.07	\$826.31	\$826.31
60-64	\$1,182.35	\$1,182.35	\$1,053.86	\$1,053.86
65-69	\$1,477.94	\$1,477.94	\$1,317.33	\$1,317.33

Exhibit A

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Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

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	\$171.12	\$171.12	\$162.16	\$162.16
2-12	\$57.58	\$57.58	\$54.57	\$54.57
13-17	\$57.58	\$89.15	\$54.57	\$84.47
18-24	\$57.58	\$89.15	\$54.57	\$84.47
25-29	\$69.88	\$114.84	\$66.22	\$108.82
30-34	\$78.43	\$134.09	\$74.33	\$127.07
35-39	\$94.55	\$160.79	\$89.59	\$152.37
40-44	\$113.34	\$184.23	\$107.41	\$174.57
45-49	\$150.76	\$212.29	\$142.85	\$201.18
50-54	\$201.89	\$242.20	\$191.32	\$229.50
55-59	\$291.64	\$301.58	\$276.34	\$285.77
60-64	\$406.72	\$368.53	\$385.40	\$349.22
65-69	\$508.38	\$460.65	\$481.76	\$436.51
Individual and Spouse				
00-24	\$138.14	\$138.14	\$130.88	\$130.88
25-29	\$173.85	\$173.85	\$164.72	\$164.72
30-34	\$200.04	\$200.04	\$189.57	\$189.57
35-39	\$240.33	\$240.33	\$227.74	\$227.74
40-44	\$280.11	\$280.11	\$265.42	\$265.42
45-49	\$330.18	\$330.18	\$312.89	\$312.89
50-54	\$411.95	\$411.95	\$390.34	\$390.34
55-59	\$550.13	\$550.13	\$521.31	\$521.31
60-64	\$718.76	\$718.76	\$681.10	\$681.10
65-69	\$898.45	\$898.45	\$851.38	\$851.38
Individual and Child				
00-24	\$152.49	\$191.51	\$144.50	\$181.46
25-29	\$167.65	\$223.28	\$158.88	\$211.58
30-34	\$178.24	\$247.10	\$168.92	\$234.17
35-39	\$198.21	\$280.15	\$187.82	\$265.46
40-44	\$221.46	\$309.20	\$209.85	\$292.98
45-49	\$247.99	\$317.85	\$235.02	\$301.18
50-54	\$279.64	\$321.45	\$264.99	\$304.61
55-59	\$372.76	\$383.02	\$353.20	\$362.93
60-64	\$492.08	\$452.45	\$466.28	\$428.74
65-69	\$615.07	\$565.58	\$582.86	\$535.93
Individual, Spouse, and Child				
00-24	\$240.45	\$240.45	\$227.85	\$227.85
25-29	\$283.43	\$283.43	\$268.57	\$268.57
30-34	\$314.91	\$314.91	\$298.39	\$298.39
35-39	\$363.38	\$363.38	\$344.34	\$344.34
40-44	\$411.24	\$411.24	\$389.69	\$389.69
45-49	\$464.66	\$464.66	\$440.31	\$440.31
50-54	\$543.67	\$543.67	\$515.19	\$515.19
55-59	\$702.08	\$702.08	\$665.28	\$665.28
60-64	\$895.42	\$895.42	\$848.49	\$848.49
65-69	\$1,119.28	\$1,119.28	\$1,060.62	\$1,060.62

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**Blue Solutions PPO
17-238 9/04**

Optional Riders

Maternity Rider

Deductible	Rate
\$750	\$270.24
\$1,500	\$237.24
\$3,000	\$224.19
\$5,000	\$214.48

TMJ

Individual	\$4.82
Individual and Spouse	\$9.63
Individual and Child	\$11.56
Individual, Spouse, Children	\$19.25

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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	\$251.49	\$251.49	\$245.10	\$245.10
2-12	\$84.63	\$84.63	\$82.49	\$82.49
13-17	\$84.63	\$131.00	\$82.49	\$127.66
18-24	\$84.63	\$131.00	\$82.49	\$127.66
25-29	\$102.70	\$168.70	\$100.08	\$164.40
30-34	\$115.24	\$197.04	\$112.30	\$192.01
35-39	\$138.93	\$236.28	\$135.38	\$230.26
40-44	\$166.57	\$270.71	\$162.33	\$263.83
45-49	\$221.48	\$311.93	\$215.83	\$303.97
50-54	\$296.69	\$355.89	\$289.14	\$346.83
55-59	\$428.57	\$443.13	\$417.66	\$431.84
60-64	\$597.61	\$541.50	\$582.38	\$527.72
65-69	\$747.02	\$676.93	\$728.01	\$659.68
Individual and Spouse				
00-24	\$202.98	\$202.98	\$197.82	\$197.82
25-29	\$255.45	\$255.45	\$248.96	\$248.96
30-34	\$293.95	\$293.95	\$286.46	\$286.46
35-39	\$353.18	\$353.18	\$344.19	\$344.19
40-44	\$411.60	\$411.60	\$401.10	\$401.10
45-49	\$485.22	\$485.22	\$472.86	\$472.86
50-54	\$605.36	\$605.36	\$589.93	\$589.93
55-59	\$808.48	\$808.48	\$787.88	\$787.88
60-64	\$1,056.25	\$1,056.25	\$1,029.36	\$1,029.36
65-69	\$1,320.29	\$1,320.29	\$1,286.67	\$1,286.67
Individual and Child				
00-24	\$224.05	\$281.41	\$218.34	\$274.26
25-29	\$246.35	\$328.08	\$240.07	\$319.73
30-34	\$261.94	\$363.10	\$255.25	\$353.85
35-39	\$291.21	\$411.68	\$283.81	\$401.21
40-44	\$325.41	\$454.30	\$317.11	\$442.72
45-49	\$364.44	\$467.05	\$355.15	\$455.16
50-54	\$410.94	\$472.34	\$400.46	\$460.31
55-59	\$547.75	\$562.82	\$533.79	\$548.48
60-64	\$723.09	\$664.88	\$704.66	\$647.95
65-69	\$903.85	\$831.12	\$880.83	\$809.94
Individual, Spouse, and Child				
00-24	\$353.36	\$353.36	\$344.35	\$344.35
25-29	\$416.54	\$416.54	\$405.91	\$405.91
30-34	\$462.81	\$462.81	\$451.01	\$451.01
35-39	\$534.02	\$534.02	\$520.43	\$520.43
40-44	\$604.35	\$604.35	\$588.93	\$588.93
45-49	\$682.81	\$682.81	\$665.42	\$665.42
50-54	\$798.93	\$798.93	\$778.57	\$778.57
55-59	\$1,031.72	\$1,031.72	\$1,005.44	\$1,005.44
60-64	\$1,315.80	\$1,315.80	\$1,282.30	\$1,282.30
65-69	\$1,644.80	\$1,644.80	\$1,602.90	\$1,602.90

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

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	\$229.93	\$229.93	\$224.26	\$224.26
2-12	\$77.40	\$77.40	\$75.48	\$75.48
13-17	\$77.40	\$119.78	\$75.48	\$116.83
18-24	\$77.40	\$119.78	\$75.48	\$116.83
25-29	\$93.90	\$154.25	\$91.58	\$150.44
30-34	\$105.38	\$180.15	\$102.76	\$175.69
35-39	\$127.02	\$216.04	\$123.89	\$210.70
40-44	\$152.28	\$247.51	\$148.54	\$241.41
45-49	\$202.49	\$285.19	\$197.50	\$278.15
50-54	\$271.26	\$325.37	\$264.55	\$317.34
55-59	\$391.85	\$405.15	\$382.16	\$395.15
60-64	\$546.40	\$495.10	\$532.89	\$482.86
65-69	\$683.02	\$618.91	\$666.13	\$603.61
Individual and Spouse				
00-24	\$185.57	\$185.57	\$180.99	\$180.99
25-29	\$233.56	\$233.56	\$227.80	\$227.80
30-34	\$268.75	\$268.75	\$262.11	\$262.11
35-39	\$322.92	\$322.92	\$314.93	\$314.93
40-44	\$376.31	\$376.31	\$367.02	\$367.02
45-49	\$443.65	\$443.65	\$432.68	\$432.68
50-54	\$553.48	\$553.48	\$539.80	\$539.80
55-59	\$739.17	\$739.17	\$720.91	\$720.91
60-64	\$965.73	\$965.73	\$941.86	\$941.86
65-69	\$1,207.13	\$1,207.13	\$1,177.30	\$1,177.30
Individual and Child				
00-24	\$204.84	\$257.29	\$199.78	\$250.93
25-29	\$225.22	\$299.97	\$219.67	\$292.57
30-34	\$239.47	\$332.00	\$233.54	\$323.79
35-39	\$266.28	\$376.42	\$259.68	\$367.11
40-44	\$297.53	\$415.36	\$290.16	\$405.11
45-49	\$333.21	\$427.03	\$324.98	\$416.48
50-54	\$375.71	\$431.87	\$366.44	\$421.20
55-59	\$500.81	\$514.59	\$488.42	\$501.86
60-64	\$661.13	\$607.90	\$644.78	\$592.88
65-69	\$826.38	\$759.88	\$805.96	\$741.12
Individual, Spouse, and Child				
00-24	\$323.09	\$323.09	\$315.09	\$315.09
25-29	\$380.84	\$380.84	\$371.42	\$371.42
30-34	\$423.15	\$423.15	\$412.68	\$412.68
35-39	\$488.27	\$488.27	\$476.21	\$476.21
40-44	\$552.57	\$552.57	\$538.90	\$538.90
45-49	\$624.29	\$624.29	\$608.87	\$608.87
50-54	\$730.47	\$730.47	\$712.42	\$712.42
55-59	\$943.30	\$943.30	\$919.99	\$919.99
60-64	\$1,203.05	\$1,203.05	\$1,173.31	\$1,173.31
65-69	\$1,503.84	\$1,503.84	\$1,466.68	\$1,466.68

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$182.75	\$182.75	\$199.72	\$199.72
2-12	\$61.51	\$61.51	\$67.21	\$67.21
13-17	\$61.51	\$95.21	\$67.21	\$104.04
18-24	\$61.51	\$95.21	\$67.21	\$104.04
25-29	\$74.62	\$122.60	\$81.54	\$133.96
30-34	\$83.77	\$143.18	\$91.52	\$156.47
35-39	\$100.95	\$171.71	\$110.33	\$187.63
40-44	\$121.03	\$196.72	\$132.28	\$214.99
45-49	\$160.94	\$226.67	\$175.87	\$247.70
50-54	\$215.59	\$258.61	\$235.61	\$282.61
55-59	\$311.44	\$322.03	\$340.35	\$351.90
60-64	\$434.29	\$393.51	\$474.58	\$430.02
65-69	\$542.86	\$491.90	\$593.23	\$537.56
Individual and Spouse				
00-24	\$147.51	\$147.51	\$161.19	\$161.19
25-29	\$185.65	\$185.65	\$202.86	\$202.86
30-34	\$213.60	\$213.60	\$233.42	\$233.42
35-39	\$256.67	\$256.67	\$280.46	\$280.46
40-44	\$299.10	\$299.10	\$326.83	\$326.83
45-49	\$352.59	\$352.59	\$385.33	\$385.33
50-54	\$439.91	\$439.91	\$480.73	\$480.73
55-59	\$587.50	\$587.50	\$642.02	\$642.02
60-64	\$767.57	\$767.57	\$838.78	\$838.78
65-69	\$959.43	\$959.43	\$1,048.47	\$1,048.47
Individual and Child				
00-24	\$162.80	\$204.50	\$177.92	\$223.48
25-29	\$179.03	\$238.41	\$195.62	\$260.54
30-34	\$190.34	\$263.86	\$207.98	\$288.35
35-39	\$211.62	\$299.17	\$231.27	\$326.93
40-44	\$236.47	\$330.14	\$258.40	\$360.76
45-49	\$264.83	\$339.40	\$289.40	\$370.89
50-54	\$298.62	\$343.25	\$326.33	\$375.10
55-59	\$398.04	\$408.98	\$434.96	\$446.93
60-64	\$525.46	\$483.15	\$574.22	\$528.00
65-69	\$656.81	\$603.97	\$717.76	\$660.00
Individual, Spouse, and Child				
00-24	\$256.78	\$256.78	\$280.62	\$280.62
25-29	\$302.70	\$302.70	\$330.77	\$330.77
30-34	\$336.32	\$336.32	\$367.52	\$367.52
35-39	\$388.08	\$388.08	\$424.08	\$424.08
40-44	\$439.18	\$439.18	\$479.91	\$479.91
45-49	\$496.20	\$496.20	\$542.24	\$542.24
50-54	\$580.57	\$580.57	\$634.46	\$634.46
55-59	\$749.73	\$749.73	\$819.31	\$819.31
60-64	\$956.18	\$956.18	\$1,044.90	\$1,044.90
65-69	\$1,195.25	\$1,195.25	\$1,306.17	\$1,306.17

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

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	\$146.07	\$146.07	\$120.33	\$120.33
2-12	\$49.17	\$49.17	\$40.49	\$40.49
13-17	\$49.17	\$76.08	\$40.49	\$62.67
18-24	\$49.17	\$76.08	\$40.49	\$62.67
25-29	\$59.64	\$97.99	\$49.14	\$80.72
30-34	\$66.93	\$114.43	\$55.14	\$94.29
35-39	\$80.69	\$137.22	\$66.47	\$113.06
40-44	\$96.73	\$157.23	\$79.69	\$129.54
45-49	\$128.63	\$181.15	\$105.97	\$149.26
50-54	\$172.32	\$206.68	\$141.96	\$170.29
55-59	\$248.91	\$257.35	\$205.05	\$212.05
60-64	\$347.08	\$314.48	\$285.94	\$259.11
65-69	\$433.84	\$393.14	\$357.43	\$323.89
Individual and Spouse				
00-24	\$117.88	\$117.88	\$97.12	\$97.12
25-29	\$148.37	\$148.37	\$122.24	\$122.24
30-34	\$170.72	\$170.72	\$140.64	\$140.64
35-39	\$205.13	\$205.13	\$168.98	\$168.98
40-44	\$239.02	\$239.02	\$196.94	\$196.94
45-49	\$281.79	\$281.79	\$232.17	\$232.17
50-54	\$351.57	\$351.57	\$289.65	\$289.65
55-59	\$469.53	\$469.53	\$386.85	\$386.85
60-64	\$613.43	\$613.43	\$505.41	\$505.41
65-69	\$766.77	\$766.77	\$631.73	\$631.73
Individual and Child				
00-24	\$130.11	\$163.43	\$107.20	\$134.65
25-29	\$143.07	\$190.54	\$117.87	\$156.98
30-34	\$152.11	\$210.87	\$125.33	\$173.75
35-39	\$169.12	\$239.10	\$139.35	\$196.99
40-44	\$189.00	\$263.83	\$155.71	\$217.37
45-49	\$211.63	\$271.25	\$174.37	\$223.49
50-54	\$238.65	\$274.31	\$196.63	\$226.01
55-59	\$318.10	\$326.86	\$262.09	\$269.30
60-64	\$419.94	\$386.13	\$345.98	\$318.12
65-69	\$524.91	\$482.67	\$432.48	\$397.67
Individual, Spouse, and Child				
00-24	\$205.21	\$205.21	\$169.08	\$169.08
25-29	\$241.91	\$241.91	\$199.31	\$199.31
30-34	\$268.77	\$268.77	\$221.44	\$221.44
35-39	\$310.13	\$310.13	\$255.53	\$255.53
40-44	\$350.99	\$350.99	\$289.16	\$289.16
45-49	\$396.55	\$396.55	\$326.72	\$326.72
50-54	\$463.97	\$463.97	\$382.28	\$382.28
55-59	\$599.17	\$599.17	\$493.66	\$493.66
60-64	\$764.18	\$764.18	\$629.60	\$629.60
65-69	\$955.24	\$955.24	\$787.01	\$787.01

Exhibit A

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Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

BlueChoice
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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	\$113.82	\$113.82	\$79.39	\$79.39
2-12	\$38.30	\$38.30	\$26.70	\$26.70
13-17	\$38.30	\$59.30	\$26.70	\$41.35
18-24	\$38.30	\$59.30	\$26.70	\$41.35
25-29	\$46.48	\$76.35	\$32.41	\$53.23
30-34	\$52.16	\$89.16	\$36.37	\$62.18
35-39	\$62.88	\$106.92	\$43.84	\$74.58
40-44	\$75.37	\$122.51	\$52.57	\$85.45
45-49	\$100.23	\$141.17	\$69.90	\$98.46
50-54	\$134.27	\$161.07	\$93.65	\$112.33
55-59	\$193.95	\$200.55	\$135.26	\$139.85
60-64	\$270.46	\$245.06	\$188.63	\$170.91
65-69	\$338.07	\$306.34	\$235.78	\$213.66
Individual and Spouse				
00-24	\$91.86	\$91.86	\$64.07	\$64.07
25-29	\$115.61	\$115.61	\$80.63	\$80.63
30-34	\$133.03	\$133.03	\$92.77	\$92.77
35-39	\$159.84	\$159.84	\$111.47	\$111.47
40-44	\$186.26	\$186.26	\$129.92	\$129.92
45-49	\$219.59	\$219.59	\$153.15	\$153.15
50-54	\$273.97	\$273.97	\$191.06	\$191.06
55-59	\$365.89	\$365.89	\$255.16	\$255.16
60-64	\$478.03	\$478.03	\$333.39	\$333.39
65-69	\$597.51	\$597.51	\$416.72	\$416.72
Individual and Child				
00-24	\$101.39	\$127.36	\$70.72	\$88.83
25-29	\$111.48	\$148.48	\$77.76	\$103.56
30-34	\$118.53	\$164.33	\$82.67	\$114.61
35-39	\$131.78	\$186.33	\$91.91	\$129.95
40-44	\$147.27	\$205.59	\$102.71	\$143.38
45-49	\$164.92	\$211.37	\$115.02	\$147.41
50-54	\$185.97	\$213.77	\$129.70	\$149.08
55-59	\$247.88	\$254.70	\$172.88	\$177.63
60-64	\$327.24	\$300.92	\$228.22	\$209.85
65-69	\$409.06	\$376.13	\$285.27	\$262.32
Individual, Spouse, and Child				
00-24	\$159.91	\$159.91	\$111.52	\$111.52
25-29	\$188.50	\$188.50	\$131.47	\$131.47
30-34	\$209.43	\$209.43	\$146.08	\$146.08
35-39	\$241.68	\$241.68	\$168.55	\$168.55
40-44	\$273.49	\$273.49	\$190.74	\$190.74
45-49	\$309.01	\$309.01	\$215.53	\$215.53
50-54	\$361.56	\$361.56	\$252.17	\$252.17
55-59	\$466.90	\$466.90	\$325.63	\$325.63
60-64	\$595.49	\$595.49	\$415.31	\$415.31
65-69	\$744.38	\$744.38	\$519.15	\$519.15

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$93.06	\$93.06	\$54.32	\$54.32
2-12	\$31.33	\$31.33	\$18.29	\$18.29
13-17	\$31.33	\$48.47	\$18.29	\$28.30
18-24	\$31.33	\$48.47	\$18.29	\$28.30
25-29	\$37.98	\$62.42	\$22.17	\$36.44
30-34	\$42.65	\$72.92	\$24.89	\$42.56
35-39	\$51.40	\$87.43	\$30.00	\$51.02
40-44	\$61.64	\$100.18	\$35.98	\$58.46
45-49	\$81.94	\$115.42	\$47.83	\$67.37
50-54	\$109.78	\$131.69	\$64.07	\$76.87
55-59	\$158.57	\$163.96	\$92.56	\$95.71
60-64	\$221.13	\$200.35	\$129.06	\$116.96
65-69	\$276.40	\$250.45	\$161.33	\$146.20
Individual and Spouse				
00-24	\$75.11	\$75.11	\$43.84	\$43.84
25-29	\$94.53	\$94.53	\$55.19	\$55.19
30-34	\$108.76	\$108.76	\$63.48	\$63.48
35-39	\$130.68	\$130.68	\$76.28	\$76.28
40-44	\$152.28	\$152.28	\$88.89	\$88.89
45-49	\$179.54	\$179.54	\$104.80	\$104.80
50-54	\$224.00	\$224.00	\$130.74	\$130.74
55-59	\$299.14	\$299.14	\$174.60	\$174.60
60-64	\$390.82	\$390.82	\$228.12	\$228.12
65-69	\$488.53	\$488.53	\$285.15	\$285.15
Individual and Child				
00-24	\$82.90	\$104.12	\$48.39	\$60.77
25-29	\$91.14	\$121.38	\$53.20	\$70.86
30-34	\$96.91	\$134.34	\$56.57	\$78.42
35-39	\$107.76	\$152.35	\$62.90	\$88.92
40-44	\$120.42	\$168.10	\$70.27	\$98.13
45-49	\$134.83	\$172.80	\$78.70	\$100.86
50-54	\$152.05	\$174.78	\$88.74	\$102.00
55-59	\$202.67	\$208.25	\$118.29	\$121.54
60-64	\$267.56	\$246.02	\$156.18	\$143.59
65-69	\$334.43	\$307.53	\$195.20	\$179.50
Individual, Spouse, and Child				
00-24	\$130.75	\$130.75	\$76.31	\$76.31
25-29	\$154.14	\$154.14	\$89.96	\$89.96
30-34	\$171.24	\$171.24	\$99.95	\$99.95
35-39	\$197.60	\$197.60	\$115.33	\$115.33
40-44	\$223.61	\$223.61	\$130.51	\$130.51
45-49	\$252.65	\$252.65	\$147.47	\$147.47
50-54	\$295.60	\$295.60	\$172.54	\$172.54
55-59	\$381.75	\$381.75	\$222.83	\$222.83
60-64	\$486.85	\$486.85	\$284.16	\$284.16
65-69	\$608.59	\$608.59	\$355.22	\$355.22

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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	\$239.63	\$239.63	\$233.23	\$233.23
2-12	\$80.65	\$80.65	\$78.50	\$78.50
13-17	\$80.65	\$124.82	\$78.50	\$121.49
18-24	\$80.65	\$124.82	\$78.50	\$121.49
25-29	\$97.85	\$160.74	\$95.23	\$156.44
30-34	\$109.81	\$187.74	\$106.87	\$182.72
35-39	\$132.37	\$225.13	\$128.83	\$219.12
40-44	\$158.70	\$257.94	\$154.46	\$251.05
45-49	\$211.02	\$297.20	\$205.39	\$289.26
50-54	\$282.69	\$339.08	\$275.11	\$330.01
55-59	\$408.35	\$422.21	\$397.43	\$410.92
60-64	\$569.40	\$515.95	\$554.17	\$502.15
65-69	\$711.77	\$644.97	\$692.72	\$627.73
Individual and Spouse				
00-24	\$193.40	\$193.40	\$188.22	\$188.22
25-29	\$243.40	\$243.40	\$236.89	\$236.89
30-34	\$280.07	\$280.07	\$272.58	\$272.58
35-39	\$336.50	\$336.50	\$327.51	\$327.51
40-44	\$392.15	\$392.15	\$381.68	\$381.68
45-49	\$462.31	\$462.31	\$449.96	\$449.96
50-54	\$576.78	\$576.78	\$561.35	\$561.35
55-59	\$770.31	\$770.31	\$749.70	\$749.70
60-64	\$1,006.39	\$1,006.39	\$979.48	\$979.48
65-69	\$1,257.98	\$1,257.98	\$1,224.32	\$1,224.32
Individual and Child				
00-24	\$213.47	\$268.13	\$207.76	\$260.95
25-29	\$234.73	\$312.59	\$228.45	\$304.24
30-34	\$249.54	\$345.97	\$242.89	\$336.71
35-39	\$277.48	\$392.26	\$270.05	\$381.76
40-44	\$310.04	\$432.86	\$301.75	\$421.28
45-49	\$347.23	\$445.01	\$337.94	\$433.12
50-54	\$391.54	\$450.06	\$381.05	\$438.01
55-59	\$521.87	\$536.24	\$507.92	\$521.91
60-64	\$688.95	\$633.50	\$670.53	\$616.56
65-69	\$861.18	\$791.88	\$838.16	\$770.70
Individual, Spouse, and Child				
00-24	\$336.69	\$336.69	\$327.68	\$327.68
25-29	\$396.86	\$396.86	\$386.27	\$386.27
30-34	\$440.96	\$440.96	\$429.16	\$429.16
35-39	\$508.81	\$508.81	\$495.23	\$495.23
40-44	\$575.82	\$575.82	\$560.42	\$560.42
45-49	\$650.60	\$650.60	\$633.19	\$633.19
50-54	\$761.22	\$761.22	\$740.85	\$740.85
55-59	\$983.01	\$983.01	\$956.73	\$956.73
60-64	\$1,253.71	\$1,253.71	\$1,220.17	\$1,220.17
65-69	\$1,567.15	\$1,567.15	\$1,525.25	\$1,525.25

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$218.07	\$218.07	\$212.39	\$212.39
2-12	\$73.40	\$73.40	\$71.49	\$71.49
13-17	\$73.40	\$113.59	\$71.49	\$110.63
18-24	\$73.40	\$113.59	\$71.49	\$110.63
25-29	\$89.05	\$146.26	\$86.73	\$142.47
30-34	\$99.94	\$170.85	\$97.32	\$166.38
35-39	\$120.46	\$204.88	\$117.32	\$199.55
40-44	\$144.43	\$234.74	\$140.66	\$228.61
45-49	\$192.06	\$270.47	\$187.03	\$263.42
50-54	\$257.26	\$308.58	\$250.55	\$300.53
55-59	\$371.62	\$384.23	\$361.93	\$374.23
60-64	\$518.18	\$469.54	\$504.68	\$457.30
65-69	\$647.73	\$586.96	\$630.87	\$571.66
Individual and Spouse				
00-24	\$176.00	\$176.00	\$171.41	\$171.41
25-29	\$221.51	\$221.51	\$215.72	\$215.72
30-34	\$254.88	\$254.88	\$248.24	\$248.24
35-39	\$306.24	\$306.24	\$298.25	\$298.25
40-44	\$356.87	\$356.87	\$347.58	\$347.58
45-49	\$420.73	\$420.73	\$409.75	\$409.75
50-54	\$524.90	\$524.90	\$511.23	\$511.23
55-59	\$701.02	\$701.02	\$682.74	\$682.74
60-64	\$915.86	\$915.86	\$891.99	\$891.99
65-69	\$1,144.82	\$1,144.82	\$1,114.98	\$1,114.98
Individual and Child				
00-24	\$194.27	\$244.01	\$189.20	\$237.65
25-29	\$213.60	\$284.48	\$208.04	\$277.07
30-34	\$227.11	\$314.85	\$221.18	\$306.65
35-39	\$252.51	\$356.96	\$245.94	\$347.68
40-44	\$282.16	\$393.92	\$274.81	\$383.66
45-49	\$315.99	\$404.99	\$307.75	\$394.43
50-54	\$356.31	\$409.56	\$347.03	\$398.90
55-59	\$474.94	\$488.02	\$462.55	\$475.31
60-64	\$626.98	\$576.50	\$610.64	\$561.50
65-69	\$783.72	\$720.65	\$763.30	\$701.86
Individual, Spouse, and Child				
00-24	\$306.40	\$306.40	\$298.40	\$298.40
25-29	\$361.18	\$361.18	\$351.77	\$351.77
30-34	\$401.30	\$401.30	\$390.83	\$390.83
35-39	\$463.05	\$463.05	\$450.99	\$450.99
40-44	\$524.02	\$524.02	\$510.36	\$510.36
45-49	\$592.06	\$592.06	\$576.63	\$576.63
50-54	\$692.73	\$692.73	\$674.70	\$674.70
55-59	\$894.60	\$894.60	\$871.28	\$871.28
60-64	\$1,140.94	\$1,140.94	\$1,111.21	\$1,111.21
65-69	\$1,426.19	\$1,426.19	\$1,389.01	\$1,389.01

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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	\$170.88	\$170.88	\$187.85	\$187.85
2-12	\$57.52	\$57.52	\$63.21	\$63.21
13-17	\$57.52	\$89.03	\$63.21	\$97.85
18-24	\$57.52	\$89.03	\$63.21	\$97.85
25-29	\$69.79	\$114.62	\$76.72	\$126.00
30-34	\$78.31	\$133.89	\$86.07	\$147.15
35-39	\$94.40	\$160.56	\$103.77	\$176.48
40-44	\$113.17	\$183.95	\$124.41	\$202.20
45-49	\$150.48	\$211.95	\$165.42	\$232.98
50-54	\$201.59	\$241.81	\$221.59	\$265.80
55-59	\$291.20	\$301.10	\$320.10	\$330.98
60-64	\$406.07	\$367.94	\$446.36	\$404.45
65-69	\$507.59	\$459.95	\$557.96	\$505.60
Individual and Spouse				
00-24	\$137.91	\$137.91	\$151.61	\$151.61
25-29	\$173.58	\$173.58	\$190.81	\$190.81
30-34	\$199.73	\$199.73	\$219.55	\$219.55
35-39	\$239.99	\$239.99	\$263.78	\$263.78
40-44	\$279.65	\$279.65	\$307.42	\$307.42
45-49	\$329.70	\$329.70	\$362.42	\$362.42
50-54	\$411.33	\$411.33	\$452.15	\$452.15
55-59	\$549.34	\$549.34	\$603.86	\$603.86
60-64	\$717.71	\$717.71	\$788.92	\$788.92
65-69	\$897.11	\$897.11	\$986.14	\$986.14
Individual and Child				
00-24	\$152.24	\$191.22	\$167.34	\$210.19
25-29	\$167.39	\$222.94	\$184.00	\$245.05
30-34	\$177.97	\$246.72	\$195.62	\$271.21
35-39	\$197.88	\$279.74	\$217.51	\$307.49
40-44	\$221.10	\$308.69	\$243.06	\$339.33
45-49	\$247.62	\$317.35	\$272.21	\$348.86
50-54	\$279.23	\$320.95	\$306.93	\$352.81
55-59	\$372.18	\$382.43	\$409.11	\$420.38
60-64	\$491.32	\$451.77	\$540.08	\$496.60
65-69	\$614.14	\$564.72	\$675.09	\$620.75
Individual, Spouse, and Child				
00-24	\$240.11	\$240.11	\$263.93	\$263.93
25-29	\$283.02	\$283.02	\$311.12	\$311.12
30-34	\$314.47	\$314.47	\$345.67	\$345.67
35-39	\$362.86	\$362.86	\$398.87	\$398.87
40-44	\$410.63	\$410.63	\$451.39	\$451.39
45-49	\$463.95	\$463.95	\$509.99	\$509.99
50-54	\$542.86	\$542.86	\$596.72	\$596.72
55-59	\$701.03	\$701.03	\$770.60	\$770.60
60-64	\$894.06	\$894.06	\$982.80	\$982.80
65-69	\$1,117.61	\$1,117.61	\$1,228.52	\$1,228.52

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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	\$134.20	\$134.20	\$111.14	\$111.14
2-12	\$45.16	\$45.16	\$37.40	\$37.40
13-17	\$45.16	\$69.89	\$37.40	\$57.90
18-24	\$45.16	\$69.89	\$37.40	\$57.90
25-29	\$54.80	\$90.00	\$45.38	\$74.57
30-34	\$61.50	\$105.11	\$50.94	\$87.07
35-39	\$74.13	\$126.07	\$61.39	\$104.43
40-44	\$88.86	\$144.44	\$73.61	\$119.64
45-49	\$118.16	\$166.43	\$97.88	\$137.86
50-54	\$158.29	\$189.89	\$131.12	\$157.28
55-59	\$228.66	\$236.44	\$189.41	\$195.83
60-64	\$318.85	\$288.92	\$264.11	\$239.31
65-69	\$398.57	\$361.18	\$330.15	\$299.16
Individual and Spouse				
00-24	\$108.30	\$108.30	\$89.70	\$89.70
25-29	\$136.31	\$136.31	\$112.89	\$112.89
30-34	\$156.83	\$156.83	\$129.92	\$129.92
35-39	\$188.44	\$188.44	\$156.08	\$156.08
40-44	\$219.59	\$219.59	\$181.89	\$181.89
45-49	\$258.89	\$258.89	\$214.43	\$214.43
50-54	\$322.98	\$322.98	\$267.52	\$267.52
55-59	\$431.37	\$431.37	\$357.29	\$357.29
60-64	\$563.56	\$563.56	\$466.80	\$466.80
65-69	\$704.44	\$704.44	\$583.49	\$583.49
Individual and Child				
00-24	\$119.55	\$150.16	\$99.03	\$124.36
25-29	\$131.45	\$175.05	\$108.88	\$144.98
30-34	\$139.74	\$193.74	\$115.75	\$160.46
35-39	\$155.37	\$219.67	\$128.70	\$181.95
40-44	\$173.63	\$242.38	\$143.81	\$200.78
45-49	\$194.44	\$249.19	\$161.07	\$206.42
50-54	\$219.25	\$252.01	\$181.60	\$208.76
55-59	\$292.24	\$300.28	\$242.07	\$248.73
60-64	\$385.79	\$354.74	\$319.55	\$293.84
65-69	\$482.25	\$443.44	\$399.45	\$367.28
Individual, Spouse, and Child				
00-24	\$188.54	\$188.54	\$156.18	\$156.18
25-29	\$222.25	\$222.25	\$184.08	\$184.08
30-34	\$246.93	\$246.93	\$204.52	\$204.52
35-39	\$284.92	\$284.92	\$236.02	\$236.02
40-44	\$322.44	\$322.44	\$267.09	\$267.09
45-49	\$364.32	\$364.32	\$301.76	\$301.76
50-54	\$426.27	\$426.27	\$353.08	\$353.08
55-59	\$550.47	\$550.47	\$455.97	\$455.97
60-64	\$702.04	\$702.04	\$581.49	\$581.49
65-69	\$877.59	\$877.59	\$726.90	\$726.90

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$101.96	\$101.96	\$70.20	\$70.20
2-12	\$34.31	\$34.31	\$23.62	\$23.62
13-17	\$34.31	\$53.10	\$23.62	\$36.54
18-24	\$34.31	\$53.10	\$23.62	\$36.54
25-29	\$41.63	\$68.39	\$28.67	\$47.07
30-34	\$46.73	\$79.87	\$32.17	\$54.99
35-39	\$56.31	\$95.78	\$38.78	\$65.96
40-44	\$67.52	\$109.73	\$46.48	\$75.53
45-49	\$89.77	\$126.45	\$61.82	\$87.05
50-54	\$120.26	\$144.26	\$82.80	\$99.31
55-59	\$173.74	\$179.63	\$119.59	\$123.68
60-64	\$242.24	\$219.51	\$166.78	\$151.12
65-69	\$302.81	\$274.38	\$208.49	\$188.91
Individual and Spouse				
00-24	\$82.26	\$82.26	\$56.65	\$56.65
25-29	\$103.56	\$103.56	\$71.28	\$71.28
30-34	\$119.15	\$119.15	\$82.03	\$82.03
35-39	\$143.16	\$143.16	\$98.57	\$98.57
40-44	\$166.85	\$166.85	\$114.86	\$114.86
45-49	\$196.68	\$196.68	\$135.42	\$135.42
50-54	\$245.38	\$245.38	\$168.94	\$168.94
55-59	\$327.71	\$327.71	\$225.64	\$225.64
60-64	\$428.17	\$428.17	\$294.78	\$294.78
65-69	\$535.19	\$535.19	\$368.48	\$368.48
Individual and Child				
00-24	\$90.83	\$114.07	\$62.53	\$78.54
25-29	\$99.84	\$133.00	\$68.75	\$91.56
30-34	\$106.15	\$147.19	\$73.09	\$101.35
35-39	\$118.06	\$166.89	\$81.27	\$114.89
40-44	\$131.90	\$184.16	\$90.83	\$126.79
45-49	\$147.72	\$189.32	\$101.72	\$130.33
50-54	\$166.58	\$191.47	\$114.69	\$131.84
55-59	\$222.04	\$228.13	\$152.87	\$157.08
60-64	\$293.11	\$269.50	\$201.80	\$185.56
65-69	\$366.37	\$336.90	\$252.23	\$231.94
Individual, Spouse, and Child				
00-24	\$143.26	\$143.26	\$98.60	\$98.60
25-29	\$168.84	\$168.84	\$116.25	\$116.25
30-34	\$187.60	\$187.60	\$129.16	\$129.16
35-39	\$216.47	\$216.47	\$149.03	\$149.03
40-44	\$244.96	\$244.96	\$168.66	\$168.66
45-49	\$276.79	\$276.79	\$190.56	\$190.56
50-54	\$323.84	\$323.84	\$222.97	\$222.97
55-59	\$418.21	\$418.21	\$287.94	\$287.94
60-64	\$533.38	\$533.38	\$367.22	\$367.22
65-69	\$666.73	\$666.73	\$459.04	\$459.04

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$81.18	\$81.18	\$45.13	\$45.13
2-12	\$27.32	\$27.32	\$15.19	\$15.19
13-17	\$27.32	\$42.29	\$15.19	\$23.50
18-24	\$27.32	\$42.29	\$15.19	\$23.50
25-29	\$33.15	\$54.46	\$18.44	\$30.27
30-34	\$37.20	\$63.61	\$20.68	\$35.36
35-39	\$44.84	\$76.28	\$24.91	\$42.39
40-44	\$53.77	\$87.39	\$29.89	\$48.59
45-49	\$71.49	\$100.70	\$39.74	\$55.97
50-54	\$95.78	\$114.87	\$53.22	\$63.85
55-59	\$138.36	\$143.04	\$76.90	\$79.51
60-64	\$192.90	\$174.80	\$107.23	\$97.16
65-69	\$241.15	\$218.50	\$134.04	\$121.46
Individual and Spouse				
00-24	\$65.52	\$65.52	\$36.42	\$36.42
25-29	\$82.48	\$82.48	\$45.84	\$45.84
30-34	\$94.89	\$94.89	\$52.75	\$52.75
35-39	\$114.01	\$114.01	\$63.35	\$63.35
40-44	\$132.86	\$132.86	\$73.84	\$73.84
45-49	\$156.63	\$156.63	\$87.06	\$87.06
50-54	\$195.42	\$195.42	\$108.63	\$108.63
55-59	\$260.96	\$260.96	\$145.07	\$145.07
60-64	\$340.95	\$340.95	\$189.53	\$189.53
65-69	\$426.19	\$426.19	\$236.89	\$236.89
Individual and Child				
00-24	\$72.33	\$90.85	\$40.21	\$50.50
25-29	\$79.53	\$105.91	\$44.21	\$58.86
30-34	\$84.55	\$117.21	\$47.01	\$65.14
35-39	\$93.99	\$132.89	\$52.26	\$73.86
40-44	\$105.05	\$146.65	\$58.40	\$81.50
45-49	\$117.64	\$150.77	\$65.37	\$83.81
50-54	\$132.65	\$152.48	\$73.72	\$84.74
55-59	\$176.82	\$181.69	\$98.28	\$100.98
60-64	\$233.40	\$214.64	\$129.73	\$119.30
65-69	\$291.76	\$268.29	\$162.17	\$149.13
Individual, Spouse, and Child				
00-24	\$114.06	\$114.06	\$63.40	\$63.40
25-29	\$134.46	\$134.46	\$74.73	\$74.73
30-34	\$149.38	\$149.38	\$83.04	\$83.04
35-39	\$172.38	\$172.38	\$95.82	\$95.82
40-44	\$195.07	\$195.07	\$108.44	\$108.44
45-49	\$220.41	\$220.41	\$122.51	\$122.51
50-54	\$257.89	\$257.89	\$143.33	\$143.33
55-59	\$333.06	\$333.06	\$185.10	\$185.10
60-64	\$424.75	\$424.75	\$236.08	\$236.08
65-69	\$530.94	\$530.94	\$295.12	\$295.12

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

BlueChoice
17-247 6/06

Optional Riders

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

80% In Network Coinsurance	\$217.82
100% In Network Coinsurance	\$237.12

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$500	\$500
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	159.84	159.84	35	113.84	72.73
1	159.84	159.84	36	116.88	75.59
2	51.43	51.43	37	119.74	78.54
3	51.43	51.43	38	123.15	82.32
4	51.43	51.43	39	126.56	86.09
5	51.43	51.43	40	129.97	89.87
6	51.43	51.43	41	133.39	93.65
7	51.43	51.43	42	144.90	97.52
8	51.43	51.43	43	149.60	103.42
9	51.43	51.43	44	154.40	109.23
10	51.43	51.43	45	159.19	115.04
11	51.43	51.43	46	163.99	120.93
12	51.43	51.43	47	168.60	126.84
13	56.50	51.43	48	175.50	135.32
14	56.50	51.43	49	182.42	143.89
15	56.50	51.43	50	189.24	152.37
16	59.18	51.43	51	196.16	160.85
17	61.85	51.43	52	203.16	169.33
18	63.15	52.08	53	211.64	181.50
19	64.43	52.08	54	220.21	199.47
20	64.43	52.08	55	228.69	218.18
21	66.92	52.08	56	237.18	237.64
22	69.42	52.08	57	245.66	258.01
23	71.90	52.08	58	256.35	276.99
24	76.51	52.08	59	266.95	296.26
25	83.14	54.11	60	277.64	315.81
26	84.99	56.42	61	288.24	335.71
27	86.83	57.06	62	298.74	355.72
28	88.67	57.80	63	314.88	378.12
29	90.52	58.53	64	330.92	400.61
30	96.42	59.18	65	379.32	467.89
31	100.48	60.93	66	379.32	467.89
32	104.53	64.34	67	379.32	467.89
33	107.66	67.20	68	379.32	467.89
34	110.71	69.96	69	379.32	467.89

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$1,000	\$1,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	141.24	141.24	35	100.59	64.27
1	141.24	141.24	36	103.28	66.79
2	45.45	45.45	37	105.80	69.39
3	45.45	45.45	38	108.81	72.73
4	45.45	45.45	39	111.83	76.07
5	45.45	45.45	40	114.84	79.41
6	45.45	45.45	41	117.86	82.76
7	45.45	45.45	42	128.04	86.17
8	45.45	45.45	43	132.19	91.39
9	45.45	45.45	44	136.43	96.51
10	45.45	45.45	45	140.66	101.65
11	45.45	45.45	46	144.90	106.86
12	45.45	45.45	47	148.97	112.07
13	49.93	45.45	48	155.08	119.57
14	49.93	45.45	49	161.19	127.14
15	49.93	45.45	50	167.21	134.64
16	52.29	45.45	51	173.32	142.13
17	54.65	45.45	52	179.51	149.62
18	55.79	46.02	53	187.01	160.37
19	56.93	46.02	54	194.58	176.25
20	56.93	46.02	55	202.08	192.79
21	59.13	46.02	56	209.56	209.97
22	61.33	46.02	57	217.06	227.98
23	63.53	46.02	58	226.51	244.76
24	67.60	46.02	59	235.87	261.77
25	73.47	47.81	60	245.33	279.05
26	75.09	49.85	61	254.69	296.64
27	76.73	50.42	62	263.98	314.31
28	78.35	51.07	63	278.23	334.10
29	79.98	51.72	64	292.40	353.97
30	85.19	52.29	65	335.16	413.43
31	88.78	53.83	66	335.16	413.43
32	92.36	56.85	67	335.16	413.43
33	95.13	59.38	68	335.16	413.43
34	97.82	61.82	69	335.16	413.43

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	123.03	123.03	35	87.62	55.98
1	123.03	123.03	36	89.97	58.18
2	39.59	39.59	37	92.17	60.44
3	39.59	39.59	38	94.79	63.35
4	39.59	39.59	39	97.41	66.26
5	39.59	39.59	40	100.04	69.17
6	39.59	39.59	41	102.66	72.08
7	39.59	39.59	42	111.53	75.07
8	39.59	39.59	43	115.16	79.61
9	39.59	39.59	44	118.85	84.07
10	39.59	39.59	45	122.54	88.54
11	39.59	39.59	46	126.23	93.09
12	39.59	39.59	47	129.77	97.62
13	43.49	39.59	48	135.09	104.16
14	43.49	39.59	49	140.41	110.76
15	43.49	39.59	50	145.66	117.28
16	45.55	39.59	51	150.99	123.81
17	47.61	39.59	52	156.38	130.33
18	48.60	40.09	53	162.90	139.70
19	49.60	40.09	54	169.50	153.53
20	49.60	40.09	55	176.03	167.94
21	51.51	40.09	56	182.55	182.92
22	53.43	40.09	57	189.09	198.60
23	55.34	40.09	58	197.31	213.21
24	58.89	40.09	59	205.47	228.03
25	64.00	41.65	60	213.70	243.08
26	65.42	43.43	61	221.86	258.40
27	66.84	43.92	62	229.95	273.80
28	68.25	44.49	63	242.37	291.04
29	69.67	45.05	64	254.71	308.35
30	74.21	45.55	65	291.96	360.14
31	77.33	46.90	66	291.96	360.14
32	80.46	49.52	67	291.96	360.14
33	82.87	51.73	68	291.96	360.14
34	85.22	53.86	69	291.96	360.14

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I

17-259 7-09, et al

	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	94.63	94.63	35	67.40	43.05
1	94.63	94.63	36	69.20	44.74
2	30.45	30.45	37	70.89	46.49
3	30.45	30.45	38	72.91	48.73
4	30.45	30.45	39	74.93	50.97
5	30.45	30.45	40	76.94	53.21
6	30.45	30.45	41	78.96	55.44
7	30.45	30.45	42	85.79	57.73
8	30.45	30.45	43	88.56	61.22
9	30.45	30.45	44	91.40	64.66
10	30.45	30.45	45	94.24	68.10
11	30.45	30.45	46	97.07	71.59
12	30.45	30.45	47	99.81	75.08
13	33.45	30.45	48	103.90	80.11
14	33.45	30.45	49	107.99	85.18
15	33.45	30.45	50	112.03	90.20
16	35.04	30.45	51	116.12	95.22
17	36.62	30.45	52	120.26	100.25
18	37.38	30.83	53	125.29	107.45
19	38.14	30.83	54	130.37	118.09
20	38.14	30.83	55	135.38	129.17
21	39.62	30.83	56	140.40	140.68
22	41.09	30.83	57	145.43	152.74
23	42.56	30.83	58	151.75	163.98
24	45.29	30.83	59	158.04	175.38
25	49.22	32.03	60	164.36	186.96
26	50.31	33.40	61	170.64	198.74
27	51.41	33.77	62	176.85	210.59
28	52.50	34.21	63	186.41	223.84
29	53.58	34.65	64	195.91	237.16
30	57.07	35.04	65	224.55	276.99
31	59.48	36.07	66	224.55	276.99
32	61.88	38.09	67	224.55	276.99
33	63.74	39.78	68	224.55	276.99
34	65.54	41.42	69	224.55	276.99

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$10,000	\$10,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	72.62	72.62	35	51.72	33.04
1	72.62	72.62	36	53.10	34.35
2	23.37	23.37	37	54.39	35.69
3	23.37	23.37	38	55.95	37.40
4	23.37	23.37	39	57.50	39.11
5	23.37	23.37	40	59.05	40.83
6	23.37	23.37	41	60.60	42.55
7	23.37	23.37	42	65.84	44.30
8	23.37	23.37	43	67.97	46.98
9	23.37	23.37	44	70.15	49.63
10	23.37	23.37	45	72.33	52.26
11	23.37	23.37	46	74.50	54.94
12	23.37	23.37	47	76.60	57.62
13	25.67	23.37	48	79.74	61.48
14	25.67	23.37	49	82.88	65.37
15	25.67	23.37	50	85.97	69.23
16	26.89	23.37	51	89.11	73.08
17	28.10	23.37	52	92.30	76.93
18	28.69	23.66	53	96.15	82.46
19	29.27	23.66	54	100.05	90.63
20	29.27	23.66	55	103.90	99.13
21	30.40	23.66	56	107.76	107.97
22	31.53	23.66	57	111.60	117.22
23	32.67	23.66	58	116.46	125.84
24	34.76	23.66	59	121.27	134.59
25	37.77	24.58	60	126.14	143.48
26	38.62	25.63	61	130.96	152.52
27	39.45	25.92	62	135.72	161.60
28	40.29	26.25	63	143.06	171.78
29	41.12	26.59	64	150.34	182.00
30	43.80	26.89	65	172.33	212.57
31	45.64	27.68	66	172.33	212.57
32	47.49	29.23	67	172.33	212.57
33	48.92	30.52	68	172.33	212.57
34	50.30	31.79	69	172.33	212.57

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$15,000	\$15,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	60.61	60.61	35	43.17	27.58
1	60.61	60.61	36	44.33	28.67
2	19.50	19.50	37	45.41	29.78
3	19.50	19.50	38	46.70	31.22
4	19.50	19.50	39	47.99	32.65
5	19.50	19.50	40	49.29	34.08
6	19.50	19.50	41	50.58	35.52
7	19.50	19.50	42	54.95	36.98
8	19.50	19.50	43	56.73	39.22
9	19.50	19.50	44	58.56	41.43
10	19.50	19.50	45	60.37	43.62
11	19.50	19.50	46	62.19	45.86
12	19.50	19.50	47	63.94	48.10
13	21.43	19.50	48	66.56	51.32
14	21.43	19.50	49	69.17	54.57
15	21.43	19.50	50	71.77	57.79
16	22.44	19.50	51	74.39	60.99
17	23.45	19.50	52	77.05	64.21
18	23.95	19.75	53	80.26	68.83
19	24.43	19.75	54	83.51	75.64
20	24.43	19.75	55	86.73	82.75
21	25.37	19.75	56	89.94	90.11
22	26.32	19.75	57	93.15	97.84
23	27.26	19.75	58	97.22	105.05
24	29.01	19.75	59	101.24	112.35
25	31.53	20.52	60	105.29	119.76
26	32.23	21.39	61	109.31	127.31
27	32.93	21.64	62	113.29	134.90
28	33.63	21.92	63	119.41	143.39
29	34.32	22.20	64	125.49	151.92
30	36.56	22.44	65	143.85	177.44
31	38.10	23.10	66	143.85	177.44
32	39.64	24.40	67	143.85	177.44
33	40.82	25.48	68	143.85	177.44
34	41.99	26.53	69	143.85	177.44

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$20,000	\$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	55.01	55.01	35	39.18	25.03
1	55.01	55.01	36	40.23	26.01
2	17.70	17.70	37	41.21	27.03
3	17.70	17.70	38	42.38	28.33
4	17.70	17.70	39	43.56	29.64
5	17.70	17.70	40	44.73	30.93
6	17.70	17.70	41	45.91	32.24
7	17.70	17.70	42	49.87	33.57
8	17.70	17.70	43	51.50	35.60
9	17.70	17.70	44	53.14	37.60
10	17.70	17.70	45	54.79	39.59
11	17.70	17.70	46	56.44	41.63
12	17.70	17.70	47	58.03	43.66
13	19.45	17.70	48	60.40	46.58
14	19.45	17.70	49	62.78	49.52
15	19.45	17.70	50	65.13	52.44
16	20.37	17.70	51	67.52	55.36
17	21.29	17.70	52	69.92	58.28
18	21.73	17.93	53	72.84	62.47
19	22.18	17.93	54	75.79	68.66
20	22.18	17.93	55	78.72	75.09
21	23.04	17.93	56	81.63	81.79
22	23.89	17.93	57	84.55	88.81
23	24.75	17.93	58	88.22	95.34
24	26.33	17.93	59	91.88	101.97
25	28.61	18.62	60	95.56	108.69
26	29.25	19.41	61	99.20	115.54
27	29.89	19.64	62	102.83	122.43
28	30.52	19.90	63	108.37	130.13
29	31.15	20.15	64	113.90	137.88
30	33.18	20.37	65	130.55	161.04
31	34.58	20.97	66	130.55	161.04
32	35.98	22.15	67	130.55	161.04
33	37.06	23.12	68	130.55	161.04
34	38.10	24.08	69	130.55	161.04

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

Comprehensive Blue PPO I

17-259 7-09, et al

	In Network	Out of Network
Deductible	\$25,000	\$25,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	48.81	48.81	35	34.76	22.21
1	48.81	48.81	36	35.70	23.08
2	15.71	15.71	37	36.56	23.98
3	15.71	15.71	38	37.61	25.13
4	15.71	15.71	39	38.65	26.30
5	15.71	15.71	40	39.69	27.45
6	15.71	15.71	41	40.74	28.60
7	15.71	15.71	42	44.25	29.78
8	15.71	15.71	43	45.69	31.58
9	15.71	15.71	44	47.15	33.36
10	15.71	15.71	45	48.62	35.14
11	15.71	15.71	46	50.08	36.94
12	15.71	15.71	47	51.49	38.74
13	17.26	15.71	48	53.59	41.33
14	17.26	15.71	49	55.71	43.94
15	17.26	15.71	50	57.79	46.53
16	18.07	15.71	51	59.91	49.12
17	18.89	15.71	52	62.04	51.72
18	19.28	15.90	53	64.63	55.43
19	19.68	15.90	54	67.25	60.92
20	19.68	15.90	55	69.84	66.63
21	20.43	15.90	56	72.42	72.57
22	21.19	15.90	57	75.02	78.79
23	21.96	15.90	58	78.29	84.59
24	23.37	15.90	59	81.52	90.48
25	25.39	16.52	60	84.79	96.44
26	25.96	17.23	61	88.03	102.52
27	26.52	17.43	62	91.23	108.63
28	27.08	17.64	63	96.16	115.47
29	27.65	17.88	64	101.06	122.34
30	29.45	18.07	65	115.84	142.88
31	30.68	18.61	66	115.84	142.88
32	31.92	19.64	67	115.84	142.88
33	32.87	20.52	68	115.84	142.88
34	33.81	21.37	69	115.84	142.88

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$500	\$500
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	51.22	56.27	43	93.28	132.85
16	51.22	58.94	44	97.13	144.32
17	51.22	61.60	45	103.00	149.01
18	51.87	62.89	46	108.79	153.79
19	51.87	64.18	47	114.58	158.55
20	51.87	64.18	48	120.45	163.33
21	51.87	64.18	49	126.34	167.93
22	51.87	66.66	50	134.78	174.80
23	51.87	69.14	51	143.32	181.70
24	51.87	71.61	52	151.77	188.48
25	51.87	71.61	53	160.20	195.38
26	51.87	76.20	54	168.65	202.35
27	53.89	82.81	55	180.77	210.79
28	56.18	84.64	56	198.67	219.34
29	56.83	86.48	57	217.32	227.78
30	57.57	88.32	58	236.68	236.23
31	58.30	90.16	59	256.98	244.68
32	58.94	96.03	60	275.88	255.33
33	60.69	100.07	61	295.08	265.88
34	64.09	104.11	62	314.54	276.53
35	66.93	107.23	63	334.37	287.08
36	69.69	110.27	64	354.29	297.55
37	72.45	113.39	65	376.60	313.62
38	75.28	116.41	66	376.60	313.62
39	78.22	119.25	67	376.60	313.62
40	81.99	122.66	68	376.60	313.62
41	85.75	126.05	69	376.60	313.62
42	89.51	129.45			

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$1,000	\$1,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	45.26	49.73	43	82.43	117.39
16	45.26	52.08	44	85.83	127.52
17	45.26	54.43	45	91.02	131.66
18	45.83	55.57	46	96.13	135.88
19	45.83	56.70	47	101.25	140.10
20	45.83	56.70	48	106.43	144.32
21	45.83	56.70	49	111.62	148.37
22	45.83	58.89	50	119.09	154.47
23	45.83	61.09	51	126.63	160.54
24	45.83	63.28	52	134.10	166.54
25	45.83	63.28	53	141.55	172.63
26	45.83	67.33	54	149.03	178.80
27	47.62	73.17	55	159.74	186.26
28	49.65	74.80	56	175.55	193.80
29	50.22	76.42	57	192.02	201.26
30	50.86	78.03	58	209.14	208.73
31	51.51	79.66	59	227.07	216.20
32	52.08	84.85	60	243.78	225.61
33	53.62	88.43	61	260.73	234.93
34	56.62	91.99	62	277.93	244.35
35	59.14	94.75	63	295.45	253.67
36	61.56	97.43	64	313.06	262.93
37	64.01	100.18	65	332.76	277.12
38	66.53	102.86	66	332.76	277.12
39	69.12	105.38	67	332.76	277.12
40	72.45	108.37	68	332.76	277.12
41	75.76	111.38	69	332.76	277.12
42	79.09	114.38			

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	39.44	43.32	43	71.80	102.26
16	39.44	45.36	44	74.77	111.08
17	39.44	47.42	45	79.29	114.70
18	39.92	48.40	46	83.73	118.38
19	39.92	49.40	47	88.19	122.04
20	39.92	49.40	48	92.72	125.72
21	39.92	49.40	49	97.23	129.26
22	39.92	51.30	50	103.74	134.55
23	39.92	53.22	51	110.32	139.85
24	39.92	55.12	52	116.81	145.08
25	39.92	55.12	53	123.32	150.38
26	39.92	58.66	54	129.82	155.75
27	41.48	63.75	55	139.14	162.25
28	43.25	65.16	56	152.92	168.82
29	43.74	66.57	57	167.27	175.33
30	44.32	67.98	58	182.18	181.83
31	44.88	69.39	59	197.80	188.33
32	45.36	73.92	60	212.35	196.52
33	46.71	77.02	61	227.12	204.65
34	49.32	80.14	62	242.11	212.85
35	51.52	82.54	63	257.37	220.97
36	53.64	84.88	64	272.70	229.03
37	55.76	87.27	65	289.87	241.41
38	57.95	89.61	66	289.87	241.41
39	60.20	91.79	67	289.87	241.41
40	63.10	94.41	68	289.87	241.41
41	66.00	97.03	69	289.87	241.41
42	68.90	99.64			

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I

17-259 7-09, et al

	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	30.33	33.31	43	55.22	78.64
16	30.33	34.89	44	57.50	85.45
17	30.33	36.48	45	60.98	88.21
18	30.71	37.22	46	64.40	91.04
19	30.71	37.99	47	67.82	93.87
20	30.71	37.99	48	71.30	96.69
21	30.71	37.99	49	74.78	99.41
22	30.71	39.46	50	79.79	103.49
23	30.71	40.92	51	84.84	107.56
24	30.71	42.39	52	89.84	111.58
25	30.71	42.39	53	94.83	115.66
26	30.71	45.12	54	99.85	119.78
27	31.90	49.03	55	107.02	124.79
28	33.27	50.11	56	117.62	129.85
29	33.64	51.20	57	128.65	134.85
30	34.08	52.29	58	140.12	139.84
31	34.51	53.36	59	152.13	144.85
32	34.89	56.84	60	163.32	151.15
33	35.93	59.24	61	174.68	157.40
34	37.94	61.63	62	186.21	163.70
35	39.63	63.49	63	197.95	169.96
36	41.25	65.28	64	209.74	176.15
37	42.88	67.12	65	222.95	185.66
38	44.57	68.92	66	222.95	185.66
39	46.30	70.60	67	222.95	185.66
40	48.53	72.61	68	222.95	185.66
41	50.76	74.63	69	222.95	185.66
42	53.00	76.63			

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$10,000	\$10,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	23.27	25.57	43	42.38	60.36
16	23.27	26.78	44	44.13	65.57
17	23.27	27.99	45	46.80	67.69
18	23.56	28.58	46	49.43	69.87
19	23.56	29.15	47	52.06	72.04
20	23.56	29.15	48	54.72	74.20
21	23.56	29.15	49	57.39	76.29
22	23.56	30.28	50	61.24	79.42
23	23.56	31.41	51	65.11	82.55
24	23.56	32.53	52	68.95	85.63
25	23.56	32.53	53	72.79	88.76
26	23.56	34.62	54	76.62	91.92
27	24.49	37.62	55	82.13	95.77
28	25.53	38.46	56	90.27	99.65
29	25.82	39.30	57	98.73	103.49
30	26.14	40.12	58	107.54	107.33
31	26.48	40.96	59	116.75	111.15
32	26.78	43.62	60	125.34	116.00
33	27.57	45.46	61	134.05	120.79
34	29.11	47.30	62	142.90	125.63
35	30.40	48.72	63	151.91	130.43
36	31.66	50.10	64	160.96	135.19
37	32.91	51.51	65	171.09	142.49
38	34.20	52.89	66	171.09	142.49
39	35.54	54.18	67	171.09	142.49
40	37.24	55.73	68	171.09	142.49
41	38.96	57.27	69	171.09	142.49
42	40.67	58.82			

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$15,000	\$15,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	19.42	21.35	43	35.38	50.39
16	19.42	22.36	44	36.84	54.74
17	19.42	23.35	45	39.07	56.50
18	19.68	23.85	46	41.26	58.33
19	19.68	24.33	47	43.45	60.13
20	19.68	24.33	48	45.68	61.94
21	19.68	24.33	49	47.91	63.68
22	19.68	25.28	50	51.11	66.30
23	19.68	26.21	51	54.35	68.90
24	19.68	27.15	52	57.56	71.48
25	19.68	27.15	53	60.75	74.09
26	19.68	28.89	54	63.96	76.74
27	20.44	31.41	55	68.56	79.95
28	21.30	32.09	56	75.33	83.18
29	21.55	32.80	57	82.42	86.38
30	21.83	33.50	58	89.75	89.57
31	22.11	34.19	59	97.45	92.78
32	22.36	36.42	60	104.63	96.83
33	23.01	37.95	61	111.90	100.83
34	24.30	39.48	62	119.28	104.87
35	25.39	40.66	63	126.81	108.87
36	26.42	41.82	64	134.36	112.84
37	27.47	43.00	65	142.82	118.94
38	28.56	44.15	66	142.82	118.94
39	29.66	45.23	67	142.82	118.94
40	31.10	46.51	68	142.82	118.94
41	32.52	47.81	69	142.82	118.94
42	33.95	49.09			

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I

17-259 7-09, et al

	In Network	Out of Network
Deductible	\$20,000	\$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	17.63	19.37	43	32.11	45.72
16	17.63	20.29	44	33.43	49.67
17	17.63	21.20	45	35.45	51.29
18	17.85	21.64	46	37.44	52.93
19	17.85	22.09	47	39.44	54.57
20	17.85	22.09	48	41.46	56.21
21	17.85	22.09	49	43.48	57.80
22	17.85	22.95	50	46.39	60.16
23	17.85	23.79	51	49.32	62.53
24	17.85	24.65	52	52.23	64.87
25	17.85	24.65	53	55.14	67.24
26	17.85	26.22	54	58.05	69.65
27	18.55	28.50	55	62.21	72.54
28	19.34	29.13	56	68.38	75.49
29	19.57	29.77	57	74.80	78.40
30	19.82	30.40	58	81.46	81.30
31	20.07	31.03	59	88.45	84.21
32	20.29	33.05	60	94.96	87.87
33	20.88	34.43	61	101.57	91.52
34	22.06	35.84	62	108.25	95.17
35	23.04	36.91	63	115.08	98.81
36	23.98	37.95	64	121.93	102.42
37	24.94	39.02	65	129.62	107.94
38	25.91	40.07	66	129.62	107.94
39	26.92	41.04	67	129.62	107.94
40	28.22	42.22	68	129.62	107.94
41	29.51	43.38	69	129.62	107.94
42	30.81	44.56			

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I

17-259 7-09, et al

	In Network	Out of Network
Deductible	\$25,000	\$25,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	15.65	17.19	43	28.49	40.57
16	15.65	18.00	44	29.66	44.07
17	15.65	18.81	45	31.46	45.50
18	15.83	19.20	46	33.23	46.96
19	15.83	19.60	47	34.99	48.42
20	15.83	19.60	48	36.79	49.88
21	15.83	19.60	49	38.58	51.28
22	15.83	20.36	50	41.16	53.37
23	15.83	21.10	51	43.77	55.49
24	15.83	21.87	52	46.35	57.56
25	15.83	21.87	53	48.93	59.67
26	15.83	23.27	54	51.51	61.78
27	16.46	25.29	55	55.21	64.36
28	17.16	25.86	56	60.68	66.99
29	17.36	26.41	57	66.36	69.57
30	17.58	26.97	58	72.28	72.14
31	17.80	27.54	59	78.47	74.72
32	18.00	29.33	60	84.25	77.97
33	18.53	30.56	61	90.11	81.19
34	19.57	31.79	62	96.05	84.45
35	20.44	32.74	63	102.11	87.68
36	21.28	33.68	64	108.19	90.87
37	22.12	34.62	65	115.00	95.78
38	22.99	35.55	66	115.00	95.78
39	23.88	36.42	67	115.00	95.78
40	25.03	37.45	68	115.00	95.78
41	26.19	38.50	69	115.00	95.78
42	27.34	39.54			

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

Dependent Child(ren) Insured Medical Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	In Network		Out of Network <u>Coinsurance</u>	One <u>Child</u>	Two <u>Children</u>	All (3+) <u>Children</u>
	<u>In Network Coinsurance</u>	<u>In Network Stop Loss Amount</u>				
\$500	80% / 20%	\$10,000	60% / 40%	58.80	117.60	176.39
\$1,000	80% / 20%	\$10,000	60% / 40%	51.96	103.91	155.87
\$2,500	100% / 0%	Not Applicable	80% / 20%	45.26	90.52	135.78
\$5,000	100% / 0%	Not Applicable	80% / 20%	34.82	69.64	104.45
\$10,000	100% / 0%	Not Applicable	80% / 20%	26.71	53.43	80.14
\$15,000	100% / 0%	Not Applicable	80% / 20%	22.30	44.60	66.90
\$20,000	100% / 0%	Not Applicable	80% / 20%	20.25	40.49	60.74
\$25,000	100% / 0%	Not Applicable	80% / 20%	17.96	35.93	53.89

Maternity Rider Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	In Network		Out of Network <u>Coinsurance</u>	Maternity <u>Rider</u>
	<u>In Network Coinsurance</u>	<u>In Network Stop Loss Amount</u>		
\$500	80% / 20%	No Limit	60% / 40%	104.98
\$1,000	80% / 20%	No Limit	60% / 40%	99.22
\$2,500	100% / 0%	Not Applicable	80% / 20%	96.25
\$5,000	100% / 0%	Not Applicable	80% / 20%	83.15
\$10,000	100% / 0%	Not Applicable	80% / 20%	32.94
\$15,000	100% / 0%	Not Applicable	80% / 20%	21.96
\$20,000	100% / 0%	Not Applicable	80% / 20%	16.47
\$25,000	100% / 0%	Not Applicable	80% / 20%	10.98

Exhibit A

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

Primary Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	\$10
Tier 2 Copay (Preferred Brands)	\$35
Tier 3 Copay (Non-Preferred Brands)	\$70

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	11.29	11.29	35	46.14	28.55
1	11.29	11.29	36	46.14	28.55
2	11.29	11.29	37	46.14	28.55
3	11.29	11.29	38	46.14	28.55
4	11.29	11.29	39	46.14	28.55
5	11.29	11.29	40	46.14	28.55
6	11.29	11.29	41	46.14	28.55
7	11.29	11.29	42	46.14	28.55
8	11.29	11.29	43	46.14	28.55
9	11.29	11.29	44	46.14	28.55
10	11.29	11.29	45	47.08	31.38
11	11.29	11.29	46	47.08	34.21
12	11.29	11.29	47	47.08	37.05
13	11.29	11.29	48	47.08	39.21
14	11.29	11.29	49	47.08	41.38
15	11.29	11.29	50	48.16	43.56
16	15.93	11.29	51	49.25	45.72
17	20.58	11.29	52	50.33	47.87
18	25.22	13.08	53	56.02	50.20
19	29.87	13.08	54	61.71	52.54
20	34.49	13.08	55	67.40	54.87
21	34.49	13.08	56	73.08	57.21
22	34.49	13.08	57	78.78	59.56
23	34.49	13.08	58	80.49	61.97
24	34.49	13.08	59	82.21	64.39
25	39.54	14.87	60	83.92	66.80
26	39.54	16.66	61	85.63	69.22
27	39.54	18.44	62	87.36	71.62
28	39.54	20.21	63	90.20	76.22
29	39.54	22.00	64	93.06	80.82
30	44.00	23.78	65	95.91	85.42
31	44.00	23.78	66	95.91	85.42
32	44.00	23.78	67	95.91	85.42
33	44.00	23.78	68	95.91	85.42
34	44.00	23.78	69	95.91	85.42

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

Spouse Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	\$10
Tier 2 Copay (Preferred Brands)	\$35
Tier 3 Copay (Non-Preferred Brands)	\$70

Attained Age of Primary	Primary is Female	Primary is Male	Attained Age of Primary	Primary is Female	Primary is Male
15	11.29	11.29	43	28.55	46.14
16	11.29	15.93	44	28.55	46.14
17	11.29	20.58	45	28.55	46.14
18	13.08	25.22	46	28.55	46.14
19	13.08	29.87	47	31.38	47.08
20	13.08	29.87	48	34.21	47.08
21	13.08	34.49	49	37.05	47.08
22	13.08	34.49	50	39.21	47.08
23	13.08	34.49	51	41.38	47.08
24	13.08	34.49	52	43.56	48.16
25	13.08	34.49	53	45.72	49.25
26	13.08	34.49	54	47.87	50.33
27	14.87	39.54	55	50.20	56.02
28	16.66	39.54	56	52.54	61.71
29	18.44	39.54	57	54.87	67.40
30	20.21	39.54	58	57.21	73.08
31	22.00	39.54	59	59.56	78.78
32	23.78	44.00	60	61.97	80.49
33	23.78	44.00	61	66.08	83.36
34	23.78	44.00	62	70.47	86.35
35	23.78	44.00	63	75.14	89.42
36	23.78	44.00	64	80.12	92.61
37	28.55	46.14	65	85.42	95.91
38	28.55	46.14	66	85.42	95.91
39	28.55	46.14	67	85.42	95.91
40	28.55	46.14	68	85.42	95.91
41	28.55	46.14	69	85.42	95.91
42	28.55	46.14			

Dependent Child(ren) Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Attained Age	One Child	Two Children	All (3+) Children
All Eligible	12.90	25.80	38.70

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$500	\$500
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	202.66	202.66	35	156.66	115.55
1	202.66	202.66	36	159.70	118.41
2	94.25	94.25	37	162.56	121.36
3	94.25	94.25	38	165.97	125.14
4	94.25	94.25	39	169.38	128.92
5	94.25	94.25	40	172.79	132.69
6	94.25	94.25	41	176.21	136.47
7	94.25	94.25	42	187.73	140.35
8	94.25	94.25	43	192.42	146.24
9	94.25	94.25	44	197.22	152.05
10	94.25	94.25	45	205.30	161.15
11	94.25	94.25	46	210.10	167.05
12	94.25	94.25	47	214.71	172.96
13	99.33	94.25	48	221.62	181.43
14	99.33	94.25	49	228.54	190.01
15	99.33	94.25	50	235.36	198.49
16	102.00	94.25	51	242.27	206.96
17	104.67	94.25	52	249.28	215.45
18	105.97	94.90	53	257.76	227.62
19	107.25	94.90	54	266.33	245.59
20	107.25	94.90	55	278.10	267.59
21	109.75	94.90	56	286.59	287.05
22	112.24	94.90	57	295.07	307.42
23	114.72	94.90	58	305.76	326.40
24	119.33	94.90	59	316.36	345.67
25	125.96	96.93	60	327.05	365.22
26	127.81	99.24	61	337.65	385.12
27	129.65	99.89	62	348.15	405.13
28	131.50	100.62	63	364.29	427.53
29	133.34	101.36	64	380.33	450.02
30	139.24	102.00	65	432.02	520.59
31	143.30	103.75	66	432.02	520.59
32	147.35	107.16	67	432.02	520.59
33	150.48	110.02	68	432.02	520.59
34	153.53	112.79	69	432.02	520.59

Exhibit A

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Arkansas Blue Cross and Blue Shield
 Proposed Monthly Bank Draft Rates
 Effective as of January 01, 2013
 Comprehensive Blue PPO II
 17-262, et al

	In Network	Out of Network
Deductible	\$1,000	\$1,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	184.06	184.06	35	143.41	107.09
1	184.06	184.06	36	146.10	109.61
2	88.27	88.27	37	148.63	112.22
3	88.27	88.27	38	151.63	115.55
4	88.27	88.27	39	154.65	118.89
5	88.27	88.27	40	157.66	122.23
6	88.27	88.27	41	160.68	125.58
7	88.27	88.27	42	170.86	128.99
8	88.27	88.27	43	175.01	134.21
9	88.27	88.27	44	179.25	139.34
10	88.27	88.27	45	186.78	147.77
11	88.27	88.27	46	191.02	152.97
12	88.27	88.27	47	195.08	158.19
13	92.75	88.27	48	201.20	165.69
14	92.75	88.27	49	207.30	173.25
15	92.75	88.27	50	213.33	180.75
16	95.11	88.27	51	219.44	188.24
17	97.47	88.27	52	225.63	195.74
18	98.61	88.84	53	233.13	206.49
19	99.75	88.84	54	240.69	222.37
20	99.75	88.84	55	251.49	242.20
21	101.95	88.84	56	258.97	259.38
22	104.16	88.84	57	266.47	277.39
23	106.35	88.84	58	275.92	294.17
24	110.43	88.84	59	285.28	311.18
25	116.29	90.63	60	294.74	328.46
26	117.91	92.67	61	304.10	346.05
27	119.55	93.24	62	313.39	363.72
28	121.18	93.89	63	327.64	383.51
29	122.80	94.54	64	341.81	403.38
30	128.02	95.11	65	387.87	466.13
31	131.61	96.66	66	387.87	466.13
32	135.19	99.68	67	387.87	466.13
33	137.95	102.20	68	387.87	466.13
34	140.64	104.64	69	387.87	466.13

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**Comprehensive Blue PPO II
17-262, et al**

	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	165.85	165.85	35	130.44	98.80
1	165.85	165.85	36	132.79	101.01
2	82.42	82.42	37	134.99	103.27
3	82.42	82.42	38	137.61	106.18
4	82.42	82.42	39	140.24	109.09
5	82.42	82.42	40	142.86	112.00
6	82.42	82.42	41	145.49	114.91
7	82.42	82.42	42	154.36	117.89
8	82.42	82.42	43	157.98	122.43
9	82.42	82.42	44	161.67	126.90
10	82.42	82.42	45	168.65	134.66
11	82.42	82.42	46	172.34	139.20
12	82.42	82.42	47	175.89	143.74
13	86.31	82.42	48	181.20	150.27
14	86.31	82.42	49	186.53	156.87
15	86.31	82.42	50	191.78	163.39
16	88.37	82.42	51	197.10	169.93
17	90.43	82.42	52	202.49	176.45
18	91.42	82.91	53	209.02	185.81
19	92.42	82.91	54	215.61	199.65
20	92.42	82.91	55	225.44	217.35
21	94.33	82.91	56	231.96	232.33
22	96.25	82.91	57	238.50	248.01
23	98.16	82.91	58	246.72	262.62
24	101.71	82.91	59	254.88	277.44
25	106.82	84.47	60	263.11	292.49
26	108.24	86.25	61	271.27	307.81
27	109.66	86.74	62	279.36	323.21
28	111.07	87.31	63	291.78	340.45
29	112.49	87.87	64	304.12	357.76
30	117.04	88.37	65	344.66	412.85
31	120.15	89.72	66	344.66	412.85
32	123.28	92.34	67	344.66	412.85
33	125.69	94.55	68	344.66	412.85
34	128.04	96.68	69	344.66	412.85

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	137.45	137.45	35	110.22	85.87
1	137.45	137.45	36	112.02	87.57
2	73.27	73.27	37	113.71	89.31
3	73.27	73.27	38	115.73	91.55
4	73.27	73.27	39	117.75	93.79
5	73.27	73.27	40	119.76	96.03
6	73.27	73.27	41	121.78	98.26
7	73.27	73.27	42	128.61	100.55
8	73.27	73.27	43	131.39	104.05
9	73.27	73.27	44	134.22	107.48
10	73.27	73.27	45	140.36	114.21
11	73.27	73.27	46	143.19	117.71
12	73.27	73.27	47	145.92	121.20
13	76.27	73.27	48	150.02	126.23
14	76.27	73.27	49	154.10	131.30
15	76.27	73.27	50	158.14	136.32
16	77.86	73.27	51	162.24	141.33
17	79.44	73.27	52	166.38	146.36
18	80.20	73.65	53	171.41	153.57
19	80.97	73.65	54	176.48	164.21
20	80.97	73.65	55	184.79	178.58
21	82.44	73.65	56	189.81	190.09
22	83.91	73.65	57	194.84	202.15
23	85.38	73.65	58	201.16	213.39
24	88.11	73.65	59	207.45	224.79
25	92.05	74.85	60	213.77	236.37
26	93.13	76.22	61	220.05	248.15
27	94.23	76.60	62	226.26	260.00
28	95.32	77.04	63	235.82	273.25
29	96.40	77.47	64	245.32	286.57
30	99.90	77.86	65	277.26	329.70
31	102.30	78.89	66	277.26	329.70
32	104.71	80.91	67	277.26	329.70
33	106.56	82.60	68	277.26	329.70
34	108.36	84.24	69	277.26	329.70

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$10,000	\$10,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	115.44	115.44	35	94.54	75.86
1	115.44	115.44	36	95.92	77.17
2	66.19	66.19	37	97.22	78.51
3	66.19	66.19	38	98.78	80.22
4	66.19	66.19	39	100.32	81.93
5	66.19	66.19	40	101.87	83.66
6	66.19	66.19	41	103.42	85.37
7	66.19	66.19	42	108.66	87.13
8	66.19	66.19	43	110.79	89.81
9	66.19	66.19	44	112.97	92.45
10	66.19	66.19	45	118.44	98.38
11	66.19	66.19	46	120.62	101.06
12	66.19	66.19	47	122.71	103.74
13	68.49	66.19	48	125.85	107.59
14	68.49	66.19	49	128.99	111.49
15	68.49	66.19	50	132.09	115.34
16	69.71	66.19	51	135.23	119.20
17	70.92	66.19	52	138.41	123.04
18	71.51	66.48	53	142.27	128.58
19	72.09	66.48	54	146.17	136.74
20	72.09	66.48	55	153.31	148.54
21	73.23	66.48	56	157.17	157.38
22	74.36	66.48	57	161.01	166.63
23	75.49	66.48	58	165.87	175.25
24	77.58	66.48	59	170.68	184.00
25	80.59	67.41	60	175.55	192.89
26	81.44	68.45	61	180.37	201.93
27	82.27	68.75	62	185.13	211.01
28	83.11	69.08	63	192.47	221.19
29	83.94	69.42	64	199.75	231.41
30	86.62	69.71	65	225.04	265.28
31	88.47	70.50	66	225.04	265.28
32	90.31	72.05	67	225.04	265.28
33	91.74	73.35	68	225.04	265.28
34	93.12	74.61	69	225.04	265.28

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$15,000	\$15,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	103.43	103.43	35	86.00	70.40
1	103.43	103.43	36	87.15	71.49
2	62.32	62.32	37	88.24	72.60
3	62.32	62.32	38	89.52	74.04
4	62.32	62.32	39	90.82	75.48
5	62.32	62.32	40	92.11	76.90
6	62.32	62.32	41	93.41	78.34
7	62.32	62.32	42	97.78	79.80
8	62.32	62.32	43	99.56	82.04
9	62.32	62.32	44	101.38	84.25
10	62.32	62.32	45	106.48	89.74
11	62.32	62.32	46	108.31	91.98
12	62.32	62.32	47	110.05	94.22
13	64.25	62.32	48	112.68	97.44
14	64.25	62.32	49	115.29	100.69
15	64.25	62.32	50	117.88	103.90
16	65.27	62.32	51	120.51	107.11
17	66.28	62.32	52	123.16	110.33
18	66.77	62.58	53	126.38	114.95
19	67.25	62.58	54	129.63	121.76
20	67.25	62.58	55	136.14	132.16
21	68.20	62.58	56	139.35	139.52
22	69.14	62.58	57	142.56	147.25
23	70.09	62.58	58	146.63	154.46
24	71.83	62.58	59	150.65	161.76
25	74.36	63.34	60	154.70	169.17
26	75.05	64.21	61	158.72	176.72
27	75.75	64.46	62	162.70	184.31
28	76.45	64.74	63	168.82	192.80
29	77.15	65.02	64	174.90	201.33
30	79.39	65.27	65	196.55	230.14
31	80.92	65.92	66	196.55	230.14
32	82.46	67.22	67	196.55	230.14
33	83.65	68.31	68	196.55	230.14
34	84.81	69.35	69	196.55	230.14

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$20,000	\$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	97.83	97.83	35	82.00	67.86
1	97.83	97.83	36	83.05	68.83
2	60.52	60.52	37	84.03	69.85
3	60.52	60.52	38	85.20	71.15
4	60.52	60.52	39	86.38	72.46
5	60.52	60.52	40	87.55	73.75
6	60.52	60.52	41	88.73	75.06
7	60.52	60.52	42	92.69	76.39
8	60.52	60.52	43	94.32	78.42
9	60.52	60.52	44	95.97	80.42
10	60.52	60.52	45	100.91	85.71
11	60.52	60.52	46	102.55	87.74
12	60.52	60.52	47	104.15	89.77
13	62.27	60.52	48	106.52	92.69
14	62.27	60.52	49	108.90	95.64
15	62.27	60.52	50	111.25	98.56
16	63.19	60.52	51	113.63	101.48
17	64.11	60.52	52	116.04	104.40
18	64.55	60.75	53	118.96	108.58
19	65.00	60.75	54	121.91	114.77
20	65.00	60.75	55	128.13	124.50
21	65.86	60.75	56	131.04	131.20
22	66.71	60.75	57	133.96	138.22
23	67.57	60.75	58	137.63	144.75
24	69.15	60.75	59	141.29	151.38
25	71.44	61.44	60	144.97	158.10
26	72.07	62.23	61	148.61	164.95
27	72.71	62.47	62	152.24	171.84
28	73.35	62.72	63	157.78	179.54
29	73.97	62.97	64	163.31	187.29
30	76.00	63.19	65	183.26	213.75
31	77.40	63.79	66	183.26	213.75
32	78.80	64.97	67	183.26	213.75
33	79.88	65.95	68	183.26	213.75
34	80.92	66.90	69	183.26	213.75

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013 Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$25,000	\$25,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	91.63	91.63	35	77.58	65.03
1	91.63	91.63	36	78.52	65.90
2	58.53	58.53	37	79.39	66.80
3	58.53	58.53	38	80.43	67.96
4	58.53	58.53	39	81.47	69.12
5	58.53	58.53	40	82.51	70.27
6	58.53	58.53	41	83.56	71.42
7	58.53	58.53	42	87.07	72.60
8	58.53	58.53	43	88.51	74.40
9	58.53	58.53	44	89.97	76.18
10	58.53	58.53	45	94.74	81.25
11	58.53	58.53	46	96.20	83.05
12	58.53	58.53	47	97.60	84.85
13	60.08	58.53	48	99.71	87.44
14	60.08	58.53	49	101.83	90.06
15	60.08	58.53	50	103.90	92.65
16	60.90	58.53	51	106.02	95.24
17	61.71	58.53	52	108.15	97.83
18	62.10	58.72	53	110.74	101.54
19	62.50	58.72	54	113.37	107.03
20	62.50	58.72	55	119.25	116.04
21	63.26	58.72	56	121.83	121.98
22	64.01	58.72	57	124.43	128.20
23	64.78	58.72	58	127.70	134.00
24	66.19	58.72	59	130.93	139.89
25	68.21	59.35	60	134.20	145.85
26	68.78	60.05	61	137.44	151.93
27	69.34	60.25	62	140.64	158.04
28	69.90	60.47	63	145.57	164.88
29	70.47	60.70	64	150.47	171.75
30	72.27	60.90	65	168.54	195.59
31	73.50	61.43	66	168.54	195.59
32	74.74	62.47	67	168.54	195.59
33	75.70	63.34	68	168.54	195.59
34	76.63	64.19	69	168.54	195.59

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

Comprehensive Blue PPO II
17-262, et al

	In Network	Out of Network
Deductible	\$500	\$500
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	94.04	99.09	43	136.10	175.67
16	94.04	101.76	44	139.95	187.14
17	94.04	104.42	45	149.12	195.13
18	94.69	105.72	46	154.91	199.90
19	94.69	107.00	47	160.69	204.67
20	94.69	107.00	48	166.57	209.44
21	94.69	107.00	49	172.45	214.04
22	94.69	109.48	50	180.90	220.92
23	94.69	111.96	51	189.44	227.81
24	94.69	114.43	52	197.88	234.60
25	94.69	114.43	53	206.31	241.49
26	94.69	119.02	54	214.77	248.47
27	96.71	125.63	55	230.18	260.20
28	99.01	127.47	56	248.08	268.75
29	99.65	129.30	57	266.73	277.19
30	100.39	131.15	58	286.09	285.64
31	101.13	132.98	59	306.39	294.09
32	101.76	138.85	60	325.29	304.74
33	103.51	142.89	61	344.49	315.29
34	106.91	146.93	62	363.95	325.94
35	109.76	150.05	63	383.78	336.49
36	112.51	153.09	64	403.70	346.96
37	115.27	156.21	65	429.31	366.33
38	118.10	159.23	66	429.31	366.33
39	121.04	162.08	67	429.31	366.33
40	124.81	165.48	68	429.31	366.33
41	128.58	168.87	69	429.31	366.33
42	132.33	172.28			

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013
Comprehensive Blue PPO II
17-262, et al**

	In Network	Out of Network
Deductible	\$1,000	\$1,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	88.08	92.55	43	125.25	160.21
16	88.08	94.90	44	128.65	170.34
17	88.08	97.25	45	137.14	177.78
18	88.65	98.39	46	142.25	181.99
19	88.65	99.52	47	147.36	186.22
20	88.65	99.52	48	152.55	190.44
21	88.65	99.52	49	157.74	194.49
22	88.65	101.71	50	165.21	200.58
23	88.65	103.91	51	172.75	206.65
24	88.65	106.10	52	180.21	212.66
25	88.65	106.10	53	187.67	218.74
26	88.65	110.15	54	195.15	224.91
27	90.44	115.99	55	209.15	235.67
28	92.47	117.62	56	224.96	243.21
29	93.04	119.24	57	241.43	250.67
30	93.68	120.86	58	258.55	258.14
31	94.33	122.48	59	276.48	265.61
32	94.90	127.68	60	293.19	275.02
33	96.44	131.25	61	310.14	284.34
34	99.45	134.81	62	327.34	293.76
35	101.96	137.57	63	344.86	303.08
36	104.39	140.25	64	362.47	312.34
37	106.84	143.00	65	385.46	329.83
38	109.35	145.68	66	385.46	329.83
39	111.94	148.20	67	385.46	329.83
40	115.27	151.19	68	385.46	329.83
41	118.58	154.20	69	385.46	329.83
42	121.91	157.20			

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013
Comprehensive Blue PPO II
17-262, et al**

	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	82.26	86.14	43	114.62	145.08
16	82.26	88.18	44	117.60	153.91
17	82.26	90.24	45	125.40	160.81
18	82.75	91.22	46	129.85	164.49
19	82.75	92.22	47	134.31	168.16
20	82.75	92.22	48	138.83	171.84
21	82.75	92.22	49	143.34	175.37
22	82.75	94.12	50	149.86	180.66
23	82.75	96.04	51	156.43	185.97
24	82.75	97.94	52	162.92	191.19
25	82.75	97.94	53	169.43	196.50
26	82.75	101.48	54	175.93	201.87
27	84.30	106.57	55	188.55	211.66
28	86.07	107.98	56	202.33	218.23
29	86.57	109.39	57	216.68	224.74
30	87.14	110.80	58	231.59	231.24
31	87.70	112.22	59	247.21	237.74
32	88.18	116.74	60	261.76	245.93
33	89.53	119.85	61	276.53	254.06
34	92.14	122.97	62	291.52	262.26
35	94.34	125.36	63	306.78	270.38
36	96.46	127.70	64	322.11	278.44
37	98.58	130.09	65	342.58	294.11
38	100.77	132.43	66	342.58	294.11
39	103.03	134.61	67	342.58	294.11
40	105.92	137.23	68	342.58	294.11
41	108.82	139.85	69	342.58	294.11
42	111.72	142.47			

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	73.15	76.14	43	98.04	121.46
16	73.15	77.72	44	100.32	128.27
17	73.15	79.30	45	107.10	134.33
18	73.53	80.04	46	110.51	137.15
19	73.53	80.81	47	113.94	139.98
20	73.53	80.81	48	117.42	142.81
21	73.53	80.81	49	120.90	145.53
22	73.53	82.28	50	125.91	149.60
23	73.53	83.74	51	130.96	153.68
24	73.53	85.22	52	135.95	157.69
25	73.53	85.22	53	140.95	161.78
26	73.53	87.94	54	145.97	165.90
27	74.72	91.85	55	156.43	174.20
28	76.09	92.93	56	167.03	179.26
29	76.46	94.02	57	178.06	184.26
30	76.90	95.11	58	189.53	189.25
31	77.33	96.18	59	201.54	194.26
32	77.72	99.67	60	212.73	200.56
33	78.75	102.06	61	224.09	206.81
34	80.76	104.45	62	235.62	213.11
35	82.45	106.31	63	247.36	219.37
36	84.07	108.10	64	259.15	225.56
37	85.70	109.94	65	275.65	238.36
38	87.39	111.74	66	275.65	238.36
39	89.12	113.42	67	275.65	238.36
40	91.35	115.43	68	275.65	238.36
41	93.58	117.45	69	275.65	238.36
42	95.82	119.45			

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013
Comprehensive Blue PPO II
17-262, et al**

	In Network	Out of Network
Deductible	\$10,000	\$10,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	66.09	68.39	43	85.20	103.18
16	66.09	69.60	44	86.95	108.39
17	66.09	70.81	45	92.91	113.81
18	66.39	71.40	46	95.55	115.98
19	66.39	71.97	47	98.17	118.16
20	66.39	71.97	48	100.84	120.32
21	66.39	71.97	49	103.51	122.41
22	66.39	73.10	50	107.35	125.53
23	66.39	74.24	51	111.23	128.66
24	66.39	75.36	52	115.07	131.75
25	66.39	75.36	53	118.90	134.88
26	66.39	77.44	54	122.73	138.04
27	67.31	80.44	55	131.54	145.18
28	68.35	81.28	56	139.68	149.06
29	68.65	82.12	57	148.14	152.90
30	68.97	82.94	58	156.95	156.74
31	69.31	83.78	59	166.16	160.56
32	69.60	86.45	60	174.75	165.41
33	70.39	88.28	61	183.46	170.20
34	71.93	90.12	62	192.31	175.04
35	73.23	91.54	63	201.32	179.84
36	74.48	92.92	64	210.37	184.60
37	75.73	94.33	65	223.79	195.19
38	77.02	95.71	66	223.79	195.19
39	78.36	97.00	67	223.79	195.19
40	80.07	98.56	68	223.79	195.19
41	81.78	100.09	69	223.79	195.19
42	83.49	101.64			

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**Comprehensive Blue PPO II
17-262, et al**

	In Network	Out of Network
Deductible	\$15,000	\$15,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	62.25	64.17	43	78.20	93.21
16	62.25	65.18	44	79.66	97.56
17	62.25	66.18	45	85.18	102.62
18	62.50	66.67	46	87.38	104.44
19	62.50	67.15	47	89.56	106.24
20	62.50	67.15	48	91.79	108.05
21	62.50	67.15	49	94.02	109.80
22	62.50	68.10	50	97.23	112.41
23	62.50	69.03	51	100.47	115.02
24	62.50	69.98	52	103.67	117.60
25	62.50	69.98	53	106.87	120.21
26	62.50	71.71	54	110.07	122.86
27	63.27	74.24	55	117.97	129.36
28	64.12	74.92	56	124.74	132.59
29	64.38	75.62	57	131.83	135.79
30	64.65	76.32	58	139.16	138.98
31	64.94	77.01	59	146.86	142.19
32	65.18	79.24	60	154.04	146.24
33	65.84	80.77	61	161.31	150.24
34	67.12	82.31	62	168.69	154.28
35	68.21	83.48	63	176.22	158.28
36	69.24	84.64	64	183.77	162.25
37	70.29	85.82	65	195.52	171.64
38	71.38	86.97	66	195.52	171.64
39	72.48	88.05	67	195.52	171.64
40	73.92	89.33	68	195.52	171.64
41	75.34	90.63	69	195.52	171.64
42	76.77	91.91			

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**Comprehensive Blue PPO II
17-262, et al**

Deductible	In Network \$20,000	Out of Network \$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	60.46	62.19	43	74.93	88.54
16	60.46	63.11	44	76.26	92.50
17	60.46	64.02	45	81.57	97.40
18	60.68	64.46	46	83.56	99.05
19	60.68	64.91	47	85.56	100.69
20	60.68	64.91	48	87.58	102.32
21	60.68	64.91	49	89.60	103.91
22	60.68	65.77	50	92.51	106.28
23	60.68	66.62	51	95.44	108.65
24	60.68	67.47	52	98.35	110.99
25	60.68	67.47	53	101.26	113.36
26	60.68	69.04	54	104.17	115.76
27	61.37	71.33	55	111.62	121.95
28	62.16	71.95	56	117.79	124.90
29	62.39	72.59	57	124.21	127.81
30	62.64	73.23	58	130.87	130.71
31	62.89	73.85	59	137.86	133.62
32	63.11	75.87	60	144.37	137.28
33	63.71	77.26	61	150.98	140.93
34	64.88	78.66	62	157.66	144.58
35	65.86	79.74	63	164.49	148.22
36	66.80	80.77	64	171.34	151.83
37	67.76	81.84	65	182.32	160.65
38	68.73	82.89	66	182.32	160.65
39	69.74	83.87	67	182.32	160.65
40	71.04	85.04	68	182.32	160.65
41	72.34	86.20	69	182.32	160.65
42	73.63	87.38			

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013
Comprehensive Blue PPO II
17-262, et al**

Deductible	In Network \$25,000	Out of Network \$25,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	58.47	60.02	43	71.32	83.39
16	58.47	60.82	44	72.48	86.90
17	58.47	61.63	45	77.57	91.62
18	58.66	62.03	46	79.34	93.08
19	58.66	62.42	47	81.11	94.54
20	58.66	62.42	48	82.91	96.00
21	58.66	62.42	49	84.70	97.39
22	58.66	63.18	50	87.28	99.49
23	58.66	63.93	51	89.88	101.61
24	58.66	64.69	52	92.46	103.67
25	58.66	64.69	53	95.04	105.78
26	58.66	66.09	54	97.62	107.90
27	59.28	68.11	55	104.62	113.77
28	59.98	68.68	56	110.09	116.40
29	60.18	69.23	57	115.77	118.98
30	60.40	69.79	58	121.69	121.55
31	60.62	70.36	59	127.88	124.13
32	60.82	72.15	60	133.66	127.38
33	61.36	73.38	61	139.52	130.60
34	62.39	74.61	62	145.46	133.86
35	63.27	75.56	63	151.52	137.09
36	64.10	76.50	64	157.60	140.28
37	64.95	77.44	65	167.71	148.48
38	65.81	78.38	66	167.71	148.48
39	66.70	79.24	67	167.71	148.48
40	67.86	80.27	68	167.71	148.48
41	69.01	81.32	69	167.71	148.48
42	70.16	82.36			

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5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**Comprehensive Blue PPO II
17-262, et al**

Dependent Child(ren) Insured Medical Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	In Network		Out of Network <u>Coinsurance</u>	One <u>Child</u>	Two <u>Children</u>	All (3+) <u>Children</u>
	<u>In Network Coinsurance</u>	<u>Stop Loss Amount</u>				
\$500	80% / 20%	\$10,000	60% / 40%	80.76	161.52	242.27
\$1,000	80% / 20%	\$10,000	60% / 40%	73.92	147.83	221.75
\$2,500	100% / 0%	Not Applicable	80% / 20%	67.22	134.44	201.66
\$5,000	100% / 0%	Not Applicable	80% / 20%	56.78	113.56	170.33
\$10,000	100% / 0%	Not Applicable	80% / 20%	48.67	97.35	146.02
\$15,000	100% / 0%	Not Applicable	80% / 20%	44.26	88.52	132.78
\$20,000	100% / 0%	Not Applicable	80% / 20%	42.21	84.41	126.62
\$25,000	100% / 0%	Not Applicable	80% / 20%	39.92	79.85	119.77

Maternity Rider Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	In Network		Out of Network <u>Coinsurance</u>	Maternity <u>Rider</u>
	<u>In Network Coinsurance</u>	<u>Stop Loss Amount</u>		
\$500	80% / 20%	No Limit	60% / 40%	104.98
\$1,000	80% / 20%	No Limit	60% / 40%	99.22
\$2,500	100% / 0%	Not Applicable	80% / 20%	96.25
\$5,000	100% / 0%	Not Applicable	80% / 20%	83.15
\$10,000	100% / 0%	Not Applicable	80% / 20%	32.94
\$15,000	100% / 0%	Not Applicable	80% / 20%	21.96
\$20,000	100% / 0%	Not Applicable	80% / 20%	16.47
\$25,000	100% / 0%	Not Applicable	80% / 20%	10.98

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013 Comprehensive Blue PPO II 17-262, et al

Primary Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	\$10
Tier 2 Copay (Preferred Brands)	\$35
Tier 3 Copay (Non-Preferred Brands)	\$70

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	11.29	11.29	35	46.14	28.55
1	11.29	11.29	36	46.14	28.55
2	11.29	11.29	37	46.14	28.55
3	11.29	11.29	38	46.14	28.55
4	11.29	11.29	39	46.14	28.55
5	11.29	11.29	40	46.14	28.55
6	11.29	11.29	41	46.14	28.55
7	11.29	11.29	42	46.14	28.55
8	11.29	11.29	43	46.14	28.55
9	11.29	11.29	44	46.14	28.55
10	11.29	11.29	45	47.08	31.38
11	11.29	11.29	46	47.08	34.21
12	11.29	11.29	47	47.08	37.05
13	11.29	11.29	48	47.08	39.21
14	11.29	11.29	49	47.08	41.38
15	11.29	11.29	50	48.16	43.56
16	15.93	11.29	51	49.25	45.72
17	20.58	11.29	52	50.33	47.87
18	25.22	13.08	53	56.02	50.20
19	29.87	13.08	54	61.71	52.54
20	34.49	13.08	55	67.40	54.87
21	34.49	13.08	56	73.08	57.21
22	34.49	13.08	57	78.78	59.56
23	34.49	13.08	58	80.49	61.97
24	34.49	13.08	59	82.21	64.39
25	39.54	14.87	60	83.92	66.80
26	39.54	16.66	61	85.63	69.22
27	39.54	18.44	62	87.36	71.62
28	39.54	20.21	63	90.20	76.22
29	39.54	22.00	64	93.06	80.82
30	44.00	23.78	65	95.91	85.42
31	44.00	23.78	66	95.91	85.42
32	44.00	23.78	67	95.91	85.42
33	44.00	23.78	68	95.91	85.42
34	44.00	23.78	69	95.91	85.42

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

Spouse Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	\$10
Tier 2 Copay (Preferred Brands)	\$35
Tier 3 Copay (Non-Preferred Brands)	\$70

<u>Attained Age of Primary</u>	<u>Primary is Female</u>	<u>Primary is Male</u>	<u>Attained Age of Primary</u>	<u>Primary is Female</u>	<u>Primary is Male</u>
15	11.29	11.29	43	28.55	46.14
16	11.29	15.93	44	28.55	46.14
17	11.29	20.58	45	28.55	46.14
18	13.08	25.22	46	28.55	46.14
19	13.08	29.87	47	31.38	47.08
20	13.08	29.87	48	34.21	47.08
21	13.08	34.49	49	37.05	47.08
22	13.08	34.49	50	39.21	47.08
23	13.08	34.49	51	41.38	47.08
24	13.08	34.49	52	43.56	48.16
25	13.08	34.49	53	45.72	49.25
26	13.08	34.49	54	47.87	50.33
27	14.87	39.54	55	50.20	56.02
28	16.66	39.54	56	52.54	61.71
29	18.44	39.54	57	54.87	67.40
30	20.21	39.54	58	57.21	73.08
31	22.00	39.54	59	59.56	78.78
32	23.78	44.00	60	61.97	80.49
33	23.78	44.00	61	66.08	83.36
34	23.78	44.00	62	70.47	86.35
35	23.78	44.00	63	75.14	89.42
36	23.78	44.00	64	80.12	92.61
37	28.55	46.14	65	85.42	95.91
38	28.55	46.14	66	85.42	95.91
39	28.55	46.14	67	85.42	95.91
40	28.55	46.14	68	85.42	95.91
41	28.55	46.14	69	85.42	95.91
42	28.55	46.14			

Dependent Child(ren) Insured Prescription Drug Coverage Monthly Bank Draft Premiums

<u>Attained Age</u>	<u>One Child</u>	<u>Two Children</u>	<u>All (3+) Children</u>
All Eligible	12.90	25.80	38.70

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO II 17-260 7-09, et al

	In Network	Out of Network
Deductible	\$1,500	\$1,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	135.82	135.82	35	96.73	61.80
1	135.82	135.82	36	99.33	64.23
2	43.70	43.70	37	101.75	66.74
3	43.70	43.70	38	104.65	69.94
4	43.70	43.70	39	107.55	73.16
5	43.70	43.70	40	110.45	76.38
6	43.70	43.70	41	113.34	79.58
7	43.70	43.70	42	123.13	82.88
8	43.70	43.70	43	127.13	87.88
9	43.70	43.70	44	131.20	92.82
10	43.70	43.70	45	135.27	97.75
11	43.70	43.70	46	139.35	102.76
12	43.70	43.70	47	143.26	107.78
13	48.02	43.70	48	149.13	114.98
14	48.02	43.70	49	155.00	122.27
15	48.02	43.70	50	160.80	129.48
16	48.02	43.70	51	166.68	136.68
17	48.02	43.70	52	172.63	143.88
18	58.12	44.25	53	179.84	154.23
19	62.27	44.25	54	187.12	169.50
20	54.75	44.25	55	194.34	185.40
21	56.87	44.25	56	201.54	201.93
22	58.98	44.25	57	208.74	219.24
23	61.09	44.25	58	217.83	235.38
24	65.01	44.25	59	226.84	251.74
25	70.66	45.97	60	235.93	268.35
26	72.22	47.30	61	244.93	285.26
27	73.79	47.30	62	253.86	302.27
28	75.36	47.30	63	267.56	321.30
29	76.93	47.30	64	281.19	340.41
30	81.93	50.29	65	322.32	397.59
31	85.38	51.77	66	322.32	397.59
32	88.83	54.67	67	322.32	397.59
33	91.49	57.10	68	322.32	397.59
34	94.08	59.45	69	322.32	397.59

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO II
17-260 7-09, et al**

	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	112.86	112.86	35	80.38	51.35
1	112.86	112.86	36	82.54	53.37
2	36.32	36.32	37	84.55	55.45
3	36.32	36.32	38	86.96	58.13
4	36.32	36.32	39	89.37	60.79
5	36.32	36.32	40	91.77	63.46
6	36.32	36.32	41	94.18	66.13
7	36.32	36.32	42	102.31	68.87
8	36.32	36.32	43	105.64	73.03
9	36.32	36.32	44	109.02	77.13
10	36.32	36.32	45	112.41	81.23
11	36.32	36.32	46	115.80	85.39
12	36.32	36.32	47	119.05	89.56
13	39.90	36.32	48	123.92	95.55
14	39.90	36.32	49	128.81	101.61
15	39.90	36.32	50	133.63	107.59
16	39.90	36.32	51	138.50	113.58
17	39.90	36.32	52	143.45	119.56
18	48.30	36.77	53	149.44	128.16
19	51.75	36.77	54	155.50	140.85
20	45.50	36.77	55	161.48	154.06
21	47.26	36.77	56	167.47	167.80
22	49.01	36.77	57	173.45	182.18
23	50.77	36.77	58	181.01	195.59
24	54.02	36.77	59	188.49	209.19
25	58.71	38.21	60	196.05	222.99
26	60.02	39.31	61	203.53	237.05
27	61.31	39.31	62	210.95	251.17
28	62.62	39.31	63	222.33	266.99
29	63.91	39.31	64	233.67	282.87
30	68.08	41.78	65	267.84	330.38
31	70.94	43.02	66	267.84	330.38
32	73.81	45.44	67	267.84	330.38
33	76.01	47.44	68	267.84	330.38
34	78.17	49.40	69	267.84	330.38

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO II 17-260 7-09, et al

	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	87.59	87.59	35	62.38	39.86
1	87.59	87.59	36	64.05	41.42
2	28.19	28.19	37	65.62	43.03
3	28.19	28.19	38	67.48	45.11
4	28.19	28.19	39	69.36	47.18
5	28.19	28.19	40	71.23	49.26
6	28.19	28.19	41	73.09	51.32
7	28.19	28.19	42	79.41	53.44
8	28.19	28.19	43	81.98	56.68
9	28.19	28.19	44	84.61	59.86
10	28.19	28.19	45	87.24	63.04
11	28.19	28.19	46	89.86	66.26
12	28.19	28.19	47	92.39	69.50
13	30.96	28.19	48	96.17	74.15
14	30.96	28.19	49	99.96	78.85
15	30.96	28.19	50	103.71	83.50
16	30.96	28.19	51	107.49	88.15
17	30.96	28.19	52	111.33	92.79
18	37.49	28.54	53	115.97	99.46
19	40.15	28.54	54	120.67	109.31
20	35.31	28.54	55	125.33	119.56
21	36.67	28.54	56	129.97	130.22
22	38.03	28.54	57	134.61	141.38
23	39.40	28.54	58	140.48	151.79
24	41.92	28.54	59	146.29	162.34
25	45.57	29.65	60	152.15	173.06
26	46.58	30.50	61	157.95	183.96
27	47.58	30.50	62	163.71	194.93
28	48.60	30.50	63	172.55	207.20
29	49.61	30.50	64	181.33	219.52
30	52.84	32.42	65	207.85	256.39
31	55.05	33.39	66	207.85	256.39
32	57.28	35.26	67	207.85	256.39
33	59.00	36.83	68	207.85	256.39
34	60.66	38.34	69	207.85	256.39

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO II
17-260 7-09, et al**

	In Network	Out of Network
Deductible	\$1,500	\$1,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	43.52	47.82	43	79.26	112.87
16	43.52	47.82	44	82.54	122.64
17	43.52	47.82	45	87.53	126.61
18	44.07	57.89	46	92.45	130.67
19	44.07	62.02	47	97.36	134.72
20	44.07	62.02	48	102.34	138.79
21	44.07	54.53	49	107.34	142.67
22	44.07	56.63	50	114.52	148.53
23	44.07	58.74	51	121.78	154.38
24	44.07	60.84	52	128.95	160.15
25	44.07	60.84	53	136.13	166.01
26	44.07	64.75	54	143.30	171.92
27	45.79	70.37	55	153.60	179.12
28	47.12	71.92	56	168.82	186.36
29	47.12	73.49	57	184.65	193.54
30	47.12	75.05	58	201.12	200.73
31	47.12	76.62	59	218.35	207.90
32	50.08	81.60	60	234.42	216.95
33	51.56	85.04	61	250.72	225.91
34	54.45	88.47	62	267.26	234.97
35	56.87	91.11	63	284.11	243.94
36	59.20	93.69	64	301.05	252.83
37	61.54	96.34	65	320.00	266.47
38	63.97	98.92	66	320.00	266.47
39	66.46	101.35	67	320.00	266.47
40	69.66	104.22	68	320.00	266.47
41	72.86	107.11	69	320.00	266.47
42	76.07	110.00			

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO II
17-260 7-09, et al**

	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	36.18	39.74	43	65.87	93.79
16	36.18	39.74	44	68.59	101.89
17	36.18	39.74	45	72.73	105.21
18	36.62	48.10	46	76.83	108.58
19	36.62	51.54	47	80.90	111.96
20	36.62	51.54	48	85.05	115.32
21	36.62	45.31	49	89.20	118.56
22	36.62	47.07	50	95.16	123.42
23	36.62	48.82	51	101.20	128.29
24	36.62	50.56	52	107.15	133.09
25	36.62	50.56	53	113.12	137.94
26	36.62	53.80	54	119.08	142.87
27	38.06	58.47	55	127.64	148.83
28	39.15	59.78	56	140.28	154.87
29	39.15	61.06	57	153.43	160.82
30	39.15	62.37	58	167.12	166.79
31	39.15	63.65	59	181.44	172.75
32	41.61	67.80	60	194.80	180.27
33	42.84	70.66	61	208.35	187.74
34	45.25	73.51	62	222.09	195.26
35	47.26	75.71	63	236.09	202.70
36	49.20	77.85	64	250.15	210.09
37	51.14	80.06	65	265.91	221.43
38	53.15	82.21	66	265.91	221.43
39	55.23	84.21	67	265.91	221.43
40	57.90	86.61	68	265.91	221.43
41	60.54	89.00	69	265.91	221.43
42	63.21	91.40			

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO II 17-260 7-09, et al

	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	28.08	30.84	43	51.11	72.80
16	28.08	30.84	44	53.22	79.09
17	28.08	30.84	45	56.45	81.65
18	28.42	37.33	46	59.62	84.27
19	28.42	39.99	47	62.78	86.88
20	28.42	39.99	48	66.00	89.50
21	28.42	35.17	49	69.22	92.01
22	28.42	36.52	50	73.85	95.79
23	28.42	37.88	51	78.53	99.56
24	28.42	39.23	52	83.16	103.29
25	28.42	39.23	53	87.80	107.06
26	28.42	41.76	54	92.42	110.88
27	29.53	45.38	55	99.05	115.50
28	30.38	46.39	56	108.87	120.19
29	30.38	47.38	57	119.08	124.82
30	30.38	48.40	58	129.70	129.44
31	30.38	49.41	59	140.81	134.07
32	32.29	52.63	60	151.17	139.91
33	33.26	54.83	61	161.68	145.69
34	35.11	57.05	62	172.35	151.53
35	36.67	58.75	63	183.21	157.31
36	38.19	60.42	64	194.14	163.05
37	39.69	62.12	65	206.37	171.85
38	41.25	63.78	66	206.37	171.85
39	42.85	65.35	67	206.37	171.85
40	44.92	67.21	68	206.37	171.85
41	46.99	69.08	69	206.37	171.85
42	49.06	70.94			

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
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**HSA Blue PPO II
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Dependent Child(ren) Insured Medical Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	In Network		Out of Network <u>Coinsurance</u>	One <u>Child</u>	Two <u>Children</u>	All (3+) <u>Children</u>
	<u>In Network Coinsurance</u>	<u>Stop Loss Amount</u>				
\$1,500	100% / 0%	Not Applicable	80% / 20%	52.58	105.17	157.75
\$2,500	100% / 0%	Not Applicable	80% / 20%	43.70	87.40	131.10
\$5,000	100% / 0%	Not Applicable	80% / 20%	33.92	67.83	101.75

Maternity Rider Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	In Network		Out of Network <u>Coinsurance</u>	Maternity <u>Rider</u>
	<u>In Network Coinsurance</u>	<u>Stop Loss Amount</u>		
\$1,500	100% / 0%	Not Applicable	80% / 20%	108.36
\$2,500	100% / 0%	Not Applicable	80% / 20%	99.24
\$5,000	100% / 0%	Not Applicable	80% / 20%	85.00

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	In Network	Out of Network
Deductible	\$1,500	\$1,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Primary Insured Drug Coverage Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	11.46	11.46	35	46.80	28.94
1	11.46	11.46	36	46.80	28.94
2	11.46	11.46	37	46.80	28.94
3	11.46	11.46	38	46.80	28.94
4	11.46	11.46	39	46.80	28.94
5	11.46	11.46	40	46.80	28.94
6	11.46	11.46	41	46.80	28.94
7	11.46	11.46	42	46.80	28.94
8	11.46	11.46	43	46.80	28.94
9	11.46	11.46	44	46.80	28.94
10	11.46	11.46	45	47.76	31.82
11	11.46	11.46	46	47.76	34.70
12	11.46	11.46	47	47.76	37.57
13	11.46	11.46	48	47.76	39.77
14	11.46	11.46	49	47.76	41.97
15	11.46	11.46	50	48.86	44.16
16	11.46	11.46	51	49.96	46.36
17	11.46	11.46	52	51.06	48.55
18	24.12	13.27	53	56.83	50.93
19	24.12	13.27	54	62.61	53.30
20	34.98	13.27	55	68.38	55.67
21	34.98	13.27	56	74.15	58.04
22	34.98	13.27	57	79.91	60.41
23	34.98	13.27	58	81.65	62.87
24	34.98	13.27	59	83.39	65.32
25	40.10	15.09	60	85.13	67.77
26	40.10	15.09	61	86.87	70.22
27	40.10	15.09	62	88.62	72.65
28	40.10	15.09	63	91.51	77.32
29	40.10	15.09	64	94.40	81.99
30	44.62	24.12	65	97.29	86.65
31	44.62	24.12	66	97.29	86.65
32	44.62	24.12	67	97.29	86.65
33	44.62	24.12	68	97.29	86.65
34	44.62	24.12	69	97.29	86.65

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**Arkansas Blue Cross and Blue Shield
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**HSA Blue PPO II
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	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Primary Insured Drug Coverage Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	9.53	9.53	35	38.89	24.06
1	9.53	9.53	36	38.89	24.06
2	9.53	9.53	37	38.89	24.06
3	9.53	9.53	38	38.89	24.06
4	9.53	9.53	39	38.89	24.06
5	9.53	9.53	40	38.89	24.06
6	9.53	9.53	41	38.89	24.06
7	9.53	9.53	42	38.89	24.06
8	9.53	9.53	43	38.89	24.06
9	9.53	9.53	44	38.89	24.06
10	9.53	9.53	45	39.69	26.44
11	9.53	9.53	46	39.69	28.83
12	9.53	9.53	47	39.69	31.23
13	9.53	9.53	48	39.69	33.05
14	9.53	9.53	49	39.69	34.87
15	9.53	9.53	50	40.60	36.70
16	9.53	9.53	51	41.52	38.52
17	9.53	9.53	52	42.43	40.34
18	20.05	11.02	53	47.22	42.32
19	20.05	11.02	54	52.02	44.29
20	29.06	11.02	55	56.82	46.26
21	29.06	11.02	56	61.62	48.24
22	29.06	11.02	57	66.41	50.20
23	29.06	11.02	58	67.85	52.24
24	29.06	11.02	59	69.29	54.27
25	33.32	12.53	60	70.74	56.32
26	33.32	12.53	61	72.18	58.35
27	33.32	12.53	62	73.63	60.37
28	33.32	12.53	63	76.04	64.25
29	33.32	12.53	64	78.44	68.13
30	37.08	20.05	65	80.85	72.01
31	37.08	20.05	66	80.85	72.01
32	37.08	20.05	67	80.85	72.01
33	37.08	20.05	68	80.85	72.01
34	37.08	20.05	69	80.85	72.01

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**HSA Blue PPO II
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	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Primary Insured Drug Coverage Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	7.39	7.39	35	30.18	18.67
1	7.39	7.39	36	30.18	18.67
2	7.39	7.39	37	30.18	18.67
3	7.39	7.39	38	30.18	18.67
4	7.39	7.39	39	30.18	18.67
5	7.39	7.39	40	30.18	18.67
6	7.39	7.39	41	30.18	18.67
7	7.39	7.39	42	30.18	18.67
8	7.39	7.39	43	30.18	18.67
9	7.39	7.39	44	30.18	18.67
10	7.39	7.39	45	30.80	20.52
11	7.39	7.39	46	30.80	22.38
12	7.39	7.39	47	30.80	24.23
13	7.39	7.39	48	30.80	25.65
14	7.39	7.39	49	30.80	27.07
15	7.39	7.39	50	31.51	28.48
16	7.39	7.39	51	32.22	29.90
17	7.39	7.39	52	32.93	31.31
18	15.56	8.56	53	36.65	32.84
19	15.56	8.56	54	40.37	34.37
20	22.55	8.56	55	44.10	35.90
21	22.55	8.56	56	47.82	37.43
22	22.55	8.56	57	51.53	38.96
23	22.55	8.56	58	52.66	40.54
24	22.55	8.56	59	53.78	42.12
25	25.86	9.73	60	54.90	43.70
26	25.86	9.73	61	56.02	45.28
27	25.86	9.73	62	57.15	46.85
28	25.86	9.73	63	59.01	49.86
29	25.86	9.73	64	60.87	52.88
30	28.78	15.56	65	62.74	55.88
31	28.78	15.56	66	62.74	55.88
32	28.78	15.56	67	62.74	55.88
33	28.78	15.56	68	62.74	55.88
34	28.78	15.56	69	62.74	55.88

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
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**HSA Blue PPO II
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	In Network	Out of Network
Deductible	\$1,500	\$1,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Spoused Insured Drug Coverage Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	11.46	11.46	43	28.94	46.80
16	11.46	11.46	44	28.94	46.80
17	11.46	11.46	45	28.94	46.80
18	13.27	24.12	46	28.94	46.80
19	13.27	24.12	47	31.82	47.76
20	13.27	24.12	48	34.70	47.76
21	13.27	34.98	49	37.57	47.76
22	13.27	34.98	50	39.77	47.76
23	13.27	34.98	51	41.97	47.76
24	13.27	34.98	52	44.16	48.86
25	13.27	34.98	53	46.36	49.96
26	13.27	34.98	54	48.55	51.06
27	15.09	40.10	55	50.93	56.83
28	15.09	40.10	56	53.30	62.61
29	15.09	40.10	57	55.67	68.38
30	15.09	40.10	58	58.04	74.15
31	15.09	40.10	59	60.41	79.91
32	24.12	44.62	60	62.87	81.65
33	24.12	44.62	61	67.63	84.78
34	24.12	44.62	62	72.38	87.91
35	24.12	44.62	63	77.13	91.04
36	24.12	44.62	64	81.89	94.16
37	28.94	46.80	65	86.65	97.29
38	28.94	46.80	66	86.65	97.29
39	28.94	46.80	67	86.65	97.29
40	28.94	46.80	68	86.65	97.29
41	28.94	46.80	69	86.65	97.29
42	28.94	46.80			

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO II
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	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Spoused Insured Drug Coverage Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	9.53	9.53	43	24.06	38.89
16	9.53	9.53	44	24.06	38.89
17	9.53	9.53	45	24.06	38.89
18	11.02	20.05	46	24.06	38.89
19	11.02	20.05	47	26.44	39.69
20	11.02	20.05	48	28.83	39.69
21	11.02	29.06	49	31.23	39.69
22	11.02	29.06	50	33.05	39.69
23	11.02	29.06	51	34.87	39.69
24	11.02	29.06	52	36.70	40.60
25	11.02	29.06	53	38.52	41.52
26	11.02	29.06	54	40.34	42.43
27	12.53	33.32	55	42.32	47.22
28	12.53	33.32	56	44.29	52.02
29	12.53	33.32	57	46.26	56.82
30	12.53	33.32	58	48.24	61.62
31	12.53	33.32	59	50.20	66.41
32	20.05	37.08	60	52.24	67.85
33	20.05	37.08	61	56.20	70.45
34	20.05	37.08	62	60.15	73.05
35	20.05	37.08	63	64.10	75.65
36	20.05	37.08	64	68.05	78.25
37	24.06	38.89	65	72.01	80.85
38	24.06	38.89	66	72.01	80.85
39	24.06	38.89	67	72.01	80.85
40	24.06	38.89	68	72.01	80.85
41	24.06	38.89	69	72.01	80.85
42	24.06	38.89			

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**Arkansas Blue Cross and Blue Shield
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**HSA Blue PPO II
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	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Spoused Insured Drug Coverage Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	7.39	7.39	43	18.67	30.18
16	7.39	7.39	44	18.67	30.18
17	7.39	7.39	45	18.67	30.18
18	8.56	15.56	46	18.67	30.18
19	8.56	15.56	47	20.52	30.80
20	8.56	15.56	48	22.38	30.80
21	8.56	22.55	49	24.23	30.80
22	8.56	22.55	50	25.65	30.80
23	8.56	22.55	51	27.07	30.80
24	8.56	22.55	52	28.48	31.51
25	8.56	22.55	53	29.90	32.22
26	8.56	22.55	54	31.31	32.93
27	9.73	25.86	55	32.84	36.65
28	9.73	25.86	56	34.37	40.37
29	9.73	25.86	57	35.90	44.10
30	9.73	25.86	58	37.43	47.82
31	9.73	25.86	59	38.96	51.53
32	15.56	28.78	60	40.54	52.66
33	15.56	28.78	61	43.60	54.68
34	15.56	28.78	62	46.67	56.70
35	15.56	28.78	63	49.73	58.72
36	15.56	28.78	64	52.79	60.74
37	18.67	30.18	65	55.88	62.74
38	18.67	30.18	66	55.88	62.74
39	18.67	30.18	67	55.88	62.74
40	18.67	30.18	68	55.88	62.74
41	18.67	30.18	69	55.88	62.74
42	18.67	30.18			

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO II 17-260 7-09, et al

Dependent Child(ren) Insured Drug Coverage Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	<u>In Network Coinsurance</u>	<u>In Network</u>	<u>Out of Network Coinsurance</u>	<u>One Child</u>	<u>Two Children</u>	<u>All (3+) Children</u>
		<u>Stop Loss Amount</u>				
\$1,500	100% / 0%	Not Applicable	80% / 20%	12.86	25.72	38.57
\$2,500	100% / 0%	Not Applicable	80% / 20%	10.68	21.37	32.05
\$5,000	100% / 0%	Not Applicable	80% / 20%	8.29	16.58	24.87



**Arkansas
BlueCross BlueShield**

601 S. Gaines St.
P.O. Box 2181
Little Rock, Arkansas 72203-2181

The Honorable Commissioner
Mr. Jay Bradford
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

5/29/2012

Dear Commissioner Bradford:

In compliance with regulatory guidelines, we are submitting two copies of our 2013 rate filing for our closed bloc of individual medical policies for the Department's review and approval. The rates and benefits for the policy forms that make up the closed blocs of individual medical policies are projected for the twelve months beginning January 01, 2013. The most recent increase for this bloc of policy forms was effective January 01, 2012. The approximate number of persons in Arkansas affected by the proposed rate increase is estimated to be 62,367. In accordance with A.C.A. §23-79-153(d)(1) and AID Bulletin No. 8-2006, Section I, Arkansas BlueCross and BlueShield is giving notice that with this filing we are closing Comprehensive Blue I, Comprehensive Blue II, and HSA Blue PPO II and adding it to the closed bloc effective December 31, 2012. Listed below are the policy forms that are included in our Closed Bloc for this rate filing.

<u>Plan Name</u>	<u>Policy Form</u>
UniqueCare I	17-111R995, 112-SAE792 and 23-232792
UniqueCare II	17-113R995, 112-SAE792 and 23-232792
UniqueCare I Preferred	17-1251193, 17-127SAE1193 and 23-3071193
UniqueCare II Preferred	17-1261193, 17-127SAE1193 and 23-3071193
Farm Bureau Flexplan I	17-134594, 17-136SAE594 and 23-346594
Farm Bureau Flexplan II	17-135594, 17-136SAE594 and 23-246594
Farm Bureau Flexplan I Preferred	17-129294, 17-131SAE294 and 23-314294
Farm Bureau Flexplan II Preferred	17-130294, 17-131SAE294 and 23-314294
UniqueCare Blue I	17-147896, 23-561896, 149SAE896
Blue Select	17-1661098, 23-8491098, 23-8501098, 23-8511098, 17-167SAE1098
Nongroup	17-70
Student	17-93
BlueCare PPO	17-183 and 17-185
BlueCare PPO Plus	17-183 and 17-185
HSA Blue PPO	17-236 9/04, et al
HSA Blue PPO Plus	17-237 9/04, et al
Blue Solution PPO	17-238 9/04, et al
Blue Choice	17-247 6/06
Comprehensive Blue I	17-259 7-09, et al
Comprehensive Blue II	17-262 et al
HSA Blue PPO II	17-260 et al

All of the above policy forms are Grandfathered in accordance with 45 CFR Part 147.

We have used the rating methodology as mandated in Arkansas Insurance Code 23-79-153 for closed blocs of individual medical policies to calculate the requested rate increase of 9.80%. This filing has been prepared for the sole purpose of demonstrating compliance with regulatory guidelines and may not be appropriate for other purposes. If you have any questions or concerns, please contact through correspondence or telephone me at (501) 396-4163.

Sincerely,

A handwritten signature in black ink, appearing to read "P. Ricard". The signature is fluid and cursive, with a large loop at the end.

Paul Ricard, A.S.A, M.A.A.A., F.L.M.I.
Actuary
Arkansas Blue Cross Blue Shield

Arkansas Blue Cross and Blue Shield

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ARKANSAS BLUE CROSS BLUE SHIELD

ACTUARIAL CERTIFICATION FOR

POLICY FORM(S)

I, Paul Ricard, hold the position of Actuary for Arkansas Blue Cross Blue Shield. I am a member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

I have reviewed the filing of the rates contained in this document. To the best of my knowledge and judgment, I certify that the:

- (1) Filing is in compliance with applicable laws and regulations of the State of Arkansas.
- (2) Rates are reasonable in relation to the benefits and do not discriminate unfairly between policyholders.
- (3) Assumptions used are the best judgments as to the expected values.
- (4) Submission is in accordance with the current Standard of Procedure promulgated by the Actuarial Standards Board.



Paul Ricard, A.S.A, M.A.A.A., F.L.M.I.
Actuary
Arkansas Blue Cross Blue Shield
320 Capitol Street, Suite 840
Little Rock, AR 72203
(501) 396-4163
prricard@arkbluecross.com

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare I

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

	<u>\$500 Deductible</u>			<u>\$1000 Deductible</u>		
	\$2,500 80%/20%	\$10,000 80%/20%	\$50,000 80%/20%	\$2,500 80%/20%	\$10,000 80%/20%	\$50,000 80%/20%
Individual						
02-29	\$606.82	\$583.83	\$544.14	\$497.61	\$480.43	\$442.57
30-39	\$885.32	\$851.82	\$787.91	\$725.99	\$700.86	\$645.88
40-44	\$1,049.42	\$1,009.84	\$934.08	\$859.46	\$830.80	\$765.64
45-49	\$1,279.80	\$1,231.35	\$1,139.05	\$1,049.33	\$1,013.31	\$933.59
50-54	\$1,565.09	\$1,505.96	\$1,393.07	\$1,283.36	\$1,239.24	\$1,141.72
55-64	\$2,214.78	\$2,134.59	\$1,974.48	\$1,819.06	\$1,756.38	\$1,618.39
65-69	\$3,100.74	\$2,988.40	\$2,764.30	\$2,546.64	\$2,458.93	\$2,265.76
Individual and Spouse						
02-29	\$1,166.64	\$1,122.60	\$1,038.31	\$956.52	\$923.66	\$851.10
30-39	\$1,658.66	\$1,596.03	\$1,476.29	\$1,360.04	\$1,313.26	\$1,210.04
40-44	\$1,973.66	\$1,899.20	\$1,756.68	\$1,618.39	\$1,562.79	\$1,439.80
45-49	\$2,326.84	\$2,238.93	\$2,071.04	\$1,907.91	\$1,842.28	\$1,697.48
50-54	\$2,902.78	\$2,793.10	\$2,583.75	\$2,380.23	\$2,298.31	\$2,117.68
55-64	\$4,051.41	\$3,898.38	\$3,606.04	\$3,322.06	\$3,207.71	\$2,955.61
65-69	\$5,671.99	\$5,457.76	\$5,048.48	\$4,650.94	\$4,490.81	\$4,137.85
Individual and Child						
02-29	\$1,282.88	\$1,234.33	\$1,141.72	\$1,051.87	\$1,015.67	\$935.88
30-39	\$1,547.27	\$1,488.80	\$1,377.20	\$1,268.76	\$1,225.04	\$1,128.75
40-44	\$1,870.74	\$1,800.04	\$1,665.11	\$1,534.02	\$1,481.15	\$1,364.72
45-49	\$1,863.10	\$1,792.84	\$1,658.32	\$1,527.67	\$1,475.12	\$1,359.27
50-54	\$2,118.36	\$2,038.42	\$1,885.54	\$1,737.01	\$1,677.20	\$1,545.31
55-64	\$2,607.62	\$2,509.16	\$2,321.03	\$2,138.25	\$2,064.62	\$1,902.36
65-69	\$3,650.69	\$3,512.88	\$3,249.42	\$2,993.53	\$2,890.45	\$2,663.31
Individual, Spouse, and Child						
02-29	\$1,898.56	\$1,826.87	\$1,689.85	\$1,556.77	\$1,503.27	\$1,385.16
30-39	\$2,513.44	\$2,418.47	\$2,237.13	\$2,060.94	\$1,989.97	\$1,833.65
40-44	\$2,897.90	\$2,789.33	\$2,579.42	\$2,376.21	\$2,294.49	\$2,114.25
45-49	\$3,274.47	\$3,150.78	\$2,914.53	\$2,684.97	\$2,592.55	\$2,388.79
50-54	\$3,831.20	\$3,686.46	\$3,410.00	\$3,141.45	\$3,195.59	\$2,794.93
55-64	\$4,891.73	\$4,706.95	\$4,354.08	\$4,011.14	\$3,873.13	\$3,568.63
65-69	\$6,848.43	\$6,589.79	\$6,095.68	\$5,615.58	\$5,422.42	\$4,996.12

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare I

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

	<u>\$2500 Deductible</u>			<u>\$5000 Deductible</u>		
	\$0	\$10,000	\$50,000	\$0	\$10,000	\$50,000
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	\$344.34	\$335.48	\$307.84	\$284.80	\$276.78	\$256.65
30-39	\$502.32	\$489.42	\$449.10	\$415.54	\$403.69	\$374.37
40-44	\$595.34	\$580.17	\$532.40	\$492.51	\$478.65	\$443.86
45-49	\$726.02	\$707.53	\$649.30	\$600.69	\$583.70	\$541.26
50-54	\$887.99	\$865.38	\$794.10	\$734.72	\$713.78	\$661.85
55-64	\$1,258.58	\$1,226.49	\$1,125.47	\$1,041.33	\$1,011.80	\$938.14
65-69	\$1,762.05	\$1,717.06	\$1,575.70	\$1,457.84	\$1,416.51	\$1,313.37
Individual and Spouse						
02-29	\$661.85	\$645.06	\$591.87	\$559.20	\$543.43	\$503.83
30-39	\$941.06	\$917.06	\$841.53	\$795.06	\$772.53	\$716.37
40-44	\$1,119.81	\$1,091.25	\$1,001.38	\$946.04	\$919.34	\$852.40
45-49	\$1,320.11	\$1,286.42	\$1,180.53	\$1,115.45	\$1,083.73	\$1,004.98
50-54	\$1,646.89	\$1,604.92	\$1,472.75	\$1,391.52	\$1,352.07	\$1,254.87
55-64	\$2,298.52	\$2,239.94	\$2,055.51	\$1,942.10	\$1,887.09	\$1,749.84
65-69	\$3,217.92	\$3,135.94	\$2,877.75	\$2,718.96	\$2,641.86	\$2,449.73
Individual and Child						
02-29	\$727.81	\$709.23	\$650.83	\$608.24	\$590.97	\$548.08
30-39	\$877.89	\$857.46	\$785.09	\$733.66	\$712.90	\$661.05
40-44	\$1,061.37	\$1,034.23	\$949.08	\$887.00	\$861.89	\$799.21
45-49	\$1,057.04	\$1,030.13	\$945.18	\$883.35	\$858.39	\$795.92
50-54	\$1,201.79	\$1,171.17	\$1,074.81	\$1,004.47	\$975.96	\$904.95
55-64	\$1,479.40	\$1,441.77	\$1,323.04	\$1,236.45	\$1,201.33	\$1,114.05
65-69	\$2,071.16	\$2,018.44	\$1,852.23	\$1,731.03	\$1,681.89	\$1,559.70
Individual, Spouse, and Child						
02-29	\$1,077.14	\$1,049.75	\$963.20	\$910.14	\$884.33	\$820.04
30-39	\$1,425.97	\$1,389.69	\$1,275.25	\$1,204.82	\$1,170.70	\$1,085.50
40-44	\$1,644.11	\$1,602.26	\$1,470.21	\$1,389.20	\$1,349.87	\$1,251.58
45-49	\$1,857.78	\$1,810.44	\$1,661.30	\$1,569.71	\$1,525.19	\$1,414.19
50-54	\$2,173.55	\$2,118.26	\$1,943.70	\$1,836.51	\$1,784.45	\$1,654.66
55-64	\$2,775.24	\$2,704.64	\$2,481.85	\$2,344.92	\$2,278.42	\$2,112.71
65-69	\$3,885.31	\$3,786.53	\$3,474.57	\$3,282.90	\$3,189.80	\$2,957.81

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare I

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

	<u>\$10,000 Deductible</u>		<u>\$25,000 Deductible</u>	
	\$0	\$50,000	\$0	\$50,000
Stop Loss Amount:	100%/0%	80%/20%	100%/0%	80%/20%
Co-Pay:				
Individual				
02-29	\$203.99	\$186.71	\$112.18	\$105.84
30-39	\$297.60	\$272.35	\$163.67	\$154.44
40-44	\$352.84	\$322.81	\$194.01	\$183.15
45-49	\$430.23	\$393.79	\$236.66	\$223.32
50-54	\$526.26	\$481.48	\$291.18	\$273.02
55-64	\$745.86	\$682.55	\$410.25	\$386.96
65-69	\$1,044.13	\$955.57	\$574.35	\$541.79
Individual and Spouse				
02-29	\$404.68	\$370.42	\$222.58	\$210.09
30-39	\$575.41	\$526.66	\$316.49	\$298.52
40-44	\$684.66	\$626.60	\$376.58	\$355.35
45-49	\$807.18	\$738.66	\$443.91	\$418.92
50-54	\$1,006.98	\$921.57	\$553.91	\$522.54
55-64	\$1,405.58	\$1,286.27	\$773.08	\$729.46
65-69	\$1,967.81	\$1,800.81	\$1,082.29	\$1,021.18
Individual and Child				
02-29	\$437.90	\$400.65	\$240.80	\$227.28
30-39	\$528.21	\$483.30	\$290.54	\$274.10
40-44	\$638.60	\$584.32	\$351.24	\$331.35
45-49	\$635.95	\$581.98	\$349.77	\$329.96
50-54	\$723.02	\$661.63	\$397.76	\$375.23
55-64	\$890.12	\$814.60	\$489.58	\$461.92
65-69	\$1,246.15	\$1,140.44	\$685.47	\$646.69
Individual, Spouse, and Child				
02-29	\$658.71	\$602.74	\$362.27	\$341.82
30-39	\$872.03	\$797.99	\$479.65	\$452.51
40-44	\$1,005.35	\$919.99	\$552.96	\$521.69
45-49	\$1,135.95	\$1,039.50	\$624.82	\$589.49
50-54	\$1,329.17	\$1,216.30	\$730.97	\$689.65
55-64	\$1,697.08	\$1,553.04	\$933.45	\$880.59
65-69	\$2,375.91	\$2,174.24	\$1,306.81	\$1,232.86

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare I

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

Supplemental Accident Endorsement

(\$500 and \$1,000 Deductibles Only)

<u>\$500 CMM Deductible</u>	<u>Rates</u>
Individual	\$31.37
Individual and Spouse	\$62.70
Individual and Child	\$76.00
Individual, Spouse, Children	\$125.82

\$1,000 CMM Deductible

Individual	\$38.80
Individual and Spouse	\$77.52
Individual and Child	\$93.93
Individual, Spouse, Children	\$155.37

Optional Riders

TMJ

Individual	\$5.59
Individual and Spouse	\$11.14
Individual and Child	\$13.43
Individual, Spouse, Children	\$22.36

Maternity Rider

(\$500 and \$1,000 Deductibles Only) \$1,532.91

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare II

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

	<u>\$500 Deductible</u>			<u>\$1000 Deductible</u>		
	\$2,500	\$10,000	\$50,000	\$2,500	\$10,000	\$50,000
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	\$375.54	\$322.10	\$256.03	\$317.99	\$273.19	\$212.68
30-39	\$547.77	\$469.95	\$373.53	\$463.94	\$398.57	\$310.26
40-44	\$649.40	\$557.13	\$442.75	\$549.89	\$472.48	\$367.86
45-49	\$791.91	\$679.42	\$539.97	\$670.56	\$576.20	\$448.55
50-54	\$968.47	\$830.89	\$660.37	\$820.17	\$704.73	\$548.59
55-64	\$1,372.77	\$1,177.74	\$935.98	\$1,162.43	\$998.88	\$777.58
65-69	\$1,921.90	\$1,648.87	\$1,310.45	\$1,627.39	\$1,398.40	\$1,088.63
Individual and Spouse						
02-29	\$721.88	\$619.29	\$492.22	\$611.30	\$525.33	\$408.90
30-39	\$1,026.39	\$880.59	\$699.84	\$869.15	\$746.79	\$581.45
40-44	\$1,221.34	\$1,047.90	\$832.78	\$1,034.23	\$888.69	\$691.83
45-49	\$1,439.80	\$1,235.32	\$981.77	\$1,219.33	\$1,047.63	\$815.55
50-54	\$1,796.25	\$1,541.10	\$1,224.78	\$1,521.10	\$1,306.99	\$1,017.48
55-64	\$2,506.98	\$2,150.84	\$1,709.37	\$2,122.95	\$1,824.07	\$1,420.07
65-69	\$3,509.76	\$3,011.17	\$2,393.08	\$2,972.17	\$2,553.73	\$1,988.08
Individual and Child						
02-29	\$793.83	\$681.05	\$541.26	\$672.26	\$577.61	\$449.67
30-39	\$957.38	\$821.45	\$652.83	\$810.80	\$696.66	\$542.35
40-44	\$1,157.63	\$993.16	\$789.28	\$980.29	\$842.33	\$655.70
45-49	\$1,152.88	\$989.14	\$786.08	\$976.31	\$838.89	\$653.00
50-54	\$1,310.87	\$1,124.64	\$893.76	\$1,110.05	\$953.71	\$742.49
55-64	\$1,613.63	\$1,384.44	\$1,100.23	\$1,366.44	\$1,174.08	\$914.00
65-69	\$2,259.04	\$1,938.12	\$1,540.33	\$1,913.07	\$1,643.75	\$1,279.58
Individual, Spouse, and Child						
02-29	\$1,174.83	\$1,007.96	\$801.10	\$994.94	\$854.90	\$665.48
30-39	\$1,555.22	\$1,334.33	\$1,060.47	\$1,317.05	\$1,131.63	\$880.99
40-44	\$1,793.25	\$1,538.53	\$1,222.72	\$1,518.57	\$1,304.80	\$1,015.77
45-49	\$2,026.17	\$1,738.44	\$1,381.54	\$1,715.89	\$1,474.36	\$1,147.70
50-54	\$2,370.69	\$2,033.86	\$1,616.43	\$2,007.57	\$1,724.99	\$1,342.83
55-64	\$3,026.98	\$2,596.95	\$2,063.87	\$2,563.35	\$2,202.51	\$1,714.59
65-69	\$4,237.76	\$3,635.73	\$2,889.49	\$3,588.66	\$3,083.48	\$2,400.50

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare II

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

	<u>\$2500 Deductible</u>		<u>\$5000 Deductible</u>	
Stop Loss Amount:	\$10,000	\$50,000	\$10,000	\$50,000
Co-Pay:	50%/50%	50%/50%	50%/50%	50%/50%
 Individual				
02-29	\$202.97	\$154.46	\$169.11	\$130.57
30-39	\$296.06	\$225.34	\$246.64	\$190.47
40-44	\$350.94	\$267.18	\$292.35	\$225.84
45-49	\$428.01	\$325.78	\$356.56	\$275.38
50-54	\$523.42	\$397.76	\$436.11	\$336.84
55-64	\$741.92	\$564.69	\$618.13	\$477.38
65-69	\$1,038.68	\$790.52	\$865.41	\$668.30
 Individual and Spouse				
02-29	\$390.13	\$296.99	\$332.01	\$256.37
30-39	\$554.69	\$422.18	\$472.01	\$364.46
40-44	\$660.11	\$502.38	\$561.69	\$433.69
45-49	\$778.19	\$592.25	\$662.07	\$511.29
50-54	\$970.80	\$738.83	\$826.08	\$637.91
55-64	\$1,354.91	\$1,031.31	\$1,152.88	\$890.34
65-69	\$1,896.93	\$1,443.84	\$1,614.04	\$1,246.55
 Individual and Child				
02-29	\$428.94	\$326.52	\$361.12	\$278.88
30-39	\$517.47	\$393.83	\$435.49	\$336.42
40-44	\$625.62	\$476.22	\$526.56	\$406.67
45-49	\$623.15	\$474.28	\$524.46	\$405.09
50-54	\$708.42	\$539.21	\$596.28	\$460.50
55-64	\$872.15	\$663.75	\$733.99	\$566.86
65-69	\$1,220.98	\$929.25	\$1,027.68	\$793.60
 Individual, Spouse, and Child				
02-29	\$635.03	\$483.31	\$540.30	\$417.21
30-39	\$840.56	\$639.78	\$715.25	\$552.38
40-44	\$969.24	\$737.71	\$824.64	\$636.89
45-49	\$1,095.09	\$833.49	\$931.80	\$719.67
50-54	\$1,281.29	\$975.22	\$1,090.25	\$841.96
55-64	\$1,636.02	\$1,245.14	\$1,392.06	\$1,075.03
65-69	\$2,290.40	\$1,743.20	\$1,948.87	\$1,505.01

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare II

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

	<u>\$10,000 Deductible</u>	<u>\$25,000 Deductible</u>
Stop Loss Amount:	\$50,000	\$50,000
Co-Pay:	50%/50%	50%/50%
Individual		
02-29	\$98.29	\$59.56
30-39	\$143.38	\$86.91
40-44	\$169.94	\$103.07
45-49	\$207.23	\$125.68
50-54	\$253.45	\$153.80
55-64	\$359.30	\$217.87
65-69	\$502.99	\$305.02
Individual and Spouse		
02-29	\$194.97	\$118.20
30-39	\$277.20	\$168.13
40-44	\$329.86	\$200.13
45-49	\$388.80	\$235.82
50-54	\$485.06	\$294.21
55-64	\$677.03	\$410.65
65-69	\$947.84	\$574.88
Individual and Child		
02-29	\$210.87	\$127.90
30-39	\$254.38	\$154.33
40-44	\$307.60	\$186.51
45-49	\$306.32	\$185.81
50-54	\$348.34	\$211.29
55-64	\$428.82	\$260.06
65-69	\$600.36	\$364.05
Individual, Spouse, and Child		
02-29	\$317.29	\$192.47
30-39	\$420.06	\$254.74
40-44	\$484.29	\$293.76
45-49	\$547.27	\$331.87
50-54	\$640.27	\$388.22
55-64	\$817.49	\$495.77
65-69	\$1,144.43	\$694.08

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare II

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

Supplemental Accident Endorsement

(\$500 and \$1,000 Deductibles Only)

<u>\$500 CMM Deductible</u>	<u>Rates</u>
Individual	\$22.27
Individual and Spouse	\$44.46
Individual and Child	\$53.94
Individual, Spouse, Children	\$89.23

<u>\$1,000 CMM Deductible</u>	
Individual	\$27.53
Individual and Spouse	\$54.99
Individual and Child	\$66.65
Individual, Spouse, Children	\$110.25

Optional Riders

<u>TMJ</u>	
Individual	\$5.59
Individual and Spouse	\$11.14
Individual and Child	\$13.43
Individual, Spouse, Children	\$22.36

<u>Maternity Rider</u>	
(\$500 and \$1,000 Deductibles Only)	\$1,087.50

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare I Preferred

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

	<u>\$500 Deductible</u>			<u>\$1000 Deductible</u>		
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	\$516.20	\$482.46	\$445.35	\$449.91	\$418.20	\$384.96
25-29	\$645.24	\$603.91	\$558.62	\$561.36	\$522.54	\$481.91
30-34	\$747.49	\$701.08	\$650.01	\$648.98	\$605.11	\$559.20
35-39	\$898.53	\$843.30	\$782.57	\$779.18	\$727.22	\$672.78
40-44	\$1,075.60	\$1,010.91	\$939.87	\$931.04	\$870.21	\$806.40
45-49	\$1,237.15	\$1,164.31	\$1,084.23	\$1,069.16	\$1,000.66	\$928.80
50-54	\$1,487.77	\$1,400.41	\$1,304.64	\$1,285.14	\$1,203.10	\$1,117.02
55-59	\$1,914.49	\$1,802.39	\$1,679.40	\$1,653.39	\$1,547.94	\$1,437.80
60-64	\$2,371.26	\$2,233.17	\$2,081.62	\$2,047.16	\$1,917.27	\$1,781.33
65-69	\$2,964.07	\$2,791.39	\$2,602.03	\$2,558.91	\$2,396.60	\$2,226.69
Individual and Spouse						
00-24	\$962.01	\$899.51	\$830.76	\$838.10	\$779.18	\$717.72
25-29	\$1,208.32	\$1,130.63	\$1,045.48	\$1,051.57	\$978.59	\$902.09
30-34	\$1,398.71	\$1,310.87	\$1,214.68	\$1,214.68	\$1,132.30	\$1,045.89
35-39	\$1,666.29	\$1,563.77	\$1,451.26	\$1,444.80	\$1,348.43	\$1,247.47
40-44	\$1,968.15	\$1,850.87	\$1,722.32	\$1,702.14	\$1,592.08	\$1,476.49
45-49	\$2,259.89	\$2,128.25	\$1,983.71	\$1,950.94	\$1,827.40	\$1,697.62
50-54	\$2,758.36	\$2,596.99	\$2,420.01	\$2,382.09	\$2,230.47	\$2,071.62
55-59	\$3,644.67	\$3,435.53	\$3,205.96	\$3,142.90	\$2,946.27	\$2,740.22
60-64	\$4,545.47	\$4,279.78	\$3,988.23	\$3,925.35	\$3,675.66	\$3,413.97
65-69	\$5,681.86	\$5,349.73	\$4,985.38	\$4,906.71	\$4,594.60	\$4,267.45
Individual and Child						
00-24	\$1,103.83	\$1,031.96	\$953.27	\$961.60	\$894.24	\$823.50
25-29	\$1,380.16	\$1,292.84	\$1,197.01	\$1,199.46	\$1,117.51	\$1,031.57
30-34	\$1,528.45	\$1,433.72	\$1,329.86	\$1,326.20	\$1,237.15	\$1,143.83
35-39	\$1,809.89	\$1,699.31	\$1,577.86	\$1,568.65	\$1,464.59	\$1,355.60
40-44	\$1,965.97	\$1,847.51	\$1,717.69	\$1,701.77	\$1,590.58	\$1,473.91
45-49	\$1,981.56	\$1,863.24	\$1,733.35	\$1,714.27	\$1,603.00	\$1,486.34
50-54	\$2,174.44	\$2,045.67	\$1,904.37	\$1,879.67	\$1,758.57	\$1,631.80
55-59	\$2,538.58	\$2,389.24	\$2,225.60	\$2,193.31	\$2,053.03	\$1,906.08
60-64	\$2,962.95	\$2,788.07	\$2,596.09	\$2,560.54	\$2,396.42	\$2,224.12
65-69	\$3,703.74	\$3,485.11	\$3,245.15	\$3,200.64	\$2,995.51	\$2,780.10
Individual, Spouse, and Child						
00-24	\$1,594.37	\$1,491.70	\$1,378.89	\$1,387.85	\$1,291.42	\$1,190.22
25-29	\$2,004.21	\$1,877.74	\$1,738.96	\$1,741.53	\$1,622.77	\$1,498.19
30-34	\$2,409.09	\$2,260.66	\$2,097.62	\$2,089.25	\$1,949.74	\$1,803.50
35-39	\$2,744.41	\$2,557.62	\$2,394.51	\$2,377.20	\$2,220.55	\$2,056.10
40-44	\$3,025.35	\$2,844.71	\$2,646.56	\$2,616.93	\$2,447.18	\$2,269.38
45-49	\$3,209.70	\$3,020.18	\$2,812.44	\$2,773.87	\$2,595.79	\$2,409.21
50-54	\$3,557.41	\$3,347.37	\$3,117.02	\$3,074.27	\$2,877.02	\$2,670.23
55-59	\$4,417.70	\$4,162.54	\$3,882.93	\$3,811.11	\$3,571.51	\$3,320.38
60-64	\$5,180.37	\$4,875.04	\$4,540.11	\$4,476.40	\$4,189.58	\$3,888.81
65-69	\$6,475.54	\$6,093.83	\$5,675.16	\$5,595.56	\$5,236.99	\$4,860.97

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

UniqueCare I Preferred

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

	<u>\$2500 Deductible</u>			<u>\$5000 Deductible</u>		
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	\$365.74	\$330.27	\$301.17	\$268.02	\$245.13	\$222.08
25-29	\$455.52	\$412.06	\$376.28	\$333.19	\$305.24	\$277.01
30-34	\$525.35	\$476.44	\$436.00	\$383.47	\$351.92	\$320.13
35-39	\$630.12	\$572.09	\$524.36	\$459.45	\$422.29	\$384.52
40-44	\$751.69	\$683.80	\$627.75	\$547.28	\$503.65	\$459.55
45-49	\$861.75	\$785.26	\$722.15	\$626.77	\$577.49	\$527.82
50-54	\$1,035.84	\$944.05	\$868.40	\$753.05	\$694.17	\$634.39
55-59	\$1,332.30	\$1,214.59	\$1,117.63	\$968.41	\$892.65	\$816.29
60-64	\$1,649.09	\$1,504.15	\$1,384.31	\$1,198.24	\$1,104.99	\$1,010.74
65-69	\$2,061.37	\$1,880.17	\$1,730.35	\$1,497.74	\$1,381.27	\$1,263.39
Individual and Spouse						
00-24	\$681.05	\$615.20	\$561.02	\$508.65	\$465.51	\$421.94
25-29	\$853.52	\$771.94	\$704.71	\$636.81	\$583.27	\$529.19
30-34	\$984.08	\$891.95	\$815.95	\$732.67	\$672.15	\$611.00
35-39	\$1,168.72	\$1,061.09	\$972.31	\$868.94	\$798.04	\$726.65
40-44	\$1,373.46	\$1,250.39	\$1,148.80	\$1,018.12	\$937.38	\$855.62
45-49	\$1,571.49	\$1,433.45	\$1,319.23	\$1,162.91	\$1,072.07	\$980.40
50-54	\$1,919.56	\$1,750.06	\$1,610.25	\$1,420.77	\$1,309.46	\$1,197.01
55-59	\$2,528.92	\$2,309.39	\$2,128.14	\$1,869.18	\$1,724.83	\$1,579.04
60-64	\$3,162.59	\$2,883.68	\$2,653.44	\$2,340.96	\$2,157.80	\$1,972.51
65-69	\$3,953.22	\$3,604.57	\$3,316.81	\$2,926.17	\$2,697.31	\$2,465.62
Individual and Child						
00-24	\$781.15	\$705.89	\$643.55	\$577.61	\$528.57	\$479.15
25-29	\$972.26	\$880.53	\$805.01	\$717.28	\$657.79	\$597.45
30-34	\$1,073.35	\$973.83	\$891.77	\$790.38	\$725.76	\$660.56
35-39	\$1,268.21	\$1,152.02	\$1,056.12	\$932.99	\$857.57	\$781.27
40-44	\$1,374.20	\$1,249.86	\$1,147.19	\$1,009.80	\$928.92	\$847.33
45-49	\$1,383.48	\$1,259.09	\$1,156.59	\$1,015.96	\$935.30	\$853.68
50-54	\$1,516.06	\$1,380.83	\$1,269.21	\$1,112.50	\$1,024.84	\$935.98
55-59	\$1,767.66	\$1,611.15	\$1,481.88	\$1,296.76	\$1,194.91	\$1,091.99
60-64	\$2,064.73	\$1,881.07	\$1,729.47	\$1,514.94	\$1,395.73	\$1,275.11
65-69	\$2,580.91	\$2,351.40	\$2,161.83	\$1,893.74	\$1,744.63	\$1,593.87
Individual, Spouse, and Child						
00-24	\$1,126.65	\$1,018.87	\$929.83	\$840.79	\$769.98	\$698.40
25-29	\$1,411.53	\$1,278.68	\$1,169.10	\$1,051.64	\$964.37	\$876.16
30-34	\$1,690.23	\$1,534.46	\$1,405.77	\$1,256.63	\$1,154.06	\$1,050.64
35-39	\$1,921.28	\$1,746.11	\$1,601.50	\$1,426.62	\$1,311.51	\$1,195.32
40-44	\$2,111.66	\$1,922.14	\$1,765.65	\$1,565.72	\$1,441.26	\$1,315.36
45-49	\$2,236.57	\$2,037.71	\$1,873.55	\$1,656.77	\$1,526.08	\$1,394.08
50-54	\$2,478.65	\$2,258.29	\$2,076.45	\$1,836.08	\$1,691.25	\$1,544.96
55-59	\$3,067.69	\$2,800.12	\$2,579.00	\$2,268.22	\$2,092.38	\$1,914.68
60-64	\$3,608.86	\$3,288.38	\$3,023.86	\$2,673.11	\$2,462.46	\$2,249.88
65-69	\$4,511.11	\$4,110.46	\$3,779.88	\$3,341.44	\$3,078.11	\$2,812.32

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare I Preferred

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

	<u>\$10,000 Deductible</u>		<u>\$25,000 Deductible</u>		
Stop Loss Amount:	\$0	\$50,000	\$0	\$50,000	
Co-Pay In-Network:	100%/0%	80%/20%	100%/0%	80%/20%	80%/20%
Co-Pay Out-of-Network:	80%/20%	60%/40%	80%/20%	60%/40%	80%/20%
Individual					
00-24	\$168.21	\$145.36	\$63.00	\$62.21	
25-29	\$211.09	\$183.15	\$82.36	\$81.28	
30-34	\$245.79	\$214.21	\$100.72	\$99.56	
35-39	\$296.41	\$258.95	\$124.16	\$122.64	
40-44	\$356.43	\$312.58	\$154.80	\$153.02	
45-49	\$411.34	\$361.99	\$184.01	\$182.03	
50-54	\$495.12	\$435.81	\$222.87	\$220.51	
55-59	\$637.55	\$561.46	\$288.12	\$285.06	
60-64	\$790.25	\$696.51	\$359.72	\$355.80	
65-69	\$987.79	\$870.69	\$449.58	\$444.77	
Individual and Spouse					
00-24	\$322.76	\$279.01	\$121.44	\$119.62	
25-29	\$406.28	\$352.08	\$156.48	\$154.31	
30-34	\$472.27	\$410.98	\$190.07	\$187.48	
35-39	\$564.37	\$492.64	\$234.49	\$231.62	
40-44	\$670.21	\$588.23	\$292.96	\$289.74	
45-49	\$772.12	\$680.12	\$348.67	\$344.98	
50-54	\$941.75	\$828.86	\$422.70	\$418.15	
55-59	\$1,247.98	\$1,101.73	\$575.10	\$569.12	
60-64	\$1,552.09	\$1,366.32	\$697.43	\$689.86	
65-69	\$1,940.17	\$1,707.93	\$871.75	\$862.28	
Individual and Child					
00-24	\$365.07	\$315.65	\$137.89	\$135.94	
25-29	\$458.71	\$398.77	\$182.64	\$180.24	
30-34	\$509.92	\$444.62	\$210.14	\$207.55	
35-39	\$605.32	\$529.19	\$254.94	\$251.90	
40-44	\$659.28	\$577.78	\$284.37	\$281.20	
45-49	\$665.42	\$583.93	\$290.75	\$287.41	
50-54	\$731.28	\$642.67	\$323.70	\$320.06	
55-59	\$854.78	\$752.09	\$382.63	\$378.39	
60-64	\$997.03	\$876.77	\$443.44	\$438.71	
65-69	\$1,246.25	\$1,095.96	\$554.29	\$548.33	
Individual, Spouse, and Child					
00-24	\$535.97	\$464.10	\$205.69	\$202.67	
25-29	\$676.06	\$587.56	\$269.13	\$265.49	
30-34	\$815.76	\$711.79	\$338.04	\$333.63	
35-39	\$931.32	\$814.67	\$394.58	\$389.81	
40-44	\$1,029.68	\$903.53	\$449.04	\$443.86	
45-49	\$1,094.30	\$961.69	\$484.92	\$479.56	
50-54	\$1,212.76	\$1,066.05	\$537.72	\$531.66	
55-59	\$1,511.27	\$1,332.92	\$691.16	\$683.80	
60-64	\$1,766.84	\$1,553.24	\$784.66	\$776.00	
65-69	\$2,208.56	\$1,941.55	\$980.84	\$969.98	

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare I Preferred

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

Supplemental Accident Endorsement

(\$500 and \$1,000 Deductibles Only)

<u>\$500 CMM Deductible</u>	<u>Rates</u>
Individual	\$38.94
Individual and Spouse	\$78.02
Individual and Child	\$99.29
Individual, Spouse, Children	\$155.87

<u>\$1,000 CMM Deductible</u>	
Individual	\$60.63
Individual and Spouse	\$121.44
Individual and Child	\$154.54
Individual, Spouse, Children	\$242.78

Optional Riders

TMJ

Individual	\$5.59
Individual and Spouse	\$11.14
Individual and Child	\$13.43
Individual, Spouse, Children	\$22.36

Maternity Rider

Maximum Benefit	
\$2,000	\$271.84
\$3,000	\$552.58
\$5,000	\$921.04

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare II Preferred

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

	<u>\$500 Deductible</u>			<u>\$1000 Deductible</u>		
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	\$310.94	\$258.92	\$206.24	\$278.66	\$230.45	\$180.93
25-29	\$386.59	\$322.87	\$258.40	\$345.84	\$286.76	\$226.31
30-34	\$444.53	\$372.90	\$300.23	\$396.82	\$330.36	\$262.05
35-39	\$532.64	\$447.54	\$361.42	\$475.05	\$396.00	\$315.17
40-44	\$634.12	\$534.50	\$433.59	\$564.42	\$471.93	\$377.27
45-49	\$725.80	\$613.49	\$499.71	\$645.06	\$540.83	\$434.00
50-54	\$871.92	\$737.34	\$601.09	\$774.63	\$649.77	\$521.90
55-59	\$1,121.17	\$948.52	\$773.82	\$995.91	\$835.69	\$671.62
60-64	\$1,387.19	\$1,174.46	\$958.94	\$1,231.69	\$1,034.22	\$831.87
65-69	\$1,733.99	\$1,468.06	\$1,198.68	\$1,539.63	\$1,292.73	\$1,039.83
Individual and Spouse						
00-24	\$613.49	\$510.81	\$407.02	\$549.81	\$454.66	\$357.01
25-29	\$767.61	\$640.34	\$511.49	\$687.41	\$569.23	\$448.31
30-34	\$882.14	\$738.41	\$592.77	\$788.31	\$654.86	\$518.14
35-39	\$1,044.99	\$876.90	\$706.74	\$932.55	\$776.63	\$616.71
40-44	\$1,222.72	\$1,030.73	\$836.02	\$1,088.43	\$910.04	\$727.34
45-49	\$1,395.07	\$1,179.38	\$960.85	\$1,239.86	\$1,039.62	\$834.55
50-54	\$1,704.92	\$1,440.40	\$1,172.62	\$1,515.58	\$1,270.14	\$1,018.68
55-59	\$2,240.70	\$1,897.90	\$1,550.65	\$1,989.17	\$1,670.80	\$1,344.87
60-64	\$2,808.89	\$2,373.43	\$1,932.45	\$2,496.93	\$2,092.66	\$1,678.59
65-69	\$3,511.09	\$2,966.80	\$2,415.55	\$3,121.19	\$2,615.84	\$2,098.23
Individual and Child						
00-24	\$676.68	\$563.82	\$449.58	\$606.22	\$501.48	\$394.17
25-29	\$839.48	\$702.31	\$563.46	\$750.43	\$623.16	\$492.72
30-34	\$924.69	\$775.78	\$625.14	\$825.30	\$687.23	\$545.60
35-39	\$1,091.20	\$917.21	\$741.08	\$972.90	\$811.36	\$646.05
40-44	\$1,180.43	\$994.40	\$806.00	\$1,051.15	\$878.47	\$701.49
45-49	\$1,187.33	\$1,001.28	\$812.95	\$1,056.79	\$884.01	\$707.02
50-54	\$1,300.04	\$1,097.64	\$892.63	\$1,156.19	\$968.26	\$775.77
55-59	\$1,514.80	\$1,280.26	\$1,042.74	\$1,346.37	\$1,128.65	\$905.59
60-64	\$1,770.02	\$1,495.04	\$1,216.63	\$1,573.66	\$1,318.49	\$1,057.01
65-69	\$2,212.55	\$1,868.82	\$1,520.78	\$1,967.06	\$1,648.07	\$1,321.29
Individual, Spouse, and Child						
00-24	\$1,013.54	\$845.31	\$674.89	\$907.73	\$751.49	\$591.42
25-29	\$1,266.37	\$1,059.08	\$849.15	\$1,132.35	\$939.94	\$742.83
30-34	\$1,511.64	\$1,268.27	\$1,021.84	\$1,349.13	\$1,123.22	\$891.85
35-39	\$1,715.21	\$1,441.77	\$1,164.79	\$1,529.03	\$1,275.17	\$1,015.22
40-44	\$1,880.56	\$1,584.62	\$1,285.08	\$1,674.25	\$1,399.58	\$1,118.18
45-49	\$1,988.94	\$1,678.38	\$1,363.92	\$1,769.26	\$1,481.07	\$1,185.87
50-54	\$2,204.14	\$1,860.10	\$1,511.73	\$1,960.69	\$1,641.39	\$1,314.26
55-59	\$2,720.14	\$2,302.32	\$1,879.15	\$2,415.75	\$2,027.85	\$1,630.52
60-64	\$3,208.52	\$2,708.22	\$2,201.49	\$2,853.92	\$2,389.50	\$1,913.74
65-69	\$4,010.70	\$3,385.23	\$2,751.91	\$3,567.38	\$2,986.88	\$2,392.19

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare II Preferred

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

	<u>\$2500 Deductible</u>		<u>\$5000 Deductible</u>	
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	\$189.84	\$145.75	\$146.91	\$110.69
25-29	\$235.93	\$182.03	\$182.19	\$137.89
30-34	\$271.26	\$210.44	\$209.05	\$158.92
35-39	\$324.77	\$252.72	\$249.98	\$190.68
40-44	\$386.46	\$301.90	\$296.76	\$227.36
45-49	\$442.04	\$346.85	\$338.85	\$260.53
50-54	\$531.01	\$417.04	\$406.90	\$313.09
55-59	\$682.84	\$536.61	\$523.09	\$402.64
60-64	\$844.78	\$664.39	\$646.77	\$498.38
65-69	\$1,055.96	\$830.47	\$808.44	\$622.96
Individual and Spouse				
00-24	\$374.74	\$287.82	\$289.97	\$218.49
25-29	\$468.78	\$360.80	\$362.32	\$273.59
30-34	\$538.27	\$416.41	\$415.19	\$314.93
35-39	\$637.38	\$494.93	\$490.92	\$373.73
40-44	\$745.25	\$582.42	\$572.31	\$438.27
45-49	\$849.76	\$666.97	\$651.32	\$500.94
50-54	\$1,038.55	\$814.45	\$796.26	\$611.85
55-59	\$1,364.39	\$1,073.92	\$1,044.36	\$805.36
60-64	\$1,711.04	\$1,344.15	\$1,311.82	\$1,008.16
65-69	\$2,138.77	\$1,680.17	\$1,639.78	\$1,260.22
Individual and Child				
00-24	\$413.22	\$317.55	\$319.76	\$241.09
25-29	\$512.33	\$396.09	\$395.40	\$299.73
30-34	\$564.06	\$437.90	\$434.49	\$330.71
35-39	\$665.36	\$517.96	\$511.89	\$390.61
40-44	\$719.52	\$561.82	\$552.74	\$422.88
45-49	\$723.69	\$565.90	\$555.56	\$425.83
50-54	\$792.17	\$620.58	\$607.55	\$466.45
55-59	\$922.68	\$723.98	\$707.30	\$543.75
60-64	\$1,078.23	\$845.31	\$826.84	\$635.20
65-69	\$1,347.82	\$1,056.57	\$1,033.57	\$794.02
Individual, Spouse, and Child				
00-24	\$618.84	\$476.24	\$478.57	\$361.23
25-29	\$772.86	\$597.24	\$596.60	\$452.07
30-34	\$921.98	\$715.69	\$710.20	\$540.51
35-39	\$1,045.77	\$814.01	\$804.45	\$613.83
40-44	\$1,146.04	\$895.40	\$880.20	\$673.96
45-49	\$1,211.81	\$948.73	\$929.83	\$713.41
50-54	\$1,342.89	\$1,051.42	\$1,030.49	\$790.52
55-59	\$1,656.43	\$1,302.33	\$1,268.59	\$977.26
60-64	\$1,954.87	\$1,530.89	\$1,499.85	\$1,151.04
65-69	\$2,443.58	\$1,913.58	\$1,874.81	\$1,438.82

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare II Preferred

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

	<u>\$10,000 Deductible</u>	<u>\$25,000 Deductible</u>
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	\$76.00	\$38.80
25-29	\$95.43	\$49.85
30-34	\$111.17	\$59.75
35-39	\$133.93	\$73.00
40-44	\$160.92	\$89.60
45-49	\$185.68	\$105.20
50-54	\$223.41	\$127.07
55-59	\$287.62	\$163.99
60-64	\$356.63	\$204.13
65-69	\$445.78	\$255.16
Individual and Spouse		
00-24	\$150.22	\$76.63
25-29	\$188.74	\$97.56
30-34	\$219.17	\$116.16
35-39	\$261.73	\$141.40
40-44	\$310.19	\$172.48
45-49	\$357.12	\$202.50
50-54	\$435.70	\$246.15
55-59	\$576.82	\$331.21
60-64	\$717.94	\$405.96
65-69	\$897.41	\$507.45
Individual and Child		
00-24	\$165.83	\$84.99
25-29	\$208.39	\$110.05
30-34	\$231.47	\$124.77
35-39	\$274.66	\$150.02
40-44	\$298.85	\$165.49
45-49	\$301.77	\$168.51
50-54	\$331.55	\$186.48
55-59	\$387.47	\$219.37
60-64	\$451.97	\$254.94
65-69	\$565.01	\$318.69
Individual, Spouse, and Child		
00-24	\$249.11	\$128.50
25-29	\$313.90	\$165.29
30-34	\$378.32	\$203.90
35-39	\$431.63	\$235.67
40-44	\$476.82	\$264.75
45-49	\$506.47	\$283.94
50-54	\$561.35	\$314.80
55-59	\$698.83	\$399.31
60-64	\$817.61	\$459.04
65-69	\$1,022.03	\$573.79

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare II Preferred

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

Supplemental Accident Endorsement

(\$500 and \$1,000 Deductibles Only)

<u>\$500 CMM Deductible</u>	<u>Rates</u>
Individual	\$27.58
Individual and Spouse	\$55.36
Individual and Child	\$70.38
Individual, Spouse, Children	\$110.58

<u>\$1,000 CMM Deductible</u>	
Individual	\$43.03
Individual and Spouse	\$86.16
Individual and Child	\$109.61
Individual, Spouse, Children	\$172.21

Optional Riders

<u>TMJ</u>	
Individual	\$5.59
Individual and Spouse	\$11.14
Individual and Child	\$13.43
Individual, Spouse, Children	\$22.36

Maternity Rider

Maximum Benefit	
\$2,000	\$192.87
\$3,000	\$392.02
\$5,000	\$653.43

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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

	<u>\$500 Deductible</u>			<u>\$1000 Deductible</u>		
	\$2,500 80%/20%	\$10,000 80%/20%	\$50,000 80%/20%	\$2,500 80%/20%	\$10,000 80%/20%	\$50,000 80%/20%
Individual						
00-24	\$577.06	\$538.92	\$496.88	\$503.14	\$467.26	\$429.69
25-29	\$719.17	\$672.46	\$621.27	\$625.96	\$582.10	\$536.11
30-34	\$829.95	\$777.45	\$719.73	\$721.17	\$671.61	\$619.81
35-39	\$995.82	\$933.45	\$864.75	\$864.46	\$805.70	\$744.25
40-44	\$1,188.63	\$1,115.60	\$1,035.25	\$1,030.04	\$961.33	\$889.30
45-49	\$1,363.62	\$1,281.25	\$1,190.62	\$1,180.02	\$1,102.62	\$1,021.54
50-54	\$1,638.89	\$1,540.11	\$1,431.81	\$1,417.86	\$1,325.15	\$1,227.96
55-59	\$2,108.26	\$1,981.64	\$1,842.50	\$1,823.40	\$1,704.33	\$1,579.78
60-64	\$2,609.68	\$2,453.58	\$2,282.26	\$2,256.37	\$2,109.55	\$1,955.98
65-69	\$3,262.13	\$3,066.98	\$2,852.81	\$2,820.47	\$2,637.01	\$2,445.05
Individual and Spouse						
00-24	\$1,074.72	\$1,004.02	\$926.23	\$936.70	\$870.15	\$800.55
25-29	\$1,347.42	\$1,259.54	\$1,163.23	\$1,173.29	\$1,090.87	\$1,004.35
30-34	\$1,554.39	\$1,455.10	\$1,346.35	\$1,351.07	\$1,258.07	\$1,160.32
35-39	\$1,847.02	\$1,731.12	\$1,603.87	\$1,603.21	\$1,494.36	\$1,380.20
40-44	\$2,172.29	\$2,039.69	\$1,894.28	\$1,881.23	\$1,756.79	\$1,626.23
45-49	\$2,487.13	\$2,338.25	\$2,175.00	\$2,150.48	\$2,010.89	\$1,864.18
50-54	\$3,037.36	\$2,854.93	\$2,654.87	\$2,626.94	\$2,455.63	\$2,276.06
55-59	\$4,003.69	\$3,767.05	\$3,507.51	\$3,458.04	\$3,235.99	\$3,003.12
60-64	\$5,004.78	\$4,704.36	\$4,374.71	\$4,328.40	\$4,046.26	\$3,750.56
65-69	\$6,256.00	\$5,880.45	\$5,468.40	\$5,410.50	\$5,057.81	\$4,688.20
Individual and Child						
00-24	\$1,232.96	\$1,151.73	\$1,062.77	\$1,074.56	\$998.46	\$918.48
25-29	\$1,535.63	\$1,436.83	\$1,328.62	\$1,335.52	\$1,242.89	\$1,145.82
30-34	\$1,695.87	\$1,588.84	\$1,471.27	\$1,472.81	\$1,372.20	\$1,266.86
35-39	\$2,004.51	\$1,879.50	\$1,742.12	\$1,739.23	\$1,621.60	\$1,498.41
40-44	\$2,208.35	\$2,071.92	\$1,922.36	\$1,914.18	\$1,786.25	\$1,652.00
45-49	\$2,137.58	\$2,007.35	\$1,864.48	\$1,851.10	\$1,728.80	\$1,600.51
50-54	\$2,398.31	\$2,252.69	\$2,092.81	\$2,075.97	\$1,939.24	\$1,796.02
55-59	\$2,796.98	\$2,628.23	\$2,443.23	\$2,420.13	\$2,261.54	\$2,095.51
60-64	\$3,266.54	\$3,068.70	\$2,851.77	\$2,826.87	\$2,641.22	\$2,446.60
65-69	\$4,083.11	\$3,835.88	\$3,564.67	\$3,533.54	\$3,301.55	\$3,058.23
Individual, Spouse, and Child						
00-24	\$1,778.55	\$1,662.33	\$1,534.91	\$1,548.84	\$1,439.84	\$1,325.56
25-29	\$2,229.38	\$2,086.43	\$1,929.43	\$1,938.67	\$1,804.45	\$1,663.61
30-34	\$2,671.09	\$2,503.33	\$2,319.02	\$2,318.80	\$2,161.15	\$1,995.81
35-39	\$3,037.18	\$2,848.61	\$2,641.59	\$2,634.03	\$2,456.93	\$2,271.10
40-44	\$3,339.97	\$3,135.72	\$2,911.68	\$2,892.77	\$2,701.12	\$2,500.19
45-49	\$3,538.37	\$3,324.25	\$3,089.23	\$3,062.32	\$2,861.15	\$2,650.31
50-54	\$3,921.52	\$3,684.16	\$3,423.76	\$3,393.72	\$3,170.90	\$2,937.26
55-59	\$4,856.08	\$4,567.71	\$4,251.43	\$4,196.17	\$3,925.45	\$3,641.66
60-64	\$5,709.90	\$5,364.51	\$4,985.81	\$4,940.93	\$4,616.79	\$4,277.02
65-69	\$7,137.32	\$6,705.66	\$6,232.26	\$6,176.16	\$5,770.97	\$5,346.28

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

Farm Bureau Flexplan I

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

	<u>\$2500 Deductible</u>			<u>\$5000 Deductible</u>		
	\$0 100% / 0%	\$10,000 80%/20%	\$50,000 80%/20%	\$0 100% / 0%	\$10,000 80%/20%	\$50,000 80%/20%
Individual						
00-24	\$408.41	\$368.44	\$335.55	\$299.14	\$273.34	\$247.45
25-29	\$507.45	\$458.55	\$418.20	\$370.89	\$339.59	\$307.84
30-34	\$583.40	\$528.37	\$482.68	\$425.82	\$390.32	\$354.52
35-39	\$698.83	\$633.45	\$579.52	\$509.47	\$467.62	\$425.20
40-44	\$831.58	\$755.04	\$691.83	\$605.54	\$556.39	\$506.71
45-49	\$951.24	\$864.95	\$793.83	\$691.95	\$636.50	\$580.51
50-54	\$1,142.82	\$1,039.38	\$954.15	\$830.91	\$764.68	\$697.50
55-59	\$1,469.45	\$1,336.75	\$1,227.49	\$1,068.31	\$983.08	\$897.10
60-64	\$1,817.89	\$1,654.38	\$1,519.29	\$1,320.99	\$1,216.11	\$1,110.05
65-69	\$2,272.30	\$2,067.97	\$1,899.12	\$1,651.33	\$1,520.19	\$1,387.52
Individual and Spouse						
00-24	\$760.19	\$686.02	\$624.92	\$567.51	\$518.89	\$469.79
25-29	\$951.35	\$859.47	\$783.61	\$709.36	\$649.24	\$588.28
30-34	\$1,093.90	\$990.09	\$904.40	\$814.28	\$746.18	\$677.24
35-39	\$1,296.21	\$1,174.83	\$1,074.85	\$963.76	\$884.01	\$803.58
40-44	\$1,517.79	\$1,378.96	\$1,264.51	\$1,125.53	\$1,034.67	\$942.64
45-49	\$1,732.44	\$1,576.70	\$1,448.04	\$1,282.72	\$1,180.53	\$1,077.23
50-54	\$2,116.95	\$1,925.95	\$1,768.30	\$1,567.79	\$1,442.61	\$1,316.06
55-59	\$2,783.32	\$2,535.77	\$2,331.44	\$2,058.70	\$1,896.17	\$1,732.18
60-64	\$3,487.70	\$3,173.24	\$2,913.70	\$2,582.99	\$2,376.87	\$2,168.46
65-69	\$4,359.61	\$3,966.57	\$3,642.14	\$3,228.79	\$2,971.11	\$2,710.56
Individual and Child						
00-24	\$872.08	\$787.05	\$716.87	\$644.33	\$589.12	\$533.41
25-29	\$1,081.76	\$978.26	\$893.14	\$797.70	\$730.64	\$662.93
30-34	\$1,191.35	\$1,079.26	\$986.74	\$877.23	\$804.46	\$731.02
35-39	\$1,405.58	\$1,274.67	\$1,166.53	\$1,033.96	\$949.05	\$863.25
40-44	\$1,545.68	\$1,402.90	\$1,285.24	\$1,136.34	\$1,043.59	\$950.02
45-49	\$1,493.33	\$1,356.80	\$1,244.36	\$1,096.46	\$1,008.12	\$918.78
50-54	\$1,674.37	\$1,521.89	\$1,396.10	\$1,229.15	\$1,130.22	\$1,030.39
55-59	\$1,950.63	\$1,774.04	\$1,628.33	\$1,431.28	\$1,316.71	\$1,200.95
60-64	\$2,279.38	\$2,072.39	\$1,901.44	\$1,672.93	\$1,538.64	\$1,403.02
65-69	\$2,849.27	\$2,590.47	\$2,376.85	\$2,091.13	\$1,923.33	\$1,753.79
Individual, Spouse, and Child						
00-24	\$1,256.19	\$1,134.72	\$1,034.28	\$936.95	\$857.32	\$776.77
25-29	\$1,570.22	\$1,420.45	\$1,296.87	\$1,169.45	\$1,071.30	\$972.07
30-34	\$1,875.15	\$1,699.41	\$1,554.30	\$1,394.09	\$1,278.66	\$1,162.15
35-39	\$2,127.93	\$1,930.49	\$1,767.54	\$1,580.34	\$1,450.86	\$1,320.11
40-44	\$2,334.11	\$2,120.44	\$1,944.05	\$1,731.27	\$1,591.08	\$1,449.43
45-49	\$2,469.17	\$2,244.94	\$2,059.84	\$1,829.93	\$1,682.86	\$1,534.25
50-54	\$2,735.68	\$2,487.94	\$2,282.91	\$2,027.85	\$1,864.82	\$1,700.21
55-59	\$3,378.33	\$3,076.61	\$2,827.42	\$2,499.70	\$2,301.73	\$2,101.86
60-64	\$3,983.48	\$3,622.08	\$3,323.93	\$2,951.85	\$2,714.96	\$2,475.52
65-69	\$4,979.33	\$4,527.64	\$4,154.92	\$3,689.81	\$3,393.68	\$3,094.45

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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

	<u>\$10,000 Deductible</u>		<u>\$25,000 Deductible</u>	
	\$0	\$50,000	\$0	\$50,000
Stop Loss Amount:				
Co-Pay:	100% / 0%	80%/20%	100% / 0%	80%/20%
Individual				
00-24	\$186.05	\$160.42	\$67.93	\$67.02
25-29	\$232.81	\$201.34	\$88.32	\$87.17
30-34	\$269.90	\$234.51	\$107.07	\$105.63
35-39	\$324.78	\$282.83	\$131.54	\$129.79
40-44	\$389.26	\$340.15	\$163.07	\$161.10
45-49	\$447.94	\$392.51	\$192.89	\$190.56
50-54	\$538.80	\$472.39	\$233.23	\$230.67
55-59	\$693.44	\$608.45	\$301.51	\$298.16
60-64	\$859.04	\$754.05	\$375.92	\$371.62
65-69	\$1,073.81	\$942.56	\$469.91	\$464.51
Individual and Spouse				
00-24	\$356.83	\$307.84	\$131.02	\$129.07
25-29	\$448.31	\$387.46	\$168.08	\$165.60
30-34	\$519.23	\$450.39	\$202.61	\$199.69
35-39	\$618.76	\$538.44	\$248.72	\$245.42
40-44	\$731.39	\$639.48	\$308.13	\$304.49
45-49	\$839.96	\$736.77	\$364.79	\$360.66
50-54	\$1,025.20	\$898.64	\$442.75	\$437.64
55-59	\$1,355.10	\$1,191.14	\$599.96	\$593.36
60-64	\$1,689.49	\$1,481.15	\$730.44	\$722.01
65-69	\$2,111.87	\$1,851.39	\$913.07	\$902.56
Individual and Child				
00-24	\$403.55	\$348.13	\$148.63	\$146.37
25-29	\$504.84	\$437.56	\$195.00	\$192.38
30-34	\$559.55	\$486.35	\$223.17	\$220.20
35-39	\$662.93	\$577.45	\$269.67	\$266.23
40-44	\$731.70	\$638.72	\$303.37	\$299.72
45-49	\$709.96	\$621.08	\$300.85	\$297.20
50-54	\$797.17	\$697.84	\$339.83	\$335.76
55-59	\$930.75	\$815.67	\$400.92	\$396.14
60-64	\$1,086.24	\$951.47	\$465.16	\$459.80
65-69	\$1,357.82	\$1,189.31	\$581.47	\$574.77
Individual, Spouse, and Child				
00-24	\$591.61	\$511.20	\$220.98	\$217.85
25-29	\$743.97	\$644.87	\$287.53	\$283.39
30-34	\$894.62	\$778.19	\$358.57	\$353.79
35-39	\$1,019.32	\$888.60	\$417.04	\$411.82
40-44	\$1,123.92	\$982.52	\$472.46	\$466.67
45-49	\$1,192.77	\$1,044.25	\$508.91	\$502.96
50-54	\$1,321.79	\$1,157.29	\$564.36	\$557.59
55-59	\$1,642.33	\$1,442.44	\$722.01	\$713.78
60-64	\$1,925.20	\$1,685.83	\$823.28	\$813.57
65-69	\$2,406.56	\$2,107.31	\$1,029.09	\$1,016.95

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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	\$16.29
Individual and Spouse	\$32.68
Individual and Child	\$41.63
Individual, Spouse, Children	\$65.36

\$1,000 CMM Deductible

Individual	\$19.88
Individual and Spouse	\$39.86
Individual and Child	\$50.61
Individual, Spouse, Children	\$79.45

Optional Riders

TMJ

Individual	\$5.59
Individual and Spouse	\$11.14
Individual and Child	\$13.43
Individual, Spouse, Children	\$22.36

Maternity Rider

CMM Benefit	\$1,479.83
Maximum Benefit	
\$2,000	\$271.84
\$3,000	\$552.58
\$5,000	\$921.04

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

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

	<u>\$500 Deductible</u>			<u>\$1000 Deductible</u>		
	\$2,500 50%/50%	\$10,000 50%/50%	\$50,000 50%/50%	\$2,500 50%/50%	\$10,000 50%/50%	\$50,000 50%/50%
Individual						
00-24	\$348.58	\$289.85	\$230.22	\$312.56	\$257.99	\$202.13
25-29	\$432.46	\$360.40	\$287.59	\$387.01	\$320.26	\$252.01
30-34	\$495.87	\$414.84	\$332.72	\$443.12	\$367.90	\$290.84
35-39	\$593.38	\$497.17	\$399.75	\$529.64	\$440.44	\$348.97
40-44	\$704.75	\$592.16	\$478.05	\$628.11	\$523.66	\$416.58
45-49	\$805.00	\$678.00	\$549.40	\$716.45	\$598.66	\$477.94
50-54	\$966.73	\$814.60	\$660.52	\$860.06	\$719.04	\$574.52
55-59	\$1,242.67	\$1,047.46	\$849.86	\$1,105.41	\$924.44	\$739.00
60-64	\$1,536.71	\$1,296.17	\$1,052.47	\$1,366.55	\$1,143.42	\$914.83
65-69	\$1,920.84	\$1,620.19	\$1,315.61	\$1,708.16	\$1,429.31	\$1,143.55
Individual and Spouse						
00-24	\$687.95	\$571.87	\$454.43	\$616.64	\$509.12	\$398.82
25-29	\$859.59	\$715.71	\$570.03	\$770.09	\$636.50	\$499.85
30-34	\$985.43	\$822.86	\$658.28	\$881.32	\$730.50	\$576.04
35-39	\$1,165.15	\$975.16	\$782.75	\$1,040.66	\$864.46	\$683.88
40-44	\$1,359.13	\$1,141.93	\$921.83	\$1,211.20	\$1,009.63	\$803.18
45-49	\$1,547.26	\$1,303.37	\$1,056.29	\$1,376.96	\$1,150.63	\$919.00
50-54	\$1,891.59	\$1,592.57	\$1,289.74	\$1,683.73	\$1,406.44	\$1,122.32
55-59	\$2,481.52	\$2,093.90	\$1,701.31	\$2,206.21	\$1,846.61	\$1,478.37
60-64	\$3,116.15	\$2,623.80	\$2,125.23	\$2,773.87	\$2,317.09	\$1,849.33
65-69	\$3,895.24	\$3,279.77	\$2,656.48	\$3,467.31	\$2,896.43	\$2,311.62
Individual and Child						
00-24	\$758.38	\$630.79	\$501.61	\$679.69	\$561.35	\$440.13
25-29	\$938.14	\$783.06	\$626.06	\$839.19	\$695.34	\$547.92
30-34	\$1,031.25	\$862.92	\$692.46	\$921.23	\$765.12	\$605.23
35-39	\$1,215.23	\$1,018.56	\$819.32	\$1,084.64	\$902.09	\$715.25
40-44	\$1,334.77	\$1,120.53	\$903.37	\$1,190.22	\$991.42	\$787.69
45-49	\$1,287.69	\$1,082.80	\$875.46	\$1,147.14	\$957.05	\$762.41
50-54	\$1,443.19	\$1,214.29	\$982.52	\$1,285.24	\$1,072.82	\$855.32
55-59	\$1,680.27	\$1,415.09	\$1,146.52	\$1,495.51	\$1,249.46	\$997.47
60-64	\$1,964.16	\$1,653.32	\$1,338.43	\$1,748.64	\$1,460.33	\$1,164.95
65-69	\$2,455.20	\$2,066.57	\$1,673.04	\$2,185.85	\$1,825.38	\$1,456.17
Individual, Spouse, and Child						
00-24	\$1,135.26	\$944.95	\$752.34	\$1,017.07	\$840.56	\$659.68
25-29	\$1,415.70	\$1,181.23	\$943.86	\$1,266.56	\$1,049.10	\$826.48
30-34	\$1,685.79	\$1,410.60	\$1,131.88	\$1,505.94	\$1,250.57	\$989.10
35-39	\$1,910.08	\$1,600.99	\$1,287.88	\$1,704.56	\$1,417.73	\$1,123.97
40-44	\$2,090.54	\$1,755.93	\$1,417.19	\$1,863.40	\$1,552.93	\$1,235.14
45-49	\$2,208.71	\$1,857.53	\$1,502.00	\$1,967.23	\$1,641.67	\$1,307.98
50-54	\$2,447.54	\$2,058.54	\$1,664.63	\$2,180.02	\$1,819.18	\$1,449.56
55-59	\$3,013.99	\$2,541.63	\$2,063.17	\$2,680.69	\$2,242.47	\$1,793.47
60-64	\$3,562.42	\$2,996.74	\$2,423.85	\$3,172.69	\$2,648.02	\$2,110.50
65-69	\$4,453.06	\$3,745.99	\$3,029.78	\$3,965.92	\$3,310.03	\$2,638.13

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Farm Bureau Flexplan II

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

	<u>\$2500 Deductible</u>		<u>\$5000 Deductible</u>	
	\$10,000	\$50,000	\$10,000	\$50,000
Stop Loss Amount:	\$10,000	\$50,000	\$10,000	\$50,000
Co-Pay:	50%/50%	50%/50%	50%/50%	50%/50%
Individual				
00-24	\$212.38	\$162.67	\$164.26	\$123.42
25-29	\$263.36	\$202.57	\$203.31	\$153.37
30-34	\$301.93	\$233.43	\$232.56	\$176.19
35-39	\$361.10	\$279.75	\$277.83	\$211.19
40-44	\$428.64	\$333.42	\$329.28	\$251.18
45-49	\$489.38	\$382.14	\$375.44	\$287.20
50-54	\$587.65	\$459.12	\$450.62	\$345.06
55-59	\$755.45	\$590.44	\$579.10	\$443.62
60-64	\$934.08	\$730.73	\$715.71	\$548.79
65-69	\$1,167.59	\$913.38	\$894.65	\$685.98
Individual and Spouse				
00-24	\$419.15	\$321.12	\$324.20	\$243.64
25-29	\$523.66	\$401.98	\$404.62	\$304.80
30-34	\$599.96	\$462.58	\$462.65	\$349.95
35-39	\$709.08	\$548.51	\$546.09	\$414.20
40-44	\$826.52	\$642.94	\$635.03	\$484.19
45-49	\$940.62	\$734.50	\$721.39	\$552.14
50-54	\$1,150.03	\$897.35	\$882.32	\$674.80
55-59	\$1,508.14	\$1,180.61	\$1,155.37	\$886.36
60-64	\$1,894.52	\$1,478.56	\$1,453.40	\$1,111.63
65-69	\$2,368.17	\$1,848.20	\$1,816.77	\$1,389.60
Individual and Child				
00-24	\$461.96	\$354.15	\$357.25	\$268.68
25-29	\$571.19	\$440.13	\$440.66	\$333.07
30-34	\$627.69	\$485.36	\$483.54	\$366.62
35-39	\$739.46	\$573.28	\$569.04	\$432.49
40-44	\$811.89	\$630.79	\$624.13	\$475.34
45-49	\$783.06	\$609.98	\$601.25	\$459.12
50-54	\$877.63	\$684.11	\$673.58	\$514.69
55-59	\$1,021.54	\$797.43	\$783.54	\$599.50
60-64	\$1,194.13	\$931.52	\$916.38	\$700.64
65-69	\$1,492.64	\$1,164.36	\$1,145.50	\$875.83
Individual, Spouse, and Child				
00-24	\$691.48	\$530.74	\$534.50	\$402.41
25-29	\$861.96	\$663.84	\$665.21	\$502.52
30-34	\$1,025.99	\$793.37	\$790.26	\$599.28
35-39	\$1,162.05	\$900.85	\$894.24	\$679.64
40-44	\$1,271.45	\$988.84	\$976.95	\$744.81
45-49	\$1,342.99	\$1,046.39	\$1,031.14	\$787.39
50-54	\$1,488.22	\$1,159.58	\$1,142.60	\$872.65
55-59	\$1,831.95	\$1,432.74	\$1,404.07	\$1,076.24
60-64	\$2,166.22	\$1,688.15	\$1,662.88	\$1,270.29
65-69	\$2,707.73	\$2,110.21	\$2,078.60	\$1,587.84

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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

	<u>\$10,000 Deductible</u>	<u>\$25,000 Deductible</u>
Stop Loss Amount:	\$50,000	\$50,000
Co-Pay:	50%/50%	50%/50%
Individual		
00-24	\$84.12	\$42.28
25-29	\$105.23	\$54.05
30-34	\$122.01	\$64.27
35-39	\$146.79	\$78.35
40-44	\$175.83	\$95.72
45-49	\$202.33	\$111.89
50-54	\$243.29	\$134.98
55-59	\$313.17	\$174.20
60-64	\$387.88	\$216.58
65-69	\$484.84	\$270.70
Individual and Spouse		
00-24	\$166.15	\$83.51
25-29	\$208.52	\$106.08
30-34	\$241.19	\$125.50
35-39	\$287.19	\$151.97
40-44	\$338.85	\$184.18
45-49	\$388.97	\$215.27
50-54	\$474.81	\$261.95
55-59	\$627.09	\$351.18
60-64	\$782.40	\$431.85
65-69	\$978.04	\$539.84
Individual and Child		
00-24	\$183.38	\$92.51
25-29	\$229.28	\$118.88
30-34	\$254.06	\$134.22
35-39	\$300.98	\$160.86
40-44	\$331.90	\$179.27
45-49	\$322.09	\$176.29
50-54	\$361.60	\$198.62
55-59	\$422.16	\$233.33
60-64	\$492.72	\$271.39
65-69	\$615.85	\$339.21
Individual, Spouse, and Child		
00-24	\$275.17	\$139.71
25-29	\$345.73	\$178.83
30-34	\$415.22	\$219.33
35-39	\$472.93	\$252.76
40-44	\$521.08	\$282.87
45-49	\$552.74	\$302.74
50-54	\$612.51	\$335.55
55-59	\$760.32	\$423.87
60-64	\$891.91	\$489.17
65-69	\$1,114.84	\$611.47

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Farm Bureau Flexplan II

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

Supplemental Accident Endorsement

(\$500 and \$1,000 Deductibles Only)

<u>\$500 CMM Deductible</u>	<u>Rate</u>
Individual	\$11.58
Individual and Spouse	\$23.23
Individual and Child	\$29.56
Individual, Spouse, Children	\$46.34

<u>\$1,000 CMM Deductible</u>	
Individual	\$14.09
Individual and Spouse	\$28.24
Individual and Child	\$35.89
Individual, Spouse, Children	\$56.40

Optional Riders

TMJ

Individual	\$5.59
Individual and Spouse	\$11.14
Individual and Child	\$13.43
Individual, Spouse, Children	\$22.36

Maternity Rider

CMM Benefit	\$1,049.89
Maximum Benefit	
\$2,000	\$192.87
\$3,000	\$392.02
\$5,000	\$653.43

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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

	<u>\$500 Deductible</u>			<u>\$1000 Deductible</u>		
	\$2,500	\$10,000	\$50,000	\$2,500	\$10,000	\$50,000
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	\$541.79	\$506.75	\$468.17	\$466.80	\$434.67	\$400.90
25-29	\$676.42	\$633.56	\$586.41	\$581.98	\$542.63	\$501.28
30-34	\$782.40	\$734.10	\$680.92	\$671.91	\$627.47	\$580.98
35-39	\$939.82	\$882.46	\$819.43	\$806.31	\$753.72	\$698.45
40-44	\$1,123.77	\$1,056.57	\$982.73	\$962.59	\$900.99	\$836.39
45-49	\$1,291.03	\$1,215.45	\$1,132.18	\$1,104.54	\$1,035.17	\$962.27
50-54	\$1,552.25	\$1,461.55	\$1,361.90	\$1,327.68	\$1,244.44	\$1,157.16
55-59	\$1,997.23	\$1,880.93	\$1,753.02	\$1,707.76	\$1,601.07	\$1,489.21
60-64	\$2,473.09	\$2,329.77	\$2,172.22	\$2,114.18	\$1,982.59	\$1,844.67
65-69	\$3,091.38	\$2,912.25	\$2,715.18	\$2,642.72	\$2,478.21	\$2,305.82
Individual and Spouse						
00-24	\$1,009.42	\$944.51	\$872.92	\$869.50	\$809.85	\$747.28
25-29	\$1,266.92	\$1,186.24	\$1,097.67	\$1,090.27	\$1,016.40	\$938.76
30-34	\$1,464.49	\$1,373.43	\$1,273.35	\$1,258.17	\$1,174.61	\$1,087.02
35-39	\$1,742.89	\$1,636.35	\$1,519.42	\$1,495.41	\$1,397.78	\$1,295.28
40-44	\$2,055.12	\$1,933.45	\$1,799.62	\$1,759.48	\$1,647.80	\$1,530.59
45-49	\$2,357.04	\$2,220.35	\$2,070.11	\$2,014.85	\$1,889.57	\$1,757.96
50-54	\$2,877.48	\$2,710.05	\$2,525.93	\$2,460.53	\$2,306.88	\$2,145.57
55-59	\$3,798.52	\$3,581.32	\$3,342.63	\$3,243.99	\$3,044.83	\$2,835.74
60-64	\$4,741.64	\$4,465.81	\$4,162.64	\$4,054.35	\$3,801.31	\$3,535.77
65-69	\$5,927.08	\$5,582.25	\$5,203.28	\$5,067.95	\$4,751.56	\$4,419.69
Individual and Child						
00-24	\$1,158.13	\$1,083.58	\$1,001.69	\$997.48	\$929.16	\$857.33
25-29	\$1,445.76	\$1,355.10	\$1,255.54	\$1,242.78	\$1,159.69	\$1,072.49
30-34	\$1,599.37	\$1,500.99	\$1,392.92	\$1,372.91	\$1,282.75	\$1,188.03
35-39	\$1,892.52	\$1,777.67	\$1,651.35	\$1,623.11	\$1,517.64	\$1,407.05
40-44	\$2,086.89	\$1,961.68	\$1,824.07	\$1,788.27	\$1,673.38	\$1,552.90
45-49	\$2,022.53	\$1,902.97	\$1,771.45	\$1,731.44	\$1,621.61	\$1,506.49
50-54	\$2,269.92	\$2,136.21	\$1,989.20	\$1,942.52	\$1,819.91	\$1,691.25
55-59	\$2,649.01	\$2,494.01	\$2,323.77	\$2,265.84	\$2,123.63	\$1,974.53
60-64	\$3,092.48	\$2,910.89	\$2,711.28	\$2,645.84	\$2,479.28	\$2,304.59
65-69	\$3,865.60	\$3,638.62	\$3,389.10	\$3,307.30	\$3,099.20	\$2,880.72
Individual, Spouse, and Child						
00-24	\$1,671.94	\$1,565.34	\$1,448.04	\$1,439.04	\$1,341.21	\$1,238.65
25-29	\$2,099.32	\$1,968.01	\$1,823.68	\$1,804.38	\$1,683.89	\$1,557.52
30-34	\$2,520.15	\$2,366.00	\$2,196.40	\$2,162.45	\$2,021.07	\$1,872.70
35-39	\$2,868.74	\$2,695.60	\$2,505.16	\$2,459.28	\$2,300.51	\$2,133.67
40-44	\$3,159.34	\$2,971.87	\$2,765.83	\$2,705.09	\$2,533.13	\$2,352.66
45-49	\$3,349.83	\$3,153.26	\$2,937.05	\$2,866.20	\$2,685.78	\$2,496.45
50-54	\$3,712.74	\$3,494.71	\$3,255.15	\$3,176.36	\$2,976.59	\$2,766.78
55-59	\$4,605.45	\$4,340.64	\$4,049.72	\$3,934.58	\$3,691.72	\$3,436.99
60-64	\$5,406.23	\$5,089.27	\$4,740.91	\$4,625.04	\$4,334.28	\$4,029.29
65-69	\$6,757.82	\$6,361.61	\$5,926.13	\$5,781.27	\$5,417.87	\$5,036.57

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

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

	<u>\$2500 Deductible</u>			<u>\$5000 Deductible</u>		
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	\$385.73	\$345.12	\$316.23	\$285.89	\$256.68	\$235.04
25-29	\$479.99	\$430.23	\$394.77	\$355.03	\$319.42	\$292.77
30-34	\$552.74	\$496.76	\$456.77	\$408.08	\$367.90	\$337.94
35-39	\$662.62	\$596.06	\$548.84	\$488.61	\$441.08	\$405.55
40-44	\$789.58	\$711.78	\$656.29	\$581.31	\$525.56	\$483.95
45-49	\$904.40	\$816.63	\$754.24	\$664.97	\$602.10	\$555.20
50-54	\$1,086.73	\$981.59	\$906.79	\$798.77	\$723.47	\$667.23
55-59	\$1,397.56	\$1,262.71	\$1,166.75	\$1,027.06	\$930.32	\$858.32
60-64	\$1,729.37	\$1,563.24	\$1,444.80	\$1,270.38	\$1,151.35	\$1,062.50
65-69	\$2,161.79	\$1,954.02	\$1,806.01	\$1,587.97	\$1,439.19	\$1,328.09
Individual and Spouse						
00-24	\$718.08	\$642.82	\$589.12	\$542.63	\$487.44	\$446.35
25-29	\$899.43	\$806.00	\$739.50	\$678.85	\$610.55	\$559.52
30-34	\$1,035.80	\$930.24	\$855.09	\$780.10	\$702.81	\$645.13
35-39	\$1,228.98	\$1,105.61	\$1,017.78	\$924.00	\$833.68	\$766.29
40-44	\$1,441.92	\$1,300.88	\$1,200.42	\$1,081.01	\$977.79	\$900.70
45-49	\$1,648.20	\$1,489.84	\$1,377.00	\$1,233.27	\$1,117.29	\$1,030.82
50-54	\$2,013.45	\$1,819.25	\$1,681.03	\$1,507.15	\$1,364.96	\$1,259.00
55-59	\$2,650.36	\$2,398.64	\$2,219.40	\$1,980.67	\$1,796.36	\$1,658.98
60-64	\$3,317.39	\$2,997.72	\$2,770.08	\$2,483.03	\$2,249.03	\$2,074.50
65-69	\$4,146.71	\$3,747.09	\$3,462.52	\$3,103.79	\$2,811.26	\$2,593.18
Individual and Child						
00-24	\$823.86	\$737.50	\$675.91	\$616.03	\$553.48	\$506.87
25-29	\$1,023.75	\$918.72	\$844.01	\$763.86	\$687.83	\$631.10
30-34	\$1,129.04	\$1,015.05	\$933.78	\$840.88	\$758.36	\$696.87
35-39	\$1,333.24	\$1,200.07	\$1,105.17	\$991.91	\$895.56	\$823.62
40-44	\$1,467.27	\$1,322.16	\$1,218.82	\$1,090.58	\$985.50	\$907.19
45-49	\$1,418.87	\$1,311.76	\$1,181.40	\$1,053.29	\$952.90	\$878.05
50-54	\$1,591.28	\$1,436.28	\$1,325.88	\$1,180.88	\$1,068.66	\$985.04
55-59	\$1,854.74	\$1,675.35	\$1,547.42	\$1,375.74	\$1,245.74	\$1,148.69
60-64	\$2,166.77	\$1,956.31	\$1,806.35	\$1,607.65	\$1,455.21	\$1,341.61
65-69	\$2,708.45	\$2,445.38	\$2,257.98	\$2,009.48	\$1,819.07	\$1,676.95
Individual, Spouse, and Child						
00-24	\$1,187.40	\$1,063.84	\$975.91	\$896.39	\$805.95	\$738.57
25-29	\$1,486.26	\$1,334.00	\$1,225.59	\$1,119.93	\$1,008.47	\$925.37
30-34	\$1,777.46	\$1,598.84	\$1,471.59	\$1,336.62	\$1,205.78	\$1,108.20
35-39	\$2,019.08	\$1,818.30	\$1,675.35	\$1,516.74	\$1,369.43	\$1,259.87
40-44	\$2,217.25	\$2,000.11	\$1,845.29	\$1,662.55	\$1,503.51	\$1,384.93
45-49	\$2,347.19	\$2,119.12	\$1,956.81	\$1,758.27	\$1,591.38	\$1,466.94
50-54	\$2,601.24	\$2,348.62	\$2,168.67	\$1,948.53	\$1,763.55	\$1,625.75
55-59	\$3,215.92	\$2,909.19	\$2,690.63	\$2,404.46	\$2,179.87	\$2,012.41
60-64	\$3,787.07	\$3,419.69	\$3,158.08	\$2,836.50	\$2,567.60	\$2,367.16
65-69	\$4,733.82	\$4,274.58	\$3,947.58	\$3,545.62	\$3,209.43	\$2,958.90

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Farm Bureau Flexplan I Preferred

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

	<u>\$10,000 Deductible</u>		<u>\$25,000 Deductible</u>	
	\$0	\$50,000	\$0	\$50,000
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	\$198.65	\$168.10	\$114.71	\$102.28
25-29	\$248.39	\$210.98	\$145.66	\$130.43
30-34	\$287.90	\$245.69	\$172.09	\$176.03
35-39	\$346.16	\$296.10	\$208.67	\$188.22
40-44	\$414.55	\$355.91	\$253.63	\$229.67
45-49	\$476.82	\$410.71	\$295.37	\$268.36
50-54	\$573.38	\$494.21	\$356.11	\$323.82
55-59	\$737.94	\$636.39	\$459.12	\$417.68
60-64	\$914.03	\$788.75	\$570.35	\$519.23
65-69	\$1,142.51	\$985.88	\$712.98	\$648.99
Individual and Spouse				
00-24	\$381.20	\$322.65	\$220.51	\$196.68
25-29	\$478.70	\$406.07	\$279.30	\$249.67
30-34	\$553.91	\$471.80	\$328.68	\$295.11
35-39	\$659.68	\$563.71	\$396.39	\$357.25
40-44	\$778.79	\$669.13	\$477.76	\$433.06
45-49	\$893.85	\$770.82	\$555.90	\$505.68
50-54	\$1,091.10	\$940.28	\$676.88	\$615.30
55-59	\$1,441.34	\$1,245.74	\$904.18	\$824.40
60-64	\$1,798.03	\$1,549.50	\$1,115.83	\$1,014.51
65-69	\$2,247.57	\$1,936.87	\$1,394.78	\$1,268.09
Individual and Child				
00-24	\$430.83	\$364.87	\$249.58	\$222.60
25-29	\$538.69	\$458.36	\$318.24	\$285.56
30-34	\$596.59	\$509.36	\$357.34	\$321.79
35-39	\$706.48	\$604.66	\$426.80	\$385.29
40-44	\$779.56	\$668.50	\$474.81	\$429.60
45-49	\$756.02	\$649.95	\$464.94	\$421.69
50-54	\$848.75	\$730.19	\$523.33	\$475.01
55-59	\$990.74	\$853.49	\$613.89	\$557.77
60-64	\$1,156.45	\$995.52	\$714.60	\$648.99
65-69	\$1,445.53	\$1,244.36	\$893.27	\$811.28
Individual, Spouse, and Child				
00-24	\$631.72	\$535.67	\$368.01	\$328.87
25-29	\$793.78	\$675.48	\$469.03	\$420.73
30-34	\$953.73	\$814.89	\$572.46	\$515.70
35-39	\$1,086.28	\$930.24	\$657.86	\$594.15
40-44	\$1,197.11	\$1,028.33	\$733.54	\$664.75
45-49	\$1,269.84	\$1,092.61	\$783.47	\$711.09
50-54	\$1,407.37	\$1,211.05	\$868.40	\$788.31
55-59	\$1,747.25	\$1,508.75	\$1,092.55	\$995.22
60-64	\$2,049.54	\$1,763.89	\$1,265.64	\$1,149.17
65-69	\$2,561.90	\$2,204.89	\$1,582.05	\$1,436.39

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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

Supplemental Accident Endorsement

(\$500 and \$1,000 Deductibles Only)

<u>\$500 CMM Deductible</u>	<u>Rate</u>
Individual	\$41.78
Individual and Spouse	\$83.42
Individual and Child	\$106.25
Individual, Spouse, Children	\$166.90

<u>\$1,000 CMM Deductible</u>	
Individual	\$61.70
Individual and Spouse	\$123.32
Individual and Child	\$157.00
Individual, Spouse, Children	\$246.74

Optional Riders

<u>TMJ</u>	
Individual	\$5.59
Individual and Spouse	\$11.14
Individual and Child	\$13.43
Individual, Spouse, Children	\$22.36

Maternity Rider

Maximum Benefit	
\$2,000	\$271.84
\$3,000	\$552.58
\$5,000	\$921.04

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

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

	<u>\$500 Deductible</u>			<u>\$1000 Deductible</u>		
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	\$458.05	\$382.14	\$305.15	\$403.82	\$335.23	\$264.91
25-29	\$569.01	\$475.99	\$381.84	\$500.83	\$416.81	\$330.76
30-34	\$653.75	\$549.02	\$442.89	\$574.56	\$479.77	\$382.81
35-39	\$782.78	\$658.62	\$532.56	\$687.41	\$574.99	\$459.85
40-44	\$931.18	\$785.63	\$638.27	\$816.49	\$684.88	\$549.97
45-49	\$1,065.02	\$900.92	\$734.62	\$932.58	\$784.25	\$632.15
50-54	\$1,279.28	\$1,082.76	\$883.65	\$1,119.81	\$942.16	\$760.02
55-59	\$1,644.73	\$1,392.64	\$1,137.23	\$1,439.43	\$1,211.57	\$978.04
60-64	\$2,034.54	\$1,723.82	\$1,408.84	\$1,780.10	\$1,499.09	\$1,211.10
65-69	\$2,543.19	\$2,154.79	\$1,761.03	\$2,225.16	\$1,873.88	\$1,513.92
Individual and Spouse						
00-24	\$852.41	\$711.56	\$568.85	\$751.27	\$624.02	\$493.45
25-29	\$1,066.69	\$891.95	\$714.81	\$939.43	\$781.33	\$619.51
30-34	\$1,225.81	\$1,028.40	\$828.41	\$1,077.76	\$899.28	\$716.37
35-39	\$1,452.18	\$1,221.48	\$987.69	\$1,275.13	\$1,066.61	\$852.75
40-44	\$1,699.41	\$1,435.62	\$1,168.23	\$1,489.00	\$1,250.47	\$1,006.08
45-49	\$1,939.01	\$1,642.84	\$1,342.61	\$1,696.51	\$1,428.70	\$1,154.28
50-54	\$2,369.54	\$2,006.47	\$1,638.48	\$2,073.80	\$1,745.44	\$1,409.04
55-59	\$3,114.43	\$2,643.71	\$2,166.77	\$2,722.36	\$2,296.69	\$1,860.56
60-64	\$3,903.90	\$3,306.10	\$2,700.25	\$3,416.49	\$2,875.87	\$2,321.94
65-69	\$4,879.84	\$4,132.69	\$3,375.32	\$4,270.66	\$3,594.90	\$2,902.38
Individual and Child						
00-24	\$977.79	\$816.33	\$652.67	\$861.78	\$715.79	\$566.12
25-29	\$1,212.40	\$1,016.07	\$817.10	\$1,066.61	\$889.02	\$707.08
30-34	\$1,334.84	\$1,121.73	\$905.73	\$1,172.66	\$979.98	\$782.49
35-39	\$1,574.51	\$1,325.56	\$1,073.14	\$1,382.09	\$1,156.85	\$926.11
40-44	\$1,731.12	\$1,459.79	\$1,184.80	\$1,518.19	\$1,272.85	\$1,021.44
45-49	\$1,671.94	\$1,412.65	\$1,149.88	\$1,464.93	\$1,230.42	\$990.09
50-54	\$1,874.52	\$1,584.74	\$1,291.03	\$1,641.91	\$1,379.85	\$1,111.30
55-59	\$2,183.65	\$1,847.92	\$1,507.66	\$1,911.72	\$1,608.14	\$1,297.07
60-64	\$2,551.74	\$2,158.26	\$1,759.48	\$2,234.63	\$1,878.70	\$1,514.07
65-69	\$3,189.70	\$2,697.78	\$2,199.30	\$2,793.20	\$2,348.42	\$1,892.59
Individual, Spouse, and Child						
00-24	\$1,408.35	\$1,177.29	\$943.21	\$1,240.45	\$1,031.57	\$817.40
25-29	\$1,759.74	\$1,475.20	\$1,186.70	\$1,547.94	\$1,290.53	\$1,026.84
30-34	\$2,100.65	\$1,766.53	\$1,427.94	\$1,844.84	\$1,542.64	\$1,233.08
35-39	\$2,383.49	\$2,008.10	\$1,627.62	\$2,091.29	\$1,751.74	\$1,403.87
40-44	\$2,613.59	\$2,207.25	\$1,795.64	\$2,290.40	\$1,922.98	\$1,546.59
45-49	\$2,764.29	\$2,337.88	\$1,905.94	\$2,420.61	\$2,035.19	\$1,640.19
50-54	\$3,063.31	\$2,590.95	\$2,112.37	\$2,682.52	\$2,255.36	\$1,817.77
55-59	\$3,780.72	\$3,207.07	\$2,625.66	\$3,306.01	\$2,787.21	\$2,255.58
60-64	\$4,459.34	\$3,772.51	\$3,076.32	\$3,904.59	\$3,283.56	\$2,646.96
65-69	\$5,574.19	\$4,715.66	\$3,845.43	\$4,880.76	\$4,104.42	\$3,308.67

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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

	<u>\$2500 Deductible</u>		<u>\$5000 Deductible</u>	
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	\$275.01	\$214.20	\$209.88	\$162.33
25-29	\$341.55	\$267.08	\$260.14	\$201.97
30-34	\$392.37	\$308.45	\$298.22	\$232.49
35-39	\$469.79	\$370.12	\$356.63	\$278.80
40-44	\$558.55	\$441.91	\$423.28	\$332.11
45-49	\$638.65	\$507.17	\$483.12	\$380.47
50-54	\$767.11	\$609.69	\$580.16	\$457.10
55-59	\$986.22	\$784.25	\$745.72	\$587.85
60-64	\$1,219.88	\$970.80	\$922.01	\$727.37
65-69	\$1,524.87	\$1,213.55	\$1,152.53	\$909.17
Individual and Spouse				
00-24	\$511.83	\$398.99	\$398.28	\$308.23
25-29	\$640.38	\$500.31	\$497.70	\$385.94
30-34	\$735.66	\$577.50	\$570.45	\$444.21
35-39	\$871.30	\$686.43	\$674.45	\$526.91
40-44	\$1,019.21	\$807.80	\$786.62	\$617.77
45-49	\$1,162.64	\$925.27	\$895.33	\$705.98
50-54	\$1,420.77	\$1,129.93	\$1,094.62	\$862.48
55-59	\$1,867.04	\$1,489.96	\$1,435.91	\$1,134.91
60-64	\$2,340.76	\$1,861.82	\$1,803.32	\$1,420.98
65-69	\$2,925.96	\$2,327.29	\$2,254.18	\$1,776.18
Individual and Child				
00-24	\$587.12	\$457.73	\$452.17	\$349.97
25-29	\$727.69	\$570.35	\$558.98	\$434.78
30-34	\$800.97	\$630.24	\$614.22	\$479.35
35-39	\$944.72	\$745.14	\$723.55	\$566.07
40-44	\$1,038.44	\$820.99	\$794.56	\$622.74
45-49	\$1,002.78	\$794.92	\$766.14	\$602.20
50-54	\$1,124.13	\$891.95	\$858.61	\$675.27
55-59	\$1,309.41	\$1,040.45	\$999.51	\$787.05
60-64	\$1,530.22	\$1,214.93	\$1,168.44	\$919.45
65-69	\$1,912.76	\$1,518.64	\$1,460.53	\$1,149.39
Individual, Spouse, and Child				
00-24	\$845.43	\$660.37	\$657.33	\$509.50
25-29	\$1,056.22	\$828.20	\$819.64	\$637.55
30-34	\$1,260.38	\$992.68	\$975.91	\$762.14
35-39	\$1,429.83	\$1,129.10	\$1,105.61	\$865.47
40-44	\$1,567.44	\$1,242.01	\$1,209.86	\$950.04
45-49	\$1,657.61	\$1,316.06	\$1,278.23	\$1,005.54
50-54	\$1,836.99	\$1,458.61	\$1,416.46	\$1,114.34
55-59	\$2,266.50	\$1,806.89	\$1,744.16	\$1,377.20
60-64	\$2,674.09	\$2,123.78	\$2,059.86	\$1,622.34
65-69	\$3,342.63	\$2,654.67	\$2,574.81	\$2,027.97

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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

	<u>\$10,000 Deductible</u>	<u>\$25,000 Deductible</u>
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	\$119.19	\$77.82
25-29	\$149.08	\$98.46
30-34	\$173.04	\$116.00
35-39	\$208.13	\$140.42
40-44	\$249.44	\$170.22
45-49	\$287.20	\$197.82
50-54	\$345.42	\$238.41
55-59	\$444.68	\$307.29
60-64	\$550.83	\$381.52
65-69	\$688.56	\$476.86
Individual and Spouse		
00-24	\$228.71	\$149.38
25-29	\$287.20	\$188.94
30-34	\$332.83	\$221.73
35-39	\$396.59	\$266.86
40-44	\$468.80	\$320.46
45-49	\$538.61	\$372.01
50-54	\$657.33	\$453.20
55-59	\$868.95	\$604.31
60-64	\$1,083.28	\$747.06
65-69	\$1,354.01	\$933.85
Individual and Child		
00-24	\$258.40	\$169.15
25-29	\$323.47	\$214.93
30-34	\$358.61	\$240.73
35-39	\$424.96	\$287.13
40-44	\$469.03	\$318.90
45-49	\$455.19	\$311.80
50-54	\$511.09	\$350.69
55-59	\$596.81	\$411.12
60-64	\$696.54	\$478.79
65-69	\$870.70	\$598.54
Individual, Spouse, and Child		
00-24	\$379.07	\$249.06
25-29	\$476.73	\$316.64
30-34	\$573.38	\$385.38
35-39	\$653.45	\$442.25
40-44	\$720.60	\$492.21
45-49	\$764.78	\$525.02
50-54	\$847.54	\$581.98
55-59	\$1,053.19	\$730.51
60-64	\$1,234.33	\$847.99
65-69	\$1,542.95	\$1,060.03

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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

Supplemental Accident Endorsement

(\$500 and \$1,000 Deductibles Only)

<u>\$500 CMM Deductible</u>	<u>Rate</u>
Individual	\$41.78
Individual and Spouse	\$83.42
Individual and Child	\$106.25
Individual, Spouse, Children	\$166.90

<u>\$1,000 CMM Deductible</u>	
Individual	\$61.70
Individual and Spouse	\$123.32
Individual and Child	\$157.00
Individual, Spouse, Children	\$246.74

Optional Riders

<u>TMJ</u>	
Individual	\$5.59
Individual and Spouse	\$11.14
Individual and Child	\$13.43
Individual, Spouse, Children	\$22.36

Maternity Rider

Maximum Benefit	
\$2,000	\$271.84
\$3,000	\$552.58
\$5,000	\$921.04

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

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

\$500 Deductible

Stop Loss Amount: Co-Pay:	\$2500 80%/20%		\$10,000 80%/20%		\$50,000 80%/20%	
	Male	Female	Male	Female	Male	Female
Individual						
00-24	\$275.37	\$426.08	\$264.93	\$410.02	\$245.03	\$379.21
25-29	\$334.06	\$548.79	\$321.45	\$528.02	\$297.32	\$488.40
30-34	\$374.85	\$640.80	\$360.73	\$616.61	\$333.63	\$570.38
35-39	\$451.87	\$768.47	\$434.82	\$739.46	\$402.23	\$684.01
40-44	\$541.75	\$880.59	\$521.24	\$847.33	\$482.19	\$783.76
45-49	\$720.36	\$1,014.51	\$693.12	\$976.12	\$641.21	\$902.97
50-54	\$964.89	\$1,157.42	\$928.41	\$1,113.68	\$858.80	\$1,030.14
55-59	\$1,393.86	\$1,441.22	\$1,341.19	\$1,386.78	\$1,240.58	\$1,282.76
60-64	\$1,943.70	\$1,761.22	\$1,870.28	\$1,694.68	\$1,730.00	\$1,567.54
65-69	\$2,429.60	\$2,201.49	\$2,337.82	\$2,118.34	\$2,162.45	\$1,959.45
Individual and Spouse						
00-24	\$660.12	\$660.12	\$635.20	\$635.20	\$587.47	\$587.47
25-29	\$830.80	\$830.80	\$799.45	\$799.45	\$739.46	\$739.46
30-34	\$956.00	\$956.00	\$919.89	\$919.89	\$850.87	\$850.87
35-39	\$1,148.57	\$1,148.57	\$1,105.20	\$1,105.20	\$1,022.28	\$1,022.28
40-44	\$1,338.63	\$1,338.63	\$1,288.09	\$1,288.09	\$1,191.36	\$1,191.36
45-49	\$1,578.05	\$1,578.05	\$1,518.47	\$1,518.47	\$1,404.56	\$1,404.56
50-54	\$1,968.67	\$1,968.67	\$1,894.28	\$1,894.28	\$1,752.29	\$1,752.29
55-59	\$2,629.27	\$2,629.27	\$2,529.88	\$2,529.88	\$2,340.16	\$2,340.16
60-64	\$3,435.13	\$3,435.13	\$3,305.31	\$3,305.31	\$3,057.46	\$3,057.46
65-69	\$4,293.90	\$4,293.90	\$4,131.57	\$4,131.57	\$3,821.76	\$3,821.76
Individual and Child						
00-24	\$728.73	\$915.29	\$701.17	\$880.67	\$648.63	\$814.67
25-29	\$801.36	\$1,067.04	\$771.05	\$1,026.71	\$713.24	\$949.74
30-34	\$851.89	\$1,180.96	\$819.71	\$1,136.35	\$758.26	\$1,051.15
35-39	\$947.20	\$1,338.98	\$911.41	\$1,288.34	\$843.03	\$1,191.71
40-44	\$1,058.34	\$1,477.72	\$1,018.34	\$1,421.82	\$942.04	\$1,315.22
45-49	\$1,185.18	\$1,519.09	\$1,140.44	\$1,461.67	\$1,054.88	\$1,352.08
50-54	\$1,336.51	\$1,536.19	\$1,285.97	\$1,478.15	\$1,189.53	\$1,367.27
55-59	\$1,781.41	\$1,830.53	\$1,714.13	\$1,761.49	\$1,585.58	\$1,629.29
60-64	\$2,351.76	\$2,162.45	\$2,262.87	\$2,080.78	\$2,093.08	\$1,924.66
65-69	\$2,939.70	\$2,703.08	\$2,828.59	\$2,601.03	\$2,616.44	\$2,405.84
Individual, Spouse, and Child						
00-24	\$1,149.18	\$1,149.18	\$1,105.84	\$1,105.84	\$1,022.85	\$1,022.85
25-29	\$1,354.51	\$1,354.51	\$1,303.39	\$1,303.39	\$1,205.65	\$1,205.65
30-34	\$1,505.01	\$1,505.01	\$1,448.22	\$1,448.22	\$1,339.54	\$1,339.54
35-39	\$1,736.74	\$1,736.74	\$1,671.20	\$1,671.20	\$1,545.84	\$1,545.84
40-44	\$1,965.44	\$1,965.44	\$1,891.20	\$1,891.20	\$1,749.38	\$1,749.38
45-49	\$2,220.74	\$2,220.74	\$2,136.87	\$2,136.87	\$1,976.56	\$1,976.56
50-54	\$2,598.33	\$2,598.33	\$2,500.10	\$2,500.10	\$2,312.63	\$2,312.63
55-59	\$3,355.41	\$3,355.41	\$3,228.65	\$3,228.65	\$2,986.55	\$2,986.55
60-64	\$4,279.41	\$4,279.41	\$4,117.73	\$4,117.73	\$3,808.98	\$3,808.98
65-69	\$5,349.28	\$5,349.28	\$5,147.16	\$5,147.16	\$4,761.19	\$4,761.19

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

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

\$1,000 Deductible

Stop Loss Amount: Co-Pay:	\$2,500 80%/20%		\$10,000 80%/20%		\$50,000 80%/20%	
	Male	Female	Male	Female	Male	Female
Individual						
00-24	\$225.80	\$349.37	\$217.99	\$337.38	\$200.90	\$310.82
25-29	\$273.84	\$449.97	\$264.49	\$434.46	\$243.65	\$400.32
30-34	\$307.37	\$525.36	\$296.76	\$507.35	\$273.46	\$467.48
35-39	\$370.51	\$630.11	\$357.73	\$608.45	\$329.72	\$560.58
40-44	\$444.20	\$722.01	\$428.85	\$697.11	\$395.16	\$642.35
45-49	\$590.67	\$831.87	\$570.38	\$803.31	\$525.56	\$740.10
50-54	\$791.14	\$949.05	\$763.98	\$916.46	\$703.84	\$844.33
55-59	\$1,142.85	\$1,181.72	\$1,103.59	\$1,141.20	\$1,016.79	\$1,051.31
60-64	\$1,593.75	\$1,444.08	\$1,538.96	\$1,394.47	\$1,417.90	\$1,284.77
65-69	\$1,992.18	\$1,805.13	\$1,923.72	\$1,743.09	\$1,772.37	\$1,605.92
Individual and Spouse						
00-24	\$541.26	\$541.26	\$522.67	\$522.67	\$481.52	\$481.52
25-29	\$681.23	\$681.23	\$657.79	\$657.79	\$606.09	\$606.09
30-34	\$783.93	\$783.93	\$756.95	\$756.95	\$697.42	\$697.42
35-39	\$941.83	\$941.83	\$909.39	\$909.39	\$837.91	\$837.91
40-44	\$1,097.55	\$1,097.55	\$1,059.86	\$1,059.86	\$976.53	\$976.53
45-49	\$1,294.00	\$1,294.00	\$1,249.46	\$1,249.46	\$1,151.29	\$1,151.29
50-54	\$1,614.28	\$1,614.28	\$1,558.73	\$1,558.73	\$1,436.23	\$1,436.23
55-59	\$2,155.84	\$2,155.84	\$2,081.69	\$2,081.69	\$1,918.12	\$1,918.12
60-64	\$2,816.60	\$2,816.60	\$2,719.74	\$2,719.74	\$2,506.00	\$2,506.00
65-69	\$3,520.75	\$3,520.75	\$3,399.72	\$3,399.72	\$3,132.54	\$3,132.54
Individual and Child						
00-24	\$597.56	\$750.52	\$576.94	\$724.64	\$531.56	\$667.73
25-29	\$657.10	\$874.88	\$634.46	\$844.89	\$584.58	\$778.42
30-34	\$698.50	\$968.34	\$674.50	\$935.08	\$621.44	\$861.51
35-39	\$776.65	\$1,097.88	\$749.93	\$1,060.06	\$690.97	\$976.73
40-44	\$867.87	\$1,211.68	\$838.02	\$1,169.94	\$772.12	\$1,078.03
45-49	\$971.81	\$1,245.57	\$938.41	\$1,202.76	\$864.62	\$1,108.17
50-54	\$1,095.90	\$1,259.66	\$1,058.22	\$1,216.33	\$975.00	\$1,120.70
55-59	\$1,460.71	\$1,500.99	\$1,410.40	\$1,449.34	\$1,299.56	\$1,335.40
60-64	\$1,928.37	\$1,773.16	\$1,861.98	\$1,712.07	\$1,715.52	\$1,577.52
65-69	\$2,410.49	\$2,216.44	\$2,327.42	\$2,140.07	\$2,144.46	\$1,971.88
Individual, Spouse, and Child						
00-24	\$942.36	\$942.36	\$909.82	\$909.82	\$838.38	\$838.38
25-29	\$1,110.64	\$1,110.64	\$1,072.45	\$1,072.45	\$988.16	\$988.16
30-34	\$1,234.08	\$1,234.08	\$1,191.58	\$1,191.58	\$1,097.96	\$1,097.96
35-39	\$1,424.04	\$1,424.04	\$1,375.07	\$1,375.07	\$1,267.05	\$1,267.05
40-44	\$1,611.59	\$1,611.59	\$1,556.11	\$1,556.11	\$1,433.94	\$1,433.94
45-49	\$1,820.97	\$1,820.97	\$1,758.24	\$1,758.24	\$1,620.11	\$1,620.11
50-54	\$2,130.47	\$2,130.47	\$2,057.20	\$2,057.20	\$1,895.57	\$1,895.57
55-59	\$2,751.38	\$2,751.38	\$2,656.65	\$2,656.65	\$2,447.89	\$2,447.89
60-64	\$3,508.97	\$3,508.97	\$3,388.23	\$3,388.23	\$3,121.94	\$3,121.94
65-69	\$4,386.20	\$4,386.20	\$4,235.30	\$4,235.30	\$3,902.39	\$3,902.39

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

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

\$2,500 Deductible

Stop Loss Amount: Co-Pay:	\$0 100%/0%		\$10,000 80%/20%		\$50,000 80%/20%	
	Male	Female	Male	Female	Male	Female
Individual						
00-24	\$156.18	\$241.79	\$152.22	\$235.58	\$139.62	\$216.16
25-29	\$189.56	\$311.35	\$184.63	\$303.37	\$169.44	\$278.39
30-34	\$212.61	\$363.58	\$207.23	\$354.26	\$190.15	\$325.12
35-39	\$256.37	\$436.00	\$249.80	\$424.85	\$229.24	\$389.82
40-44	\$307.30	\$499.55	\$299.51	\$486.77	\$274.82	\$446.70
45-49	\$408.66	\$575.53	\$398.28	\$560.92	\$365.52	\$514.73
50-54	\$547.41	\$656.67	\$533.49	\$639.90	\$489.52	\$587.23
55-59	\$790.85	\$817.65	\$770.62	\$796.84	\$707.20	\$731.27
60-64	\$1,102.78	\$999.20	\$1,074.57	\$973.73	\$986.20	\$893.56
65-69	\$1,378.50	\$1,248.98	\$1,343.29	\$1,217.18	\$1,232.71	\$1,116.92
Individual and Spouse						
00-24	\$374.52	\$374.52	\$364.99	\$364.99	\$334.89	\$334.89
25-29	\$471.36	\$471.36	\$459.36	\$459.36	\$421.52	\$421.52
30-34	\$542.42	\$542.42	\$528.53	\$528.53	\$484.95	\$484.95
35-39	\$651.65	\$651.65	\$635.05	\$635.05	\$582.71	\$582.71
40-44	\$759.44	\$759.44	\$740.10	\$740.10	\$679.11	\$679.11
45-49	\$895.30	\$895.30	\$872.49	\$872.49	\$800.57	\$800.57
50-54	\$1,116.92	\$1,116.92	\$1,088.47	\$1,088.47	\$998.80	\$998.80
55-59	\$1,491.70	\$1,491.70	\$1,453.72	\$1,453.72	\$1,333.89	\$1,333.89
60-64	\$1,948.87	\$1,948.87	\$1,899.23	\$1,899.23	\$1,742.76	\$1,742.76
65-69	\$2,436.10	\$2,436.10	\$2,374.07	\$2,374.07	\$2,178.42	\$2,178.42
Individual and Child						
00-24	\$413.43	\$519.29	\$402.81	\$506.01	\$369.71	\$464.39
25-29	\$454.66	\$605.39	\$443.01	\$589.93	\$406.59	\$541.35
30-34	\$483.31	\$670.00	\$470.93	\$652.87	\$432.25	\$599.16
35-39	\$537.34	\$759.68	\$523.66	\$740.27	\$480.55	\$679.34
40-44	\$600.50	\$838.36	\$585.12	\$816.94	\$536.97	\$749.70
45-49	\$672.39	\$861.83	\$655.29	\$839.84	\$601.32	\$770.70
50-54	\$758.17	\$871.53	\$738.90	\$849.31	\$678.05	\$779.43
55-59	\$1,010.57	\$1,038.47	\$984.88	\$1,011.98	\$903.82	\$928.74
60-64	\$1,334.10	\$1,226.77	\$1,300.19	\$1,195.49	\$1,193.17	\$1,097.12
65-69	\$1,667.70	\$1,533.46	\$1,625.22	\$1,494.43	\$1,491.48	\$1,371.42
Individual, Spouse, and Child						
00-24	\$651.96	\$651.96	\$635.38	\$635.38	\$583.02	\$583.02
25-29	\$768.47	\$768.47	\$748.96	\$748.96	\$687.21	\$687.21
30-34	\$853.83	\$853.83	\$832.17	\$832.17	\$763.55	\$763.55
35-39	\$985.32	\$985.32	\$960.31	\$960.31	\$881.09	\$881.09
40-44	\$1,115.04	\$1,115.04	\$1,086.66	\$1,086.66	\$997.16	\$997.16
45-49	\$1,259.91	\$1,259.91	\$1,227.85	\$1,227.85	\$1,126.68	\$1,126.68
50-54	\$1,474.09	\$1,474.09	\$1,436.57	\$1,436.57	\$1,318.23	\$1,318.23
55-59	\$1,903.62	\$1,903.62	\$1,855.15	\$1,855.15	\$1,702.34	\$1,702.34
60-64	\$2,427.79	\$2,427.79	\$2,366.03	\$2,366.03	\$2,171.12	\$2,171.12
65-69	\$3,034.77	\$3,034.77	\$2,957.55	\$2,957.55	\$2,713.89	\$2,713.89

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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

\$5000 Deductible

Stop Loss Amount: Co-Pay:	\$0 80%/20%		\$10,000 80%/20%		\$50,000 80%/20%	
	Male	Female	Male	Female	Male	Female
Individual						
00-24	\$122.51	\$189.58	\$119.03	\$184.20	\$110.35	\$170.77
25-29	\$148.57	\$244.14	\$144.40	\$237.20	\$133.91	\$220.02
30-34	\$166.78	\$285.06	\$162.02	\$277.01	\$150.29	\$256.88
35-39	\$201.00	\$341.86	\$195.37	\$332.21	\$181.18	\$308.12
40-44	\$241.02	\$391.72	\$234.21	\$380.68	\$217.21	\$353.03
45-49	\$320.54	\$451.38	\$311.35	\$438.59	\$288.76	\$406.69
50-54	\$429.30	\$514.93	\$417.08	\$500.38	\$386.69	\$463.94
55-59	\$620.16	\$641.22	\$602.54	\$623.06	\$558.65	\$577.65
60-64	\$864.84	\$783.61	\$840.22	\$761.34	\$779.07	\$705.93
65-69	\$1,081.01	\$979.54	\$1,050.30	\$951.67	\$973.83	\$882.37
Individual and Spouse						
00-24	\$299.93	\$299.93	\$291.41	\$291.41	\$270.18	\$270.18
25-29	\$377.50	\$377.50	\$366.83	\$366.83	\$340.08	\$340.08
30-34	\$434.35	\$434.35	\$421.98	\$421.98	\$391.35	\$391.35
35-39	\$521.91	\$521.91	\$507.10	\$507.10	\$470.17	\$470.17
40-44	\$608.23	\$608.23	\$590.97	\$590.97	\$547.98	\$547.98
45-49	\$717.09	\$717.09	\$696.66	\$696.66	\$646.02	\$646.02
50-54	\$894.56	\$894.56	\$869.07	\$869.07	\$805.98	\$805.98
55-59	\$1,194.69	\$1,194.69	\$1,160.75	\$1,160.75	\$1,076.36	\$1,076.36
60-64	\$1,560.87	\$1,560.87	\$1,516.58	\$1,516.58	\$1,406.30	\$1,406.30
65-69	\$1,951.06	\$1,951.06	\$1,895.66	\$1,895.66	\$1,757.89	\$1,757.89
Individual and Child						
00-24	\$327.52	\$411.33	\$318.26	\$399.70	\$295.04	\$370.61
25-29	\$360.12	\$479.57	\$349.95	\$465.95	\$324.46	\$432.05
30-34	\$382.82	\$530.81	\$371.99	\$515.76	\$344.98	\$478.24
35-39	\$425.63	\$601.76	\$413.58	\$584.69	\$383.54	\$542.16
40-44	\$475.61	\$664.07	\$462.16	\$645.33	\$428.52	\$598.32
45-49	\$532.67	\$682.70	\$517.59	\$663.36	\$479.90	\$615.11
50-54	\$600.68	\$690.41	\$583.71	\$670.88	\$541.16	\$622.08
55-59	\$800.67	\$822.74	\$777.95	\$799.45	\$721.36	\$741.28
60-64	\$1,056.92	\$971.88	\$1,027.06	\$944.39	\$952.25	\$875.66
65-69	\$1,321.15	\$1,214.89	\$1,283.78	\$1,180.53	\$1,190.32	\$1,094.54
Individual, Spouse, and Child						
00-24	\$522.12	\$522.12	\$507.35	\$507.35	\$470.48	\$470.48
25-29	\$615.44	\$615.44	\$598.01	\$598.01	\$554.56	\$554.56
30-34	\$683.80	\$683.80	\$664.45	\$664.45	\$616.14	\$616.14
35-39	\$789.11	\$789.11	\$766.76	\$766.76	\$711.04	\$711.04
40-44	\$892.99	\$892.99	\$867.68	\$867.68	\$804.66	\$804.66
45-49	\$1,009.07	\$1,009.07	\$980.48	\$980.48	\$909.10	\$909.10
50-54	\$1,180.61	\$1,180.61	\$1,147.14	\$1,147.14	\$1,063.70	\$1,063.70
55-59	\$1,524.67	\$1,524.67	\$1,481.42	\$1,481.42	\$1,373.65	\$1,373.65
60-64	\$1,944.42	\$1,944.42	\$1,889.31	\$1,889.31	\$1,751.89	\$1,751.89
65-69	\$2,430.49	\$2,430.49	\$2,361.70	\$2,361.70	\$2,189.91	\$2,189.91

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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	\$87.75	\$135.75	\$80.27	\$124.26
25-29	\$106.48	\$174.90	\$97.38	\$159.97
30-34	\$119.44	\$204.17	\$109.28	\$186.86
35-39	\$144.04	\$244.91	\$131.77	\$224.05
40-44	\$172.70	\$280.59	\$157.99	\$256.75
45-49	\$229.56	\$323.30	\$210.09	\$295.89
50-54	\$307.48	\$368.86	\$281.36	\$337.51
55-59	\$444.21	\$459.34	\$406.46	\$420.23
60-64	\$619.40	\$561.23	\$566.81	\$513.57
65-69	\$774.24	\$701.58	\$708.47	\$641.95
Individual and Spouse				
00-24	\$217.05	\$217.05	\$198.62	\$198.62
25-29	\$273.19	\$273.19	\$249.99	\$249.99
30-34	\$314.37	\$314.37	\$287.62	\$287.62
35-39	\$377.70	\$377.70	\$345.63	\$345.63
40-44	\$440.13	\$440.13	\$402.81	\$402.81
45-49	\$518.90	\$518.90	\$474.81	\$474.81
50-54	\$647.36	\$647.36	\$592.48	\$592.48
55-59	\$864.53	\$864.53	\$791.23	\$791.23
60-64	\$1,129.58	\$1,129.58	\$1,033.71	\$1,033.71
65-69	\$1,411.96	\$1,411.96	\$1,292.17	\$1,292.17
Individual and Child				
00-24	\$235.80	\$296.12	\$215.72	\$270.94
25-29	\$259.26	\$345.23	\$237.24	\$315.91
30-34	\$275.61	\$382.14	\$252.22	\$349.69
35-39	\$306.52	\$433.27	\$280.43	\$396.41
40-44	\$342.41	\$478.10	\$313.38	\$437.54
45-49	\$383.48	\$491.51	\$350.92	\$449.73
50-54	\$432.40	\$497.05	\$395.65	\$454.82
55-59	\$576.37	\$592.22	\$527.38	\$541.97
60-64	\$760.83	\$699.62	\$696.20	\$640.23
65-69	\$951.03	\$874.55	\$870.27	\$800.24
Individual, Spouse, and Child				
00-24	\$377.89	\$377.89	\$345.80	\$345.80
25-29	\$445.47	\$445.47	\$407.56	\$407.56
30-34	\$494.97	\$494.97	\$452.88	\$452.88
35-39	\$571.17	\$571.17	\$522.64	\$522.64
40-44	\$646.34	\$646.34	\$591.42	\$591.42
45-49	\$730.29	\$730.29	\$668.25	\$668.25
50-54	\$854.43	\$854.43	\$781.93	\$781.93
55-59	\$1,103.42	\$1,103.42	\$1,009.75	\$1,009.75
60-64	\$1,407.31	\$1,407.31	\$1,287.79	\$1,287.79
65-69	\$1,759.09	\$1,759.09	\$1,609.76	\$1,609.76

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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	\$48.29	\$74.70	\$45.48	\$70.47
25-29	\$58.58	\$96.21	\$55.26	\$90.74
30-34	\$65.70	\$112.28	\$62.04	\$106.00
35-39	\$79.21	\$134.65	\$74.80	\$127.08
40-44	\$94.93	\$154.33	\$89.63	\$145.66
45-49	\$126.26	\$177.78	\$119.09	\$167.77
50-54	\$170.22	\$204.13	\$159.59	\$191.38
55-59	\$245.79	\$254.18	\$230.51	\$238.29
60-64	\$342.80	\$310.62	\$321.45	\$291.22
65-69	\$428.51	\$388.30	\$401.76	\$364.05
Individual and Spouse				
00-24	\$119.36	\$119.36	\$112.63	\$112.63
25-29	\$150.22	\$150.22	\$141.73	\$141.73
30-34	\$172.89	\$172.89	\$163.13	\$163.13
35-39	\$207.74	\$207.74	\$195.94	\$195.94
40-44	\$242.09	\$242.09	\$228.38	\$228.38
45-49	\$285.44	\$285.44	\$269.30	\$269.30
50-54	\$356.14	\$356.14	\$335.92	\$335.92
55-59	\$475.59	\$475.59	\$448.64	\$448.64
60-64	\$621.33	\$621.33	\$586.09	\$586.09
65-69	\$776.68	\$776.68	\$732.65	\$732.65
Individual and Child				
00-24	\$129.71	\$162.93	\$122.32	\$153.68
25-29	\$142.60	\$189.93	\$134.56	\$179.18
30-34	\$151.66	\$210.21	\$142.98	\$198.25
35-39	\$168.53	\$238.29	\$159.01	\$224.82
40-44	\$188.36	\$263.03	\$177.73	\$248.14
45-49	\$210.97	\$270.33	\$198.98	\$255.05
50-54	\$237.86	\$273.37	\$224.39	\$257.87
55-59	\$317.01	\$325.78	\$299.04	\$307.30
60-64	\$418.55	\$384.85	\$394.83	\$363.02
65-69	\$523.22	\$481.09	\$493.52	\$453.76
Individual, Spouse, and Child				
00-24	\$207.84	\$207.84	\$196.11	\$196.11
25-29	\$244.92	\$244.92	\$231.14	\$231.14
30-34	\$272.22	\$272.22	\$256.77	\$256.77
35-39	\$314.08	\$314.08	\$296.41	\$296.41
40-44	\$355.49	\$355.49	\$335.41	\$335.41
45-49	\$401.64	\$401.64	\$378.96	\$378.96
50-54	\$469.95	\$469.95	\$443.31	\$443.31
55-59	\$606.84	\$606.84	\$572.53	\$572.53
60-64	\$773.96	\$773.96	\$730.20	\$730.20
65-69	\$967.45	\$967.45	\$912.81	\$912.81

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

UniqueCare Blue I

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

Optional Riders

Maternity Rider

Maximum Benefit	Rate
\$2,000	\$292.25
\$3,000	\$438.40
\$5,000	\$703.57

TMJ

Individual	\$8.83
Individual and Spouse	\$17.64
Individual and Child	\$21.19
Individual, Spouse, Children	\$35.36

Supplemental Accident Endorsement

(\$500, \$1,000, and \$2,500 deductibles)

\$500 Deductible

Individual	\$23.89
Individual & Spouse	\$47.83
Individual & Child	\$60.95
Individual, Spouse, Children	\$95.64

\$1,000 Deductible

Individual	\$35.79
Individual & Spouse	\$71.55
Individual & Child	\$91.09
Individual, Spouse, Children	\$143.03

\$2,500 Deductible

Individual	\$56.77
Individual & Spouse	\$113.70
Individual & Child	\$144.67
Individual, Spouse, Children	\$227.28

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

Blue Select

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

\$500 Deductible

	\$5,000		\$10,000	
	80%/20%		80%/20%	
Stop Loss Amount:				
Co-Pay:				
	Male	Female	Male	Female
Individual				
00-24	\$201.45	\$311.71	\$193.70	\$299.73
25-29	\$244.43	\$401.48	\$235.00	\$386.03
30-34	\$274.29	\$468.82	\$263.74	\$450.84
35-39	\$330.63	\$562.25	\$317.93	\$540.66
40-44	\$396.36	\$644.33	\$381.13	\$619.52
45-49	\$527.01	\$742.25	\$506.77	\$713.69
50-54	\$705.98	\$846.84	\$678.84	\$814.28
55-59	\$1,019.84	\$1,054.46	\$980.59	\$1,013.94
60-64	\$1,422.11	\$1,288.59	\$1,367.43	\$1,239.01
65-69	\$1,777.65	\$1,610.73	\$1,709.26	\$1,548.79
Individual and Spouse				
00-24	\$482.99	\$482.99	\$464.42	\$464.42
25-29	\$607.86	\$607.86	\$584.50	\$584.50
30-34	\$699.45	\$699.45	\$672.57	\$672.57
35-39	\$840.38	\$840.38	\$808.03	\$808.03
40-44	\$979.39	\$979.39	\$941.75	\$941.75
45-49	\$1,154.61	\$1,154.61	\$1,110.19	\$1,110.19
50-54	\$1,440.38	\$1,440.38	\$1,384.96	\$1,384.96
55-59	\$1,923.67	\$1,923.67	\$1,849.67	\$1,849.67
60-64	\$2,513.25	\$2,513.25	\$2,416.56	\$2,416.56
65-69	\$3,141.55	\$3,141.55	\$3,020.77	\$3,020.77
Individual and Child				
00-24	\$533.18	\$669.63	\$512.62	\$643.89
25-29	\$586.31	\$780.72	\$563.75	\$750.61
30-34	\$623.26	\$864.06	\$599.30	\$830.83
35-39	\$692.99	\$979.62	\$666.34	\$941.95
40-44	\$774.32	\$1,081.11	\$744.55	\$1,039.50
45-49	\$867.19	\$1,111.47	\$833.82	\$1,068.71
50-54	\$977.83	\$1,123.97	\$940.26	\$1,080.76
55-59	\$1,303.39	\$1,339.38	\$1,253.26	\$1,287.87
60-64	\$1,720.68	\$1,582.20	\$1,654.47	\$1,521.33
65-69	\$2,150.84	\$1,977.74	\$2,068.08	\$1,901.69
Individual, Spouse, and Child				
00-24	\$840.86	\$840.86	\$808.50	\$808.50
25-29	\$991.08	\$991.08	\$952.95	\$952.95
30-34	\$1,101.20	\$1,101.20	\$1,058.85	\$1,058.85
35-39	\$1,270.72	\$1,270.72	\$1,221.87	\$1,221.87
40-44	\$1,438.04	\$1,438.04	\$1,382.72	\$1,382.72
45-49	\$1,624.82	\$1,624.82	\$1,562.36	\$1,562.36
50-54	\$1,901.04	\$1,901.04	\$1,827.92	\$1,827.92
55-59	\$2,455.01	\$2,455.01	\$2,360.59	\$2,360.59
60-64	\$3,131.03	\$3,131.03	\$3,010.57	\$3,010.57
65-69	\$3,913.79	\$3,913.79	\$3,763.29	\$3,763.29

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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	\$165.75	\$256.49	\$159.33	\$246.64
25-29	\$201.07	\$330.36	\$193.34	\$317.65
30-34	\$225.67	\$385.79	\$216.99	\$370.93
35-39	\$272.02	\$462.62	\$261.57	\$444.87
40-44	\$326.10	\$530.08	\$313.58	\$509.70
45-49	\$433.72	\$610.80	\$417.04	\$587.31
50-54	\$580.84	\$696.82	\$558.55	\$670.04
55-59	\$839.16	\$867.74	\$806.88	\$834.34
60-64	\$1,170.22	\$1,060.34	\$1,125.21	\$1,019.51
65-69	\$1,462.76	\$1,325.41	\$1,406.49	\$1,274.44
Individual and Spouse				
00-24	\$397.44	\$397.44	\$382.15	\$382.15
25-29	\$500.18	\$500.18	\$480.93	\$480.93
30-34	\$575.56	\$575.56	\$553.44	\$553.44
35-39	\$691.50	\$691.50	\$664.89	\$664.89
40-44	\$805.87	\$805.87	\$774.89	\$774.89
45-49	\$950.03	\$950.03	\$913.49	\$913.49
50-54	\$1,185.25	\$1,185.25	\$1,139.60	\$1,139.60
55-59	\$1,582.85	\$1,582.85	\$1,521.95	\$1,521.95
60-64	\$2,068.06	\$2,068.06	\$1,988.51	\$1,988.51
65-69	\$2,585.07	\$2,585.07	\$2,485.64	\$2,485.64
Individual and Child				
00-24	\$438.71	\$551.02	\$421.84	\$529.83
25-29	\$482.42	\$642.41	\$463.84	\$617.67
30-34	\$512.90	\$711.01	\$493.12	\$683.68
35-39	\$570.24	\$806.04	\$548.30	\$775.09
40-44	\$637.19	\$889.62	\$612.65	\$855.42
45-49	\$713.57	\$914.55	\$686.11	\$879.34
50-54	\$804.65	\$924.82	\$773.66	\$889.28
55-59	\$1,072.45	\$1,102.05	\$1,031.19	\$1,059.61
60-64	\$1,415.79	\$1,301.83	\$1,361.38	\$1,251.75
65-69	\$1,769.70	\$1,627.28	\$1,701.64	\$1,564.69
Individual, Spouse, and Child				
00-24	\$691.84	\$691.84	\$665.26	\$665.26
25-29	\$815.46	\$815.46	\$784.09	\$784.09
30-34	\$906.06	\$906.06	\$871.20	\$871.20
35-39	\$1,045.53	\$1,045.53	\$1,005.34	\$1,005.34
40-44	\$1,183.26	\$1,183.26	\$1,137.73	\$1,137.73
45-49	\$1,336.92	\$1,336.92	\$1,285.53	\$1,285.53
50-54	\$1,564.21	\$1,564.21	\$1,504.08	\$1,504.08
55-59	\$2,020.06	\$2,020.06	\$1,942.36	\$1,942.36
60-64	\$2,576.33	\$2,576.33	\$2,477.26	\$2,477.26
65-69	\$3,220.42	\$3,220.42	\$3,096.55	\$3,096.55

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

Blue Select

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

\$1,500 Deductible

	\$5,000 80%/20%		\$10,000 80%/20%	
	Male	Female	Male	Female
Individual				
00-24	\$149.15	\$230.84	\$143.41	\$222.02
25-29	\$180.96	\$297.32	\$173.98	\$285.89
30-34	\$203.10	\$347.18	\$195.30	\$333.86
35-39	\$244.78	\$416.36	\$235.37	\$400.35
40-44	\$293.51	\$477.09	\$282.23	\$458.71
45-49	\$390.36	\$549.70	\$375.33	\$528.57
50-54	\$522.76	\$627.16	\$502.70	\$603.01
55-59	\$755.25	\$780.93	\$726.22	\$750.90
60-64	\$1,053.19	\$954.34	\$1,012.67	\$917.60
65-69	\$1,316.47	\$1,192.88	\$1,265.84	\$1,146.99
Individual and Spouse				
00-24	\$357.66	\$357.66	\$343.94	\$343.94
25-29	\$450.17	\$450.17	\$432.84	\$432.84
30-34	\$518.01	\$518.01	\$498.05	\$498.05
35-39	\$622.32	\$622.32	\$598.43	\$598.43
40-44	\$725.32	\$725.32	\$697.42	\$697.42
45-49	\$855.06	\$855.06	\$822.15	\$822.15
50-54	\$1,066.74	\$1,066.74	\$1,025.66	\$1,025.66
55-59	\$1,424.57	\$1,424.57	\$1,369.78	\$1,369.78
60-64	\$1,861.23	\$1,861.23	\$1,789.69	\$1,789.69
65-69	\$2,326.56	\$2,326.56	\$2,237.08	\$2,237.08
Individual and Child				
00-24	\$394.83	\$495.92	\$379.63	\$476.83
25-29	\$434.17	\$578.16	\$417.50	\$555.94
30-34	\$461.58	\$639.90	\$443.80	\$615.30
35-39	\$513.23	\$725.47	\$493.51	\$697.54
40-44	\$573.47	\$800.65	\$551.38	\$769.84
45-49	\$642.22	\$823.08	\$617.48	\$791.42
50-54	\$724.20	\$832.36	\$696.32	\$800.34
55-59	\$965.21	\$991.83	\$928.10	\$953.70
60-64	\$1,274.17	\$1,171.64	\$1,225.19	\$1,126.58
65-69	\$1,592.78	\$1,464.53	\$1,531.50	\$1,408.23
Individual, Spouse, and Child				
00-24	\$622.63	\$622.63	\$598.68	\$598.68
25-29	\$733.91	\$733.91	\$705.63	\$705.63
30-34	\$815.46	\$815.46	\$784.08	\$784.08
35-39	\$940.95	\$940.95	\$904.81	\$904.81
40-44	\$1,064.90	\$1,064.90	\$1,023.97	\$1,023.97
45-49	\$1,203.24	\$1,203.24	\$1,156.95	\$1,156.95
50-54	\$1,407.80	\$1,407.80	\$1,353.69	\$1,353.69
55-59	\$1,818.05	\$1,818.05	\$1,748.08	\$1,748.08
60-64	\$2,318.71	\$2,318.71	\$2,229.53	\$2,229.53
65-69	\$2,898.37	\$2,898.37	\$2,786.91	\$2,786.91

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Blue Select

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

\$2,500 Deductible

	\$5,000 80%/20%		\$10,000 80%/20%	
	Male	Female	Male	Female
Individual				
00-24	\$121.01	\$187.25	\$116.36	\$180.05
25-29	\$146.79	\$241.11	\$141.15	\$231.85
30-34	\$164.75	\$281.64	\$158.43	\$270.81
35-39	\$198.56	\$337.72	\$190.96	\$324.74
40-44	\$238.10	\$386.99	\$228.93	\$372.09
45-49	\$316.60	\$445.90	\$304.46	\$428.71
50-54	\$424.07	\$508.68	\$407.76	\$489.09
55-59	\$612.62	\$633.45	\$589.06	\$609.09
60-64	\$854.24	\$774.05	\$821.38	\$744.26
65-69	\$1,067.83	\$967.57	\$1,026.72	\$930.34
Individual and Spouse				
00-24	\$290.12	\$290.12	\$279.01	\$279.01
25-29	\$365.21	\$365.21	\$351.12	\$351.12
30-34	\$420.17	\$420.17	\$404.03	\$404.03
35-39	\$504.84	\$504.84	\$485.44	\$485.44
40-44	\$588.34	\$588.34	\$565.69	\$565.69
45-49	\$693.61	\$693.61	\$666.91	\$666.91
50-54	\$865.27	\$865.27	\$832.01	\$832.01
55-59	\$1,155.61	\$1,155.61	\$1,111.17	\$1,111.17
60-64	\$1,509.79	\$1,509.79	\$1,451.74	\$1,451.74
65-69	\$1,887.25	\$1,887.25	\$1,814.66	\$1,814.66
Individual and Child				
00-24	\$320.24	\$402.24	\$307.92	\$386.80
25-29	\$352.16	\$468.94	\$338.62	\$450.88
30-34	\$374.37	\$519.04	\$359.98	\$499.07
35-39	\$416.27	\$588.48	\$400.24	\$565.83
40-44	\$465.13	\$649.40	\$447.24	\$624.43
45-49	\$520.91	\$667.62	\$500.83	\$641.92
50-54	\$587.41	\$675.15	\$564.80	\$649.20
55-59	\$782.92	\$804.49	\$752.79	\$773.53
60-64	\$1,033.56	\$950.37	\$993.82	\$913.83
65-69	\$1,291.96	\$1,187.99	\$1,242.27	\$1,142.28
Individual, Spouse, and Child				
00-24	\$505.08	\$505.08	\$485.67	\$485.67
25-29	\$595.38	\$595.38	\$572.49	\$572.49
30-34	\$661.51	\$661.51	\$636.06	\$636.06
35-39	\$763.36	\$763.36	\$733.99	\$733.99
40-44	\$863.85	\$863.85	\$830.59	\$830.59
45-49	\$976.06	\$976.06	\$938.52	\$938.52
50-54	\$1,141.97	\$1,141.97	\$1,098.04	\$1,098.04
55-59	\$1,474.72	\$1,474.72	\$1,418.01	\$1,418.01
60-64	\$1,880.86	\$1,880.86	\$1,808.50	\$1,808.50
65-69	\$2,351.06	\$2,351.06	\$2,260.66	\$2,260.66

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Blue Select

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

Optional Riders

Maternity Rider

Maximum Benefit	Rate
\$2,000	\$194.26
\$3,000	\$291.35
\$5,000	\$467.62

TMJ

Individual	\$8.30
Individual and Spouse	\$16.57
Individual and Child	\$19.84
Individual, Spouse, Children	\$33.08

Supplemental Accident Endorsement

(\$500, \$1,000, and \$2,500 deductibles only)

\$500 Deductible

Individual	\$15.93
Individual & Spouse	\$31.80
Individual & Child	\$40.49
Individual, Spouse, Children	\$63.57

\$1,000 Deductible

Individual	\$23.80
Individual & Spouse	\$47.58
Individual & Child	\$60.53
Individual, Spouse, Children	\$95.10

\$1,500 Deductible

Individual	\$30.90
Individual & Spouse	\$61.74
Individual & Child	\$78.57
Individual, Spouse, Children	\$123.44

\$2,500 Deductible

Individual	\$37.73
Individual & Spouse	\$75.53
Individual & Child	\$96.15
Individual, Spouse, Children	\$151.06

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Current Quarterly Premium Rates Effective as of January 01, 2013

Nongroup Policy Form: 17-70

	<u>\$1,000 Deductible</u>		<u>\$1,500 Deductible</u>	
	Individual	Family	Individual	Family
00-29	\$929.65	\$2,274.06	\$845.15	\$2,067.30
30-39	\$1,387.52	\$3,110.85	\$1,261.37	\$2,828.12
40-44	\$1,900.22	\$3,515.01	\$1,727.45	\$3,195.49
45-49	\$2,234.18	\$3,940.11	\$2,031.05	\$3,581.94
50-54	\$2,467.68	\$4,245.76	\$2,243.37	\$3,859.79
55-64	\$3,090.28	\$5,016.93	\$2,809.32	\$4,560.83
65-69	\$4,326.37	\$7,023.64	\$3,933.10	\$6,385.28
TMJ Rider	\$6.84	\$13.59		

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Current Quarterly Premium Rates Effective as of January 01, 2013

Student

Policy Form: 17-93

	<u>\$250 Deductible</u>		<u>\$1,000 Deductible</u>	
	Individual	Family	Individual	Family
19-25	\$568.68	\$1,462.83	\$430.72	\$1,157.68
26-39	\$819.71	\$2,436.51	\$620.72	\$1,928.21
40-44	\$1,147.53	\$3,411.10	\$868.99	\$2,699.43
TMJ Rider	\$1.94	\$5.76		
Maternity Rider	\$573.49	per month		

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$373.76	\$373.76	\$359.39	\$359.39
2-12	\$125.82	\$125.82	\$120.98	\$120.98
13-17	\$125.82	\$194.69	\$120.98	\$187.21
18-24	\$125.82	\$194.69	\$120.98	\$187.21
25-29	\$152.63	\$250.76	\$146.78	\$241.10
30-34	\$171.31	\$292.79	\$164.71	\$281.55
35-39	\$206.49	\$351.14	\$198.53	\$337.65
40-44	\$247.52	\$402.37	\$238.00	\$386.89
45-49	\$329.17	\$463.53	\$316.49	\$445.72
50-54	\$440.88	\$528.87	\$423.96	\$508.51
55-59	\$636.94	\$658.57	\$612.40	\$633.23
60-64	\$888.15	\$804.76	\$853.97	\$773.82
65-69	\$1,110.19	\$1,005.97	\$1,067.46	\$967.24
Individual and Spouse				
00-24	\$301.65	\$301.65	\$290.00	\$290.00
25-29	\$379.68	\$379.68	\$365.04	\$365.04
30-34	\$436.84	\$436.84	\$420.01	\$420.01
35-39	\$524.83	\$524.83	\$504.66	\$504.66
40-44	\$611.64	\$611.64	\$588.13	\$588.13
45-49	\$721.08	\$721.08	\$693.35	\$693.35
50-54	\$899.54	\$899.54	\$864.95	\$864.95
55-59	\$1,201.37	\$1,201.37	\$1,155.17	\$1,155.17
60-64	\$1,569.60	\$1,569.60	\$1,509.20	\$1,509.20
65-69	\$1,961.97	\$1,961.97	\$1,886.50	\$1,886.50
Individual and Child				
00-24	\$332.96	\$418.20	\$320.17	\$402.13
25-29	\$366.16	\$487.56	\$352.08	\$468.80
30-34	\$389.26	\$539.63	\$374.26	\$518.88
35-39	\$432.78	\$611.81	\$416.13	\$588.28
40-44	\$483.61	\$675.18	\$464.98	\$649.21
45-49	\$541.58	\$694.11	\$520.75	\$667.43
50-54	\$610.67	\$701.95	\$587.21	\$674.97
55-59	\$814.01	\$836.48	\$782.68	\$804.31
60-64	\$1,074.59	\$988.09	\$1,033.25	\$950.12
65-69	\$1,343.21	\$1,235.14	\$1,291.56	\$1,187.64
Individual, Spouse, and Child				
00-24	\$525.10	\$525.10	\$504.94	\$504.94
25-29	\$618.96	\$618.96	\$595.14	\$595.14
30-34	\$687.70	\$687.70	\$661.26	\$661.26
35-39	\$793.59	\$793.59	\$763.10	\$763.10
40-44	\$898.08	\$898.08	\$863.54	\$863.54
45-49	\$1,014.74	\$1,014.74	\$975.69	\$975.69
50-54	\$1,187.23	\$1,187.23	\$1,141.55	\$1,141.55
55-59	\$1,533.20	\$1,533.20	\$1,474.24	\$1,474.24
60-64	\$1,955.40	\$1,955.40	\$1,880.17	\$1,880.17
65-69	\$2,444.24	\$2,444.24	\$2,350.25	\$2,350.25

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$307.49	\$307.49	\$295.68	\$295.68
2-12	\$103.51	\$103.51	\$99.54	\$99.54
13-17	\$103.51	\$160.20	\$99.54	\$154.05
18-24	\$103.51	\$160.20	\$99.54	\$154.05
25-29	\$125.57	\$206.31	\$120.76	\$198.36
30-34	\$140.95	\$240.93	\$135.50	\$231.69
35-39	\$169.89	\$288.95	\$163.33	\$277.80
40-44	\$203.69	\$331.05	\$195.82	\$318.31
45-49	\$270.89	\$381.43	\$260.42	\$366.80
50-54	\$362.80	\$435.20	\$348.86	\$418.45
55-59	\$524.04	\$541.92	\$503.91	\$521.06
60-64	\$730.82	\$662.20	\$702.69	\$636.72
65-69	\$913.51	\$827.76	\$878.38	\$795.92
Individual and Spouse				
00-24	\$248.21	\$248.21	\$238.65	\$238.65
25-29	\$312.37	\$312.37	\$300.38	\$300.38
30-34	\$359.45	\$359.45	\$345.63	\$345.63
35-39	\$431.85	\$431.85	\$415.25	\$415.25
40-44	\$503.30	\$503.30	\$483.94	\$483.94
45-49	\$593.33	\$593.33	\$570.50	\$570.50
50-54	\$740.19	\$740.19	\$711.75	\$711.75
55-59	\$988.52	\$988.52	\$950.48	\$950.48
60-64	\$1,291.54	\$1,291.54	\$1,241.87	\$1,241.87
65-69	\$1,614.40	\$1,614.40	\$1,552.34	\$1,552.34
Individual and Child				
00-24	\$273.98	\$344.12	\$263.45	\$330.87
25-29	\$301.29	\$401.21	\$289.69	\$385.77
30-34	\$320.30	\$444.06	\$308.00	\$426.98
35-39	\$356.14	\$503.41	\$342.41	\$484.05
40-44	\$397.93	\$555.58	\$382.64	\$534.24
45-49	\$445.61	\$571.11	\$428.52	\$549.19
50-54	\$502.50	\$577.61	\$483.17	\$555.38
55-59	\$669.79	\$688.23	\$643.98	\$661.80
60-64	\$884.18	\$813.00	\$850.18	\$781.74
65-69	\$1,105.22	\$1,016.26	\$1,062.72	\$977.21
Individual, Spouse, and Child				
00-24	\$432.10	\$432.10	\$415.46	\$415.46
25-29	\$509.26	\$509.26	\$489.69	\$489.69
30-34	\$565.89	\$565.89	\$544.07	\$544.07
35-39	\$652.95	\$652.95	\$627.83	\$627.83
40-44	\$738.96	\$738.96	\$710.54	\$710.54
45-49	\$834.94	\$834.94	\$802.82	\$802.82
50-54	\$976.89	\$976.89	\$939.34	\$939.34
55-59	\$1,261.54	\$1,261.54	\$1,213.05	\$1,213.05
60-64	\$1,608.97	\$1,608.97	\$1,547.08	\$1,547.08
65-69	\$2,011.20	\$2,011.20	\$1,933.86	\$1,933.86

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$276.78	\$276.78	\$266.13	\$266.13
2-12	\$93.14	\$93.14	\$89.57	\$89.57
13-17	\$93.14	\$144.19	\$89.57	\$138.66
18-24	\$93.14	\$144.19	\$89.57	\$138.66
25-29	\$113.03	\$185.68	\$108.67	\$178.52
30-34	\$126.86	\$216.84	\$121.98	\$208.51
35-39	\$152.92	\$260.04	\$147.00	\$250.01
40-44	\$183.29	\$297.96	\$176.27	\$286.50
45-49	\$243.80	\$343.30	\$234.40	\$330.09
50-54	\$326.51	\$391.67	\$313.96	\$376.58
55-59	\$471.66	\$487.69	\$453.53	\$468.94
60-64	\$657.71	\$595.96	\$632.45	\$573.07
65-69	\$822.15	\$744.97	\$790.53	\$716.31
Individual and Spouse				
00-24	\$223.38	\$223.38	\$214.81	\$214.81
25-29	\$281.14	\$281.14	\$270.32	\$270.32
30-34	\$323.49	\$323.49	\$311.05	\$311.05
35-39	\$388.67	\$388.67	\$373.73	\$373.73
40-44	\$452.98	\$452.98	\$435.53	\$435.53
45-49	\$533.99	\$533.99	\$513.47	\$513.47
50-54	\$666.17	\$666.17	\$640.55	\$640.55
55-59	\$889.67	\$889.67	\$855.45	\$855.45
60-64	\$1,162.38	\$1,162.38	\$1,117.65	\$1,117.65
65-69	\$1,452.96	\$1,452.96	\$1,397.08	\$1,397.08
Individual and Child				
00-24	\$246.59	\$309.72	\$237.10	\$297.79
25-29	\$271.15	\$361.07	\$260.72	\$347.18
30-34	\$288.27	\$399.64	\$277.19	\$384.25
35-39	\$320.53	\$453.07	\$308.20	\$435.65
40-44	\$358.15	\$500.02	\$344.35	\$480.80
45-49	\$401.08	\$514.04	\$385.65	\$494.25
50-54	\$452.27	\$519.83	\$434.87	\$499.83
55-59	\$602.80	\$619.40	\$579.60	\$595.59
60-64	\$795.78	\$731.72	\$765.17	\$703.58
65-69	\$994.73	\$914.64	\$956.46	\$879.47
Individual, Spouse, and Child				
00-24	\$388.87	\$388.87	\$373.92	\$373.92
25-29	\$458.33	\$458.33	\$440.73	\$440.73
30-34	\$509.26	\$509.26	\$489.69	\$489.69
35-39	\$587.65	\$587.65	\$565.05	\$565.05
40-44	\$665.06	\$665.06	\$639.50	\$639.50
45-49	\$751.43	\$751.43	\$722.53	\$722.53
50-54	\$879.20	\$879.20	\$845.41	\$845.41
55-59	\$1,135.41	\$1,135.41	\$1,091.74	\$1,091.74
60-64	\$1,448.05	\$1,448.05	\$1,392.35	\$1,392.35
65-69	\$1,810.11	\$1,810.11	\$1,740.49	\$1,740.49

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

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	\$215.90	\$215.90
2-12	\$72.68	\$72.68
13-17	\$72.68	\$112.44
18-24	\$72.68	\$112.44
25-29	\$88.13	\$144.79
30-34	\$98.91	\$169.11
35-39	\$119.24	\$202.82
40-44	\$142.98	\$232.38
45-49	\$190.14	\$267.77
50-54	\$254.66	\$305.42
55-59	\$367.90	\$380.40
60-64	\$512.97	\$464.83
65-69	\$641.22	\$581.05
Individual and Spouse		
00-24	\$174.21	\$174.21
25-29	\$219.27	\$219.27
30-34	\$252.34	\$252.34
35-39	\$303.17	\$303.17
40-44	\$353.30	\$353.30
45-49	\$416.52	\$416.52
50-54	\$519.60	\$519.60
55-59	\$693.97	\$693.97
60-64	\$906.65	\$906.65
65-69	\$1,133.30	\$1,133.30
Individual and Child		
00-24	\$192.28	\$241.57
25-29	\$211.49	\$281.62
30-34	\$224.82	\$311.67
35-39	\$249.99	\$353.39
40-44	\$279.30	\$389.97
45-49	\$312.81	\$400.90
50-54	\$352.72	\$405.45
55-59	\$470.15	\$483.09
60-64	\$620.67	\$570.73
65-69	\$775.82	\$713.39
Individual, Spouse, and Child		
00-24	\$303.31	\$303.31
25-29	\$357.53	\$357.53
30-34	\$397.27	\$397.27
35-39	\$458.43	\$458.43
40-44	\$518.71	\$518.71
45-49	\$586.10	\$586.10
50-54	\$685.78	\$685.78
55-59	\$885.57	\$885.57
60-64	\$1,129.46	\$1,129.46
65-69	\$1,411.83	\$1,411.83

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

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

Optional Riders

Maternity Rider

Deductible	Rate
\$500	\$397.76
\$1,000	\$363.26
\$1,500	\$330.08
\$2,500	\$319.30

TMJ

Individual	\$6.14
Individual and Spouse	\$12.22
Individual and Child	\$14.68
Individual, Spouse, Children	\$24.52

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$429.63	\$429.63	\$413.07	\$413.07
2-12	\$144.62	\$144.62	\$139.07	\$139.07
13-17	\$144.62	\$223.78	\$139.07	\$215.18
18-24	\$144.62	\$223.78	\$139.07	\$215.18
25-29	\$175.43	\$288.21	\$168.71	\$277.10
30-34	\$196.90	\$336.58	\$189.32	\$323.60
35-39	\$237.34	\$403.66	\$228.24	\$388.11
40-44	\$284.54	\$462.49	\$273.57	\$444.71
45-49	\$378.35	\$532.79	\$363.76	\$512.33
50-54	\$506.76	\$607.85	\$487.28	\$584.52
55-59	\$732.06	\$756.97	\$703.92	\$727.84
60-64	\$1,020.81	\$925.00	\$981.58	\$889.41
65-69	\$1,276.05	\$1,156.26	\$1,226.98	\$1,111.79
Individual and Spouse				
00-24	\$346.70	\$346.70	\$333.39	\$333.39
25-29	\$436.35	\$436.35	\$419.57	\$419.57
30-34	\$502.13	\$502.13	\$482.79	\$482.79
35-39	\$603.25	\$603.25	\$580.04	\$580.04
40-44	\$703.06	\$703.06	\$676.02	\$676.02
45-49	\$828.81	\$828.81	\$796.97	\$796.97
50-54	\$1,033.96	\$1,033.96	\$994.21	\$994.21
55-59	\$1,380.89	\$1,380.89	\$1,327.73	\$1,327.73
60-64	\$1,804.15	\$1,804.15	\$1,734.73	\$1,734.73
65-69	\$2,255.09	\$2,255.09	\$2,168.40	\$2,168.40
Individual and Child				
00-24	\$382.71	\$480.72	\$368.01	\$462.21
25-29	\$420.86	\$560.42	\$404.68	\$538.85
30-34	\$447.42	\$620.27	\$430.22	\$596.41
35-39	\$497.48	\$703.23	\$478.35	\$676.20
40-44	\$555.85	\$776.09	\$534.46	\$746.21
45-49	\$622.50	\$797.83	\$598.54	\$767.16
50-54	\$701.95	\$806.82	\$674.92	\$775.80
55-59	\$935.61	\$961.45	\$899.64	\$924.49
60-64	\$1,235.15	\$1,135.77	\$1,187.64	\$1,092.07
65-69	\$1,543.94	\$1,419.72	\$1,484.55	\$1,365.11
Individual, Spouse, and Child				
00-24	\$603.61	\$603.61	\$580.39	\$580.39
25-29	\$711.44	\$711.44	\$684.06	\$684.06
30-34	\$790.49	\$790.49	\$760.08	\$760.08
35-39	\$912.19	\$912.19	\$877.08	\$877.08
40-44	\$1,032.26	\$1,032.26	\$992.58	\$992.58
45-49	\$1,166.37	\$1,166.37	\$1,121.50	\$1,121.50
50-54	\$1,364.65	\$1,364.65	\$1,312.16	\$1,312.16
55-59	\$1,762.32	\$1,762.32	\$1,694.51	\$1,694.51
60-64	\$2,247.57	\$2,247.57	\$2,161.12	\$2,161.12
65-69	\$2,809.44	\$2,809.44	\$2,701.41	\$2,701.41

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$353.48	\$353.48	\$339.86	\$339.86
2-12	\$118.98	\$118.98	\$114.43	\$114.43
13-17	\$118.98	\$184.16	\$114.43	\$177.04
18-24	\$118.98	\$184.16	\$114.43	\$177.04
25-29	\$144.32	\$237.14	\$138.79	\$228.02
30-34	\$161.98	\$276.97	\$155.75	\$266.30
35-39	\$195.28	\$332.08	\$187.75	\$319.33
40-44	\$234.10	\$380.53	\$225.12	\$365.89
45-49	\$311.34	\$438.45	\$299.35	\$421.59
50-54	\$416.99	\$500.22	\$400.92	\$480.97
55-59	\$602.38	\$622.86	\$579.22	\$598.93
60-64	\$840.04	\$761.14	\$807.70	\$731.88
65-69	\$1,050.02	\$951.44	\$1,009.65	\$914.85
Individual and Spouse				
00-24	\$285.29	\$285.29	\$274.31	\$274.31
25-29	\$359.06	\$359.06	\$345.24	\$345.24
30-34	\$413.18	\$413.18	\$397.28	\$397.28
35-39	\$496.37	\$496.37	\$477.28	\$477.28
40-44	\$578.51	\$578.51	\$556.26	\$556.26
45-49	\$681.98	\$681.98	\$655.77	\$655.77
50-54	\$850.79	\$850.79	\$818.06	\$818.06
55-59	\$1,136.24	\$1,136.24	\$1,092.53	\$1,092.53
60-64	\$1,484.50	\$1,484.50	\$1,427.42	\$1,427.42
65-69	\$1,855.66	\$1,855.66	\$1,784.25	\$1,784.25
Individual and Child				
00-24	\$314.92	\$395.54	\$302.84	\$380.33
25-29	\$346.30	\$461.15	\$332.97	\$443.41
30-34	\$368.15	\$510.39	\$354.00	\$490.74
35-39	\$409.32	\$578.64	\$393.60	\$556.35
40-44	\$457.39	\$638.61	\$439.78	\$614.02
45-49	\$512.21	\$656.47	\$492.52	\$631.22
50-54	\$577.61	\$663.89	\$555.38	\$638.34
55-59	\$769.84	\$791.05	\$740.26	\$760.63
60-64	\$1,016.31	\$934.50	\$977.23	\$898.58
65-69	\$1,270.40	\$1,168.13	\$1,221.55	\$1,123.20
Individual, Spouse, and Child				
00-24	\$496.63	\$496.63	\$477.52	\$477.52
25-29	\$585.38	\$585.38	\$562.86	\$562.86
30-34	\$650.41	\$650.41	\$625.39	\$625.39
35-39	\$750.53	\$750.53	\$721.67	\$721.67
40-44	\$849.40	\$849.40	\$816.70	\$816.70
45-49	\$959.70	\$959.70	\$922.78	\$922.78
50-54	\$1,122.86	\$1,122.86	\$1,079.71	\$1,079.71
55-59	\$1,450.07	\$1,450.07	\$1,394.30	\$1,394.30
60-64	\$1,849.38	\$1,849.38	\$1,778.25	\$1,778.25
65-69	\$2,311.74	\$2,311.74	\$2,222.80	\$2,222.80

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$318.10	\$318.10	\$305.87	\$305.87
2-12	\$107.09	\$107.09	\$102.92	\$102.92
13-17	\$107.09	\$165.75	\$102.92	\$159.32
18-24	\$107.09	\$165.75	\$102.92	\$159.32
25-29	\$129.92	\$213.41	\$124.93	\$205.22
30-34	\$145.80	\$249.26	\$140.20	\$239.68
35-39	\$175.73	\$298.85	\$168.99	\$287.38
40-44	\$210.68	\$342.49	\$202.61	\$329.31
45-49	\$280.20	\$394.60	\$269.43	\$379.42
50-54	\$375.26	\$450.18	\$360.87	\$432.88
55-59	\$542.13	\$560.58	\$521.25	\$539.01
60-64	\$756.02	\$685.03	\$726.94	\$658.71
65-69	\$945.03	\$856.32	\$908.67	\$823.36
Individual and Spouse				
00-24	\$256.78	\$256.78	\$246.89	\$246.89
25-29	\$323.15	\$323.15	\$310.74	\$310.74
30-34	\$371.82	\$371.82	\$357.55	\$357.55
35-39	\$446.75	\$446.75	\$429.58	\$429.58
40-44	\$520.65	\$520.65	\$500.61	\$500.61
45-49	\$613.79	\$613.79	\$590.19	\$590.19
50-54	\$765.75	\$765.75	\$736.27	\$736.27
55-59	\$1,022.61	\$1,022.61	\$983.29	\$983.29
60-64	\$1,336.08	\$1,336.08	\$1,284.66	\$1,284.66
65-69	\$1,670.10	\$1,670.10	\$1,605.85	\$1,605.85
Individual and Child				
00-24	\$283.43	\$356.02	\$272.55	\$342.29
25-29	\$311.67	\$415.04	\$299.67	\$399.10
30-34	\$331.30	\$459.36	\$318.60	\$441.67
35-39	\$368.41	\$520.79	\$354.26	\$500.73
40-44	\$411.65	\$574.75	\$395.83	\$552.62
45-49	\$460.98	\$590.84	\$443.26	\$568.11
50-54	\$519.83	\$597.48	\$499.83	\$574.53
55-59	\$692.88	\$711.99	\$666.21	\$684.59
60-64	\$914.68	\$841.08	\$879.51	\$808.69
65-69	\$1,143.34	\$1,051.29	\$1,099.36	\$1,010.90
Individual, Spouse, and Child				
00-24	\$446.93	\$446.93	\$429.76	\$429.76
25-29	\$526.82	\$526.82	\$506.57	\$506.57
30-34	\$585.38	\$585.38	\$562.85	\$562.85
35-39	\$675.49	\$675.49	\$649.51	\$649.51
40-44	\$764.45	\$764.45	\$735.06	\$735.06
45-49	\$863.74	\$863.74	\$830.48	\$830.48
50-54	\$1,010.61	\$1,010.61	\$971.72	\$971.72
55-59	\$1,305.05	\$1,305.05	\$1,254.87	\$1,254.87
60-64	\$1,664.46	\$1,664.46	\$1,600.41	\$1,600.41
65-69	\$2,080.55	\$2,080.55	\$2,000.53	\$2,000.53

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$248.14	\$248.14
2-12	\$83.51	\$83.51
13-17	\$83.51	\$129.26
18-24	\$83.51	\$129.26
25-29	\$101.29	\$166.43
30-34	\$113.71	\$194.40
35-39	\$137.07	\$233.13
40-44	\$164.35	\$267.09
45-49	\$218.51	\$307.74
50-54	\$292.72	\$351.12
55-59	\$422.84	\$437.22
60-64	\$589.64	\$534.26
65-69	\$737.03	\$667.88
Individual and Spouse		
00-24	\$200.28	\$200.28
25-29	\$252.05	\$252.05
30-34	\$290.00	\$290.00
35-39	\$348.46	\$348.46
40-44	\$406.07	\$406.07
45-49	\$478.75	\$478.75
50-54	\$597.26	\$597.26
55-59	\$797.63	\$797.63
60-64	\$1,042.13	\$1,042.13
65-69	\$1,302.65	\$1,302.65
Individual and Child		
00-24	\$221.04	\$277.66
25-29	\$243.06	\$323.70
30-34	\$258.40	\$358.26
35-39	\$287.32	\$406.18
40-44	\$321.07	\$448.21
45-49	\$359.57	\$460.82
50-54	\$405.45	\$466.02
55-59	\$540.42	\$555.30
60-64	\$713.41	\$655.99
65-69	\$891.75	\$819.98
Individual, Spouse, and Child		
00-24	\$348.64	\$348.64
25-29	\$410.95	\$410.95
30-34	\$456.63	\$456.63
35-39	\$526.89	\$526.89
40-44	\$596.26	\$596.26
45-49	\$673.68	\$673.68
50-54	\$788.24	\$788.24
55-59	\$1,017.90	\$1,017.90
60-64	\$1,298.21	\$1,298.21
65-69	\$1,622.80	\$1,622.80

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

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

Optional Riders

Maternity Rider

Deductible	Rate
\$500	\$397.76
\$1,000	\$363.26
\$1,500	\$330.08
\$2,500	\$319.30

TMJ

Individual	\$6.14
Individual and Spouse	\$12.22
Individual and Child	\$14.68
Individual, Spouse, Children	\$24.52

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO
17-236 9/04**

	Individual	Family	Individual	Family
Deductible				
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	\$180.94	\$180.94	\$125.39	\$125.39
2-12	\$60.91	\$60.91	\$42.21	\$42.21
13-17	\$60.91	\$94.24	\$42.21	\$65.33
18-24	\$60.91	\$94.24	\$42.21	\$65.33
25-29	\$73.88	\$121.39	\$51.22	\$84.13
30-34	\$82.93	\$141.76	\$57.47	\$98.27
35-39	\$99.96	\$170.01	\$69.29	\$117.82
40-44	\$119.85	\$194.80	\$83.05	\$135.00
45-49	\$159.40	\$224.45	\$110.47	\$155.56
50-54	\$213.47	\$256.05	\$147.91	\$177.47
55-59	\$308.36	\$318.86	\$213.71	\$220.98
60-64	\$430.02	\$389.65	\$298.02	\$270.04
65-69	\$537.54	\$487.04	\$372.53	\$337.54
Individual and Spouse				
00-24	\$146.06	\$146.06	\$101.22	\$101.22
25-29	\$183.81	\$183.81	\$127.38	\$127.38
30-34	\$211.51	\$211.51	\$146.58	\$146.58
35-39	\$254.11	\$254.11	\$176.11	\$176.11
40-44	\$296.14	\$296.14	\$205.22	\$205.22
45-49	\$349.11	\$349.11	\$241.96	\$241.96
50-54	\$435.55	\$435.55	\$301.85	\$301.85
55-59	\$581.67	\$581.67	\$403.13	\$403.13
60-64	\$759.96	\$759.96	\$526.68	\$526.68
65-69	\$949.95	\$949.95	\$658.35	\$658.35
Individual and Child				
00-24	\$161.22	\$202.48	\$111.72	\$140.32
25-29	\$177.27	\$236.08	\$122.86	\$163.62
30-34	\$188.47	\$261.27	\$130.61	\$181.07
35-39	\$209.56	\$296.21	\$145.22	\$205.28
40-44	\$234.16	\$326.91	\$162.26	\$226.56
45-49	\$262.21	\$336.05	\$181.73	\$232.90
50-54	\$295.68	\$339.85	\$204.91	\$235.53
55-59	\$394.09	\$404.98	\$273.12	\$280.65
60-64	\$520.27	\$478.39	\$360.56	\$331.53
65-69	\$650.33	\$597.99	\$450.72	\$414.43
Individual, Spouse, and Child				
00-24	\$254.23	\$254.23	\$176.20	\$176.20
25-29	\$299.67	\$299.67	\$207.69	\$207.69
30-34	\$332.95	\$332.95	\$230.74	\$230.74
35-39	\$384.22	\$384.22	\$266.29	\$266.29
40-44	\$434.83	\$434.83	\$301.34	\$301.34
45-49	\$491.30	\$491.30	\$340.50	\$340.50
50-54	\$574.84	\$574.84	\$398.40	\$398.40
55-59	\$742.31	\$742.31	\$514.45	\$514.45
60-64	\$946.73	\$946.73	\$656.13	\$656.13
65-69	\$1,183.42	\$1,183.42	\$820.17	\$820.17

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO
17-236 9/04**

	Individual	Family	Individual	Family
Individual				
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	\$161.89	\$161.89	\$113.58	\$113.58
2-12	\$54.48	\$54.48	\$38.22	\$38.22
13-17	\$54.48	\$84.34	\$38.22	\$59.18
18-24	\$54.48	\$84.34	\$38.22	\$59.18
25-29	\$66.10	\$108.59	\$46.39	\$76.21
30-34	\$74.18	\$126.84	\$52.06	\$88.98
35-39	\$89.43	\$152.09	\$62.75	\$106.71
40-44	\$107.23	\$174.27	\$75.22	\$122.26
45-49	\$142.56	\$200.79	\$100.05	\$140.91
50-54	\$190.98	\$229.09	\$134.00	\$160.75
55-59	\$275.88	\$285.25	\$193.57	\$200.15
60-64	\$384.68	\$348.57	\$269.94	\$244.60
65-69	\$480.87	\$435.74	\$337.44	\$305.74
Individual and Spouse				
00-24	\$130.65	\$130.65	\$91.67	\$91.67
25-29	\$164.44	\$164.44	\$115.39	\$115.39
30-34	\$189.21	\$189.21	\$132.77	\$132.77
35-39	\$227.34	\$227.34	\$159.52	\$159.52
40-44	\$264.93	\$264.93	\$185.91	\$185.91
45-49	\$312.32	\$312.32	\$219.16	\$219.16
50-54	\$389.67	\$389.67	\$273.41	\$273.41
55-59	\$520.41	\$520.41	\$365.12	\$365.12
60-64	\$679.90	\$679.90	\$477.04	\$477.04
65-69	\$849.86	\$849.86	\$596.31	\$596.31
Individual and Child				
00-24	\$144.21	\$181.15	\$101.21	\$127.10
25-29	\$158.57	\$211.19	\$111.26	\$148.20
30-34	\$168.58	\$233.73	\$118.30	\$164.01
35-39	\$187.46	\$265.02	\$131.54	\$185.95
40-44	\$209.47	\$292.44	\$146.98	\$205.19
45-49	\$234.60	\$300.64	\$164.59	\$210.96
50-54	\$264.52	\$304.05	\$185.61	\$213.34
55-59	\$352.57	\$362.29	\$247.39	\$254.22
60-64	\$465.44	\$427.98	\$326.59	\$300.29
65-69	\$581.81	\$535.00	\$408.23	\$375.38
Individual, Spouse, and Child				
00-24	\$227.46	\$227.46	\$159.59	\$159.59
25-29	\$268.12	\$268.12	\$188.12	\$188.12
30-34	\$297.92	\$297.92	\$209.00	\$209.00
35-39	\$343.75	\$343.75	\$241.18	\$241.18
40-44	\$389.01	\$389.01	\$272.97	\$272.97
45-49	\$439.55	\$439.55	\$308.41	\$308.41
50-54	\$514.28	\$514.28	\$360.86	\$360.86
55-59	\$664.11	\$664.11	\$465.97	\$465.97
60-64	\$846.99	\$846.99	\$594.30	\$594.30
65-69	\$1,058.74	\$1,058.74	\$742.88	\$742.88

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

HSA Blue PPO
17-236 9/04

Optional Riders

Maternity Rider

Deductible	In-Network Coinsurance	Rate
\$1,200	80%	\$276.49
\$3,100	80%	\$233.59
\$6,050	100%	\$221.87
\$3,100	100%	\$255.76

TMJ

	Rate
Individual	\$4.94
Individual and Spouse	\$9.85
Individual and Child	\$11.81
Individual, Spouse, Children	\$19.72

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$254.78	\$254.78	\$173.67	\$173.67
2-12	\$85.74	\$85.74	\$58.45	\$58.45
13-17	\$85.74	\$132.73	\$58.45	\$90.48
18-24	\$85.74	\$132.73	\$58.45	\$90.48
25-29	\$104.04	\$170.95	\$70.92	\$116.53
30-34	\$116.78	\$199.63	\$79.62	\$136.10
35-39	\$140.74	\$239.39	\$95.97	\$163.18
40-44	\$168.75	\$274.29	\$115.04	\$186.99
45-49	\$224.43	\$316.04	\$153.00	\$215.44
50-54	\$300.57	\$360.56	\$204.90	\$245.80
55-59	\$434.19	\$448.97	\$295.99	\$306.08
60-64	\$605.49	\$548.65	\$412.78	\$374.04
65-69	\$756.87	\$685.79	\$515.97	\$467.53
Individual and Spouse				
00-24	\$205.66	\$205.66	\$140.20	\$140.20
25-29	\$258.80	\$258.80	\$176.45	\$176.45
30-34	\$297.82	\$297.82	\$203.04	\$203.04
35-39	\$357.82	\$357.82	\$243.92	\$243.92
40-44	\$417.00	\$417.00	\$284.27	\$284.27
45-49	\$491.59	\$491.59	\$335.11	\$335.11
50-54	\$613.28	\$613.28	\$418.07	\$418.07
55-59	\$819.02	\$819.02	\$558.34	\$558.34
60-64	\$1,070.06	\$1,070.06	\$729.48	\$729.48
65-69	\$1,337.57	\$1,337.57	\$911.87	\$911.87
Individual and Child				
00-24	\$227.00	\$285.11	\$154.76	\$194.36
25-29	\$249.61	\$332.41	\$170.16	\$226.61
30-34	\$265.39	\$367.91	\$180.92	\$250.81
35-39	\$295.07	\$417.08	\$201.16	\$284.33
40-44	\$329.70	\$460.30	\$224.77	\$313.82
45-49	\$369.22	\$473.18	\$251.71	\$322.58
50-54	\$416.33	\$478.55	\$283.81	\$326.24
55-59	\$554.93	\$570.21	\$378.32	\$388.74
60-64	\$732.57	\$673.60	\$499.41	\$459.21
65-69	\$915.71	\$842.00	\$624.26	\$574.01
Individual, Spouse, and Child				
00-24	\$357.97	\$357.97	\$244.03	\$244.03
25-29	\$421.94	\$421.94	\$287.67	\$287.67
30-34	\$468.81	\$468.81	\$319.61	\$319.61
35-39	\$541.00	\$541.00	\$368.82	\$368.82
40-44	\$612.26	\$612.26	\$417.39	\$417.39
45-49	\$691.78	\$691.78	\$471.59	\$471.59
50-54	\$809.40	\$809.40	\$551.79	\$551.79
55-59	\$1,045.23	\$1,045.23	\$712.55	\$712.55
60-64	\$1,333.05	\$1,333.05	\$908.78	\$908.78
65-69	\$1,666.34	\$1,666.34	\$1,135.97	\$1,135.97

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

HSA Blue PPO Plus
17-237 9/04

	Individual	Family	Individual	Family
Individual 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	\$225.18	\$225.18	\$155.43	\$155.43
2-12	\$75.78	\$75.78	\$52.30	\$52.30
13-17	\$75.78	\$117.28	\$52.30	\$80.97
18-24	\$75.78	\$117.28	\$52.30	\$80.97
25-29	\$91.94	\$151.06	\$63.46	\$104.30
30-34	\$103.19	\$176.42	\$71.25	\$121.78
35-39	\$124.40	\$211.56	\$85.85	\$146.03
40-44	\$149.14	\$242.38	\$102.95	\$167.32
45-49	\$198.29	\$279.28	\$136.91	\$192.81
50-54	\$265.65	\$318.63	\$183.37	\$219.95
55-59	\$383.72	\$396.77	\$264.88	\$273.90
60-64	\$535.06	\$484.83	\$369.39	\$334.71
65-69	\$668.84	\$606.06	\$461.74	\$418.36
Individual and Spouse				
00-24	\$181.73	\$181.73	\$125.45	\$125.45
25-29	\$228.72	\$228.72	\$157.88	\$157.88
30-34	\$263.19	\$263.19	\$181.69	\$181.69
35-39	\$316.23	\$316.23	\$218.28	\$218.28
40-44	\$368.52	\$368.52	\$254.38	\$254.38
45-49	\$434.43	\$434.43	\$299.87	\$299.87
50-54	\$541.99	\$541.99	\$374.12	\$374.12
55-59	\$723.86	\$723.86	\$499.64	\$499.64
60-64	\$945.70	\$945.70	\$652.78	\$652.78
65-69	\$1,182.10	\$1,182.10	\$816.00	\$816.00
Individual and Child				
00-24	\$200.59	\$251.96	\$138.48	\$173.93
25-29	\$220.57	\$293.75	\$152.27	\$202.79
30-34	\$234.51	\$325.11	\$161.89	\$224.43
35-39	\$260.74	\$368.62	\$180.01	\$254.43
40-44	\$291.34	\$406.75	\$201.13	\$280.80
45-49	\$326.29	\$418.17	\$225.25	\$288.69
50-54	\$367.93	\$422.92	\$253.99	\$291.93
55-59	\$490.41	\$503.91	\$338.54	\$347.86
60-64	\$647.40	\$595.28	\$446.91	\$410.92
65-69	\$809.23	\$744.11	\$558.63	\$513.66
Individual, Spouse, and Child				
00-24	\$316.38	\$316.38	\$218.38	\$218.38
25-29	\$372.95	\$372.95	\$257.40	\$257.40
30-34	\$414.36	\$414.36	\$286.00	\$286.00
35-39	\$478.14	\$478.14	\$330.03	\$330.03
40-44	\$541.07	\$541.07	\$373.51	\$373.51
45-49	\$611.36	\$611.36	\$422.02	\$422.02
50-54	\$715.28	\$715.28	\$493.78	\$493.78
55-59	\$923.74	\$923.74	\$637.66	\$637.66
60-64	\$1,178.10	\$1,178.10	\$813.21	\$813.21
65-69	\$1,472.65	\$1,472.65	\$1,016.54	\$1,016.54

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO Plus
17-237 9/04

Optional Riders

Maternity Rider

Deductible	In-Network Coinsurance	Rate
\$1,200	80%	\$307.49
\$3,100	80%	\$259.79
\$6,050	100%	\$246.75
\$3,100	100%	\$284.44

TMJ

	Rate
Individual	\$5.48
Individual and Spouse	\$10.95
Individual and Child	\$13.14
Individual, Spouse, Children	\$21.93

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$225.96	\$225.96	\$201.41	\$201.41
2-12	\$76.05	\$76.05	\$67.80	\$67.80
13-17	\$76.05	\$117.72	\$67.80	\$104.92
18-24	\$76.05	\$117.72	\$67.80	\$104.92
25-29	\$92.28	\$151.63	\$82.24	\$135.13
30-34	\$103.59	\$177.07	\$92.31	\$157.82
35-39	\$124.83	\$212.32	\$111.26	\$189.24
40-44	\$149.67	\$243.27	\$133.40	\$216.83
45-49	\$199.05	\$280.31	\$177.41	\$249.85
50-54	\$266.57	\$319.79	\$237.62	\$285.04
55-59	\$385.10	\$398.20	\$343.25	\$354.92
60-64	\$537.03	\$486.62	\$478.67	\$433.74
65-69	\$671.30	\$608.27	\$598.36	\$542.15
Individual and Spouse				
00-24	\$182.39	\$182.39	\$162.57	\$162.57
25-29	\$229.56	\$229.56	\$204.62	\$204.62
30-34	\$264.16	\$264.16	\$235.46	\$235.46
35-39	\$317.35	\$317.35	\$282.86	\$282.86
40-44	\$369.84	\$369.84	\$329.65	\$329.65
45-49	\$435.99	\$435.99	\$388.62	\$388.62
50-54	\$543.94	\$543.94	\$484.83	\$484.83
55-59	\$726.41	\$726.41	\$647.48	\$647.48
60-64	\$949.08	\$949.08	\$845.94	\$845.94
65-69	\$1,186.37	\$1,186.37	\$1,057.42	\$1,057.42
Individual and Child				
00-24	\$201.34	\$252.87	\$179.46	\$225.39
25-29	\$221.38	\$294.83	\$197.34	\$262.82
30-34	\$235.37	\$326.29	\$209.79	\$290.84
35-39	\$261.71	\$369.94	\$233.28	\$329.72
40-44	\$292.43	\$408.27	\$260.65	\$363.89
45-49	\$327.48	\$419.70	\$291.90	\$374.09
50-54	\$369.26	\$424.43	\$329.11	\$378.32
55-59	\$492.20	\$505.75	\$438.71	\$450.78
60-64	\$649.74	\$597.43	\$579.14	\$532.51
65-69	\$812.19	\$746.80	\$723.91	\$665.65
Individual, Spouse, and Child				
00-24	\$317.50	\$317.50	\$282.99	\$282.99
25-29	\$374.24	\$374.24	\$333.57	\$333.57
30-34	\$415.82	\$415.82	\$370.62	\$370.62
35-39	\$479.85	\$479.85	\$427.69	\$427.69
40-44	\$543.04	\$543.04	\$484.02	\$484.02
45-49	\$613.56	\$613.56	\$546.88	\$546.88
50-54	\$717.91	\$717.91	\$639.87	\$639.87
55-59	\$927.07	\$927.07	\$826.31	\$826.31
60-64	\$1,182.35	\$1,182.35	\$1,053.86	\$1,053.86
65-69	\$1,477.94	\$1,477.94	\$1,317.33	\$1,317.33

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

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	\$171.12	\$171.12	\$162.16	\$162.16
2-12	\$57.58	\$57.58	\$54.57	\$54.57
13-17	\$57.58	\$89.15	\$54.57	\$84.47
18-24	\$57.58	\$89.15	\$54.57	\$84.47
25-29	\$69.88	\$114.84	\$66.22	\$108.82
30-34	\$78.43	\$134.09	\$74.33	\$127.07
35-39	\$94.55	\$160.79	\$89.59	\$152.37
40-44	\$113.34	\$184.23	\$107.41	\$174.57
45-49	\$150.76	\$212.29	\$142.85	\$201.18
50-54	\$201.89	\$242.20	\$191.32	\$229.50
55-59	\$291.64	\$301.58	\$276.34	\$285.77
60-64	\$406.72	\$368.53	\$385.40	\$349.22
65-69	\$508.38	\$460.65	\$481.76	\$436.51
Individual and Spouse				
00-24	\$138.14	\$138.14	\$130.88	\$130.88
25-29	\$173.85	\$173.85	\$164.72	\$164.72
30-34	\$200.04	\$200.04	\$189.57	\$189.57
35-39	\$240.33	\$240.33	\$227.74	\$227.74
40-44	\$280.11	\$280.11	\$265.42	\$265.42
45-49	\$330.18	\$330.18	\$312.89	\$312.89
50-54	\$411.95	\$411.95	\$390.34	\$390.34
55-59	\$550.13	\$550.13	\$521.31	\$521.31
60-64	\$718.76	\$718.76	\$681.10	\$681.10
65-69	\$898.45	\$898.45	\$851.38	\$851.38
Individual and Child				
00-24	\$152.49	\$191.51	\$144.50	\$181.46
25-29	\$167.65	\$223.28	\$158.88	\$211.58
30-34	\$178.24	\$247.10	\$168.92	\$234.17
35-39	\$198.21	\$280.15	\$187.82	\$265.46
40-44	\$221.46	\$309.20	\$209.85	\$292.98
45-49	\$247.99	\$317.85	\$235.02	\$301.18
50-54	\$279.64	\$321.45	\$264.99	\$304.61
55-59	\$372.76	\$383.02	\$353.20	\$362.93
60-64	\$492.08	\$452.45	\$466.28	\$428.74
65-69	\$615.07	\$565.58	\$582.86	\$535.93
Individual, Spouse, and Child				
00-24	\$240.45	\$240.45	\$227.85	\$227.85
25-29	\$283.43	\$283.43	\$268.57	\$268.57
30-34	\$314.91	\$314.91	\$298.39	\$298.39
35-39	\$363.38	\$363.38	\$344.34	\$344.34
40-44	\$411.24	\$411.24	\$389.69	\$389.69
45-49	\$464.66	\$464.66	\$440.31	\$440.31
50-54	\$543.67	\$543.67	\$515.19	\$515.19
55-59	\$702.08	\$702.08	\$665.28	\$665.28
60-64	\$895.42	\$895.42	\$848.49	\$848.49
65-69	\$1,119.28	\$1,119.28	\$1,060.62	\$1,060.62

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Blue Solutions PPO 17-238 9/04

Optional Riders

Maternity Rider

Deductible	Rate
\$750	\$270.24
\$1,500	\$237.24
\$3,000	\$224.19
\$5,000	\$214.48

TMJ

Individual	\$4.82
Individual and Spouse	\$9.63
Individual and Child	\$11.56
Individual, Spouse, Children	\$19.25

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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
Individual		
0-1	\$251.49	\$251.49
2-12	\$84.63	\$84.63
13-17	\$84.63	\$131.00
18-24	\$84.63	\$131.00
25-29	\$102.70	\$168.70
30-34	\$115.24	\$197.04
35-39	\$138.93	\$236.28
40-44	\$166.57	\$270.71
45-49	\$221.48	\$311.93
50-54	\$296.69	\$355.89
55-59	\$428.57	\$443.13
60-64	\$597.61	\$541.50
65-69	\$747.02	\$676.93
Individual and Spouse		
00-24	\$202.98	\$202.98
25-29	\$255.45	\$255.45
30-34	\$293.95	\$293.95
35-39	\$353.18	\$353.18
40-44	\$411.60	\$411.60
45-49	\$485.22	\$485.22
50-54	\$605.36	\$605.36
55-59	\$808.48	\$808.48
60-64	\$1,056.25	\$1,056.25
65-69	\$1,320.29	\$1,320.29
Individual and Child		
00-24	\$224.05	\$281.41
25-29	\$246.35	\$328.08
30-34	\$261.94	\$363.10
35-39	\$291.21	\$411.68
40-44	\$325.41	\$454.30
45-49	\$364.44	\$467.05
50-54	\$410.94	\$472.34
55-59	\$547.75	\$562.82
60-64	\$723.09	\$664.88
65-69	\$903.85	\$831.12
Individual, Spouse, and Child		
00-24	\$353.36	\$353.36
25-29	\$416.54	\$416.54
30-34	\$462.81	\$462.81
35-39	\$534.02	\$534.02
40-44	\$604.35	\$604.35
45-49	\$682.81	\$682.81
50-54	\$798.93	\$798.93
55-59	\$1,031.72	\$1,031.72
60-64	\$1,315.80	\$1,315.80
65-69	\$1,644.80	\$1,644.80

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

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	\$229.93	\$229.93	\$224.26	\$224.26
2-12	\$77.40	\$77.40	\$75.48	\$75.48
13-17	\$77.40	\$119.78	\$75.48	\$116.83
18-24	\$77.40	\$119.78	\$75.48	\$116.83
25-29	\$93.90	\$154.25	\$91.58	\$150.44
30-34	\$105.38	\$180.15	\$102.76	\$175.69
35-39	\$127.02	\$216.04	\$123.89	\$210.70
40-44	\$152.28	\$247.51	\$148.54	\$241.41
45-49	\$202.49	\$285.19	\$197.50	\$278.15
50-54	\$271.26	\$325.37	\$264.55	\$317.34
55-59	\$391.85	\$405.15	\$382.16	\$395.15
60-64	\$546.40	\$495.10	\$532.89	\$482.86
65-69	\$683.02	\$618.91	\$666.13	\$603.61
Individual and Spouse				
00-24	\$185.57	\$185.57	\$180.99	\$180.99
25-29	\$233.56	\$233.56	\$227.80	\$227.80
30-34	\$268.75	\$268.75	\$262.11	\$262.11
35-39	\$322.92	\$322.92	\$314.93	\$314.93
40-44	\$376.31	\$376.31	\$367.02	\$367.02
45-49	\$443.65	\$443.65	\$432.68	\$432.68
50-54	\$553.48	\$553.48	\$539.80	\$539.80
55-59	\$739.17	\$739.17	\$720.91	\$720.91
60-64	\$965.73	\$965.73	\$941.86	\$941.86
65-69	\$1,207.13	\$1,207.13	\$1,177.30	\$1,177.30
Individual and Child				
00-24	\$204.84	\$257.29	\$199.78	\$250.93
25-29	\$225.22	\$299.97	\$219.67	\$292.57
30-34	\$239.47	\$332.00	\$233.54	\$323.79
35-39	\$266.28	\$376.42	\$259.68	\$367.11
40-44	\$297.53	\$415.36	\$290.16	\$405.11
45-49	\$333.21	\$427.03	\$324.98	\$416.48
50-54	\$375.71	\$431.87	\$366.44	\$421.20
55-59	\$500.81	\$514.59	\$488.42	\$501.86
60-64	\$661.13	\$607.90	\$644.78	\$592.88
65-69	\$826.38	\$759.88	\$805.96	\$741.12
Individual, Spouse, and Child				
00-24	\$323.09	\$323.09	\$315.09	\$315.09
25-29	\$380.84	\$380.84	\$371.42	\$371.42
30-34	\$423.15	\$423.15	\$412.68	\$412.68
35-39	\$488.27	\$488.27	\$476.21	\$476.21
40-44	\$552.57	\$552.57	\$538.90	\$538.90
45-49	\$624.29	\$624.29	\$608.87	\$608.87
50-54	\$730.47	\$730.47	\$712.42	\$712.42
55-59	\$943.30	\$943.30	\$919.99	\$919.99
60-64	\$1,203.05	\$1,203.05	\$1,173.31	\$1,173.31
65-69	\$1,503.84	\$1,503.84	\$1,466.68	\$1,466.68

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$182.75	\$182.75	\$199.72	\$199.72
2-12	\$61.51	\$61.51	\$67.21	\$67.21
13-17	\$61.51	\$95.21	\$67.21	\$104.04
18-24	\$61.51	\$95.21	\$67.21	\$104.04
25-29	\$74.62	\$122.60	\$81.54	\$133.96
30-34	\$83.77	\$143.18	\$91.52	\$156.47
35-39	\$100.95	\$171.71	\$110.33	\$187.63
40-44	\$121.03	\$196.72	\$132.28	\$214.99
45-49	\$160.94	\$226.67	\$175.87	\$247.70
50-54	\$215.59	\$258.61	\$235.61	\$282.61
55-59	\$311.44	\$322.03	\$340.35	\$351.90
60-64	\$434.29	\$393.51	\$474.58	\$430.02
65-69	\$542.86	\$491.90	\$593.23	\$537.56
Individual and Spouse				
00-24	\$147.51	\$147.51	\$161.19	\$161.19
25-29	\$185.65	\$185.65	\$202.86	\$202.86
30-34	\$213.60	\$213.60	\$233.42	\$233.42
35-39	\$256.67	\$256.67	\$280.46	\$280.46
40-44	\$299.10	\$299.10	\$326.83	\$326.83
45-49	\$352.59	\$352.59	\$385.33	\$385.33
50-54	\$439.91	\$439.91	\$480.73	\$480.73
55-59	\$587.50	\$587.50	\$642.02	\$642.02
60-64	\$767.57	\$767.57	\$838.78	\$838.78
65-69	\$959.43	\$959.43	\$1,048.47	\$1,048.47
Individual and Child				
00-24	\$162.80	\$204.50	\$177.92	\$223.48
25-29	\$179.03	\$238.41	\$195.62	\$260.54
30-34	\$190.34	\$263.86	\$207.98	\$288.35
35-39	\$211.62	\$299.17	\$231.27	\$326.93
40-44	\$236.47	\$330.14	\$258.40	\$360.76
45-49	\$264.83	\$339.40	\$289.40	\$370.89
50-54	\$298.62	\$343.25	\$326.33	\$375.10
55-59	\$398.04	\$408.98	\$434.96	\$446.93
60-64	\$525.46	\$483.15	\$574.22	\$528.00
65-69	\$656.81	\$603.97	\$717.76	\$660.00
Individual, Spouse, and Child				
00-24	\$256.78	\$256.78	\$280.62	\$280.62
25-29	\$302.70	\$302.70	\$330.77	\$330.77
30-34	\$336.32	\$336.32	\$367.52	\$367.52
35-39	\$388.08	\$388.08	\$424.08	\$424.08
40-44	\$439.18	\$439.18	\$479.91	\$479.91
45-49	\$496.20	\$496.20	\$542.24	\$542.24
50-54	\$580.57	\$580.57	\$634.46	\$634.46
55-59	\$749.73	\$749.73	\$819.31	\$819.31
60-64	\$956.18	\$956.18	\$1,044.90	\$1,044.90
65-69	\$1,195.25	\$1,195.25	\$1,306.17	\$1,306.17

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

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	\$146.07	\$146.07	\$120.33	\$120.33
2-12	\$49.17	\$49.17	\$40.49	\$40.49
13-17	\$49.17	\$76.08	\$40.49	\$62.67
18-24	\$49.17	\$76.08	\$40.49	\$62.67
25-29	\$59.64	\$97.99	\$49.14	\$80.72
30-34	\$66.93	\$114.43	\$55.14	\$94.29
35-39	\$80.69	\$137.22	\$66.47	\$113.06
40-44	\$96.73	\$157.23	\$79.69	\$129.54
45-49	\$128.63	\$181.15	\$105.97	\$149.26
50-54	\$172.32	\$206.68	\$141.96	\$170.29
55-59	\$248.91	\$257.35	\$205.05	\$212.05
60-64	\$347.08	\$314.48	\$285.94	\$259.11
65-69	\$433.84	\$393.14	\$357.43	\$323.89
Individual and Spouse				
00-24	\$117.88	\$117.88	\$97.12	\$97.12
25-29	\$148.37	\$148.37	\$122.24	\$122.24
30-34	\$170.72	\$170.72	\$140.64	\$140.64
35-39	\$205.13	\$205.13	\$168.98	\$168.98
40-44	\$239.02	\$239.02	\$196.94	\$196.94
45-49	\$281.79	\$281.79	\$232.17	\$232.17
50-54	\$351.57	\$351.57	\$289.65	\$289.65
55-59	\$469.53	\$469.53	\$386.85	\$386.85
60-64	\$613.43	\$613.43	\$505.41	\$505.41
65-69	\$766.77	\$766.77	\$631.73	\$631.73
Individual and Child				
00-24	\$130.11	\$163.43	\$107.20	\$134.65
25-29	\$143.07	\$190.54	\$117.87	\$156.98
30-34	\$152.11	\$210.87	\$125.33	\$173.75
35-39	\$169.12	\$239.10	\$139.35	\$196.99
40-44	\$189.00	\$263.83	\$155.71	\$217.37
45-49	\$211.63	\$271.25	\$174.37	\$223.49
50-54	\$238.65	\$274.31	\$196.63	\$226.01
55-59	\$318.10	\$326.86	\$262.09	\$269.30
60-64	\$419.94	\$386.13	\$345.98	\$318.12
65-69	\$524.91	\$482.67	\$432.48	\$397.67
Individual, Spouse, and Child				
00-24	\$205.21	\$205.21	\$169.08	\$169.08
25-29	\$241.91	\$241.91	\$199.31	\$199.31
30-34	\$268.77	\$268.77	\$221.44	\$221.44
35-39	\$310.13	\$310.13	\$255.53	\$255.53
40-44	\$350.99	\$350.99	\$289.16	\$289.16
45-49	\$396.55	\$396.55	\$326.72	\$326.72
50-54	\$463.97	\$463.97	\$382.28	\$382.28
55-59	\$599.17	\$599.17	\$493.66	\$493.66
60-64	\$764.18	\$764.18	\$629.60	\$629.60
65-69	\$955.24	\$955.24	\$787.01	\$787.01

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

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	\$113.82	\$113.82	\$79.39	\$79.39
2-12	\$38.30	\$38.30	\$26.70	\$26.70
13-17	\$38.30	\$59.30	\$26.70	\$41.35
18-24	\$38.30	\$59.30	\$26.70	\$41.35
25-29	\$46.48	\$76.35	\$32.41	\$53.23
30-34	\$52.16	\$89.16	\$36.37	\$62.18
35-39	\$62.88	\$106.92	\$43.84	\$74.58
40-44	\$75.37	\$122.51	\$52.57	\$85.45
45-49	\$100.23	\$141.17	\$69.90	\$98.46
50-54	\$134.27	\$161.07	\$93.65	\$112.33
55-59	\$193.95	\$200.55	\$135.26	\$139.85
60-64	\$270.46	\$245.06	\$188.63	\$170.91
65-69	\$338.07	\$306.34	\$235.78	\$213.66
Individual and Spouse				
00-24	\$91.86	\$91.86	\$64.07	\$64.07
25-29	\$115.61	\$115.61	\$80.63	\$80.63
30-34	\$133.03	\$133.03	\$92.77	\$92.77
35-39	\$159.84	\$159.84	\$111.47	\$111.47
40-44	\$186.26	\$186.26	\$129.92	\$129.92
45-49	\$219.59	\$219.59	\$153.15	\$153.15
50-54	\$273.97	\$273.97	\$191.06	\$191.06
55-59	\$365.89	\$365.89	\$255.16	\$255.16
60-64	\$478.03	\$478.03	\$333.39	\$333.39
65-69	\$597.51	\$597.51	\$416.72	\$416.72
Individual and Child				
00-24	\$101.39	\$127.36	\$70.72	\$88.83
25-29	\$111.48	\$148.48	\$77.76	\$103.56
30-34	\$118.53	\$164.33	\$82.67	\$114.61
35-39	\$131.78	\$186.33	\$91.91	\$129.95
40-44	\$147.27	\$205.59	\$102.71	\$143.38
45-49	\$164.92	\$211.37	\$115.02	\$147.41
50-54	\$185.97	\$213.77	\$129.70	\$149.08
55-59	\$247.88	\$254.70	\$172.88	\$177.63
60-64	\$327.24	\$300.92	\$228.22	\$209.85
65-69	\$409.06	\$376.13	\$285.27	\$262.32
Individual, Spouse, and Child				
00-24	\$159.91	\$159.91	\$111.52	\$111.52
25-29	\$188.50	\$188.50	\$131.47	\$131.47
30-34	\$209.43	\$209.43	\$146.08	\$146.08
35-39	\$241.68	\$241.68	\$168.55	\$168.55
40-44	\$273.49	\$273.49	\$190.74	\$190.74
45-49	\$309.01	\$309.01	\$215.53	\$215.53
50-54	\$361.56	\$361.56	\$252.17	\$252.17
55-59	\$466.90	\$466.90	\$325.63	\$325.63
60-64	\$595.49	\$595.49	\$415.31	\$415.31
65-69	\$744.38	\$744.38	\$519.15	\$519.15

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013

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	\$93.06	\$93.06	\$54.32	\$54.32
2-12	\$31.33	\$31.33	\$18.29	\$18.29
13-17	\$31.33	\$48.47	\$18.29	\$28.30
18-24	\$31.33	\$48.47	\$18.29	\$28.30
25-29	\$37.98	\$62.42	\$22.17	\$36.44
30-34	\$42.65	\$72.92	\$24.89	\$42.56
35-39	\$51.40	\$87.43	\$30.00	\$51.02
40-44	\$61.64	\$100.18	\$35.98	\$58.46
45-49	\$81.94	\$115.42	\$47.83	\$67.37
50-54	\$109.78	\$131.69	\$64.07	\$76.87
55-59	\$158.57	\$163.96	\$92.56	\$95.71
60-64	\$221.13	\$200.35	\$129.06	\$116.96
65-69	\$276.40	\$250.45	\$161.33	\$146.20
Individual and Spouse				
00-24	\$75.11	\$75.11	\$43.84	\$43.84
25-29	\$94.53	\$94.53	\$55.19	\$55.19
30-34	\$108.76	\$108.76	\$63.48	\$63.48
35-39	\$130.68	\$130.68	\$76.28	\$76.28
40-44	\$152.28	\$152.28	\$88.89	\$88.89
45-49	\$179.54	\$179.54	\$104.80	\$104.80
50-54	\$224.00	\$224.00	\$130.74	\$130.74
55-59	\$299.14	\$299.14	\$174.60	\$174.60
60-64	\$390.82	\$390.82	\$228.12	\$228.12
65-69	\$488.53	\$488.53	\$285.15	\$285.15
Individual and Child				
00-24	\$82.90	\$104.12	\$48.39	\$60.77
25-29	\$91.14	\$121.38	\$53.20	\$70.86
30-34	\$96.91	\$134.34	\$56.57	\$78.42
35-39	\$107.76	\$152.35	\$62.90	\$88.92
40-44	\$120.42	\$168.10	\$70.27	\$98.13
45-49	\$134.83	\$172.80	\$78.70	\$100.86
50-54	\$152.05	\$174.78	\$88.74	\$102.00
55-59	\$202.67	\$208.25	\$118.29	\$121.54
60-64	\$267.56	\$246.02	\$156.18	\$143.59
65-69	\$334.43	\$307.53	\$195.20	\$179.50
Individual, Spouse, and Child				
00-24	\$130.75	\$130.75	\$76.31	\$76.31
25-29	\$154.14	\$154.14	\$89.96	\$89.96
30-34	\$171.24	\$171.24	\$99.95	\$99.95
35-39	\$197.60	\$197.60	\$115.33	\$115.33
40-44	\$223.61	\$223.61	\$130.51	\$130.51
45-49	\$252.65	\$252.65	\$147.47	\$147.47
50-54	\$295.60	\$295.60	\$172.54	\$172.54
55-59	\$381.75	\$381.75	\$222.83	\$222.83
60-64	\$486.85	\$486.85	\$284.16	\$284.16
65-69	\$608.59	\$608.59	\$355.22	\$355.22

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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	\$239.63	\$239.63	\$233.23	\$233.23
2-12	\$80.65	\$80.65	\$78.50	\$78.50
13-17	\$80.65	\$124.82	\$78.50	\$121.49
18-24	\$80.65	\$124.82	\$78.50	\$121.49
25-29	\$97.85	\$160.74	\$95.23	\$156.44
30-34	\$109.81	\$187.74	\$106.87	\$182.72
35-39	\$132.37	\$225.13	\$128.83	\$219.12
40-44	\$158.70	\$257.94	\$154.46	\$251.05
45-49	\$211.02	\$297.20	\$205.39	\$289.26
50-54	\$282.69	\$339.08	\$275.11	\$330.01
55-59	\$408.35	\$422.21	\$397.43	\$410.92
60-64	\$569.40	\$515.95	\$554.17	\$502.15
65-69	\$711.77	\$644.97	\$692.72	\$627.73
Individual and Spouse				
00-24	\$193.40	\$193.40	\$188.22	\$188.22
25-29	\$243.40	\$243.40	\$236.89	\$236.89
30-34	\$280.07	\$280.07	\$272.58	\$272.58
35-39	\$336.50	\$336.50	\$327.51	\$327.51
40-44	\$392.15	\$392.15	\$381.68	\$381.68
45-49	\$462.31	\$462.31	\$449.96	\$449.96
50-54	\$576.78	\$576.78	\$561.35	\$561.35
55-59	\$770.31	\$770.31	\$749.70	\$749.70
60-64	\$1,006.39	\$1,006.39	\$979.48	\$979.48
65-69	\$1,257.98	\$1,257.98	\$1,224.32	\$1,224.32
Individual and Child				
00-24	\$213.47	\$268.13	\$207.76	\$260.95
25-29	\$234.73	\$312.59	\$228.45	\$304.24
30-34	\$249.54	\$345.97	\$242.89	\$336.71
35-39	\$277.48	\$392.26	\$270.05	\$381.76
40-44	\$310.04	\$432.86	\$301.75	\$421.28
45-49	\$347.23	\$445.01	\$337.94	\$433.12
50-54	\$391.54	\$450.06	\$381.05	\$438.01
55-59	\$521.87	\$536.24	\$507.92	\$521.91
60-64	\$688.95	\$633.50	\$670.53	\$616.56
65-69	\$861.18	\$791.88	\$838.16	\$770.70
Individual, Spouse, and Child				
00-24	\$336.69	\$336.69	\$327.68	\$327.68
25-29	\$396.86	\$396.86	\$386.27	\$386.27
30-34	\$440.96	\$440.96	\$429.16	\$429.16
35-39	\$508.81	\$508.81	\$495.23	\$495.23
40-44	\$575.82	\$575.82	\$560.42	\$560.42
45-49	\$650.60	\$650.60	\$633.19	\$633.19
50-54	\$761.22	\$761.22	\$740.85	\$740.85
55-59	\$983.01	\$983.01	\$956.73	\$956.73
60-64	\$1,253.71	\$1,253.71	\$1,220.17	\$1,220.17
65-69	\$1,567.15	\$1,567.15	\$1,525.25	\$1,525.25

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$218.07	\$218.07	\$212.39	\$212.39
2-12	\$73.40	\$73.40	\$71.49	\$71.49
13-17	\$73.40	\$113.59	\$71.49	\$110.63
18-24	\$73.40	\$113.59	\$71.49	\$110.63
25-29	\$89.05	\$146.26	\$86.73	\$142.47
30-34	\$99.94	\$170.85	\$97.32	\$166.38
35-39	\$120.46	\$204.88	\$117.32	\$199.55
40-44	\$144.43	\$234.74	\$140.66	\$228.61
45-49	\$192.06	\$270.47	\$187.03	\$263.42
50-54	\$257.26	\$308.58	\$250.55	\$300.53
55-59	\$371.62	\$384.23	\$361.93	\$374.23
60-64	\$518.18	\$469.54	\$504.68	\$457.30
65-69	\$647.73	\$586.96	\$630.87	\$571.66
Individual and Spouse				
00-24	\$176.00	\$176.00	\$171.41	\$171.41
25-29	\$221.51	\$221.51	\$215.72	\$215.72
30-34	\$254.88	\$254.88	\$248.24	\$248.24
35-39	\$306.24	\$306.24	\$298.25	\$298.25
40-44	\$356.87	\$356.87	\$347.58	\$347.58
45-49	\$420.73	\$420.73	\$409.75	\$409.75
50-54	\$524.90	\$524.90	\$511.23	\$511.23
55-59	\$701.02	\$701.02	\$682.74	\$682.74
60-64	\$915.86	\$915.86	\$891.99	\$891.99
65-69	\$1,144.82	\$1,144.82	\$1,114.98	\$1,114.98
Individual and Child				
00-24	\$194.27	\$244.01	\$189.20	\$237.65
25-29	\$213.60	\$284.48	\$208.04	\$277.07
30-34	\$227.11	\$314.85	\$221.18	\$306.65
35-39	\$252.51	\$356.96	\$245.94	\$347.68
40-44	\$282.16	\$393.92	\$274.81	\$383.66
45-49	\$315.99	\$404.99	\$307.75	\$394.43
50-54	\$356.31	\$409.56	\$347.03	\$398.90
55-59	\$474.94	\$488.02	\$462.55	\$475.31
60-64	\$626.98	\$576.50	\$610.64	\$561.50
65-69	\$783.72	\$720.65	\$763.30	\$701.86
Individual, Spouse, and Child				
00-24	\$306.40	\$306.40	\$298.40	\$298.40
25-29	\$361.18	\$361.18	\$351.77	\$351.77
30-34	\$401.30	\$401.30	\$390.83	\$390.83
35-39	\$463.05	\$463.05	\$450.99	\$450.99
40-44	\$524.02	\$524.02	\$510.36	\$510.36
45-49	\$592.06	\$592.06	\$576.63	\$576.63
50-54	\$692.73	\$692.73	\$674.70	\$674.70
55-59	\$894.60	\$894.60	\$871.28	\$871.28
60-64	\$1,140.94	\$1,140.94	\$1,111.21	\$1,111.21
65-69	\$1,426.19	\$1,426.19	\$1,389.01	\$1,389.01

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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	\$170.88	\$170.88	\$187.85	\$187.85
2-12	\$57.52	\$57.52	\$63.21	\$63.21
13-17	\$57.52	\$89.03	\$63.21	\$97.85
18-24	\$57.52	\$89.03	\$63.21	\$97.85
25-29	\$69.79	\$114.62	\$76.72	\$126.00
30-34	\$78.31	\$133.89	\$86.07	\$147.15
35-39	\$94.40	\$160.56	\$103.77	\$176.48
40-44	\$113.17	\$183.95	\$124.41	\$202.20
45-49	\$150.48	\$211.95	\$165.42	\$232.98
50-54	\$201.59	\$241.81	\$221.59	\$265.80
55-59	\$291.20	\$301.10	\$320.10	\$330.98
60-64	\$406.07	\$367.94	\$446.36	\$404.45
65-69	\$507.59	\$459.95	\$557.96	\$505.60
Individual and Spouse				
00-24	\$137.91	\$137.91	\$151.61	\$151.61
25-29	\$173.58	\$173.58	\$190.81	\$190.81
30-34	\$199.73	\$199.73	\$219.55	\$219.55
35-39	\$239.99	\$239.99	\$263.78	\$263.78
40-44	\$279.65	\$279.65	\$307.42	\$307.42
45-49	\$329.70	\$329.70	\$362.42	\$362.42
50-54	\$411.33	\$411.33	\$452.15	\$452.15
55-59	\$549.34	\$549.34	\$603.86	\$603.86
60-64	\$717.71	\$717.71	\$788.92	\$788.92
65-69	\$897.11	\$897.11	\$986.14	\$986.14
Individual and Child				
00-24	\$152.24	\$191.22	\$167.34	\$210.19
25-29	\$167.39	\$222.94	\$184.00	\$245.05
30-34	\$177.97	\$246.72	\$195.62	\$271.21
35-39	\$197.88	\$279.74	\$217.51	\$307.49
40-44	\$221.10	\$308.69	\$243.06	\$339.33
45-49	\$247.62	\$317.35	\$272.21	\$348.86
50-54	\$279.23	\$320.95	\$306.93	\$352.81
55-59	\$372.18	\$382.43	\$409.11	\$420.38
60-64	\$491.32	\$451.77	\$540.08	\$496.60
65-69	\$614.14	\$564.72	\$675.09	\$620.75
Individual, Spouse, and Child				
00-24	\$240.11	\$240.11	\$263.93	\$263.93
25-29	\$283.02	\$283.02	\$311.12	\$311.12
30-34	\$314.47	\$314.47	\$345.67	\$345.67
35-39	\$362.86	\$362.86	\$398.87	\$398.87
40-44	\$410.63	\$410.63	\$451.39	\$451.39
45-49	\$463.95	\$463.95	\$509.99	\$509.99
50-54	\$542.86	\$542.86	\$596.72	\$596.72
55-59	\$701.03	\$701.03	\$770.60	\$770.60
60-64	\$894.06	\$894.06	\$982.80	\$982.80
65-69	\$1,117.61	\$1,117.61	\$1,228.52	\$1,228.52

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

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	\$134.20	\$134.20	\$111.14	\$111.14
2-12	\$45.16	\$45.16	\$37.40	\$37.40
13-17	\$45.16	\$69.89	\$37.40	\$57.90
18-24	\$45.16	\$69.89	\$37.40	\$57.90
25-29	\$54.80	\$90.00	\$45.38	\$74.57
30-34	\$61.50	\$105.11	\$50.94	\$87.07
35-39	\$74.13	\$126.07	\$61.39	\$104.43
40-44	\$88.86	\$144.44	\$73.61	\$119.64
45-49	\$118.16	\$166.43	\$97.88	\$137.86
50-54	\$158.29	\$189.89	\$131.12	\$157.28
55-59	\$228.66	\$236.44	\$189.41	\$195.83
60-64	\$318.85	\$288.92	\$264.11	\$239.31
65-69	\$398.57	\$361.18	\$330.15	\$299.16
Individual and Spouse				
00-24	\$108.30	\$108.30	\$89.70	\$89.70
25-29	\$136.31	\$136.31	\$112.89	\$112.89
30-34	\$156.83	\$156.83	\$129.92	\$129.92
35-39	\$188.44	\$188.44	\$156.08	\$156.08
40-44	\$219.59	\$219.59	\$181.89	\$181.89
45-49	\$258.89	\$258.89	\$214.43	\$214.43
50-54	\$322.98	\$322.98	\$267.52	\$267.52
55-59	\$431.37	\$431.37	\$357.29	\$357.29
60-64	\$563.56	\$563.56	\$466.80	\$466.80
65-69	\$704.44	\$704.44	\$583.49	\$583.49
Individual and Child				
00-24	\$119.55	\$150.16	\$99.03	\$124.36
25-29	\$131.45	\$175.05	\$108.88	\$144.98
30-34	\$139.74	\$193.74	\$115.75	\$160.46
35-39	\$155.37	\$219.67	\$128.70	\$181.95
40-44	\$173.63	\$242.38	\$143.81	\$200.78
45-49	\$194.44	\$249.19	\$161.07	\$206.42
50-54	\$219.25	\$252.01	\$181.60	\$208.76
55-59	\$292.24	\$300.28	\$242.07	\$248.73
60-64	\$385.79	\$354.74	\$319.55	\$293.84
65-69	\$482.25	\$443.44	\$399.45	\$367.28
Individual, Spouse, and Child				
00-24	\$188.54	\$188.54	\$156.18	\$156.18
25-29	\$222.25	\$222.25	\$184.08	\$184.08
30-34	\$246.93	\$246.93	\$204.52	\$204.52
35-39	\$284.92	\$284.92	\$236.02	\$236.02
40-44	\$322.44	\$322.44	\$267.09	\$267.09
45-49	\$364.32	\$364.32	\$301.76	\$301.76
50-54	\$426.27	\$426.27	\$353.08	\$353.08
55-59	\$550.47	\$550.47	\$455.97	\$455.97
60-64	\$702.04	\$702.04	\$581.49	\$581.49
65-69	\$877.59	\$877.59	\$726.90	\$726.90

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$101.96	\$101.96	\$70.20	\$70.20
2-12	\$34.31	\$34.31	\$23.62	\$23.62
13-17	\$34.31	\$53.10	\$23.62	\$36.54
18-24	\$34.31	\$53.10	\$23.62	\$36.54
25-29	\$41.63	\$68.39	\$28.67	\$47.07
30-34	\$46.73	\$79.87	\$32.17	\$54.99
35-39	\$56.31	\$95.78	\$38.78	\$65.96
40-44	\$67.52	\$109.73	\$46.48	\$75.53
45-49	\$89.77	\$126.45	\$61.82	\$87.05
50-54	\$120.26	\$144.26	\$82.80	\$99.31
55-59	\$173.74	\$179.63	\$119.59	\$123.68
60-64	\$242.24	\$219.51	\$166.78	\$151.12
65-69	\$302.81	\$274.38	\$208.49	\$188.91
Individual and Spouse				
00-24	\$82.26	\$82.26	\$56.65	\$56.65
25-29	\$103.56	\$103.56	\$71.28	\$71.28
30-34	\$119.15	\$119.15	\$82.03	\$82.03
35-39	\$143.16	\$143.16	\$98.57	\$98.57
40-44	\$166.85	\$166.85	\$114.86	\$114.86
45-49	\$196.68	\$196.68	\$135.42	\$135.42
50-54	\$245.38	\$245.38	\$168.94	\$168.94
55-59	\$327.71	\$327.71	\$225.64	\$225.64
60-64	\$428.17	\$428.17	\$294.78	\$294.78
65-69	\$535.19	\$535.19	\$368.48	\$368.48
Individual and Child				
00-24	\$90.83	\$114.07	\$62.53	\$78.54
25-29	\$99.84	\$133.00	\$68.75	\$91.56
30-34	\$106.15	\$147.19	\$73.09	\$101.35
35-39	\$118.06	\$166.89	\$81.27	\$114.89
40-44	\$131.90	\$184.16	\$90.83	\$126.79
45-49	\$147.72	\$189.32	\$101.72	\$130.33
50-54	\$166.58	\$191.47	\$114.69	\$131.84
55-59	\$222.04	\$228.13	\$152.87	\$157.08
60-64	\$293.11	\$269.50	\$201.80	\$185.56
65-69	\$366.37	\$336.90	\$252.23	\$231.94
Individual, Spouse, and Child				
00-24	\$143.26	\$143.26	\$98.60	\$98.60
25-29	\$168.84	\$168.84	\$116.25	\$116.25
30-34	\$187.60	\$187.60	\$129.16	\$129.16
35-39	\$216.47	\$216.47	\$149.03	\$149.03
40-44	\$244.96	\$244.96	\$168.66	\$168.66
45-49	\$276.79	\$276.79	\$190.56	\$190.56
50-54	\$323.84	\$323.84	\$222.97	\$222.97
55-59	\$418.21	\$418.21	\$287.94	\$287.94
60-64	\$533.38	\$533.38	\$367.22	\$367.22
65-69	\$666.73	\$666.73	\$459.04	\$459.04

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**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	\$81.18	\$81.18	\$45.13	\$45.13
2-12	\$27.32	\$27.32	\$15.19	\$15.19
13-17	\$27.32	\$42.29	\$15.19	\$23.50
18-24	\$27.32	\$42.29	\$15.19	\$23.50
25-29	\$33.15	\$54.46	\$18.44	\$30.27
30-34	\$37.20	\$63.61	\$20.68	\$35.36
35-39	\$44.84	\$76.28	\$24.91	\$42.39
40-44	\$53.77	\$87.39	\$29.89	\$48.59
45-49	\$71.49	\$100.70	\$39.74	\$55.97
50-54	\$95.78	\$114.87	\$53.22	\$63.85
55-59	\$138.36	\$143.04	\$76.90	\$79.51
60-64	\$192.90	\$174.80	\$107.23	\$97.16
65-69	\$241.15	\$218.50	\$134.04	\$121.46
Individual and Spouse				
00-24	\$65.52	\$65.52	\$36.42	\$36.42
25-29	\$82.48	\$82.48	\$45.84	\$45.84
30-34	\$94.89	\$94.89	\$52.75	\$52.75
35-39	\$114.01	\$114.01	\$63.35	\$63.35
40-44	\$132.86	\$132.86	\$73.84	\$73.84
45-49	\$156.63	\$156.63	\$87.06	\$87.06
50-54	\$195.42	\$195.42	\$108.63	\$108.63
55-59	\$260.96	\$260.96	\$145.07	\$145.07
60-64	\$340.95	\$340.95	\$189.53	\$189.53
65-69	\$426.19	\$426.19	\$236.89	\$236.89
Individual and Child				
00-24	\$72.33	\$90.85	\$40.21	\$50.50
25-29	\$79.53	\$105.91	\$44.21	\$58.86
30-34	\$84.55	\$117.21	\$47.01	\$65.14
35-39	\$93.99	\$132.89	\$52.26	\$73.86
40-44	\$105.05	\$146.65	\$58.40	\$81.50
45-49	\$117.64	\$150.77	\$65.37	\$83.81
50-54	\$132.65	\$152.48	\$73.72	\$84.74
55-59	\$176.82	\$181.69	\$98.28	\$100.98
60-64	\$233.40	\$214.64	\$129.73	\$119.30
65-69	\$291.76	\$268.29	\$162.17	\$149.13
Individual, Spouse, and Child				
00-24	\$114.06	\$114.06	\$63.40	\$63.40
25-29	\$134.46	\$134.46	\$74.73	\$74.73
30-34	\$149.38	\$149.38	\$83.04	\$83.04
35-39	\$172.38	\$172.38	\$95.82	\$95.82
40-44	\$195.07	\$195.07	\$108.44	\$108.44
45-49	\$220.41	\$220.41	\$122.51	\$122.51
50-54	\$257.89	\$257.89	\$143.33	\$143.33
55-59	\$333.06	\$333.06	\$185.10	\$185.10
60-64	\$424.75	\$424.75	\$236.08	\$236.08
65-69	\$530.94	\$530.94	\$295.12	\$295.12

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

BlueChoice
17-247 6/06

Optional Riders

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

80% In Network Coinsurance	\$217.82
100% In Network Coinsurance	\$237.12

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$500	\$500
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	159.84	159.84	35	113.84	72.73
1	159.84	159.84	36	116.88	75.59
2	51.43	51.43	37	119.74	78.54
3	51.43	51.43	38	123.15	82.32
4	51.43	51.43	39	126.56	86.09
5	51.43	51.43	40	129.97	89.87
6	51.43	51.43	41	133.39	93.65
7	51.43	51.43	42	144.90	97.52
8	51.43	51.43	43	149.60	103.42
9	51.43	51.43	44	154.40	109.23
10	51.43	51.43	45	159.19	115.04
11	51.43	51.43	46	163.99	120.93
12	51.43	51.43	47	168.60	126.84
13	56.50	51.43	48	175.50	135.32
14	56.50	51.43	49	182.42	143.89
15	56.50	51.43	50	189.24	152.37
16	59.18	51.43	51	196.16	160.85
17	61.85	51.43	52	203.16	169.33
18	63.15	52.08	53	211.64	181.50
19	64.43	52.08	54	220.21	199.47
20	64.43	52.08	55	228.69	218.18
21	66.92	52.08	56	237.18	237.64
22	69.42	52.08	57	245.66	258.01
23	71.90	52.08	58	256.35	276.99
24	76.51	52.08	59	266.95	296.26
25	83.14	54.11	60	277.64	315.81
26	84.99	56.42	61	288.24	335.71
27	86.83	57.06	62	298.74	355.72
28	88.67	57.80	63	314.88	378.12
29	90.52	58.53	64	330.92	400.61
30	96.42	59.18	65	379.32	467.89
31	100.48	60.93	66	379.32	467.89
32	104.53	64.34	67	379.32	467.89
33	107.66	67.20	68	379.32	467.89
34	110.71	69.96	69	379.32	467.89

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$1,000	\$1,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	141.24	141.24	35	100.59	64.27
1	141.24	141.24	36	103.28	66.79
2	45.45	45.45	37	105.80	69.39
3	45.45	45.45	38	108.81	72.73
4	45.45	45.45	39	111.83	76.07
5	45.45	45.45	40	114.84	79.41
6	45.45	45.45	41	117.86	82.76
7	45.45	45.45	42	128.04	86.17
8	45.45	45.45	43	132.19	91.39
9	45.45	45.45	44	136.43	96.51
10	45.45	45.45	45	140.66	101.65
11	45.45	45.45	46	144.90	106.86
12	45.45	45.45	47	148.97	112.07
13	49.93	45.45	48	155.08	119.57
14	49.93	45.45	49	161.19	127.14
15	49.93	45.45	50	167.21	134.64
16	52.29	45.45	51	173.32	142.13
17	54.65	45.45	52	179.51	149.62
18	55.79	46.02	53	187.01	160.37
19	56.93	46.02	54	194.58	176.25
20	56.93	46.02	55	202.08	192.79
21	59.13	46.02	56	209.56	209.97
22	61.33	46.02	57	217.06	227.98
23	63.53	46.02	58	226.51	244.76
24	67.60	46.02	59	235.87	261.77
25	73.47	47.81	60	245.33	279.05
26	75.09	49.85	61	254.69	296.64
27	76.73	50.42	62	263.98	314.31
28	78.35	51.07	63	278.23	334.10
29	79.98	51.72	64	292.40	353.97
30	85.19	52.29	65	335.16	413.43
31	88.78	53.83	66	335.16	413.43
32	92.36	56.85	67	335.16	413.43
33	95.13	59.38	68	335.16	413.43
34	97.82	61.82	69	335.16	413.43

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	123.03	123.03	35	87.62	55.98
1	123.03	123.03	36	89.97	58.18
2	39.59	39.59	37	92.17	60.44
3	39.59	39.59	38	94.79	63.35
4	39.59	39.59	39	97.41	66.26
5	39.59	39.59	40	100.04	69.17
6	39.59	39.59	41	102.66	72.08
7	39.59	39.59	42	111.53	75.07
8	39.59	39.59	43	115.16	79.61
9	39.59	39.59	44	118.85	84.07
10	39.59	39.59	45	122.54	88.54
11	39.59	39.59	46	126.23	93.09
12	39.59	39.59	47	129.77	97.62
13	43.49	39.59	48	135.09	104.16
14	43.49	39.59	49	140.41	110.76
15	43.49	39.59	50	145.66	117.28
16	45.55	39.59	51	150.99	123.81
17	47.61	39.59	52	156.38	130.33
18	48.60	40.09	53	162.90	139.70
19	49.60	40.09	54	169.50	153.53
20	49.60	40.09	55	176.03	167.94
21	51.51	40.09	56	182.55	182.92
22	53.43	40.09	57	189.09	198.60
23	55.34	40.09	58	197.31	213.21
24	58.89	40.09	59	205.47	228.03
25	64.00	41.65	60	213.70	243.08
26	65.42	43.43	61	221.86	258.40
27	66.84	43.92	62	229.95	273.80
28	68.25	44.49	63	242.37	291.04
29	69.67	45.05	64	254.71	308.35
30	74.21	45.55	65	291.96	360.14
31	77.33	46.90	66	291.96	360.14
32	80.46	49.52	67	291.96	360.14
33	82.87	51.73	68	291.96	360.14
34	85.22	53.86	69	291.96	360.14

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I

17-259 7-09, et al

	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	94.63	94.63	35	67.40	43.05
1	94.63	94.63	36	69.20	44.74
2	30.45	30.45	37	70.89	46.49
3	30.45	30.45	38	72.91	48.73
4	30.45	30.45	39	74.93	50.97
5	30.45	30.45	40	76.94	53.21
6	30.45	30.45	41	78.96	55.44
7	30.45	30.45	42	85.79	57.73
8	30.45	30.45	43	88.56	61.22
9	30.45	30.45	44	91.40	64.66
10	30.45	30.45	45	94.24	68.10
11	30.45	30.45	46	97.07	71.59
12	30.45	30.45	47	99.81	75.08
13	33.45	30.45	48	103.90	80.11
14	33.45	30.45	49	107.99	85.18
15	33.45	30.45	50	112.03	90.20
16	35.04	30.45	51	116.12	95.22
17	36.62	30.45	52	120.26	100.25
18	37.38	30.83	53	125.29	107.45
19	38.14	30.83	54	130.37	118.09
20	38.14	30.83	55	135.38	129.17
21	39.62	30.83	56	140.40	140.68
22	41.09	30.83	57	145.43	152.74
23	42.56	30.83	58	151.75	163.98
24	45.29	30.83	59	158.04	175.38
25	49.22	32.03	60	164.36	186.96
26	50.31	33.40	61	170.64	198.74
27	51.41	33.77	62	176.85	210.59
28	52.50	34.21	63	186.41	223.84
29	53.58	34.65	64	195.91	237.16
30	57.07	35.04	65	224.55	276.99
31	59.48	36.07	66	224.55	276.99
32	61.88	38.09	67	224.55	276.99
33	63.74	39.78	68	224.55	276.99
34	65.54	41.42	69	224.55	276.99

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$10,000	\$10,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	72.62	72.62	35	51.72	33.04
1	72.62	72.62	36	53.10	34.35
2	23.37	23.37	37	54.39	35.69
3	23.37	23.37	38	55.95	37.40
4	23.37	23.37	39	57.50	39.11
5	23.37	23.37	40	59.05	40.83
6	23.37	23.37	41	60.60	42.55
7	23.37	23.37	42	65.84	44.30
8	23.37	23.37	43	67.97	46.98
9	23.37	23.37	44	70.15	49.63
10	23.37	23.37	45	72.33	52.26
11	23.37	23.37	46	74.50	54.94
12	23.37	23.37	47	76.60	57.62
13	25.67	23.37	48	79.74	61.48
14	25.67	23.37	49	82.88	65.37
15	25.67	23.37	50	85.97	69.23
16	26.89	23.37	51	89.11	73.08
17	28.10	23.37	52	92.30	76.93
18	28.69	23.66	53	96.15	82.46
19	29.27	23.66	54	100.05	90.63
20	29.27	23.66	55	103.90	99.13
21	30.40	23.66	56	107.76	107.97
22	31.53	23.66	57	111.60	117.22
23	32.67	23.66	58	116.46	125.84
24	34.76	23.66	59	121.27	134.59
25	37.77	24.58	60	126.14	143.48
26	38.62	25.63	61	130.96	152.52
27	39.45	25.92	62	135.72	161.60
28	40.29	26.25	63	143.06	171.78
29	41.12	26.59	64	150.34	182.00
30	43.80	26.89	65	172.33	212.57
31	45.64	27.68	66	172.33	212.57
32	47.49	29.23	67	172.33	212.57
33	48.92	30.52	68	172.33	212.57
34	50.30	31.79	69	172.33	212.57

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$15,000	\$15,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	60.61	60.61	35	43.17	27.58
1	60.61	60.61	36	44.33	28.67
2	19.50	19.50	37	45.41	29.78
3	19.50	19.50	38	46.70	31.22
4	19.50	19.50	39	47.99	32.65
5	19.50	19.50	40	49.29	34.08
6	19.50	19.50	41	50.58	35.52
7	19.50	19.50	42	54.95	36.98
8	19.50	19.50	43	56.73	39.22
9	19.50	19.50	44	58.56	41.43
10	19.50	19.50	45	60.37	43.62
11	19.50	19.50	46	62.19	45.86
12	19.50	19.50	47	63.94	48.10
13	21.43	19.50	48	66.56	51.32
14	21.43	19.50	49	69.17	54.57
15	21.43	19.50	50	71.77	57.79
16	22.44	19.50	51	74.39	60.99
17	23.45	19.50	52	77.05	64.21
18	23.95	19.75	53	80.26	68.83
19	24.43	19.75	54	83.51	75.64
20	24.43	19.75	55	86.73	82.75
21	25.37	19.75	56	89.94	90.11
22	26.32	19.75	57	93.15	97.84
23	27.26	19.75	58	97.22	105.05
24	29.01	19.75	59	101.24	112.35
25	31.53	20.52	60	105.29	119.76
26	32.23	21.39	61	109.31	127.31
27	32.93	21.64	62	113.29	134.90
28	33.63	21.92	63	119.41	143.39
29	34.32	22.20	64	125.49	151.92
30	36.56	22.44	65	143.85	177.44
31	38.10	23.10	66	143.85	177.44
32	39.64	24.40	67	143.85	177.44
33	40.82	25.48	68	143.85	177.44
34	41.99	26.53	69	143.85	177.44

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$20,000	\$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	55.01	55.01	35	39.18	25.03
1	55.01	55.01	36	40.23	26.01
2	17.70	17.70	37	41.21	27.03
3	17.70	17.70	38	42.38	28.33
4	17.70	17.70	39	43.56	29.64
5	17.70	17.70	40	44.73	30.93
6	17.70	17.70	41	45.91	32.24
7	17.70	17.70	42	49.87	33.57
8	17.70	17.70	43	51.50	35.60
9	17.70	17.70	44	53.14	37.60
10	17.70	17.70	45	54.79	39.59
11	17.70	17.70	46	56.44	41.63
12	17.70	17.70	47	58.03	43.66
13	19.45	17.70	48	60.40	46.58
14	19.45	17.70	49	62.78	49.52
15	19.45	17.70	50	65.13	52.44
16	20.37	17.70	51	67.52	55.36
17	21.29	17.70	52	69.92	58.28
18	21.73	17.93	53	72.84	62.47
19	22.18	17.93	54	75.79	68.66
20	22.18	17.93	55	78.72	75.09
21	23.04	17.93	56	81.63	81.79
22	23.89	17.93	57	84.55	88.81
23	24.75	17.93	58	88.22	95.34
24	26.33	17.93	59	91.88	101.97
25	28.61	18.62	60	95.56	108.69
26	29.25	19.41	61	99.20	115.54
27	29.89	19.64	62	102.83	122.43
28	30.52	19.90	63	108.37	130.13
29	31.15	20.15	64	113.90	137.88
30	33.18	20.37	65	130.55	161.04
31	34.58	20.97	66	130.55	161.04
32	35.98	22.15	67	130.55	161.04
33	37.06	23.12	68	130.55	161.04
34	38.10	24.08	69	130.55	161.04

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**Comprehensive Blue PPO I
17-259 7-09, et al**

	In Network	Out of Network
Deductible	\$25,000	\$25,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	48.81	48.81	35	34.76	22.21
1	48.81	48.81	36	35.70	23.08
2	15.71	15.71	37	36.56	23.98
3	15.71	15.71	38	37.61	25.13
4	15.71	15.71	39	38.65	26.30
5	15.71	15.71	40	39.69	27.45
6	15.71	15.71	41	40.74	28.60
7	15.71	15.71	42	44.25	29.78
8	15.71	15.71	43	45.69	31.58
9	15.71	15.71	44	47.15	33.36
10	15.71	15.71	45	48.62	35.14
11	15.71	15.71	46	50.08	36.94
12	15.71	15.71	47	51.49	38.74
13	17.26	15.71	48	53.59	41.33
14	17.26	15.71	49	55.71	43.94
15	17.26	15.71	50	57.79	46.53
16	18.07	15.71	51	59.91	49.12
17	18.89	15.71	52	62.04	51.72
18	19.28	15.90	53	64.63	55.43
19	19.68	15.90	54	67.25	60.92
20	19.68	15.90	55	69.84	66.63
21	20.43	15.90	56	72.42	72.57
22	21.19	15.90	57	75.02	78.79
23	21.96	15.90	58	78.29	84.59
24	23.37	15.90	59	81.52	90.48
25	25.39	16.52	60	84.79	96.44
26	25.96	17.23	61	88.03	102.52
27	26.52	17.43	62	91.23	108.63
28	27.08	17.64	63	96.16	115.47
29	27.65	17.88	64	101.06	122.34
30	29.45	18.07	65	115.84	142.88
31	30.68	18.61	66	115.84	142.88
32	31.92	19.64	67	115.84	142.88
33	32.87	20.52	68	115.84	142.88
34	33.81	21.37	69	115.84	142.88

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$500	\$500
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	51.22	56.27	43	93.28	132.85
16	51.22	58.94	44	97.13	144.32
17	51.22	61.60	45	103.00	149.01
18	51.87	62.89	46	108.79	153.79
19	51.87	64.18	47	114.58	158.55
20	51.87	64.18	48	120.45	163.33
21	51.87	64.18	49	126.34	167.93
22	51.87	66.66	50	134.78	174.80
23	51.87	69.14	51	143.32	181.70
24	51.87	71.61	52	151.77	188.48
25	51.87	71.61	53	160.20	195.38
26	51.87	76.20	54	168.65	202.35
27	53.89	82.81	55	180.77	210.79
28	56.18	84.64	56	198.67	219.34
29	56.83	86.48	57	217.32	227.78
30	57.57	88.32	58	236.68	236.23
31	58.30	90.16	59	256.98	244.68
32	58.94	96.03	60	275.88	255.33
33	60.69	100.07	61	295.08	265.88
34	64.09	104.11	62	314.54	276.53
35	66.93	107.23	63	334.37	287.08
36	69.69	110.27	64	354.29	297.55
37	72.45	113.39	65	376.60	313.62
38	75.28	116.41	66	376.60	313.62
39	78.22	119.25	67	376.60	313.62
40	81.99	122.66	68	376.60	313.62
41	85.75	126.05	69	376.60	313.62
42	89.51	129.45			

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$1,000	\$1,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	45.26	49.73	43	82.43	117.39
16	45.26	52.08	44	85.83	127.52
17	45.26	54.43	45	91.02	131.66
18	45.83	55.57	46	96.13	135.88
19	45.83	56.70	47	101.25	140.10
20	45.83	56.70	48	106.43	144.32
21	45.83	56.70	49	111.62	148.37
22	45.83	58.89	50	119.09	154.47
23	45.83	61.09	51	126.63	160.54
24	45.83	63.28	52	134.10	166.54
25	45.83	63.28	53	141.55	172.63
26	45.83	67.33	54	149.03	178.80
27	47.62	73.17	55	159.74	186.26
28	49.65	74.80	56	175.55	193.80
29	50.22	76.42	57	192.02	201.26
30	50.86	78.03	58	209.14	208.73
31	51.51	79.66	59	227.07	216.20
32	52.08	84.85	60	243.78	225.61
33	53.62	88.43	61	260.73	234.93
34	56.62	91.99	62	277.93	244.35
35	59.14	94.75	63	295.45	253.67
36	61.56	97.43	64	313.06	262.93
37	64.01	100.18	65	332.76	277.12
38	66.53	102.86	66	332.76	277.12
39	69.12	105.38	67	332.76	277.12
40	72.45	108.37	68	332.76	277.12
41	75.76	111.38	69	332.76	277.12
42	79.09	114.38			

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	39.44	43.32	43	71.80	102.26
16	39.44	45.36	44	74.77	111.08
17	39.44	47.42	45	79.29	114.70
18	39.92	48.40	46	83.73	118.38
19	39.92	49.40	47	88.19	122.04
20	39.92	49.40	48	92.72	125.72
21	39.92	49.40	49	97.23	129.26
22	39.92	51.30	50	103.74	134.55
23	39.92	53.22	51	110.32	139.85
24	39.92	55.12	52	116.81	145.08
25	39.92	55.12	53	123.32	150.38
26	39.92	58.66	54	129.82	155.75
27	41.48	63.75	55	139.14	162.25
28	43.25	65.16	56	152.92	168.82
29	43.74	66.57	57	167.27	175.33
30	44.32	67.98	58	182.18	181.83
31	44.88	69.39	59	197.80	188.33
32	45.36	73.92	60	212.35	196.52
33	46.71	77.02	61	227.12	204.65
34	49.32	80.14	62	242.11	212.85
35	51.52	82.54	63	257.37	220.97
36	53.64	84.88	64	272.70	229.03
37	55.76	87.27	65	289.87	241.41
38	57.95	89.61	66	289.87	241.41
39	60.20	91.79	67	289.87	241.41
40	63.10	94.41	68	289.87	241.41
41	66.00	97.03	69	289.87	241.41
42	68.90	99.64			

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	30.33	33.31	43	55.22	78.64
16	30.33	34.89	44	57.50	85.45
17	30.33	36.48	45	60.98	88.21
18	30.71	37.22	46	64.40	91.04
19	30.71	37.99	47	67.82	93.87
20	30.71	37.99	48	71.30	96.69
21	30.71	37.99	49	74.78	99.41
22	30.71	39.46	50	79.79	103.49
23	30.71	40.92	51	84.84	107.56
24	30.71	42.39	52	89.84	111.58
25	30.71	42.39	53	94.83	115.66
26	30.71	45.12	54	99.85	119.78
27	31.90	49.03	55	107.02	124.79
28	33.27	50.11	56	117.62	129.85
29	33.64	51.20	57	128.65	134.85
30	34.08	52.29	58	140.12	139.84
31	34.51	53.36	59	152.13	144.85
32	34.89	56.84	60	163.32	151.15
33	35.93	59.24	61	174.68	157.40
34	37.94	61.63	62	186.21	163.70
35	39.63	63.49	63	197.95	169.96
36	41.25	65.28	64	209.74	176.15
37	42.88	67.12	65	222.95	185.66
38	44.57	68.92	66	222.95	185.66
39	46.30	70.60	67	222.95	185.66
40	48.53	72.61	68	222.95	185.66
41	50.76	74.63	69	222.95	185.66
42	53.00	76.63			

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$10,000	\$10,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	23.27	25.57	43	42.38	60.36
16	23.27	26.78	44	44.13	65.57
17	23.27	27.99	45	46.80	67.69
18	23.56	28.58	46	49.43	69.87
19	23.56	29.15	47	52.06	72.04
20	23.56	29.15	48	54.72	74.20
21	23.56	29.15	49	57.39	76.29
22	23.56	30.28	50	61.24	79.42
23	23.56	31.41	51	65.11	82.55
24	23.56	32.53	52	68.95	85.63
25	23.56	32.53	53	72.79	88.76
26	23.56	34.62	54	76.62	91.92
27	24.49	37.62	55	82.13	95.77
28	25.53	38.46	56	90.27	99.65
29	25.82	39.30	57	98.73	103.49
30	26.14	40.12	58	107.54	107.33
31	26.48	40.96	59	116.75	111.15
32	26.78	43.62	60	125.34	116.00
33	27.57	45.46	61	134.05	120.79
34	29.11	47.30	62	142.90	125.63
35	30.40	48.72	63	151.91	130.43
36	31.66	50.10	64	160.96	135.19
37	32.91	51.51	65	171.09	142.49
38	34.20	52.89	66	171.09	142.49
39	35.54	54.18	67	171.09	142.49
40	37.24	55.73	68	171.09	142.49
41	38.96	57.27	69	171.09	142.49
42	40.67	58.82			

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

	In Network	Out of Network
Deductible	\$15,000	\$15,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	19.42	21.35	43	35.38	50.39
16	19.42	22.36	44	36.84	54.74
17	19.42	23.35	45	39.07	56.50
18	19.68	23.85	46	41.26	58.33
19	19.68	24.33	47	43.45	60.13
20	19.68	24.33	48	45.68	61.94
21	19.68	24.33	49	47.91	63.68
22	19.68	25.28	50	51.11	66.30
23	19.68	26.21	51	54.35	68.90
24	19.68	27.15	52	57.56	71.48
25	19.68	27.15	53	60.75	74.09
26	19.68	28.89	54	63.96	76.74
27	20.44	31.41	55	68.56	79.95
28	21.30	32.09	56	75.33	83.18
29	21.55	32.80	57	82.42	86.38
30	21.83	33.50	58	89.75	89.57
31	22.11	34.19	59	97.45	92.78
32	22.36	36.42	60	104.63	96.83
33	23.01	37.95	61	111.90	100.83
34	24.30	39.48	62	119.28	104.87
35	25.39	40.66	63	126.81	108.87
36	26.42	41.82	64	134.36	112.84
37	27.47	43.00	65	142.82	118.94
38	28.56	44.15	66	142.82	118.94
39	29.66	45.23	67	142.82	118.94
40	31.10	46.51	68	142.82	118.94
41	32.52	47.81	69	142.82	118.94
42	33.95	49.09			

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**Comprehensive Blue PPO I
17-259 7-09, et al**

	In Network	Out of Network
Deductible	\$20,000	\$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	17.63	19.37	43	32.11	45.72
16	17.63	20.29	44	33.43	49.67
17	17.63	21.20	45	35.45	51.29
18	17.85	21.64	46	37.44	52.93
19	17.85	22.09	47	39.44	54.57
20	17.85	22.09	48	41.46	56.21
21	17.85	22.09	49	43.48	57.80
22	17.85	22.95	50	46.39	60.16
23	17.85	23.79	51	49.32	62.53
24	17.85	24.65	52	52.23	64.87
25	17.85	24.65	53	55.14	67.24
26	17.85	26.22	54	58.05	69.65
27	18.55	28.50	55	62.21	72.54
28	19.34	29.13	56	68.38	75.49
29	19.57	29.77	57	74.80	78.40
30	19.82	30.40	58	81.46	81.30
31	20.07	31.03	59	88.45	84.21
32	20.29	33.05	60	94.96	87.87
33	20.88	34.43	61	101.57	91.52
34	22.06	35.84	62	108.25	95.17
35	23.04	36.91	63	115.08	98.81
36	23.98	37.95	64	121.93	102.42
37	24.94	39.02	65	129.62	107.94
38	25.91	40.07	66	129.62	107.94
39	26.92	41.04	67	129.62	107.94
40	28.22	42.22	68	129.62	107.94
41	29.51	43.38	69	129.62	107.94
42	30.81	44.56			

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I

17-259 7-09, et al

	In Network	Out of Network
Deductible	\$25,000	\$25,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	15.65	17.19	43	28.49	40.57
16	15.65	18.00	44	29.66	44.07
17	15.65	18.81	45	31.46	45.50
18	15.83	19.20	46	33.23	46.96
19	15.83	19.60	47	34.99	48.42
20	15.83	19.60	48	36.79	49.88
21	15.83	19.60	49	38.58	51.28
22	15.83	20.36	50	41.16	53.37
23	15.83	21.10	51	43.77	55.49
24	15.83	21.87	52	46.35	57.56
25	15.83	21.87	53	48.93	59.67
26	15.83	23.27	54	51.51	61.78
27	16.46	25.29	55	55.21	64.36
28	17.16	25.86	56	60.68	66.99
29	17.36	26.41	57	66.36	69.57
30	17.58	26.97	58	72.28	72.14
31	17.80	27.54	59	78.47	74.72
32	18.00	29.33	60	84.25	77.97
33	18.53	30.56	61	90.11	81.19
34	19.57	31.79	62	96.05	84.45
35	20.44	32.74	63	102.11	87.68
36	21.28	33.68	64	108.19	90.87
37	22.12	34.62	65	115.00	95.78
38	22.99	35.55	66	115.00	95.78
39	23.88	36.42	67	115.00	95.78
40	25.03	37.45	68	115.00	95.78
41	26.19	38.50	69	115.00	95.78
42	27.34	39.54			

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

Dependent Child(ren) Insured Medical Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	In Network		Out of Network <u>Coinsurance</u>	One <u>Child</u>	Two <u>Children</u>	All (3+) <u>Children</u>
	<u>In Network Coinsurance</u>	<u>Stop Loss Amount</u>				
\$500	80% / 20%	\$10,000	60% / 40%	58.80	117.60	176.39
\$1,000	80% / 20%	\$10,000	60% / 40%	51.96	103.91	155.87
\$2,500	100% / 0%	Not Applicable	80% / 20%	45.26	90.52	135.78
\$5,000	100% / 0%	Not Applicable	80% / 20%	34.82	69.64	104.45
\$10,000	100% / 0%	Not Applicable	80% / 20%	26.71	53.43	80.14
\$15,000	100% / 0%	Not Applicable	80% / 20%	22.30	44.60	66.90
\$20,000	100% / 0%	Not Applicable	80% / 20%	20.25	40.49	60.74
\$25,000	100% / 0%	Not Applicable	80% / 20%	17.96	35.93	53.89

Maternity Rider Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	In Network		Out of Network <u>Coinsurance</u>	Maternity <u>Rider</u>
	<u>In Network Coinsurance</u>	<u>Stop Loss Amount</u>		
\$500	80% / 20%	No Limit	60% / 40%	104.98
\$1,000	80% / 20%	No Limit	60% / 40%	99.22
\$2,500	100% / 0%	Not Applicable	80% / 20%	96.25
\$5,000	100% / 0%	Not Applicable	80% / 20%	83.15
\$10,000	100% / 0%	Not Applicable	80% / 20%	32.94
\$15,000	100% / 0%	Not Applicable	80% / 20%	21.96
\$20,000	100% / 0%	Not Applicable	80% / 20%	16.47
\$25,000	100% / 0%	Not Applicable	80% / 20%	10.98

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

Primary Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	\$10
Tier 2 Copay (Preferred Brands)	\$35
Tier 3 Copay (Non-Preferred Brands)	\$70

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	11.29	11.29	35	46.14	28.55
1	11.29	11.29	36	46.14	28.55
2	11.29	11.29	37	46.14	28.55
3	11.29	11.29	38	46.14	28.55
4	11.29	11.29	39	46.14	28.55
5	11.29	11.29	40	46.14	28.55
6	11.29	11.29	41	46.14	28.55
7	11.29	11.29	42	46.14	28.55
8	11.29	11.29	43	46.14	28.55
9	11.29	11.29	44	46.14	28.55
10	11.29	11.29	45	47.08	31.38
11	11.29	11.29	46	47.08	34.21
12	11.29	11.29	47	47.08	37.05
13	11.29	11.29	48	47.08	39.21
14	11.29	11.29	49	47.08	41.38
15	11.29	11.29	50	48.16	43.56
16	15.93	11.29	51	49.25	45.72
17	20.58	11.29	52	50.33	47.87
18	25.22	13.08	53	56.02	50.20
19	29.87	13.08	54	61.71	52.54
20	34.49	13.08	55	67.40	54.87
21	34.49	13.08	56	73.08	57.21
22	34.49	13.08	57	78.78	59.56
23	34.49	13.08	58	80.49	61.97
24	34.49	13.08	59	82.21	64.39
25	39.54	14.87	60	83.92	66.80
26	39.54	16.66	61	85.63	69.22
27	39.54	18.44	62	87.36	71.62
28	39.54	20.21	63	90.20	76.22
29	39.54	22.00	64	93.06	80.82
30	44.00	23.78	65	95.91	85.42
31	44.00	23.78	66	95.91	85.42
32	44.00	23.78	67	95.91	85.42
33	44.00	23.78	68	95.91	85.42
34	44.00	23.78	69	95.91	85.42

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO I 17-259 7-09, et al

Spouse Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	\$10
Tier 2 Copay (Preferred Brands)	\$35
Tier 3 Copay (Non-Preferred Brands)	\$70

Attained Age of Primary	Primary is Female	Primary is Male	Attained Age of Primary	Primary is Female	Primary is Male
15	11.29	11.29	43	28.55	46.14
16	11.29	15.93	44	28.55	46.14
17	11.29	20.58	45	28.55	46.14
18	13.08	25.22	46	28.55	46.14
19	13.08	29.87	47	31.38	47.08
20	13.08	29.87	48	34.21	47.08
21	13.08	34.49	49	37.05	47.08
22	13.08	34.49	50	39.21	47.08
23	13.08	34.49	51	41.38	47.08
24	13.08	34.49	52	43.56	48.16
25	13.08	34.49	53	45.72	49.25
26	13.08	34.49	54	47.87	50.33
27	14.87	39.54	55	50.20	56.02
28	16.66	39.54	56	52.54	61.71
29	18.44	39.54	57	54.87	67.40
30	20.21	39.54	58	57.21	73.08
31	22.00	39.54	59	59.56	78.78
32	23.78	44.00	60	61.97	80.49
33	23.78	44.00	61	66.08	83.36
34	23.78	44.00	62	70.47	86.35
35	23.78	44.00	63	75.14	89.42
36	23.78	44.00	64	80.12	92.61
37	28.55	46.14	65	85.42	95.91
38	28.55	46.14	66	85.42	95.91
39	28.55	46.14	67	85.42	95.91
40	28.55	46.14	68	85.42	95.91
41	28.55	46.14	69	85.42	95.91
42	28.55	46.14			

Dependent Child(ren) Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Attained Age	One Child	Two Children	All (3+) Children
All Eligible	12.90	25.80	38.70

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$500	\$500
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	202.66	202.66	35	156.66	115.55
1	202.66	202.66	36	159.70	118.41
2	94.25	94.25	37	162.56	121.36
3	94.25	94.25	38	165.97	125.14
4	94.25	94.25	39	169.38	128.92
5	94.25	94.25	40	172.79	132.69
6	94.25	94.25	41	176.21	136.47
7	94.25	94.25	42	187.73	140.35
8	94.25	94.25	43	192.42	146.24
9	94.25	94.25	44	197.22	152.05
10	94.25	94.25	45	205.30	161.15
11	94.25	94.25	46	210.10	167.05
12	94.25	94.25	47	214.71	172.96
13	99.33	94.25	48	221.62	181.43
14	99.33	94.25	49	228.54	190.01
15	99.33	94.25	50	235.36	198.49
16	102.00	94.25	51	242.27	206.96
17	104.67	94.25	52	249.28	215.45
18	105.97	94.90	53	257.76	227.62
19	107.25	94.90	54	266.33	245.59
20	107.25	94.90	55	278.10	267.59
21	109.75	94.90	56	286.59	287.05
22	112.24	94.90	57	295.07	307.42
23	114.72	94.90	58	305.76	326.40
24	119.33	94.90	59	316.36	345.67
25	125.96	96.93	60	327.05	365.22
26	127.81	99.24	61	337.65	385.12
27	129.65	99.89	62	348.15	405.13
28	131.50	100.62	63	364.29	427.53
29	133.34	101.36	64	380.33	450.02
30	139.24	102.00	65	432.02	520.59
31	143.30	103.75	66	432.02	520.59
32	147.35	107.16	67	432.02	520.59
33	150.48	110.02	68	432.02	520.59
34	153.53	112.79	69	432.02	520.59

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
 Proposed Monthly Bank Draft Rates
 Effective as of January 01, 2013
 Comprehensive Blue PPO II
 17-262, et al

	In Network	Out of Network
Deductible	\$1,000	\$1,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	184.06	184.06	35	143.41	107.09
1	184.06	184.06	36	146.10	109.61
2	88.27	88.27	37	148.63	112.22
3	88.27	88.27	38	151.63	115.55
4	88.27	88.27	39	154.65	118.89
5	88.27	88.27	40	157.66	122.23
6	88.27	88.27	41	160.68	125.58
7	88.27	88.27	42	170.86	128.99
8	88.27	88.27	43	175.01	134.21
9	88.27	88.27	44	179.25	139.34
10	88.27	88.27	45	186.78	147.77
11	88.27	88.27	46	191.02	152.97
12	88.27	88.27	47	195.08	158.19
13	92.75	88.27	48	201.20	165.69
14	92.75	88.27	49	207.30	173.25
15	92.75	88.27	50	213.33	180.75
16	95.11	88.27	51	219.44	188.24
17	97.47	88.27	52	225.63	195.74
18	98.61	88.84	53	233.13	206.49
19	99.75	88.84	54	240.69	222.37
20	99.75	88.84	55	251.49	242.20
21	101.95	88.84	56	258.97	259.38
22	104.16	88.84	57	266.47	277.39
23	106.35	88.84	58	275.92	294.17
24	110.43	88.84	59	285.28	311.18
25	116.29	90.63	60	294.74	328.46
26	117.91	92.67	61	304.10	346.05
27	119.55	93.24	62	313.39	363.72
28	121.18	93.89	63	327.64	383.51
29	122.80	94.54	64	341.81	403.38
30	128.02	95.11	65	387.87	466.13
31	131.61	96.66	66	387.87	466.13
32	135.19	99.68	67	387.87	466.13
33	137.95	102.20	68	387.87	466.13
34	140.64	104.64	69	387.87	466.13

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	165.85	165.85	35	130.44	98.80
1	165.85	165.85	36	132.79	101.01
2	82.42	82.42	37	134.99	103.27
3	82.42	82.42	38	137.61	106.18
4	82.42	82.42	39	140.24	109.09
5	82.42	82.42	40	142.86	112.00
6	82.42	82.42	41	145.49	114.91
7	82.42	82.42	42	154.36	117.89
8	82.42	82.42	43	157.98	122.43
9	82.42	82.42	44	161.67	126.90
10	82.42	82.42	45	168.65	134.66
11	82.42	82.42	46	172.34	139.20
12	82.42	82.42	47	175.89	143.74
13	86.31	82.42	48	181.20	150.27
14	86.31	82.42	49	186.53	156.87
15	86.31	82.42	50	191.78	163.39
16	88.37	82.42	51	197.10	169.93
17	90.43	82.42	52	202.49	176.45
18	91.42	82.91	53	209.02	185.81
19	92.42	82.91	54	215.61	199.65
20	92.42	82.91	55	225.44	217.35
21	94.33	82.91	56	231.96	232.33
22	96.25	82.91	57	238.50	248.01
23	98.16	82.91	58	246.72	262.62
24	101.71	82.91	59	254.88	277.44
25	106.82	84.47	60	263.11	292.49
26	108.24	86.25	61	271.27	307.81
27	109.66	86.74	62	279.36	323.21
28	111.07	87.31	63	291.78	340.45
29	112.49	87.87	64	304.12	357.76
30	117.04	88.37	65	344.66	412.85
31	120.15	89.72	66	344.66	412.85
32	123.28	92.34	67	344.66	412.85
33	125.69	94.55	68	344.66	412.85
34	128.04	96.68	69	344.66	412.85

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	137.45	137.45	35	110.22	85.87
1	137.45	137.45	36	112.02	87.57
2	73.27	73.27	37	113.71	89.31
3	73.27	73.27	38	115.73	91.55
4	73.27	73.27	39	117.75	93.79
5	73.27	73.27	40	119.76	96.03
6	73.27	73.27	41	121.78	98.26
7	73.27	73.27	42	128.61	100.55
8	73.27	73.27	43	131.39	104.05
9	73.27	73.27	44	134.22	107.48
10	73.27	73.27	45	140.36	114.21
11	73.27	73.27	46	143.19	117.71
12	73.27	73.27	47	145.92	121.20
13	76.27	73.27	48	150.02	126.23
14	76.27	73.27	49	154.10	131.30
15	76.27	73.27	50	158.14	136.32
16	77.86	73.27	51	162.24	141.33
17	79.44	73.27	52	166.38	146.36
18	80.20	73.65	53	171.41	153.57
19	80.97	73.65	54	176.48	164.21
20	80.97	73.65	55	184.79	178.58
21	82.44	73.65	56	189.81	190.09
22	83.91	73.65	57	194.84	202.15
23	85.38	73.65	58	201.16	213.39
24	88.11	73.65	59	207.45	224.79
25	92.05	74.85	60	213.77	236.37
26	93.13	76.22	61	220.05	248.15
27	94.23	76.60	62	226.26	260.00
28	95.32	77.04	63	235.82	273.25
29	96.40	77.47	64	245.32	286.57
30	99.90	77.86	65	277.26	329.70
31	102.30	78.89	66	277.26	329.70
32	104.71	80.91	67	277.26	329.70
33	106.56	82.60	68	277.26	329.70
34	108.36	84.24	69	277.26	329.70

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$10,000	\$10,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	115.44	115.44	35	94.54	75.86
1	115.44	115.44	36	95.92	77.17
2	66.19	66.19	37	97.22	78.51
3	66.19	66.19	38	98.78	80.22
4	66.19	66.19	39	100.32	81.93
5	66.19	66.19	40	101.87	83.66
6	66.19	66.19	41	103.42	85.37
7	66.19	66.19	42	108.66	87.13
8	66.19	66.19	43	110.79	89.81
9	66.19	66.19	44	112.97	92.45
10	66.19	66.19	45	118.44	98.38
11	66.19	66.19	46	120.62	101.06
12	66.19	66.19	47	122.71	103.74
13	68.49	66.19	48	125.85	107.59
14	68.49	66.19	49	128.99	111.49
15	68.49	66.19	50	132.09	115.34
16	69.71	66.19	51	135.23	119.20
17	70.92	66.19	52	138.41	123.04
18	71.51	66.48	53	142.27	128.58
19	72.09	66.48	54	146.17	136.74
20	72.09	66.48	55	153.31	148.54
21	73.23	66.48	56	157.17	157.38
22	74.36	66.48	57	161.01	166.63
23	75.49	66.48	58	165.87	175.25
24	77.58	66.48	59	170.68	184.00
25	80.59	67.41	60	175.55	192.89
26	81.44	68.45	61	180.37	201.93
27	82.27	68.75	62	185.13	211.01
28	83.11	69.08	63	192.47	221.19
29	83.94	69.42	64	199.75	231.41
30	86.62	69.71	65	225.04	265.28
31	88.47	70.50	66	225.04	265.28
32	90.31	72.05	67	225.04	265.28
33	91.74	73.35	68	225.04	265.28
34	93.12	74.61	69	225.04	265.28

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$15,000	\$15,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	103.43	103.43	35	86.00	70.40
1	103.43	103.43	36	87.15	71.49
2	62.32	62.32	37	88.24	72.60
3	62.32	62.32	38	89.52	74.04
4	62.32	62.32	39	90.82	75.48
5	62.32	62.32	40	92.11	76.90
6	62.32	62.32	41	93.41	78.34
7	62.32	62.32	42	97.78	79.80
8	62.32	62.32	43	99.56	82.04
9	62.32	62.32	44	101.38	84.25
10	62.32	62.32	45	106.48	89.74
11	62.32	62.32	46	108.31	91.98
12	62.32	62.32	47	110.05	94.22
13	64.25	62.32	48	112.68	97.44
14	64.25	62.32	49	115.29	100.69
15	64.25	62.32	50	117.88	103.90
16	65.27	62.32	51	120.51	107.11
17	66.28	62.32	52	123.16	110.33
18	66.77	62.58	53	126.38	114.95
19	67.25	62.58	54	129.63	121.76
20	67.25	62.58	55	136.14	132.16
21	68.20	62.58	56	139.35	139.52
22	69.14	62.58	57	142.56	147.25
23	70.09	62.58	58	146.63	154.46
24	71.83	62.58	59	150.65	161.76
25	74.36	63.34	60	154.70	169.17
26	75.05	64.21	61	158.72	176.72
27	75.75	64.46	62	162.70	184.31
28	76.45	64.74	63	168.82	192.80
29	77.15	65.02	64	174.90	201.33
30	79.39	65.27	65	196.55	230.14
31	80.92	65.92	66	196.55	230.14
32	82.46	67.22	67	196.55	230.14
33	83.65	68.31	68	196.55	230.14
34	84.81	69.35	69	196.55	230.14

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$20,000	\$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained				Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>		<u>Age</u>	<u>Female</u>	<u>Male</u>
0	97.83	97.83		35	82.00	67.86
1	97.83	97.83		36	83.05	68.83
2	60.52	60.52		37	84.03	69.85
3	60.52	60.52		38	85.20	71.15
4	60.52	60.52		39	86.38	72.46
5	60.52	60.52		40	87.55	73.75
6	60.52	60.52		41	88.73	75.06
7	60.52	60.52		42	92.69	76.39
8	60.52	60.52		43	94.32	78.42
9	60.52	60.52		44	95.97	80.42
10	60.52	60.52		45	100.91	85.71
11	60.52	60.52		46	102.55	87.74
12	60.52	60.52		47	104.15	89.77
13	62.27	60.52		48	106.52	92.69
14	62.27	60.52		49	108.90	95.64
15	62.27	60.52		50	111.25	98.56
16	63.19	60.52		51	113.63	101.48
17	64.11	60.52		52	116.04	104.40
18	64.55	60.75		53	118.96	108.58
19	65.00	60.75		54	121.91	114.77
20	65.00	60.75		55	128.13	124.50
21	65.86	60.75		56	131.04	131.20
22	66.71	60.75		57	133.96	138.22
23	67.57	60.75		58	137.63	144.75
24	69.15	60.75		59	141.29	151.38
25	71.44	61.44		60	144.97	158.10
26	72.07	62.23		61	148.61	164.95
27	72.71	62.47		62	152.24	171.84
28	73.35	62.72		63	157.78	179.54
29	73.97	62.97		64	163.31	187.29
30	76.00	63.19		65	183.26	213.75
31	77.40	63.79		66	183.26	213.75
32	78.80	64.97		67	183.26	213.75
33	79.88	65.95		68	183.26	213.75
34	80.92	66.90		69	183.26	213.75

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013 Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$25,000	\$25,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	91.63	91.63	35	77.58	65.03
1	91.63	91.63	36	78.52	65.90
2	58.53	58.53	37	79.39	66.80
3	58.53	58.53	38	80.43	67.96
4	58.53	58.53	39	81.47	69.12
5	58.53	58.53	40	82.51	70.27
6	58.53	58.53	41	83.56	71.42
7	58.53	58.53	42	87.07	72.60
8	58.53	58.53	43	88.51	74.40
9	58.53	58.53	44	89.97	76.18
10	58.53	58.53	45	94.74	81.25
11	58.53	58.53	46	96.20	83.05
12	58.53	58.53	47	97.60	84.85
13	60.08	58.53	48	99.71	87.44
14	60.08	58.53	49	101.83	90.06
15	60.08	58.53	50	103.90	92.65
16	60.90	58.53	51	106.02	95.24
17	61.71	58.53	52	108.15	97.83
18	62.10	58.72	53	110.74	101.54
19	62.50	58.72	54	113.37	107.03
20	62.50	58.72	55	119.25	116.04
21	63.26	58.72	56	121.83	121.98
22	64.01	58.72	57	124.43	128.20
23	64.78	58.72	58	127.70	134.00
24	66.19	58.72	59	130.93	139.89
25	68.21	59.35	60	134.20	145.85
26	68.78	60.05	61	137.44	151.93
27	69.34	60.25	62	140.64	158.04
28	69.90	60.47	63	145.57	164.88
29	70.47	60.70	64	150.47	171.75
30	72.27	60.90	65	168.54	195.59
31	73.50	61.43	66	168.54	195.59
32	74.74	62.47	67	168.54	195.59
33	75.70	63.34	68	168.54	195.59
34	76.63	64.19	69	168.54	195.59

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield
 Proposed Monthly Bank Draft Rates
 Effective as of January 01, 2013

Comprehensive Blue PPO II
 17-262, et al

	In Network	Out of Network
Deductible	\$500	\$500
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	94.04	99.09	43	136.10	175.67
16	94.04	101.76	44	139.95	187.14
17	94.04	104.42	45	149.12	195.13
18	94.69	105.72	46	154.91	199.90
19	94.69	107.00	47	160.69	204.67
20	94.69	107.00	48	166.57	209.44
21	94.69	107.00	49	172.45	214.04
22	94.69	109.48	50	180.90	220.92
23	94.69	111.96	51	189.44	227.81
24	94.69	114.43	52	197.88	234.60
25	94.69	114.43	53	206.31	241.49
26	94.69	119.02	54	214.77	248.47
27	96.71	125.63	55	230.18	260.20
28	99.01	127.47	56	248.08	268.75
29	99.65	129.30	57	266.73	277.19
30	100.39	131.15	58	286.09	285.64
31	101.13	132.98	59	306.39	294.09
32	101.76	138.85	60	325.29	304.74
33	103.51	142.89	61	344.49	315.29
34	106.91	146.93	62	363.95	325.94
35	109.76	150.05	63	383.78	336.49
36	112.51	153.09	64	403.70	346.96
37	115.27	156.21	65	429.31	366.33
38	118.10	159.23	66	429.31	366.33
39	121.04	162.08	67	429.31	366.33
40	124.81	165.48	68	429.31	366.33
41	128.58	168.87	69	429.31	366.33
42	132.33	172.28			

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013
Comprehensive Blue PPO II
17-262, et al**

	In Network	Out of Network
Deductible	\$1,000	\$1,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	88.08	92.55	43	125.25	160.21
16	88.08	94.90	44	128.65	170.34
17	88.08	97.25	45	137.14	177.78
18	88.65	98.39	46	142.25	181.99
19	88.65	99.52	47	147.36	186.22
20	88.65	99.52	48	152.55	190.44
21	88.65	99.52	49	157.74	194.49
22	88.65	101.71	50	165.21	200.58
23	88.65	103.91	51	172.75	206.65
24	88.65	106.10	52	180.21	212.66
25	88.65	106.10	53	187.67	218.74
26	88.65	110.15	54	195.15	224.91
27	90.44	115.99	55	209.15	235.67
28	92.47	117.62	56	224.96	243.21
29	93.04	119.24	57	241.43	250.67
30	93.68	120.86	58	258.55	258.14
31	94.33	122.48	59	276.48	265.61
32	94.90	127.68	60	293.19	275.02
33	96.44	131.25	61	310.14	284.34
34	99.45	134.81	62	327.34	293.76
35	101.96	137.57	63	344.86	303.08
36	104.39	140.25	64	362.47	312.34
37	106.84	143.00	65	385.46	329.83
38	109.35	145.68	66	385.46	329.83
39	111.94	148.20	67	385.46	329.83
40	115.27	151.19	68	385.46	329.83
41	118.58	154.20	69	385.46	329.83
42	121.91	157.20			

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**Comprehensive Blue PPO II
17-262, et al**

	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	82.26	86.14	43	114.62	145.08
16	82.26	88.18	44	117.60	153.91
17	82.26	90.24	45	125.40	160.81
18	82.75	91.22	46	129.85	164.49
19	82.75	92.22	47	134.31	168.16
20	82.75	92.22	48	138.83	171.84
21	82.75	92.22	49	143.34	175.37
22	82.75	94.12	50	149.86	180.66
23	82.75	96.04	51	156.43	185.97
24	82.75	97.94	52	162.92	191.19
25	82.75	97.94	53	169.43	196.50
26	82.75	101.48	54	175.93	201.87
27	84.30	106.57	55	188.55	211.66
28	86.07	107.98	56	202.33	218.23
29	86.57	109.39	57	216.68	224.74
30	87.14	110.80	58	231.59	231.24
31	87.70	112.22	59	247.21	237.74
32	88.18	116.74	60	261.76	245.93
33	89.53	119.85	61	276.53	254.06
34	92.14	122.97	62	291.52	262.26
35	94.34	125.36	63	306.78	270.38
36	96.46	127.70	64	322.11	278.44
37	98.58	130.09	65	342.58	294.11
38	100.77	132.43	66	342.58	294.11
39	103.03	134.61	67	342.58	294.11
40	105.92	137.23	68	342.58	294.11
41	108.82	139.85	69	342.58	294.11
42	111.72	142.47			

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

Comprehensive Blue PPO II 17-262, et al

	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	73.15	76.14	43	98.04	121.46
16	73.15	77.72	44	100.32	128.27
17	73.15	79.30	45	107.10	134.33
18	73.53	80.04	46	110.51	137.15
19	73.53	80.81	47	113.94	139.98
20	73.53	80.81	48	117.42	142.81
21	73.53	80.81	49	120.90	145.53
22	73.53	82.28	50	125.91	149.60
23	73.53	83.74	51	130.96	153.68
24	73.53	85.22	52	135.95	157.69
25	73.53	85.22	53	140.95	161.78
26	73.53	87.94	54	145.97	165.90
27	74.72	91.85	55	156.43	174.20
28	76.09	92.93	56	167.03	179.26
29	76.46	94.02	57	178.06	184.26
30	76.90	95.11	58	189.53	189.25
31	77.33	96.18	59	201.54	194.26
32	77.72	99.67	60	212.73	200.56
33	78.75	102.06	61	224.09	206.81
34	80.76	104.45	62	235.62	213.11
35	82.45	106.31	63	247.36	219.37
36	84.07	108.10	64	259.15	225.56
37	85.70	109.94	65	275.65	238.36
38	87.39	111.74	66	275.65	238.36
39	89.12	113.42	67	275.65	238.36
40	91.35	115.43	68	275.65	238.36
41	93.58	117.45	69	275.65	238.36
42	95.82	119.45			

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013
Comprehensive Blue PPO II
17-262, et al**

	In Network	Out of Network
Deductible	\$10,000	\$10,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	66.09	68.39	43	85.20	103.18
16	66.09	69.60	44	86.95	108.39
17	66.09	70.81	45	92.91	113.81
18	66.39	71.40	46	95.55	115.98
19	66.39	71.97	47	98.17	118.16
20	66.39	71.97	48	100.84	120.32
21	66.39	71.97	49	103.51	122.41
22	66.39	73.10	50	107.35	125.53
23	66.39	74.24	51	111.23	128.66
24	66.39	75.36	52	115.07	131.75
25	66.39	75.36	53	118.90	134.88
26	66.39	77.44	54	122.73	138.04
27	67.31	80.44	55	131.54	145.18
28	68.35	81.28	56	139.68	149.06
29	68.65	82.12	57	148.14	152.90
30	68.97	82.94	58	156.95	156.74
31	69.31	83.78	59	166.16	160.56
32	69.60	86.45	60	174.75	165.41
33	70.39	88.28	61	183.46	170.20
34	71.93	90.12	62	192.31	175.04
35	73.23	91.54	63	201.32	179.84
36	74.48	92.92	64	210.37	184.60
37	75.73	94.33	65	223.79	195.19
38	77.02	95.71	66	223.79	195.19
39	78.36	97.00	67	223.79	195.19
40	80.07	98.56	68	223.79	195.19
41	81.78	100.09	69	223.79	195.19
42	83.49	101.64			

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**Comprehensive Blue PPO II
17-262, et al**

	In Network	Out of Network
Deductible	\$15,000	\$15,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	62.25	64.17	43	78.20	93.21
16	62.25	65.18	44	79.66	97.56
17	62.25	66.18	45	85.18	102.62
18	62.50	66.67	46	87.38	104.44
19	62.50	67.15	47	89.56	106.24
20	62.50	67.15	48	91.79	108.05
21	62.50	67.15	49	94.02	109.80
22	62.50	68.10	50	97.23	112.41
23	62.50	69.03	51	100.47	115.02
24	62.50	69.98	52	103.67	117.60
25	62.50	69.98	53	106.87	120.21
26	62.50	71.71	54	110.07	122.86
27	63.27	74.24	55	117.97	129.36
28	64.12	74.92	56	124.74	132.59
29	64.38	75.62	57	131.83	135.79
30	64.65	76.32	58	139.16	138.98
31	64.94	77.01	59	146.86	142.19
32	65.18	79.24	60	154.04	146.24
33	65.84	80.77	61	161.31	150.24
34	67.12	82.31	62	168.69	154.28
35	68.21	83.48	63	176.22	158.28
36	69.24	84.64	64	183.77	162.25
37	70.29	85.82	65	195.52	171.64
38	71.38	86.97	66	195.52	171.64
39	72.48	88.05	67	195.52	171.64
40	73.92	89.33	68	195.52	171.64
41	75.34	90.63	69	195.52	171.64
42	76.77	91.91			

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**Comprehensive Blue PPO II
17-262, et al**

	In Network	Out of Network
Deductible	\$20,000	\$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	60.46	62.19	43	74.93	88.54
16	60.46	63.11	44	76.26	92.50
17	60.46	64.02	45	81.57	97.40
18	60.68	64.46	46	83.56	99.05
19	60.68	64.91	47	85.56	100.69
20	60.68	64.91	48	87.58	102.32
21	60.68	64.91	49	89.60	103.91
22	60.68	65.77	50	92.51	106.28
23	60.68	66.62	51	95.44	108.65
24	60.68	67.47	52	98.35	110.99
25	60.68	67.47	53	101.26	113.36
26	60.68	69.04	54	104.17	115.76
27	61.37	71.33	55	111.62	121.95
28	62.16	71.95	56	117.79	124.90
29	62.39	72.59	57	124.21	127.81
30	62.64	73.23	58	130.87	130.71
31	62.89	73.85	59	137.86	133.62
32	63.11	75.87	60	144.37	137.28
33	63.71	77.26	61	150.98	140.93
34	64.88	78.66	62	157.66	144.58
35	65.86	79.74	63	164.49	148.22
36	66.80	80.77	64	171.34	151.83
37	67.76	81.84	65	182.32	160.65
38	68.73	82.89	66	182.32	160.65
39	69.74	83.87	67	182.32	160.65
40	71.04	85.04	68	182.32	160.65
41	72.34	86.20	69	182.32	160.65
42	73.63	87.38			

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013
Comprehensive Blue PPO II
17-262, et al**

Deductible	In Network \$25,000	Out of Network \$25,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	58.47	60.02	43	71.32	83.39
16	58.47	60.82	44	72.48	86.90
17	58.47	61.63	45	77.57	91.62
18	58.66	62.03	46	79.34	93.08
19	58.66	62.42	47	81.11	94.54
20	58.66	62.42	48	82.91	96.00
21	58.66	62.42	49	84.70	97.39
22	58.66	63.18	50	87.28	99.49
23	58.66	63.93	51	89.88	101.61
24	58.66	64.69	52	92.46	103.67
25	58.66	64.69	53	95.04	105.78
26	58.66	66.09	54	97.62	107.90
27	59.28	68.11	55	104.62	113.77
28	59.98	68.68	56	110.09	116.40
29	60.18	69.23	57	115.77	118.98
30	60.40	69.79	58	121.69	121.55
31	60.62	70.36	59	127.88	124.13
32	60.82	72.15	60	133.66	127.38
33	61.36	73.38	61	139.52	130.60
34	62.39	74.61	62	145.46	133.86
35	63.27	75.56	63	151.52	137.09
36	64.10	76.50	64	157.60	140.28
37	64.95	77.44	65	167.71	148.48
38	65.81	78.38	66	167.71	148.48
39	66.70	79.24	67	167.71	148.48
40	67.86	80.27	68	167.71	148.48
41	69.01	81.32	69	167.71	148.48
42	70.16	82.36			

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**Comprehensive Blue PPO II
17-262, et al**

Dependent Child(ren) Insured Medical Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	In Network		Out of Network <u>Coinsurance</u>	One <u>Child</u>	Two <u>Children</u>	All (3+) <u>Children</u>
	<u>In Network Coinsurance</u>	<u>Stop Loss Amount</u>				
\$500	80% / 20%	\$10,000	60% / 40%	80.76	161.52	242.27
\$1,000	80% / 20%	\$10,000	60% / 40%	73.92	147.83	221.75
\$2,500	100% / 0%	Not Applicable	80% / 20%	67.22	134.44	201.66
\$5,000	100% / 0%	Not Applicable	80% / 20%	56.78	113.56	170.33
\$10,000	100% / 0%	Not Applicable	80% / 20%	48.67	97.35	146.02
\$15,000	100% / 0%	Not Applicable	80% / 20%	44.26	88.52	132.78
\$20,000	100% / 0%	Not Applicable	80% / 20%	42.21	84.41	126.62
\$25,000	100% / 0%	Not Applicable	80% / 20%	39.92	79.85	119.77

Maternity Rider Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	In Network		Out of Network <u>Coinsurance</u>	Maternity <u>Rider</u>
	<u>In Network Coinsurance</u>	<u>Stop Loss Amount</u>		
\$500	80% / 20%	No Limit	60% / 40%	104.98
\$1,000	80% / 20%	No Limit	60% / 40%	99.22
\$2,500	100% / 0%	Not Applicable	80% / 20%	96.25
\$5,000	100% / 0%	Not Applicable	80% / 20%	83.15
\$10,000	100% / 0%	Not Applicable	80% / 20%	32.94
\$15,000	100% / 0%	Not Applicable	80% / 20%	21.96
\$20,000	100% / 0%	Not Applicable	80% / 20%	16.47
\$25,000	100% / 0%	Not Applicable	80% / 20%	10.98

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013 Comprehensive Blue PPO II 17-262, et al

Primary Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	\$10
Tier 2 Copay (Preferred Brands)	\$35
Tier 3 Copay (Non-Preferred Brands)	\$70

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	11.29	11.29	35	46.14	28.55
1	11.29	11.29	36	46.14	28.55
2	11.29	11.29	37	46.14	28.55
3	11.29	11.29	38	46.14	28.55
4	11.29	11.29	39	46.14	28.55
5	11.29	11.29	40	46.14	28.55
6	11.29	11.29	41	46.14	28.55
7	11.29	11.29	42	46.14	28.55
8	11.29	11.29	43	46.14	28.55
9	11.29	11.29	44	46.14	28.55
10	11.29	11.29	45	47.08	31.38
11	11.29	11.29	46	47.08	34.21
12	11.29	11.29	47	47.08	37.05
13	11.29	11.29	48	47.08	39.21
14	11.29	11.29	49	47.08	41.38
15	11.29	11.29	50	48.16	43.56
16	15.93	11.29	51	49.25	45.72
17	20.58	11.29	52	50.33	47.87
18	25.22	13.08	53	56.02	50.20
19	29.87	13.08	54	61.71	52.54
20	34.49	13.08	55	67.40	54.87
21	34.49	13.08	56	73.08	57.21
22	34.49	13.08	57	78.78	59.56
23	34.49	13.08	58	80.49	61.97
24	34.49	13.08	59	82.21	64.39
25	39.54	14.87	60	83.92	66.80
26	39.54	16.66	61	85.63	69.22
27	39.54	18.44	62	87.36	71.62
28	39.54	20.21	63	90.20	76.22
29	39.54	22.00	64	93.06	80.82
30	44.00	23.78	65	95.91	85.42
31	44.00	23.78	66	95.91	85.42
32	44.00	23.78	67	95.91	85.42
33	44.00	23.78	68	95.91	85.42
34	44.00	23.78	69	95.91	85.42

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**Comprehensive Blue PPO II
17-262, et al**

Spouse Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	\$10
Tier 2 Copay (Preferred Brands)	\$35
Tier 3 Copay (Non-Preferred Brands)	\$70

<u>Attained Age of Primary</u>	<u>Primary is Female</u>	<u>Primary is Male</u>	<u>Attained Age of Primary</u>	<u>Primary is Female</u>	<u>Primary is Male</u>
15	11.29	11.29	43	28.55	46.14
16	11.29	15.93	44	28.55	46.14
17	11.29	20.58	45	28.55	46.14
18	13.08	25.22	46	28.55	46.14
19	13.08	29.87	47	31.38	47.08
20	13.08	29.87	48	34.21	47.08
21	13.08	34.49	49	37.05	47.08
22	13.08	34.49	50	39.21	47.08
23	13.08	34.49	51	41.38	47.08
24	13.08	34.49	52	43.56	48.16
25	13.08	34.49	53	45.72	49.25
26	13.08	34.49	54	47.87	50.33
27	14.87	39.54	55	50.20	56.02
28	16.66	39.54	56	52.54	61.71
29	18.44	39.54	57	54.87	67.40
30	20.21	39.54	58	57.21	73.08
31	22.00	39.54	59	59.56	78.78
32	23.78	44.00	60	61.97	80.49
33	23.78	44.00	61	66.08	83.36
34	23.78	44.00	62	70.47	86.35
35	23.78	44.00	63	75.14	89.42
36	23.78	44.00	64	80.12	92.61
37	28.55	46.14	65	85.42	95.91
38	28.55	46.14	66	85.42	95.91
39	28.55	46.14	67	85.42	95.91
40	28.55	46.14	68	85.42	95.91
41	28.55	46.14	69	85.42	95.91
42	28.55	46.14			

Dependent Child(ren) Insured Prescription Drug Coverage Monthly Bank Draft Premiums

<u>Attained Age</u>	<u>One Child</u>	<u>Two Children</u>	<u>All (3+) Children</u>
All Eligible	12.90	25.80	38.70

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO II 17-260 7-09, et al

	In Network	Out of Network
Deductible	\$1,500	\$1,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	135.82	135.82	35	96.73	61.80
1	135.82	135.82	36	99.33	64.23
2	43.70	43.70	37	101.75	66.74
3	43.70	43.70	38	104.65	69.94
4	43.70	43.70	39	107.55	73.16
5	43.70	43.70	40	110.45	76.38
6	43.70	43.70	41	113.34	79.58
7	43.70	43.70	42	123.13	82.88
8	43.70	43.70	43	127.13	87.88
9	43.70	43.70	44	131.20	92.82
10	43.70	43.70	45	135.27	97.75
11	43.70	43.70	46	139.35	102.76
12	43.70	43.70	47	143.26	107.78
13	48.02	43.70	48	149.13	114.98
14	48.02	43.70	49	155.00	122.27
15	48.02	43.70	50	160.80	129.48
16	48.02	43.70	51	166.68	136.68
17	48.02	43.70	52	172.63	143.88
18	58.12	44.25	53	179.84	154.23
19	62.27	44.25	54	187.12	169.50
20	54.75	44.25	55	194.34	185.40
21	56.87	44.25	56	201.54	201.93
22	58.98	44.25	57	208.74	219.24
23	61.09	44.25	58	217.83	235.38
24	65.01	44.25	59	226.84	251.74
25	70.66	45.97	60	235.93	268.35
26	72.22	47.30	61	244.93	285.26
27	73.79	47.30	62	253.86	302.27
28	75.36	47.30	63	267.56	321.30
29	76.93	47.30	64	281.19	340.41
30	81.93	50.29	65	322.32	397.59
31	85.38	51.77	66	322.32	397.59
32	88.83	54.67	67	322.32	397.59
33	91.49	57.10	68	322.32	397.59
34	94.08	59.45	69	322.32	397.59

Exhibit A

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO II
17-260 7-09, et al**

	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	112.86	112.86	35	80.38	51.35
1	112.86	112.86	36	82.54	53.37
2	36.32	36.32	37	84.55	55.45
3	36.32	36.32	38	86.96	58.13
4	36.32	36.32	39	89.37	60.79
5	36.32	36.32	40	91.77	63.46
6	36.32	36.32	41	94.18	66.13
7	36.32	36.32	42	102.31	68.87
8	36.32	36.32	43	105.64	73.03
9	36.32	36.32	44	109.02	77.13
10	36.32	36.32	45	112.41	81.23
11	36.32	36.32	46	115.80	85.39
12	36.32	36.32	47	119.05	89.56
13	39.90	36.32	48	123.92	95.55
14	39.90	36.32	49	128.81	101.61
15	39.90	36.32	50	133.63	107.59
16	39.90	36.32	51	138.50	113.58
17	39.90	36.32	52	143.45	119.56
18	48.30	36.77	53	149.44	128.16
19	51.75	36.77	54	155.50	140.85
20	45.50	36.77	55	161.48	154.06
21	47.26	36.77	56	167.47	167.80
22	49.01	36.77	57	173.45	182.18
23	50.77	36.77	58	181.01	195.59
24	54.02	36.77	59	188.49	209.19
25	58.71	38.21	60	196.05	222.99
26	60.02	39.31	61	203.53	237.05
27	61.31	39.31	62	210.95	251.17
28	62.62	39.31	63	222.33	266.99
29	63.91	39.31	64	233.67	282.87
30	68.08	41.78	65	267.84	330.38
31	70.94	43.02	66	267.84	330.38
32	73.81	45.44	67	267.84	330.38
33	76.01	47.44	68	267.84	330.38
34	78.17	49.40	69	267.84	330.38

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO II 17-260 7-09, et al

	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	87.59	87.59	35	62.38	39.86
1	87.59	87.59	36	64.05	41.42
2	28.19	28.19	37	65.62	43.03
3	28.19	28.19	38	67.48	45.11
4	28.19	28.19	39	69.36	47.18
5	28.19	28.19	40	71.23	49.26
6	28.19	28.19	41	73.09	51.32
7	28.19	28.19	42	79.41	53.44
8	28.19	28.19	43	81.98	56.68
9	28.19	28.19	44	84.61	59.86
10	28.19	28.19	45	87.24	63.04
11	28.19	28.19	46	89.86	66.26
12	28.19	28.19	47	92.39	69.50
13	30.96	28.19	48	96.17	74.15
14	30.96	28.19	49	99.96	78.85
15	30.96	28.19	50	103.71	83.50
16	30.96	28.19	51	107.49	88.15
17	30.96	28.19	52	111.33	92.79
18	37.49	28.54	53	115.97	99.46
19	40.15	28.54	54	120.67	109.31
20	35.31	28.54	55	125.33	119.56
21	36.67	28.54	56	129.97	130.22
22	38.03	28.54	57	134.61	141.38
23	39.40	28.54	58	140.48	151.79
24	41.92	28.54	59	146.29	162.34
25	45.57	29.65	60	152.15	173.06
26	46.58	30.50	61	157.95	183.96
27	47.58	30.50	62	163.71	194.93
28	48.60	30.50	63	172.55	207.20
29	49.61	30.50	64	181.33	219.52
30	52.84	32.42	65	207.85	256.39
31	55.05	33.39	66	207.85	256.39
32	57.28	35.26	67	207.85	256.39
33	59.00	36.83	68	207.85	256.39
34	60.66	38.34	69	207.85	256.39

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO II
17-260 7-09, et al**

	In Network	Out of Network
Deductible	\$1,500	\$1,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	43.52	47.82	43	79.26	112.87
16	43.52	47.82	44	82.54	122.64
17	43.52	47.82	45	87.53	126.61
18	44.07	57.89	46	92.45	130.67
19	44.07	62.02	47	97.36	134.72
20	44.07	62.02	48	102.34	138.79
21	44.07	54.53	49	107.34	142.67
22	44.07	56.63	50	114.52	148.53
23	44.07	58.74	51	121.78	154.38
24	44.07	60.84	52	128.95	160.15
25	44.07	60.84	53	136.13	166.01
26	44.07	64.75	54	143.30	171.92
27	45.79	70.37	55	153.60	179.12
28	47.12	71.92	56	168.82	186.36
29	47.12	73.49	57	184.65	193.54
30	47.12	75.05	58	201.12	200.73
31	47.12	76.62	59	218.35	207.90
32	50.08	81.60	60	234.42	216.95
33	51.56	85.04	61	250.72	225.91
34	54.45	88.47	62	267.26	234.97
35	56.87	91.11	63	284.11	243.94
36	59.20	93.69	64	301.05	252.83
37	61.54	96.34	65	320.00	266.47
38	63.97	98.92	66	320.00	266.47
39	66.46	101.35	67	320.00	266.47
40	69.66	104.22	68	320.00	266.47
41	72.86	107.11	69	320.00	266.47
42	76.07	110.00			

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO II
17-260 7-09, et al**

	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	36.18	39.74	43	65.87	93.79
16	36.18	39.74	44	68.59	101.89
17	36.18	39.74	45	72.73	105.21
18	36.62	48.10	46	76.83	108.58
19	36.62	51.54	47	80.90	111.96
20	36.62	51.54	48	85.05	115.32
21	36.62	45.31	49	89.20	118.56
22	36.62	47.07	50	95.16	123.42
23	36.62	48.82	51	101.20	128.29
24	36.62	50.56	52	107.15	133.09
25	36.62	50.56	53	113.12	137.94
26	36.62	53.80	54	119.08	142.87
27	38.06	58.47	55	127.64	148.83
28	39.15	59.78	56	140.28	154.87
29	39.15	61.06	57	153.43	160.82
30	39.15	62.37	58	167.12	166.79
31	39.15	63.65	59	181.44	172.75
32	41.61	67.80	60	194.80	180.27
33	42.84	70.66	61	208.35	187.74
34	45.25	73.51	62	222.09	195.26
35	47.26	75.71	63	236.09	202.70
36	49.20	77.85	64	250.15	210.09
37	51.14	80.06	65	265.91	221.43
38	53.15	82.21	66	265.91	221.43
39	55.23	84.21	67	265.91	221.43
40	57.90	86.61	68	265.91	221.43
41	60.54	89.00	69	265.91	221.43
42	63.21	91.40			

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO II 17-260 7-09, et al

	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Spoused Insured Medical Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	28.08	30.84	43	51.11	72.80
16	28.08	30.84	44	53.22	79.09
17	28.08	30.84	45	56.45	81.65
18	28.42	37.33	46	59.62	84.27
19	28.42	39.99	47	62.78	86.88
20	28.42	39.99	48	66.00	89.50
21	28.42	35.17	49	69.22	92.01
22	28.42	36.52	50	73.85	95.79
23	28.42	37.88	51	78.53	99.56
24	28.42	39.23	52	83.16	103.29
25	28.42	39.23	53	87.80	107.06
26	28.42	41.76	54	92.42	110.88
27	29.53	45.38	55	99.05	115.50
28	30.38	46.39	56	108.87	120.19
29	30.38	47.38	57	119.08	124.82
30	30.38	48.40	58	129.70	129.44
31	30.38	49.41	59	140.81	134.07
32	32.29	52.63	60	151.17	139.91
33	33.26	54.83	61	161.68	145.69
34	35.11	57.05	62	172.35	151.53
35	36.67	58.75	63	183.21	157.31
36	38.19	60.42	64	194.14	163.05
37	39.69	62.12	65	206.37	171.85
38	41.25	63.78	66	206.37	171.85
39	42.85	65.35	67	206.37	171.85
40	44.92	67.21	68	206.37	171.85
41	46.99	69.08	69	206.37	171.85
42	49.06	70.94			

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO II
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Dependent Child(ren) Insured Medical Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	In Network		Out of Network <u>Coinsurance</u>	One <u>Child</u>	Two <u>Children</u>	All (3+) <u>Children</u>
	<u>In Network Coinsurance</u>	<u>Stop Loss Amount</u>				
\$1,500	100% / 0%	Not Applicable	80% / 20%	52.58	105.17	157.75
\$2,500	100% / 0%	Not Applicable	80% / 20%	43.70	87.40	131.10
\$5,000	100% / 0%	Not Applicable	80% / 20%	33.92	67.83	101.75

Maternity Rider Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	In Network		Out of Network <u>Coinsurance</u>	Maternity <u>Rider</u>
	<u>In Network Coinsurance</u>	<u>Stop Loss Amount</u>		
\$1,500	100% / 0%	Not Applicable	80% / 20%	108.36
\$2,500	100% / 0%	Not Applicable	80% / 20%	99.24
\$5,000	100% / 0%	Not Applicable	80% / 20%	85.00

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Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO II 17-260 7-09, et al

	In Network	Out of Network
Deductible	\$1,500	\$1,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Primary Insured Drug Coverage Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	11.46	11.46	35	46.80	28.94
1	11.46	11.46	36	46.80	28.94
2	11.46	11.46	37	46.80	28.94
3	11.46	11.46	38	46.80	28.94
4	11.46	11.46	39	46.80	28.94
5	11.46	11.46	40	46.80	28.94
6	11.46	11.46	41	46.80	28.94
7	11.46	11.46	42	46.80	28.94
8	11.46	11.46	43	46.80	28.94
9	11.46	11.46	44	46.80	28.94
10	11.46	11.46	45	47.76	31.82
11	11.46	11.46	46	47.76	34.70
12	11.46	11.46	47	47.76	37.57
13	11.46	11.46	48	47.76	39.77
14	11.46	11.46	49	47.76	41.97
15	11.46	11.46	50	48.86	44.16
16	11.46	11.46	51	49.96	46.36
17	11.46	11.46	52	51.06	48.55
18	24.12	13.27	53	56.83	50.93
19	24.12	13.27	54	62.61	53.30
20	34.98	13.27	55	68.38	55.67
21	34.98	13.27	56	74.15	58.04
22	34.98	13.27	57	79.91	60.41
23	34.98	13.27	58	81.65	62.87
24	34.98	13.27	59	83.39	65.32
25	40.10	15.09	60	85.13	67.77
26	40.10	15.09	61	86.87	70.22
27	40.10	15.09	62	88.62	72.65
28	40.10	15.09	63	91.51	77.32
29	40.10	15.09	64	94.40	81.99
30	44.62	24.12	65	97.29	86.65
31	44.62	24.12	66	97.29	86.65
32	44.62	24.12	67	97.29	86.65
33	44.62	24.12	68	97.29	86.65
34	44.62	24.12	69	97.29	86.65

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO II
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	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Primary Insured Drug Coverage Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	9.53	9.53	35	38.89	24.06
1	9.53	9.53	36	38.89	24.06
2	9.53	9.53	37	38.89	24.06
3	9.53	9.53	38	38.89	24.06
4	9.53	9.53	39	38.89	24.06
5	9.53	9.53	40	38.89	24.06
6	9.53	9.53	41	38.89	24.06
7	9.53	9.53	42	38.89	24.06
8	9.53	9.53	43	38.89	24.06
9	9.53	9.53	44	38.89	24.06
10	9.53	9.53	45	39.69	26.44
11	9.53	9.53	46	39.69	28.83
12	9.53	9.53	47	39.69	31.23
13	9.53	9.53	48	39.69	33.05
14	9.53	9.53	49	39.69	34.87
15	9.53	9.53	50	40.60	36.70
16	9.53	9.53	51	41.52	38.52
17	9.53	9.53	52	42.43	40.34
18	20.05	11.02	53	47.22	42.32
19	20.05	11.02	54	52.02	44.29
20	29.06	11.02	55	56.82	46.26
21	29.06	11.02	56	61.62	48.24
22	29.06	11.02	57	66.41	50.20
23	29.06	11.02	58	67.85	52.24
24	29.06	11.02	59	69.29	54.27
25	33.32	12.53	60	70.74	56.32
26	33.32	12.53	61	72.18	58.35
27	33.32	12.53	62	73.63	60.37
28	33.32	12.53	63	76.04	64.25
29	33.32	12.53	64	78.44	68.13
30	37.08	20.05	65	80.85	72.01
31	37.08	20.05	66	80.85	72.01
32	37.08	20.05	67	80.85	72.01
33	37.08	20.05	68	80.85	72.01
34	37.08	20.05	69	80.85	72.01

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO II
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	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Primary Insured Drug Coverage Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	7.39	7.39	35	30.18	18.67
1	7.39	7.39	36	30.18	18.67
2	7.39	7.39	37	30.18	18.67
3	7.39	7.39	38	30.18	18.67
4	7.39	7.39	39	30.18	18.67
5	7.39	7.39	40	30.18	18.67
6	7.39	7.39	41	30.18	18.67
7	7.39	7.39	42	30.18	18.67
8	7.39	7.39	43	30.18	18.67
9	7.39	7.39	44	30.18	18.67
10	7.39	7.39	45	30.80	20.52
11	7.39	7.39	46	30.80	22.38
12	7.39	7.39	47	30.80	24.23
13	7.39	7.39	48	30.80	25.65
14	7.39	7.39	49	30.80	27.07
15	7.39	7.39	50	31.51	28.48
16	7.39	7.39	51	32.22	29.90
17	7.39	7.39	52	32.93	31.31
18	15.56	8.56	53	36.65	32.84
19	15.56	8.56	54	40.37	34.37
20	22.55	8.56	55	44.10	35.90
21	22.55	8.56	56	47.82	37.43
22	22.55	8.56	57	51.53	38.96
23	22.55	8.56	58	52.66	40.54
24	22.55	8.56	59	53.78	42.12
25	25.86	9.73	60	54.90	43.70
26	25.86	9.73	61	56.02	45.28
27	25.86	9.73	62	57.15	46.85
28	25.86	9.73	63	59.01	49.86
29	25.86	9.73	64	60.87	52.88
30	28.78	15.56	65	62.74	55.88
31	28.78	15.56	66	62.74	55.88
32	28.78	15.56	67	62.74	55.88
33	28.78	15.56	68	62.74	55.88
34	28.78	15.56	69	62.74	55.88

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**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO II
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	In Network	Out of Network
Deductible	\$1,500	\$1,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Spoused Insured Drug Coverage Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	11.46	11.46	43	28.94	46.80
16	11.46	11.46	44	28.94	46.80
17	11.46	11.46	45	28.94	46.80
18	13.27	24.12	46	28.94	46.80
19	13.27	24.12	47	31.82	47.76
20	13.27	24.12	48	34.70	47.76
21	13.27	34.98	49	37.57	47.76
22	13.27	34.98	50	39.77	47.76
23	13.27	34.98	51	41.97	47.76
24	13.27	34.98	52	44.16	48.86
25	13.27	34.98	53	46.36	49.96
26	13.27	34.98	54	48.55	51.06
27	15.09	40.10	55	50.93	56.83
28	15.09	40.10	56	53.30	62.61
29	15.09	40.10	57	55.67	68.38
30	15.09	40.10	58	58.04	74.15
31	15.09	40.10	59	60.41	79.91
32	24.12	44.62	60	62.87	81.65
33	24.12	44.62	61	67.63	84.78
34	24.12	44.62	62	72.38	87.91
35	24.12	44.62	63	77.13	91.04
36	24.12	44.62	64	81.89	94.16
37	28.94	46.80	65	86.65	97.29
38	28.94	46.80	66	86.65	97.29
39	28.94	46.80	67	86.65	97.29
40	28.94	46.80	68	86.65	97.29
41	28.94	46.80	69	86.65	97.29
42	28.94	46.80			

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO II
17-260 7-09, et al**

	In Network	Out of Network
Deductible	\$2,500	\$2,500
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Spoused Insured Drug Coverage Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	9.53	9.53	43	24.06	38.89
16	9.53	9.53	44	24.06	38.89
17	9.53	9.53	45	24.06	38.89
18	11.02	20.05	46	24.06	38.89
19	11.02	20.05	47	26.44	39.69
20	11.02	20.05	48	28.83	39.69
21	11.02	29.06	49	31.23	39.69
22	11.02	29.06	50	33.05	39.69
23	11.02	29.06	51	34.87	39.69
24	11.02	29.06	52	36.70	40.60
25	11.02	29.06	53	38.52	41.52
26	11.02	29.06	54	40.34	42.43
27	12.53	33.32	55	42.32	47.22
28	12.53	33.32	56	44.29	52.02
29	12.53	33.32	57	46.26	56.82
30	12.53	33.32	58	48.24	61.62
31	12.53	33.32	59	50.20	66.41
32	20.05	37.08	60	52.24	67.85
33	20.05	37.08	61	56.20	70.45
34	20.05	37.08	62	60.15	73.05
35	20.05	37.08	63	64.10	75.65
36	20.05	37.08	64	68.05	78.25
37	24.06	38.89	65	72.01	80.85
38	24.06	38.89	66	72.01	80.85
39	24.06	38.89	67	72.01	80.85
40	24.06	38.89	68	72.01	80.85
41	24.06	38.89	69	72.01	80.85
42	24.06	38.89			

Exhibit A

5/29/2012

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 01, 2013**

**HSA Blue PPO II
17-260 7-09, et al**

	In Network	Out of Network
Deductible	\$5,000	\$5,000
Coinsurance	100% / 0%	60%/40%
Stop Loss Amount	N/A	No Max

Spoused Insured Drug Coverage Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	7.39	7.39	43	18.67	30.18
16	7.39	7.39	44	18.67	30.18
17	7.39	7.39	45	18.67	30.18
18	8.56	15.56	46	18.67	30.18
19	8.56	15.56	47	20.52	30.80
20	8.56	15.56	48	22.38	30.80
21	8.56	22.55	49	24.23	30.80
22	8.56	22.55	50	25.65	30.80
23	8.56	22.55	51	27.07	30.80
24	8.56	22.55	52	28.48	31.51
25	8.56	22.55	53	29.90	32.22
26	8.56	22.55	54	31.31	32.93
27	9.73	25.86	55	32.84	36.65
28	9.73	25.86	56	34.37	40.37
29	9.73	25.86	57	35.90	44.10
30	9.73	25.86	58	37.43	47.82
31	9.73	25.86	59	38.96	51.53
32	15.56	28.78	60	40.54	52.66
33	15.56	28.78	61	43.60	54.68
34	15.56	28.78	62	46.67	56.70
35	15.56	28.78	63	49.73	58.72
36	15.56	28.78	64	52.79	60.74
37	18.67	30.18	65	55.88	62.74
38	18.67	30.18	66	55.88	62.74
39	18.67	30.18	67	55.88	62.74
40	18.67	30.18	68	55.88	62.74
41	18.67	30.18	69	55.88	62.74
42	18.67	30.18			

Exhibit A

5/29/2012

Arkansas Blue Cross and Blue Shield Proposed Monthly Bank Draft Rates Effective as of January 01, 2013

HSA Blue PPO II 17-260 7-09, et al

Dependent Child(ren) Insured Drug Coverage Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	<u>In Network Coinsurance</u>	<u>In Network</u>	<u>Out of Network Coinsurance</u>	<u>One Child</u>	<u>Two Children</u>	<u>All (3+) Children</u>
		<u>Stop Loss Amount</u>				
\$1,500	100% / 0%	Not Applicable	80% / 20%	12.86	25.72	38.57
\$2,500	100% / 0%	Not Applicable	80% / 20%	10.68	21.37	32.05
\$5,000	100% / 0%	Not Applicable	80% / 20%	8.29	16.58	24.87

ARKANSAS BLUE CROSS BLUE SHIELD

3/1/2012

**Exhibit 1
as prescribed by Bulletin 6A-2011**

Per the Instructions, health insurance issuers proposing rate increases above the threshold fill in only those cells that are highlighted in GREY. The other cells are auto-populated.

A. Base Period Data

Start Period: 01/31/2011 End Period: 12/31/2011

Service Categories	Member Months	Total Allowed	Net Claims	Member's Cost Sharing	Member's Cost Sharing PMPM	Net PMPM	Allowed PMPM
Inpatient	834,400	\$ 37,143,738.58	\$ 33,037,785.38	\$ 4,105,953.20	\$ 4.92	\$ 39.59	\$ 44.52
Outpatient	834,400	\$ 27,758,491.28	\$ 17,547,683.45	\$ 10,210,807.83	\$ 12.24	\$ 21.03	\$ 33.27
Professional	834,400	\$ 69,711,962.34	\$ 43,400,094.31	\$ 26,311,868.03	\$ 31.53	\$ 52.01	\$ 83.55
Prescription Drugs	834,400	\$ 38,595,111.43	\$ 25,525,762.24	\$ 13,069,349.19	\$ 15.66	\$ 30.59	\$ 46.25
Other	834,400	\$ 2,734,536.19	\$ 1,732,380.75	\$ 1,002,155.44	\$ 1.20	\$ 2.08	\$ 3.28
Capitation	834,400	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total	834,400	\$ 175,943,839.82	\$ 121,243,706.13	\$ 54,700,133.69	\$ 65.56	\$ 145.31	\$ 210.86

B. Claim Projections

B1. Adjustment to the Current Rate

Start Period: 01/31/2012 End Period: 12/31/2012

Service Categories	Overall Medical Trend	Projected Allowed PMPM	Net Claims	Member's Cost Sharing
Inpatient	1.1027	\$ 49.09	\$ 44.04	0.103
Outpatient	1.1044	\$ 36.74	\$ 23.52	0.360
Professional	1.1066	\$ 92.45	\$ 58.33	0.369
Prescription Drugs	1.1129	\$ 51.48	\$ 34.61	0.328
Other	1.1068	\$ 3.63	\$ 2.33	0.357
Capitation		\$ 0.00	\$ 0.00	
Total		\$ 233.38	\$ 162.83	0.302

B2. Claims Projection for Future Rate

Start Period: 01/31/2013 End Period: 12/31/2013

Service Categories	Overall Medical Trend	Projected Allowed PMPM	Net Claims	Member's Cost Sharing
Inpatient	1.1162	\$ 54.79	\$ 49.57	0.095
Outpatient	1.1160	\$ 41.00	\$ 26.48	0.354
Professional	1.1162	\$ 103.19	\$ 65.67	0.364
Prescription Drugs	1.1208	\$ 57.69	\$ 39.22	0.320
Other	1.1161	\$ 4.05	\$ 2.63	0.351
Capitation		\$ 0.00	\$ 0.00	
Total		\$ 260.73	\$ 183.57	0.296

C. Components of Current and Future Rates

	Future Rate		Prior Estimate of Current Rate		Difference	
	PMPM	%	PMPM	%	PMPM	%
1. Projected Net Claims	\$ 183.57	78.00%	\$ 160.96	76.00%	\$ 22.61	95.97%
2. Administrative Costs	\$ 51.78	22.00%	\$ 47.65	22.50%	\$ 4.13	17.53%
3. Underwriting Gain/Loss	\$ 0.00	0.00%	\$ 3.18	1.50%	\$ (3.18)	-13.50%
4. Total Rate	\$ 235.35	100.00%	\$ 211.79	100.00%	\$ 23.56	100.00%
5. Overall Rate Increase		11.12%				

D. Components of Rate Increase

	Impact on Rate	Percent
Claims Components		
1. Inpatient	\$ 5.12	26.53%
2. Outpatient	\$ 2.73	14.15%
3. Professional	\$ 6.78	35.14%
4. Prescription Drugs	\$ 4.18	21.68%
5. Other	\$ 0.27	1.40%
6. Capitation	\$ 0.00	0.00%
7. Cost Share	\$ (1.66)	-8.63%
8. Correction of Prior Net Claims Estimate	\$ 1.87	9.72%
9. Total	\$ 19.28	100.00%
Claims Restatement for Current Rate Period (1/1/2012-12/31/2012)		
8.a. Prior Net Claims Estimate for Current Rate Period	\$	160.96
8.b. Re-Estimate of Net Claims PMPM for Current Rate Period	\$	162.83

E. List of Annual Average Rate Changes Requested and Implemented in the Past Three Calendar Years

Calendar Year	Requested	Implemented
2012	8.10%	8.10%
2011	9.75%	7.00%
2010	N/A	N/A

F. Range and Scope of Proposed Increase

Number of Covered Individuals	62,367	Number of Covered Policyholders	37,368
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	Current Premium (Individual)	Proposed Premium (Individual)	% Change
Minimum % Increase	\$214.41	\$235.35	9.80%
Maximum % Increase	\$214.41	\$235.35	9.80%

ARKANSAS BLUE CROSS BLUE SHIELD

Exhibit 2

as prescribed by Bulletin 6A-2011

Reason for Requesting Rate Increase

Arkansas BlueCross BlueShield (ABCBS) is proposing a rate increase of 9.8% for our closed block of Individual products as of January 1, 2013. Most of the policy forms listed below have received a rate increase of 8.1% as of January 1, 2012. Three of the listed policy forms, Comprehensive Blue I, Comprehensive Blue II, and HSA Blue PPO II have not had a rate increase since inception.

However, in accordance to A.C.A. §23-79-153(d)(1) and AID Bulletin No. 8-2006, Section I, ABCBS is giving notice that with this filing we are closing Comprehensive Blue I, Comprehensive Blue II, and HSA Blue PPO II and adding them to the closed bloc effective December 31, 2012.

The cost of hospital services, physician services, and prescription drug coverage for our individual members continues to rise. Those increases are driven both by higher payment rates to healthcare providers as well as increased utilization of services. The higher payments to healthcare providers happen in two ways - 1) higher charges and 2) leveraging. Leveraging occurs when the overall costs go up, but a fixed element does not change.

Leverage example:

An individual has \$1,000 of allowed charges, and the individual has a \$200 deductible. As a result, the insurance company would pay \$800 and the individual pays \$200. If the charges increase 10%, then the \$1,000 becomes \$1,100. In this instance, the individual would still only pay \$200, but the insurance company would pay \$900. This means that the insurance company's cost actually went up by 12.5% ($900/800$). This example is one reason why health insurance trends are higher than healthcare trends.

The data shows that for the last 24 months, trends are between 15-16%, but we do not believe that this trend will continue into the future. Many times trends go in cycles, and we believe that we have peaked on the trends and should start to come down. Therefore, in spite of the data, we have assumed a lower trend of 11.9%.

Administrative costs consist of many items, including, but not limited to, broker commissions, claims administration, customer service, marketing, and fixed overheads. In cases in which overall membership is declining and overhead costs remain fixed, an increase in per member administrative costs can result.

ARKANSAS BLUE CROSS BLUE SHIELD

Exhibit 2

as prescribed by Bulletin 6A-2011

At ABCBS we do not raise rates to increase overall company profit. In fact, although Bulletin 12-81 has allowed for target loss ratios down to 50%, our historical loss ratio and the target loss ratio for the 2013 policy year are well above the 50%. Due to our commitment to making healthcare coverage affordable for all Arkansans, ABCBS has historically strived to keep its profit margins below the industry. This particular filing has a 0% profit built into the rates.