

July 30, 2010

Mr. Paul Lombardo, ASA, MAAA
 Actuary, Life & Health Division
 Insurance Department
 State of Connecticut
 P.O. Box 816
 Hartford, CT 06142-0816

Re: Anthem Direct Pay PPACA Compliant Product Options Filing Effective 9/17/2010
SERFF Tracking #ANTA-126736340
Affected Forms N1369, N1414, N736 and 3200

Dear Mr. Lombardo:

Submitted for your review and approval are rate relativities from existing to new business rates for our new versions of PPACA-compliant Lumenos, Tonik, Century Preferred, and BlueCare Direct benefit options for new sales effective September 17, 2010. The purpose of this filing is to provide the department with the proposed rates for the new benefit options; this information may not be appropriate for other purposes.

Summary Impact for PPACA-Compliant Product Portfolio

The following table details the rate impact for the PPACA-Compliant Lumenos, Tonik, Century Preferred, and Blue Direct benefit options that will be applied to our January 1, 2010 premium rates along with trend factor.

Benefit Changes	Premium Impact	Notes
Unlimited lifetime maximum	0.00%	
Dependent to age 26	0.20%	Definitional differences to current
Rescission changes	0.00%	
Guaranteed issue and no pre-ex for children	4.80%	
Preventive covered in full under the deductible	Varies	By plan, from 0% to 8.5%
Removing annual maximums for essential benefits	Varies	By plan, from 0.5% to 22.9%

BasiCare policies will receive all additional benefits noted above with no immediate change in premium rate. Grandfathered and non-grandfathered policies will have the same benefits and the same premium rates on this modified benefit policy. Any rate adjustment required as a result of the new coverage will be included with the next renewal rate increase.

Pricing of Rate Impacts

The unlimited lifetime maximum and rescission changes have negligible rate impacts. PPACA requires dependent coverage to age 26 including married dependents. Current Connecticut law requires dependent coverage to age 26 excluding married dependents. We used an in-house pricing tool based on Milliman continuance tables to price this increase in benefits at 0.2%.

The additional cost to cover guaranteed issue ("GI") and no pre-ex for children was determined by estimating the additional membership at a higher average morbidity and then accounting for the higher claims offset by any additional premium that would be collected as a result of a underwriting rate-up factor. The required increase to the base rates were set by determining the additional premium

needed to offset the increase in claims. The assumptions used were primarily based on Enterprise-wide data. The result of the analysis was a required rate increase of 4.8%.

The impact of the requirement to cover preventive benefits in full (100%) under the deductible was priced using Enterprise experience for preventive care claim cost. Generally, the fixed cost of adding preventive benefits should not vary materially between deductible levels and, thus, a fixed dollar amount was determined to add to all plan designs within a portfolio. The estimated increase in claim cost was weighted by product to determine the impact of adding unlimited preventive care benefits to the entire pool. As a reasonableness check, we used our in-house pricing tool based on Milliman continuance tables to price the change in preventive benefits as well, which resulted in a similar cost impact. The impacts varied from 0% to 8.5%.

Annual dollar limits for essential benefits must also be removed such as pharmacy, hearing aids and physical/occupational/speech therapy. The attached Exhibit A details the changes in annual maximums for the affected products. The largest impact to claim cost is the removal of the pharmacy annual maximums for each product. Anthem estimates the impact of replacing dollar limits with day limits will be revenue neutral or claim cost equivalent. We used an in-house pricing tool based on Milliman continuance tables to price the changes in coverage. Again, the removal of the annual limit of pharmacy coverage created the largest impact resulting in a range of required increases for removing annual maximums from essential benefits of 0.5% to 22.9%.

A trend adjustment was also included to adjust the current rate effective date from January 1st to September 17th (9.5 months of the trend from the approved January 2010 filing). The trend adjustment utilizes the approved claim cost trends from the 1/1/2010 rate filing:

Product	1/1/2010 Trend	Applied Trend
Lumenos	17.0%	13.2%
Tonik	15.5%	12.1%
BlueCare	18.8%	14.6%
Century		
Preferred	15.5%	12.1%

Exhibit B details the total rate increase for PPACA compliant versions of existing products that will be open to new enrollment on 9/17/2010. An illustrative calculation of the adjusted premium rates is also shown for each plan option.

Policyholders Impacted

The following policyholders will be impacted by the rate relativities shown above:

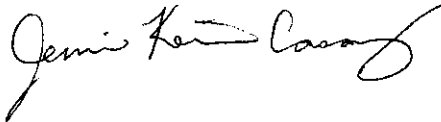
- Non-grandfathered new sales: new sales on or after September 17, 2010 will be quoted premium rates that are reflective of the increases shown in the attached Exhibit B
- Non-grandfathered sales from 3/23/10 to 9/16/10: policyholders that purchased coverage between 3/23 and 9/16 will be required to move to PPACA compliant products on January 1, 2011 with correspondingly higher premium rates.
- Policyholders that switched deductible levels or products after 3/23/2010 who may have severed their grandfathered status will be treated similarly to new sales between 3/23 and 9/16 and required to move to PPACA compliant products.
- Grandfathered policyholders that have remained on the same coverage since prior to 3/23/2010 will not be affected by the rate impacts shown above as long as they maintain their grandfathered status as outlined in PPACA-related rules and regulations.
- As stated above, BasiCare policies will receive all additional benefits noted above with no immediate change in premium rate. Grandfathered and non-grandfathered policies will have the same benefits and the same premium rates on this modified benefit policy. Any rate adjustment required as a result of the new coverage will be included with the next renewal rate increase.

Closing

I, Jennie Keith Casaday, am an Actuarial Director for WellPoint Inc. I am a member of the American Academy of Actuaries and a Fellow of the Society of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

Thank you for your attention to this filing. If you have any questions regarding this matter, please feel free to contact me directly at (404) 467-2609 or jennie.casaday@anthem.com.

Sincerely,

A handwritten signature in black ink, reading "Jennie Keith Casaday". The signature is fluid and cursive, with the first name "Jennie" being the most prominent.

Jennie Keith Casaday, FSA, MAAA
Actuarial Director
The WellPoint Companies, Inc.

Enclosures

EXHIBIT A

Anthem Blue Cross and Blue Shield Direct Pay Products CT PPACA Compliance Filing Summary of Coverage Modifications

I. Existing Products (sales with effective dates prior to September 17, 2010) Benefit Coverage

Product	Deductible Levels Offered	Lifetime Maximum	Preventive Coverage	Annual Maximums			
				PT/OT	Speech Therapy	Pharmacy Coverage	Hearing Aids
BlueCare Direct - HMO	\$1,500	\$5,000,000	Copay	30 per year	with PT/OT	\$500 or \$2000/CY	\$1000/2 yrs
Tonik	\$1500, \$3000,\$5000	\$5,000,000	Copay \$3000 per year Before /After Ded depending on policy chosen	30 per year	with PT/OT	\$500/CY	\$1000/2 yrs
Lumenos H S A	\$2000,\$2500,\$3500, \$5000, \$5950	Unlimited		\$3000 per year	with PT/OT	Unlimited	\$1000/2 yrs
Century Preferred Direct	\$250,\$1500,\$3000 \$5000, \$10,000	\$5,000,000 \$10,000	Ded/Coinsurance	30 per year	with PT/OT	\$2000/CY	\$1000/2 yrs
BasiCare	N/A	Med/Surg	Not Covered	30 per year	Not Covered	Not Covered	\$1000/2 yrs

II. PPACA-Compliant Products Available for New Sales with Effective Dates September 17, 2010 Benefit Coverage

Product	Deductible Levels Offered	Lifetime Maximum	Preventive Coverage	Annual Maximums			
				PT/OT	Speech Therapy	Pharmacy Coverage	Hearing Aids
BlueCare Direct - HMO	\$1,500	Unlimited	No Cost Share	30 per year	with PT/OT	Unlimited	1 in 2 yrs
Tonik	\$1500, \$3000,\$5000 \$2000,\$2500,\$3500, \$5000, \$5950	Unlimited	No Cost Share	35 visits	with PT/OT	Unlimited	1 in 2 yrs
Lumenos H S A	\$250,\$1500,\$3000 \$5000, \$10,000	Unlimited	No Cost Share	35 visits	with PT/OT	Unlimited	1 in 2 yrs
Century Preferred Direct	\$5000, \$10,000	Unlimited	No Cost Share	30 per year	with PT/OT	Unlimited	1 in 2 yrs
BasiCare	N/A	Unlimited	Not Covered	30 per year	Not Covered	Not Covered	1 in 2 yrs

EXHIBIT B

**Anthem Blue Cross and Blue Shield Direct Pay Products
CT PPACA Compliance Filing
Illustrative Premium Rates: Single Male, Age 40**

Plan	Current 1/1/2010 Premium	PPACA Rate Adjustments						Removing Annual Maximums	Trend Adjustment	Proposed Illustrative 9/17/2010 Premium Increase	
		Unlimited Lifetime Maximum	Age 26 Dependent	Rescission Changes	GI/Pre-ex for Children	Preventive CIF				Premium	Increase
<u>Lumenos</u>											
Lumenos HSA \$1250 100/70	\$300.82	1,000	1,002	1,000	1,048	1,000	1,005	1,005	1.132	\$359.37	19.5%
Lumenos HSA \$2500 100/70	\$241.16	1,000	1,002	1,000	1,048	1,000	1,005	1,005	1.132	\$288.10	19.5%
Lumenos HSA \$2500 80/60	\$183.08	1,000	1,002	1,000	1,048	1,000	1,005	1,005	1.132	\$218.71	19.5%
Lumenos HSA \$5000 100/70	\$150.64	1,000	1,002	1,000	1,048	1,000	1,005	1,005	1.132	\$179.96	19.5%
Lumenos HSA \$2000 80/60	\$187.72	1,000	1,002	1,000	1,048	1,057	1,005	1,005	1.132	\$236.38	25.9%
Lumenos HSA \$3500 100/60	\$175.46	1,000	1,002	1,000	1,048	1,061	1,005	1,005	1.132	\$221.74	26.4%
Lumenos HSA \$5950 100/60	\$126.66	1,000	1,002	1,000	1,048	1,085	1,005	1,005	1.132	\$163.44	29.0%
<u>Century Preferred</u>											
Cent Pref \$250	\$403.16	1,000	1,002	1,000	1,048	1,027	1,080	1,080	1.121	\$523.04	29.7%
Cent Pref \$1500	\$337.00	1,000	1,002	1,000	1,048	1,034	1,093	1,093	1.121	\$444.64	31.9%
Cent Pref \$5000	\$210.28	1,000	1,002	1,000	1,048	1,063	1,135	1,135	1.121	\$294.16	39.9%
Cent Pref \$10000	\$178.07	1,000	1,002	1,000	1,048	1,080	1,151	1,151	1.121	\$255.74	43.6%
Cent Pref \$1500-80/60	\$300.54	1,000	1,002	1,000	1,048	1,039	1,102	1,102	1.121	\$401.41	33.6%
Cent Pref \$3000-100/60	\$263.46	1,000	1,002	1,000	1,048	1,046	1,114	1,114	1.121	\$357.40	35.7%
<u>Tonik</u>											
Tonik \$1500	\$302.10	1,000	1,002	1,000	1,048	1,023	1,185	1,185	1.121	\$425.99	41.0%
Tonik \$3000	\$266.59	1,000	1,002	1,000	1,048	1,027	1,207	1,207	1.121	\$383.81	44.0%
Tonik \$5000	\$238.36	1,000	1,002	1,000	1,048	1,031	1,230	1,230	1.121	\$350.24	46.9%
<u>BlueCare</u>											
BlueCare \$1500	\$451.54	1,000	1,002	1,000	1,048	1,007	1,077	1,077	1.145	\$587.14	30.0%

Proprietary and Confidential
Anthem Blue Cross and Blue Shield Direct Pay Products
CT PPACA Compliance Filing
Preventive CIF Impact

Plan	1/1/2010 Medical Premium	Preventive CIF Impact ¹	Existing Preventive Adjustment ²	Additional Claim Cost ³	Additional Premium Required ⁴ on Premium	% Impact on Premium
<u>Lumenos</u>						
Lumenos HSA \$1250 100/70	\$300.82	\$11.43	0%	\$0.00	\$0.00	0.0%
Lumenos HSA \$2500 100/70	\$241.16	\$11.43	0%	\$0.00	\$0.00	0.0%
Lumenos HSA \$2500 80/60	\$183.08	\$11.43	0%	\$0.00	\$0.00	0.0%
Lumenos HSA \$5000 100/70	\$150.64	\$11.43	0%	\$0.00	\$0.00	0.0%
Lumenos HSA \$2000 80/60	\$187.72	\$11.43	75.0%	\$8.57	\$10.71	5.7%
Lumenos HSA \$3500 100/60	\$175.46	\$11.43	75.0%	\$8.57	\$10.71	6.1%
Lumenos HSA \$5950 100/60	\$126.66	\$11.43	75.0%	\$8.57	\$10.71	8.5%
<u>Century Preferred</u>						
Cent Pref \$250	\$342.31	\$11.43	65.9%	\$7.53	\$9.41	2.7%
Cent Pref \$1500	\$276.15	\$11.43	65.9%	\$7.53	\$9.41	3.4%
Cent Pref \$5000	\$149.43	\$11.43	65.9%	\$7.53	\$9.41	6.3%
Cent Pref \$10000	\$117.22	\$11.43	65.9%	\$7.53	\$9.41	8.0%
Cent Pref \$1500-80/60	\$239.69	\$11.43	65.9%	\$7.53	\$9.41	3.9%
Cent Pref \$3000-100/60	\$202.61	\$11.43	65.9%	\$7.53	\$9.41	4.6%
<u>BlueCare</u>						
BlueCare \$1500	\$390.69	\$11.43	20.0%	\$2.29	\$2.86	0.7%
<u>Tonik</u>						
Tonik \$1500	\$260.22	\$11.43	42.5%	\$4.86	\$6.08	2.3%
Tonik \$3000	\$224.71	\$11.43	42.5%	\$4.86	\$6.08	2.7%
Tonik \$5000	\$196.48	\$11.43	42.5%	\$4.86	\$6.08	3.1%

Notes:

¹ Preventive CIF (covered in full) impact is based on enterprise data by age and gender for the Lumenos product which includes preventive covered in full. The PMPM shown is the full amount of preventive care prior to any preventive benefits paid under the existing plan design (usually after the deductible is met). Preventive data was pulled based on data warehouse preventive coverage indicators along with all mammograms and immunization procedures.

² Existing preventive adjustment is the current member cost sharing adjustment to account for the amount that the existing plan design pays for preventive when members either meet their deductible or have a copay plan design that results in preventive benefits covered (like Tonik). The percentage shown is the amount that would not have been covered under the existing plan design.

³ Additional claim cost to cover the preventive is product of the total preventive CIF impact and the existing preventive coverage adjustment.

⁴ Additional premium is determined by targeting an 80% loss ratio on the additional benefit.



Rate Appendix A - BLUECARE DIRECT

Effective September 17, 2010

Non-Grandfathered Option

DRAFT RATE SHEETS for PPACA-Compliant Products: Changes may be required during system implementation

\$1500 Deductible (Non-Gatekeeper HMO)

	Single		Two -	
	Male	Female	Person	Family
<19	\$340.63	\$614.15	\$1,012.63	\$1,632.48
19-24	\$340.63	\$614.15	\$1,012.63	\$1,632.48
25-29	\$340.63	\$614.15	\$1,012.63	\$1,632.48
30-34	\$453.47	\$686.97	\$1,027.62	\$1,831.00
35-39	\$453.47	\$686.97	\$1,027.62	\$1,831.00
40-44	\$586.29	\$743.39	\$1,126.87	\$1,951.70
45-49	\$678.42	\$818.37	\$1,251.13	\$2,035.26
50-54	\$923.37	\$949.80	\$1,620.34	\$2,253.05
55-59	\$1,207.58	\$1,199.73	\$2,115.94	\$2,727.95
60-64	\$1,544.62	\$1,387.59	\$2,685.08	\$3,216.40
65+	\$1,501.71	\$1,354.07	\$2,658.68	\$3,053.56

Form #N734



Rate Appendix B - CENTURY PREFERRED DIRECT
Effective September 17, 2010
Non-Grandfathered Option

DRAFT RATE SHEETS for PPACA-Compliant Products: Changes may be required during system implementation

with \$10 Generic/\$25 Listed Brand/\$40 Non-Listed Brand Copay Prescription Drug Plan with Unlimited Annual Max

	\$250/\$500 80%/60%					\$1500/\$3000 100%/60%					\$1500/\$3000 80%/60%				
	Single		Two -		Family	Single		Two -		Family	Single		Two -		Family
	Male	Female	Person	Person		Male	Female	Person	Person		Male	Female	Person	Person	
<19	\$306.45	\$434.48	\$793.10	\$1,350.75	\$1,350.75	\$260.97	\$370.00	\$675.42	\$1,150.33	\$1,150.33	\$235.91	\$334.46	\$610.54	\$1,039.83	\$1,039.83
19-24	\$306.45	\$434.48	\$793.10	\$1,350.75	\$1,350.75	\$260.97	\$370.00	\$675.42	\$1,150.33	\$1,150.33	\$235.91	\$334.46	\$610.54	\$1,039.83	\$1,039.83
25-29	\$306.45	\$434.48	\$793.10	\$1,350.75	\$1,350.75	\$260.97	\$370.00	\$675.42	\$1,150.33	\$1,150.33	\$235.91	\$334.46	\$610.54	\$1,039.83	\$1,039.83
30-34	\$408.39	\$500.01	\$806.46	\$1,529.16	\$1,529.16	\$347.79	\$425.83	\$686.80	\$1,302.26	\$1,302.26	\$314.39	\$384.91	\$620.82	\$1,177.16	\$1,177.16
35-39	\$408.39	\$500.01	\$806.46	\$1,529.16	\$1,529.16	\$347.79	\$425.83	\$686.80	\$1,302.26	\$1,302.26	\$314.39	\$384.91	\$620.82	\$1,177.16	\$1,177.16
40-44	\$527.32	\$550.97	\$895.65	\$1,637.78	\$1,637.78	\$449.08	\$469.23	\$762.75	\$1,394.76	\$1,394.76	\$405.94	\$424.15	\$689.49	\$1,260.78	\$1,260.78
45-49	\$610.45	\$618.33	\$1,007.30	\$1,713.02	\$1,713.02	\$519.87	\$526.59	\$857.84	\$1,458.84	\$1,458.84	\$469.93	\$476.01	\$775.44	\$1,318.72	\$1,318.72
50-54	\$830.71	\$854.39	\$1,457.56	\$2,026.75	\$2,026.75	\$707.45	\$727.61	\$1,241.28	\$1,726.01	\$1,726.01	\$639.49	\$657.71	\$1,122.04	\$1,560.21	\$1,560.21
55-59	\$1,086.20	\$1,078.91	\$1,903.57	\$2,453.95	\$2,453.95	\$925.02	\$918.81	\$1,621.11	\$2,089.83	\$2,089.83	\$836.16	\$830.55	\$1,465.39	\$1,889.07	\$1,889.07
60-64	\$1,459.37	\$1,288.26	\$2,415.11	\$2,893.27	\$2,893.27	\$1,242.83	\$1,097.10	\$2,056.75	\$2,463.95	\$2,463.95	\$1,123.45	\$991.72	\$1,859.17	\$2,227.27	\$2,227.27
65+	\$1,412.04	\$1,251.24	\$2,391.44	\$2,747.02	\$2,747.02	\$1,202.52	\$1,065.58	\$2,036.60	\$2,339.42	\$2,339.42	\$1,087.00	\$963.22	\$1,840.96	\$2,114.70	\$2,114.70

	\$3000/\$6000 100%/60%					\$5000/\$10000 100%/60%					\$10000/\$20000 100%/60%				
	Single		Two -		Family	Single		Two -		Family	Single		Two -		Family
	Male	Female	Person	Person		Male	Female	Person	Person		Male	Female	Person	Person	
<19	\$210.43	\$298.34	\$544.62	\$927.55	\$927.55	\$173.87	\$246.50	\$449.98	\$766.39	\$766.39	\$151.71	\$215.10	\$392.65	\$668.73	\$668.73
19-24	\$210.43	\$298.34	\$544.62	\$927.55	\$927.55	\$173.87	\$246.50	\$449.98	\$766.39	\$766.39	\$151.71	\$215.10	\$392.65	\$668.73	\$668.73
25-29	\$210.43	\$298.34	\$544.62	\$927.55	\$927.55	\$173.87	\$246.50	\$449.98	\$766.39	\$766.39	\$151.71	\$215.10	\$392.65	\$668.73	\$668.73
30-34	\$280.43	\$343.35	\$553.78	\$1,050.06	\$1,050.06	\$231.71	\$283.69	\$457.56	\$867.60	\$867.60	\$202.18	\$247.55	\$399.27	\$757.05	\$757.05
35-39	\$280.43	\$343.35	\$553.78	\$1,050.06	\$1,050.06	\$231.71	\$283.69	\$457.56	\$867.60	\$867.60	\$202.18	\$247.55	\$399.27	\$757.05	\$757.05
40-44	\$362.10	\$378.35	\$615.03	\$1,124.64	\$1,124.64	\$299.18	\$312.61	\$508.17	\$929.24	\$929.24	\$261.07	\$272.78	\$443.42	\$810.83	\$810.83
45-49	\$419.19	\$424.61	\$691.70	\$1,176.32	\$1,176.32	\$346.35	\$350.83	\$571.52	\$971.94	\$971.94	\$302.22	\$306.12	\$498.70	\$848.09	\$848.09
50-54	\$570.45	\$586.69	\$1,000.90	\$1,391.75	\$1,391.75	\$471.33	\$484.75	\$826.98	\$1,149.93	\$1,149.93	\$411.27	\$422.99	\$721.61	\$1,003.40	\$1,003.40
55-59	\$745.88	\$740.87	\$1,307.17	\$1,685.09	\$1,685.09	\$616.28	\$612.15	\$1,080.05	\$1,392.31	\$1,392.31	\$537.76	\$534.15	\$942.42	\$1,214.91	\$1,214.91
60-64	\$1,002.15	\$884.64	\$1,658.43	\$1,986.77	\$1,986.77	\$828.01	\$730.92	\$1,370.27	\$1,641.57	\$1,641.57	\$722.51	\$637.79	\$1,195.67	\$1,432.40	\$1,432.40
65+	\$969.64	\$859.22	\$1,642.18	\$1,886.36	\$1,886.36	\$801.16	\$709.92	\$1,356.86	\$1,558.60	\$1,558.60	\$699.08	\$619.47	\$1,183.96	\$1,360.00	\$1,360.00



Rate Appendix C - LUMENOS H.S.A.
Effective September 17, 2010
Non-Grandfathered Option

DRAFT RATE SHEETS for PPACA-Compliant Products. Changes may be required during system implementation

Rx included under Medical - without incentives

	HSA \$1250/2500 100%/70%					HSA \$2000/4000 80%/60%					HSA \$2500/5000 80%/60%				
	Single		Two -			Single		Two -			Single		Two -		
	Male	Female	Person	Family	Family	Male	Female	Person	Family	Family	Male	Female	Person	Family	Family
<19	\$208.84	\$296.10	\$486.44	\$920.54	\$920.54	\$137.38	\$194.76	\$319.98	\$605.52	\$605.52	\$127.10	\$180.20	\$296.06	\$560.24	\$560.24
19-24	\$208.84	\$296.10	\$486.44	\$920.54	\$920.54	\$137.38	\$194.76	\$319.98	\$605.52	\$605.52	\$127.10	\$180.20	\$296.06	\$560.24	\$560.24
25-29	\$208.84	\$296.10	\$486.44	\$920.54	\$920.54	\$137.38	\$194.76	\$319.98	\$605.52	\$605.52	\$127.10	\$180.20	\$296.06	\$560.24	\$560.24
30-34	\$278.32	\$340.76	\$494.62	\$1,042.12	\$1,042.12	\$183.06	\$224.14	\$325.36	\$685.50	\$685.50	\$169.38	\$207.38	\$301.04	\$634.24	\$634.24
35-39	\$278.32	\$340.76	\$494.62	\$1,042.12	\$1,042.12	\$183.06	\$224.14	\$325.36	\$685.50	\$685.50	\$169.38	\$207.38	\$301.04	\$634.24	\$634.24
40-44	\$359.36	\$375.50	\$549.34	\$1,116.14	\$1,116.14	\$236.38	\$247.00	\$361.36	\$734.18	\$734.18	\$218.70	\$228.52	\$334.34	\$679.28	\$679.28
45-49	\$416.02	\$421.40	\$617.82	\$1,167.42	\$1,167.42	\$273.66	\$277.18	\$406.40	\$767.92	\$767.92	\$253.20	\$256.46	\$376.02	\$710.50	\$710.50
50-54	\$566.14	\$582.26	\$893.98	\$1,381.22	\$1,381.22	\$372.40	\$383.00	\$588.06	\$908.54	\$908.54	\$344.54	\$354.36	\$544.10	\$840.62	\$840.62
55-59	\$740.24	\$735.28	\$1,167.52	\$1,672.36	\$1,672.36	\$486.92	\$483.66	\$768.00	\$1,100.04	\$1,100.04	\$450.50	\$447.48	\$710.60	\$1,017.80	\$1,017.80
60-64	\$994.56	\$877.94	\$1,481.28	\$1,971.76	\$1,971.76	\$654.20	\$577.50	\$974.38	\$1,297.00	\$1,297.00	\$605.30	\$534.32	\$901.54	\$1,200.02	\$1,200.02
65+	\$962.30	\$852.72	\$1,486.76	\$1,872.10	\$1,872.10	\$633.00	\$560.90	\$964.84	\$1,231.44	\$1,231.44	\$585.66	\$518.96	\$892.72	\$1,139.36	\$1,139.36

	HSA \$2500/5000 100%/70%					HSA \$3500/7000 100%/60%					HSA \$5000/10,000 100%/70%				
	Single		Two -			Single		Two -			Single		Two -		
	Male	Female	Person	Family	Family	Male	Female	Person	Family	Family	Male	Female	Person	Family	Family
<19	\$167.42	\$237.38	\$389.98	\$738.00	\$738.00	\$128.86	\$182.70	\$300.16	\$568.04	\$568.04	\$104.58	\$148.26	\$243.60	\$460.96	\$460.96
19-24	\$167.42	\$237.38	\$389.98	\$738.00	\$738.00	\$128.86	\$182.70	\$300.16	\$568.04	\$568.04	\$104.58	\$148.26	\$243.60	\$460.96	\$460.96
25-29	\$167.42	\$237.38	\$389.98	\$738.00	\$738.00	\$128.86	\$182.70	\$300.16	\$568.04	\$568.04	\$104.58	\$148.26	\$243.60	\$460.96	\$460.96
30-34	\$223.12	\$273.18	\$396.54	\$835.48	\$835.48	\$171.74	\$210.26	\$305.22	\$643.06	\$643.06	\$139.36	\$170.64	\$247.70	\$521.84	\$521.84
35-39	\$223.12	\$273.18	\$396.54	\$835.48	\$835.48	\$171.74	\$210.26	\$305.22	\$643.06	\$643.06	\$139.36	\$170.64	\$247.70	\$521.84	\$521.84
40-44	\$288.10	\$301.04	\$440.40	\$894.82	\$894.82	\$221.76	\$231.70	\$338.98	\$688.74	\$688.74	\$179.96	\$188.02	\$275.10	\$558.90	\$558.90
45-49	\$333.52	\$337.84	\$495.32	\$935.94	\$935.94	\$256.72	\$260.02	\$381.24	\$720.38	\$720.38	\$208.32	\$211.02	\$309.40	\$584.58	\$584.58
50-54	\$453.88	\$466.80	\$716.70	\$1,107.34	\$1,107.34	\$349.34	\$359.30	\$551.64	\$852.30	\$852.30	\$283.50	\$291.56	\$447.68	\$691.64	\$691.64
55-59	\$593.46	\$589.48	\$936.02	\$1,340.74	\$1,340.74	\$456.78	\$453.72	\$720.44	\$1,031.94	\$1,031.94	\$370.68	\$368.18	\$564.68	\$837.44	\$837.44
60-64	\$797.36	\$703.86	\$1,187.56	\$1,580.78	\$1,580.78	\$613.70	\$541.74	\$914.04	\$1,216.70	\$1,216.70	\$498.02	\$439.64	\$741.80	\$987.36	\$987.36
65+	\$771.50	\$683.64	\$1,175.92	\$1,500.88	\$1,500.88	\$593.80	\$526.18	\$905.10	\$1,155.20	\$1,155.20	\$481.88	\$427.00	\$734.52	\$937.46	\$937.46

	HSA \$5950/11900 100%/60%				
	Single		Two -		
	Male	Female	Person	Family	Family
<19	\$94.98	\$134.66	\$221.24	\$418.66	\$418.66
19-24	\$94.98	\$134.66	\$221.24	\$418.66	\$418.66
25-29	\$94.98	\$134.66	\$221.24	\$418.66	\$418.66
30-34	\$126.58	\$154.98	\$224.98	\$473.96	\$473.96
35-39	\$126.58	\$154.98	\$224.98	\$473.96	\$473.96
40-44	\$163.44	\$170.78	\$249.86	\$507.62	\$507.62
45-49	\$189.20	\$191.66	\$281.00	\$530.94	\$530.94
50-54	\$257.48	\$264.82	\$406.62	\$628.18	\$628.18
55-59	\$336.66	\$334.40	\$531.04	\$760.60	\$760.60
60-64	\$462.34	\$399.30	\$673.74	\$896.76	\$896.76
65+	\$437.66	\$387.82	\$667.14	\$851.44	\$851.44



Rate Appendix D - TONIK
Effective September 17, 2010
Non-Grandfathered Option

DRAFT RATE SHEETS for PPACA-Compliant Products: Changes may be required during system implementation

Medical, Rx and Dental

	Option One - \$1500 Deductible		Option Two - \$3000 Deductible		Option Three - \$5000 Deductible	
	Male	Female	Male	Female	Male	Female
<19	\$258.03	\$358.54	\$233.62	\$323.94	\$214.21	\$296.43
19-24	\$258.03	\$358.54	\$233.62	\$323.94	\$214.21	\$296.43
25-29	\$258.03	\$358.54	\$233.62	\$323.94	\$214.21	\$296.43
30-34	\$338.06	\$410.00	\$305.54	\$370.19	\$279.68	\$338.52
35-39	\$338.06	\$410.00	\$305.54	\$370.19	\$279.68	\$338.52
40-44	\$431.44	\$450.01	\$389.44	\$406.14	\$356.05	\$371.24
45-49	\$496.70	\$502.89	\$448.09	\$453.65	\$409.43	\$414.50
50-54	\$669.63	\$688.20	\$603.48	\$620.17	\$550.87	\$566.06
55-59	\$870.18	\$864.47	\$783.69	\$778.56	\$714.90	\$710.22
60-64	\$1,163.17	\$1,028.83	\$1,046.96	\$926.25	\$954.53	\$844.65
65+	\$1,126.01	\$999.77	\$1,013.57	\$900.14	\$924.14	\$820.89

Objection Letter for AN05-126748643

SERFF Tracking Number: AN05-126748643 **State:** Connecticut

Filing Company: Anthem Health Plans, Inc. **State Tracking Number:** 201075642

Company Tracking Number:

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

Product Name: Anthem Direct Pay PPACA BlueCare, Century Preferred, Lumenos, and Tonik

Project Name: Anthem Direct Pay PPACA BlueCare, Century Preferred, Lumenos, and Tonik

Objection Letter Status: Requesting Additional Information

Objection Letter Date: 08/13/2010

Respond By Date: 08/27/2010

Submitted Date: 08/13/2010 01:02 PM

Dear Jennie Casaday,

Introduction:

Hi Jennie, please provide the following in support of the individual rate filing:

1. Historical experience from inception-to-date, this includes earned premium, paid claims, incurred claims, members, actual loss ratios and expected loss ratios (monthly experience would be preferred).
2. Unit cost trend by broad service category, including actual unit cost data and impact of provider contract changes from experience period to rating period (medical and Rx separately).
3. Utilization trend by broad service category, including utilization data.
4. Impact of cost sharing leverage on trend.
5. Medical technology trend.
6. Benefit buy-down analysis and impact on trend
7. Cost of any new mandates separately identified from the experience period to the rating period.
8. Provide a comparison of the proposed retention charge in the filing to the most recently filed statutory financial statement for the regulated entities separately
9. Claim lag triangles
10. Does Anthem convert all individual sales throughout a calendar year to a January 1 renewal date?
11. The full complement of premium rates for the products contained within this filing.
12. Since the federal MLR rebate test will go in to effect on 1/1/2011 please demonstrate that the rates requested in this filing will produce an expected medical loss ratio, for rebate purposes, that is equal to or greater than the 80% prescribed by the federal law for individual health insurance.

Thank you for your attention to this matter. If you have any questions please don't hesitate to contact me.

Conclusion:

Sincerely,
Paul Lombardo

Documentation Phone Call with Jennie Casaday (Actuary for Anthem) –
8/18/10

Spoke with Ms. Casaday concerning the Departments request for additional information dated 8/13/10. She pointed out that the base line rates for this 4th quarter filing were already approved in the 2009 rate filing that was subject to a rate hearing last summer, with effective dates from 1/1/10 through 12/31/2010. She also stated that this current 4th quarter rate filing only represents new business rates in response to the new federal health care reform (PPACA) benefit mandates with an effective date of 9/23/10 and that this filing would not affect existing policyholders. The additional information that the Department had requested would be included in the next annual rate filing for effective dates of 1/1/11 through 12/31/11, which would be for new business as well existing business. At this point the conversation turned to the PPACA adjustments in the 4th quarter filing and the development of those adjustments. Ms. Casaday reiterated that these adjustments were primarily developed from Milliman cost guidelines as discussed in the text of the rate filing.

Response Letter for AN05-126748643

SERFF Tracking Number: AN05-126748643 **State:** Connecticut
Filing Company: Anthem Health Plans, Inc. **State Tracking Number:** 201075642
Company Tracking Number:
TOI: H16I Individual Health - Major Medical **Sub-TOI:** H16I.005A Individual - Preferred Provider (PPO)
Product Name: Anthem Direct Pay PPACA BlueCare, Century Preferred, Lumenos, and Tonik
Project Name: Anthem Direct Pay PPACA BlueCare, Century Preferred, Lumenos, and Tonik

Status : Submitted to State

Submitted Date: 08/19/2010 08:39 AM

Dear Paul Lombardo,

Introduction:

I appreciate the opportunity to speak with you recently regarding Anthem's PPACA submission. We look forward to working with the Department on upcoming filings as noted below.

Response 1:**Comments:**

Per our discussion on 8/17, Anthem plans to file rates for all its plans effective January 1, 2011 sometime in September. All Anthem individual policyholders will be affected by the January 1st rate filing as existing products and the new PPACA products will be adjusted to January 1, 2011 effective dates. As we discussed, sales after 9/17 purchasing PPACA compliant products will be moved to January 1st renewal dates (question #10 below). The process of moving policyholders to January renewal dates (a focal rate adjustment) is consistent with our current product portfolio.

With regard to the trend assumed in our PPACA compliant product rates effective 9/17, Anthem believes that including the appropriate amount of trend from our January 1st 2010 rates to September 17th rates will result in less member confusion and a smaller additional rate change for

subscribers that purchase coverage during the 4th quarter of 2010 (or after 9/17). Because these policyholders will be moved to January 1 renewal dates, the trend included in the PPACA rate filing will serve to reduce the rate adjustment required for these policyholders as of January 1, 2011.

Anthem has not completed a detailed trend study or analysis based on emerging experience. Thus, the trend rate assumed in the 9/17 PPACA compliant rates is based on our more recently approved trend levels (from the 1/1/2010 effective rates). With Anthem's upcoming filing for January 1, 2011 effective dates, we will address all of the items listed in the request for information. Additionally, we will comply with any rate filing guidelines issued by the Department that are available prior to our filing submission.

Rate sheets for PPACA compliant products (question #11 below) are attached to this response. Please note that these rate sheets are marked as draft because we are in the middle of the process to build new rating keys for the PPACA compliant products. Any differences in the rates will be due to rounding and should be within pennies of the rates shown in the draft rate sheets. The preventive data requested is also attached..

Changed Items:

No Form Schedule items changed.

Rate Schedule Item Changes

Document Name: *	Affected Form Numbers: *	Rate Action: *	Rate Action Information: *	Attach Document:
(Separate with commas)				
 Draft PPACA Rate Sheets		New		 CT_PPACA 1G .rates .UNAPPROV

Supporting Document Schedule Item Changes

Preventive Benefit Impact

Conclusion:

Please let me know if you have any additional questions,

Jennie

Sincerely,

Jennie Casaday

Note To Filer for AN05-126748643

SERFF Tracking Number:	AN05-126748643	State:	Connecticut
Filing Company:	Anthem Health Plans, Inc.	State Tracking Number:	201075642
Company Tracking Number:			
TOI:	H16I Individual Health - Major Medical	Sub-TOI:	H16I.005A Individual - Preferred Provider (PPO)
Product Name:	Anthem Direct Pay PPACA BlueCare, Century Preferred, Lumenos, and Tonik		
Project Name:	Anthem Direct Pay PPACA BlueCare, Century Preferred, Lumenos, and Tonik		

Created by: Paul Lombardo on 08/13/2010 01:53 PM

Last edited by: Paul Lombardo on 08/13/2010 01:53 PM

Submitted by: Paul Lombardo on 08/13/2010 01:53 PM

Subject: One additional piece of information.

Comments: Hi Jennie, one additional piece of information, could you provide the data and analysis used to develop the PPACA adjustments for each product. Thanks.

Disposition for AN05-126748643

SERFF Tracking Number: AN05-126748643 **State:** Connecticut
Filing Company: Anthem Health Plans, Inc. **State Tracking Number:** 201075642
Company Tracking Number:
TOI: H16I Individual Health - Major Medical **Sub-TOI:** H16I.005A Individual - Preferred Provider (PPO)
Product Name: Anthem Direct Pay PPACA BlueCare, Century Preferred, Lumenos, and Tonik
Project Name: Anthem Direct Pay PPACA BlueCare, Century Preferred, Lumenos, and Tonik

Disposition Date: 09/13/2010

Implementation Date:

Status: Approved

Comments:

Add Rate Data? No

Schedule Items			
Item Type	Item Name	Item Status	Public Access
Supporting Document	Actuarial Memorandum	Approved	Yes
Supporting Document	Preventive Benefit Impact	Approved	Yes
Rate	Draft PPACA Rate Sheets	Approved	Yes



Document Separator

Insert this document at the beginning of each new document.



August 9, 2010

Mr. Paul Lombardo, ASA, MAAA
Actuary, Life & Health Division
State of Connecticut Insurance Department
P.O. Box 816
Hartford, CT 06142-0816

Re: Anthem BCBS PATIENT PROTECTION AND AFFORDABLE CARE ACT ("PPACA") AMENDMENT
Rate Filing, SERFF Tracking Number AN05-126760233

Dear Mr. Lombardo:

For your approval, Anthem Blue Cross and Blue Shield (ABCBS) is submitting proposed prescription drug premium rates for the PPACA-compliant Blue Ribbon Statutory plan and BlueCare 10/25/40 Co-pay 800 Max plan, effective October 1, 2010 through December 31, 2010. PPACA requires annual dollar limits for essential benefits to be removed, including pharmacy.

The Blue Ribbon Statutory prescription drug plan rate relativity was developed using our in-house prescription drug pricing tool based on Milliman continuance tables. The relativity between a 10/25/40 Unlimited Max and a 5/5 Co-pay Unlimited Max was used. The 10/25/40 Co-pay Unlimited Max prescription drug rate was set equal to the filed and approved January 2010 rate, including the filed quarterly trend adjustment, of the existing 10/25/40 Co-pay Unlimited Max plan.

For all other products lines there will be no immediate rate impact. Any premium impacts for PPACA will be included in the next renewal filing.

Only modifications related to "PPACA" are included in this filing. Therefore, we believe this will allow your Department to review this filing on an EXPEDITED basis.

The associated PPACA form filings are as follows:

#N1064-NGF BlueCare HMO plans considered to be Non-Grandfathered
#N1064-GF BlueCare HMO plans considered to be Grandfathered

I, Jennifer Becher, am an Actuarial Director for WellPoint Inc. I am a member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

Thank you for your attention to this filing. If you have any questions regarding this matter, please feel free to contact me directly at (203) 985-7285 or jennifer.becher@anthem.com.

Sincerely,

Jennifer Becher, FSA, MAAA
Director & Actuary II

Attachment

ANTHEM BLUE CROSS AND BLUE SHIELD

**Anthem Health Plans
Planwide Class Rates
Oct/01/2010 - Dec/31/2010**

All Areas

RX

**Class I Rate
With OC**

Existing Product

New Product

5/5 CO-PAY (1000 MAX)

5/5 CO-PAY (UL MAX)

\$113.76

10/25/40 CO-PAY (800 MAX)

10/25/40 CO-PAY (UL MAX)

\$108.85

Class II Rate = 2.15*Class I Rate

Class III Rate = 2.7*Class I Rate

Disposition for AN05-126760233

SERFF Tracking AN05-126760233**State:** Connecticut**Number:****Filing Company:** Anthem Health Plans, Inc.**State** 201075801**Tracking
Number:****Company****Tracking****Number:****TOI:** HOrg02G Group Health
Organizations - Health
Maintenance (HMO)**Sub-TOI:** HOrg02G.004E Small
Group Only - Other**Product Name:** PPACA-compliant ABCBS BlueCare Prescription Drug Plans**Project Name:****Disposition** 09/17/2010**Date:****Implementation****Date:****Status:** Approved**Comments:****Add Rate** No
Data?**Schedule Items**

Item Type	Item Name	Item Status	Public Access
Supporting Document	Actuarial Memorandum	Approved	Yes
Rate	ABCBS - PPACA-compliant Rx Riders	Approved	Yes