

Calculation of Health Coverage Plan Rate Target

point estimate	Median Hourly Wage* (NH Employers, Full-Time and Part-time)	annual wage growth	Ratio of Full-Time only to Full-Time and Part-Time**	Adjusted Base Median Hourly Wage	Wage-Based Premium PMPM Target	Formula
05/15/04	\$ 14.00					
05/15/05	\$ 14.63	4.5%				
05/15/06	\$ 15.11	3.3%				
05/15/07	\$ 15.54	2.8%	1.148	\$ 17.84	\$ 309.23	(17.84 x 40 x 52 / 12 x 10%)
Low End of Range						
04/30/09		2.5%			\$ 324.57	(309.23 x 1.025^(23.5/12))
High End of Range						
04/30/09		3.5%			\$ 330.81	(309.23 x 1.035^(23.5/12))

Rating Quarter	midpoint of rating period	midpoint of rating period minus 1 year	Months of projection from 5/15/2007
4Q08	04/30/09	04/30/08	11.5
1Q09	07/31/09	07/31/08	14.6
2Q09	10/31/09	10/31/08	17.6
3Q09	01/31/10	01/31/09	20.6
4Q09	04/30/10	04/30/09	23.5
1Q10	07/31/10	07/31/09	26.6
2Q10	10/31/10	10/31/09	29.6
3Q10	01/31/11	01/31/10	32.6
4Q10	04/30/11	04/30/10	35.5

* Source: U.S. Department of Labor (DOL) based on Occupation Employment Statistics (OES)

** Source: Current Population Survey (CPS), March 2008 Supplement, wages of 16-64 year old workers.

NH HealthFirst Pricing Summary - 4th Quarter 2009

Plan A Revised (Deductible with Hospital Tiering)
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Deductible (Single)	\$2,500 Tier 1 / \$4,000 Tier 2
Deductible (Family, traditional)	\$5,000 Tier 1 / \$8,000 Tier 2
Coinsurance (Single)	none
Coinsurance (Family, traditional)	none
Total OOP Max	\$5,000 Single/\$10,000 Family

		<u>Cost PMPM</u>	
Hospital (excluding services below)	Deductible applies	\$	75.63
Professional (excluding services below)	Deductible applies	\$	41.40
Emergency Room	\$200 Copay (\$100 Urgent Care)	\$	9.32
Office Visits (excluding Preventive)	\$20 PCP/\$50 Specialist Copay	\$	21.26
Preventive Office Visits	No copay, 100%	\$	10.72
Lab	100% Routine and Diagnostic	\$	17.49
Radiology	Deductible applies (100% mammography)	\$	29.65
Chiropractic	Not Covered	\$	-
Colonoscopy	\$250 Copay	\$	5.33
Pharmacy	\$10 generic, hypertensive, diabetic/\$35/\$50	\$	53.97
Care Coordinator		\$	(3.25)
Estimated Average Claims PMPM		\$	261.52
Wellness Rewards		\$	7.30
Individual High Risk Assessment		\$	1.19
NH Vaccine Assessment		\$	2.85
			% of Rate
Administrative Expense/Risk Charge	Low	\$	45.48 14.0%
	High	\$	57.85 17.1%
Premium Tax	Low	\$	6.50 2.0%
	High	\$	6.75 2.0%

Total Premium PMPM	Low		\$	324.83
	High		\$	337.46
Premium Target	Low		\$	324.57
	High		\$	330.81
Premium Gap	High Target - Low Premium		\$	5.98
	Low Target - High Premium		\$	(12.89)

Group 1 (5 total employees; 4 single and 1 parent/child(ren))

Benefit Design	HMO Blue	HealthFirst	HMO Blue	HealthFirst
	New England		New England	
Deductible	\$2000/3x	\$2500/2x, \$4000/2x	\$2000/3x	\$2500/2x, \$4000/2x
Coinsurance	none	none	none	none
Max OOP	\$2000/3x	\$5000/2x	\$2000/3x	\$5000/2x
OV Copay	\$25 PCP /\$50 Spec	\$0 Prev/\$20/\$50	\$25 PCP /\$50 Spec	\$0 Prev/\$20/\$50
Chiropractic	\$50	Not Covered	\$50	Not Covered
Lab	100%	100%	100%	100%
X-rays	100%	subject to ded.	100%	subject to ded.
MRI/CAT/PET Scans	subject to ded.	subject to ded.	subject to ded.	subject to ded.
Emergency Room	\$150	\$200	\$150	\$200
Prescription Drugs	\$10/\$25/\$40	\$10/\$35/\$50	\$10/\$25/\$40	\$10/\$35/\$50

	<u>Filed 3Q 2008</u>	<u>Estimated 3Q 2008</u>	<u>Estimated 4Q 2009</u>	<u>Estimated 4Q 2009</u>
Health Coverage Plan Rate	\$ 356.43	\$ 286.12	\$ 405.26	\$ 324.83
4-Tier Rates*	Census			
Single	4	\$ 541.60	\$ 434.76	\$ 615.79
Couple	0	\$ 1,201.78	\$ 964.71	\$ 1,366.42
Parent/Child(ren)	1	\$ 1,094.00	\$ 878.20	\$ 1,243.88
Family	0	\$ 1,646.42	\$ 1,321.64	\$ 1,871.97
Total Monthly Premium		\$ 3,260.40	\$ 2,617.24	\$ 3,707.04

Employer Group Census	Employee Age	Contract Type				Total
		Single	Couple	Parent/Child(ren)	Family	
	0-18	0	0	0	0	0
	19-24	0	0	0	0	0
	25-29	0	0	0	0	0
	30-34	0	0	0	0	0
	35-39	0	0	0	0	0
	40-44	0	0	0	0	0
	45-49	1	0	1	0	2
	50-54	0	0	0	0	0
	55-59	2	0	0	0	2
	60-64	1	0	0	0	1
	65+	0	0	0	0	0
	Total	4	0	1	0	5

* Rates are calculated from the Health Coverage Plan Rate adjusted for age, group size, industry, and conversion factor.

Group 2 (8 total employees; 6 single, 1 couple and 1 Parent/Child(ren))

Benefit Design	Matthew Thornton	Matthew Thornton		Matthew Thornton	Matthew Thornton	
	Blue HMO	Blue HMO	HealthFirst	Blue HMO	Blue HMO	HealthFirst
Deductible	\$1000/3x	\$1000/3x	\$2500/2x, \$4000/2x	\$1000/3x	\$1000/3x	\$2500/2x, \$4000/2x
Coinsurance	none	20% to \$2000/3x	none	none	20% to \$2000/3x	none
Max OOP	\$1000/3x	\$3000/3x	\$5000/2x	\$1000/3x	\$3000/3x	\$5000/2x
OV Copay	\$20	\$20	\$0 Prev/\$20/\$50	\$20	\$20	\$0 Prev/\$20/\$50
Chiropractic	\$20	\$20	Not Covered	\$20	\$20	Not Covered
Lab	100%	100%	100%	100%	100%	100%
X-rays	100%	100%	subject to ded.	100%	100%	subject to ded.
MRI/CAT/PET Scans	subject to ded.	subject to ded.	subject to ded.	subject to ded.	subject to ded.	subject to ded.
Emergency Room	\$100	\$100	\$200	\$100	\$100	\$200
Prescription Drugs	\$10/\$25/\$40	\$10/\$25/\$40	\$10/\$35/\$50	\$10/\$25/\$40	\$10/\$25/\$40	\$10/\$35/\$50

	<u>Filed 3Q 2008</u>	<u>Filed 3Q 2008</u>	<u>Estimated 3Q 2008</u>	<u>Estimated 4Q 2009</u>	<u>Estimated 4Q 2009</u>	<u>Estimated 4Q 2009</u>
Health Coverage Plan Rate	\$ 404.39	\$ 378.63	\$ 286.12	\$ 460.80	\$ 431.06	\$ 324.83
4-Tier Rates*	Census					
Single	6	\$ 484.08	\$ 453.24	\$ 342.50	\$ 551.61	\$ 516.01
Couple	1	\$ 1,074.20	\$ 1,005.77	\$ 760.04	\$ 1,224.05	\$ 1,145.05
Parent/Child(ren)	1	\$ 977.87	\$ 915.58	\$ 691.88	\$ 1,114.27	\$ 1,042.36
Family	0	\$ 1,471.64	\$ 1,377.90	\$ 1,041.24	\$ 1,676.93	\$ 1,568.70
Total Monthly Premium		\$ 4,956.55	\$ 4,640.82	\$ 3,506.93	\$ 5,647.96	\$ 5,283.44

Employer Group Census	Employee Age	Contract Type				Total
		Single	Couple	Parent/Child(ren)	Family	
	0-18	0	0	0	0	0
	19-24	0	0	0	0	0
	25-29	2	0	1	0	3
	30-34	2	0	0	0	2
	35-39	0	0	0	0	0
	40-44	0	0	0	0	0
	45-49	0	0	0	0	0
	50-54	0	1	0	0	1
	55-59	0	0	0	0	0
	60-64	2	0	0	0	2
	65+	0	0	0	0	0
	Total	6	1	1	0	8

* Rates are calculated from the Health Coverage Plan Rate adjusted for age, group size, industry, and conversion factor.

Group 3 (7 total employees; 6 single and 1 parent/child(ren))

Benefit Design	Matthew Thornton		Matthew Thornton	
	Blue HMO	HealthFirst	Blue HMO	HealthFirst
Deductible	\$1000/3x	\$2500/2x, \$4000/2x	\$1000/3x	\$2500/2x, \$4000/2x
Coinsurance	20% to \$2000/3x	none	20% to \$2000/3x	none
Max OOP	\$3000/3x	\$5000/2x	\$3000/3x	\$5000/2x
OV Copay	\$20	\$0 Prev/\$20/\$50	\$20	\$0 Prev/\$20/\$50
Chiropractic	\$20	Not Covered	\$20	Not Covered
Lab	100%	100%	100%	100%
X-rays	100%	subject to ded.	100%	subject to ded.
MRI/CAT/PET Scans	subject to ded.	subject to ded.	subject to ded.	subject to ded.
Emergency Room	\$100	\$200	\$100	\$200
Prescription Drugs	\$10/\$25/\$40	\$10/\$35/\$50	\$10/\$25/\$40	\$10/\$35/\$50

	<u>Filed 3Q 2008</u>	<u>Estimated 3Q 2008</u>	<u>Estimated 4Q 2009</u>	<u>Estimated 4Q 2009</u>
Health Coverage Plan Rate	\$ 378.63	\$ 286.12	\$ 431.06	\$ 324.83
4-Tier Rates*				
Census				
Single	6			
Couple	0			
Parent/Child(ren)	1			
Family	0			
Total Monthly Premium	\$ 2,611.50	\$ 1,973.44	\$ 2,973.13	\$ 2,240.43

Employer Group Census	Employee Age	Contract Type				Total
		Single	Couple	Parent/Child(ren)	Family	
	0-18	0	0	0	0	0
	19-24	2	0	0	0	2
	25-29	1	0	0	0	1
	30-34	0	0	0	0	0
	35-39	1	0	1	0	2
	40-44	0	0	0	0	0
	45-49	2	0	0	0	2
	50-54	0	0	0	0	0
	55-59	0	0	0	0	0
	60-64	0	0	0	0	0
	65+	0	0	0	0	0
	Total	6	0	1	0	7

* Rates are calculated from the Health Coverage Plan Rate adjusted for age, group size, industry, and conversion factor.

Group 4 (4 total employees; all single contracts)

Benefit Design	Matthew Thornton	HMO Blue	HealthFirst	Matthew Thornton	HMO Blue	HealthFirst
	Blue HMO	New England		Blue HMO	New England	
Deductible	\$1000/3x	\$1500/3x	\$2500/2x, \$4000/2x	\$1000/3x	\$1500/3x	\$2500/2x, \$4000/2x
Coinsurance	none	none	none	none	none	none
Max OOP	\$1000/3x	\$1500/3x	\$5000/2x	\$1000/3x	\$1500/3x	\$5000/2x
OV Copay	\$20	\$20/\$40	\$0 Prev/\$20/\$50	\$20	\$20/\$40	\$0 Prev/\$20/\$50
Chiropractic	\$20	\$40	Not Covered	\$20	\$40	Not Covered
Lab	100%	100%	100%	100%	100%	100%
X-rays	100%	100%	subject to ded.	100%	100%	subject to ded.
MRI/CAT/PET Scans	subject to ded.	subject to ded.	subject to ded.	subject to ded.	subject to ded.	subject to ded.
Emergency Room	\$100	\$150	\$200	\$100	\$150	\$200
Prescription Drugs	\$10/\$25/\$40	\$10/\$25/\$40	\$10/\$35/\$50	\$10/\$25/\$40	\$10/\$25/\$40	\$10/\$35/\$50

		<u>Filed 3Q 2008</u>	<u>Filed 3Q 2008</u>	<u>Estimated 3Q 2008</u>	<u>Estimated 4Q 2009</u>	<u>Estimated 4Q 2009</u>	<u>Estimated 4Q 2009</u>
Health Coverage Plan Rate	\$	404.39	\$ 378.05	\$ 286.12	\$ 460.80	\$ 430.23	\$ 324.83
4-Tier Rates*	Census						
Single	4	\$ 499.70	\$ 467.16	\$ 353.56	\$ 569.41	\$ 531.63	\$ 401.39
Couple	0	\$ 1,108.84	\$ 1,036.61	\$ 784.54	\$ 1,263.51	\$ 1,179.69	\$ 890.68
Parent/Child(ren)	0	\$ 1,009.40	\$ 943.65	\$ 714.18	\$ 1,150.20	\$ 1,073.89	\$ 810.81
Family	0	\$ 1,519.09	\$ 1,420.14	\$ 1,074.81	\$ 1,730.99	\$ 1,616.16	\$ 1,220.22
Total Monthly Premium		\$ 1,998.81	\$ 1,868.62	\$ 1,414.23	\$ 2,277.64	\$ 2,126.54	\$ 1,605.57

Employer Group Census	Employee Age	Contract Type				Total
		Single	Couple	Parent/Child(ren)	Family	
	0-18	0	0	0	0	0
	19-24	0	0	0	0	0
	25-29	0	0	0	0	0
	30-34	0	0	0	0	0
	35-39	0	0	0	0	0
	40-44	1	0	0	0	1
	45-49	3	0	0	0	3
	50-54	0	0	0	0	0
	55-59	0	0	0	0	0
	60-64	0	0	0	0	0
	65+	0	0	0	0	0
Total		4	0	0	0	4

* Rates are calculated from the Health Coverage Plan Rate adjusted for age, group size, industry, and conversion factor.

Group 5 (15 total employees; 14 single and 1 Parent/Child(ren))

Benefit Design	Matthew Thornton		HealthFirst	Matthew Thornton Blue		
	Blue HMO	Blue HMO		Blue HMO	Thornton Blue HMO	HealthFirst
Deductible	\$1000/3x	\$2000/3x	\$2500/2x, \$4000/2x	\$1000/3x	\$2000/3x	\$2500/2x, \$4000/2x
Coinsurance	none	30% to \$6000/3x	none	none	30% to \$6000/3x	none
Max OOP	\$1000/3x	\$8000/3x	\$5000/2x	\$1000/3x	\$8000/3x	\$5000/2x
OV Copay	\$20	\$20	\$0 Prev/\$20/\$50	\$20	\$20	\$0 Prev/\$20/\$50
Chiropractic	\$20	\$20	Not Covered	\$20	\$20	Not Covered
Lab	subject to ded.	100%	100%	subject to ded.	100%	100%
X-rays	subject to ded.	100%	subject to ded.	subject to ded.	100%	subject to ded.
MRI/CAT/PET Scans	subject to ded.	subject to ded.	subject to ded.	subject to ded.	subject to ded.	subject to ded.
Emergency Room	\$100	\$150	\$200	\$100	\$150	\$200
Prescription Drugs	\$10/\$25/\$40	\$10/\$25/\$40	\$10/\$35/\$50	\$10/\$25/\$40	\$10/\$25/\$40	\$10/\$35/\$50

	Filed 3Q 2008	Filed 3Q 2008	Estimated 3Q 2008	Estimated 4Q 2009	Estimated 4Q 2009	Estimated 4Q 2009
Health Coverage Plan Rate	\$ 388.24	\$ 338.03	\$ 286.12	\$ 442.15	\$ 384.18	\$ 324.83
4-Tier Rates*	Census					
Single	14	\$ 365.75	\$ 318.44	\$ 269.54	\$ 416.53	\$ 361.92
Couple	0	\$ 811.61	\$ 706.65	\$ 598.13	\$ 924.31	\$ 803.12
Parent/Child(ren)	1	\$ 738.82	\$ 643.27	\$ 544.49	\$ 841.42	\$ 731.10
Family	0	\$ 1,111.89	\$ 968.10	\$ 819.43	\$ 1,266.29	\$ 1,100.27
Total Monthly Premium		\$ 5,859.26	\$ 5,101.50	\$ 4,318.08	\$ 6,672.86	\$ 5,797.99

Employer Group Census	Employee Age	Contract Type				Total
		Single	Couple	Parent/Child(ren)	Family	
	0-18	0	0	0	0	0
	19-24	1	0	0	0	1
	25-29	7	0	1	0	8
	30-34	1	0	0	0	1
	35-39	1	0	0	0	1
	40-44	0	0	0	0	0
	45-49	0	0	0	0	0
	50-54	1	0	0	0	1
	55-59	2	0	0	0	2
	60-64	1	0	0	0	1
	65+	0	0	0	0	0
	Total	14	0	1	0	15

* Rates are calculated from the Health Coverage Plan Rate adjusted for age, group size, industry, and conversion factor.

Group 6 (14 total employees; 11 single, 2 couples and 1 family)

Benefit Design	HMO Blue	New	HMO Blue	HealthFirst
	England	HealthFirst	New England	HealthFirst
Deductible	\$1000/3x	\$2500/2x, \$4000/2x	\$1000/3x	\$2500/2x, \$4000/2x
Coinsurance	none	none	none	none
Max OOP	\$1000/3x	\$5000/2x	\$1000/3x	\$5000/2x
OV Copay	\$20	\$0 Prev/\$20/\$50	\$20	\$0 Prev/\$20/\$50
Chiropractic	\$20	Not Covered	\$20	Not Covered
Lab	100%	100%	100%	100%
X-rays	100%	subject to ded.	100%	subject to ded.
MRI/CAT/PET Scans	subject to ded.	subject to ded.	subject to ded.	subject to ded.
Emergency Room	\$100	\$200	\$100	\$200
Prescription Drugs	\$10/\$25/\$40	\$10/\$35/\$50	\$10/\$25/\$40	\$10/\$35/\$50

	<u>Filed 3Q 2008</u>	<u>Estimated 3Q 2008</u>	<u>Estimated 4Q 2009</u>	<u>Estimated 4Q 2009</u>
Health Coverage Plan Rate	\$ 412.53	\$ 286.12	\$ 470.04	\$ 324.83
4-Tier Rates*	Census			
Single	11	\$ 421.49	\$ 292.34	\$ 480.25
Couple	2	\$ 935.27	\$ 648.68	\$ 1,065.66
Parent/Child(ren)	0	\$ 851.40	\$ 590.51	\$ 970.09
Family	1	\$ 1,281.31	\$ 888.68	\$ 1,459.94
Total Monthly Premium		\$ 7,788.28	\$ 5,401.75	\$ 8,874.03

Employer Group Census	Employee Age	Contract Type				Total
		Single	Couple	Parent/Child(ren)	Family	
	0-18	0	0	0	0	0
	19-24	2	0	0	0	2
	25-29	4	0	0	0	4
	30-34	1	1	0	0	2
	35-39	0	0	0	1	1
	40-44	1	0	0	0	1
	45-49	2	0	0	0	2
	50-54	0	0	0	0	0
	55-59	1	0	0	0	1
	60-64	0	0	0	0	0
	65+	0	1	0	0	1
	Total	11	2	0	1	14

* Rates are calculated from the Health Coverage Plan Rate adjusted for age, group size, industry, and conversion factor.