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<b>State:</b>	Iowa	<b>Filing Company:</b>	Wellmark Blue Cross and Blue Shield of Iowa
<b>TOI/Sub-TOI:</b>	H21 Health - Other/H21.000 Health - Other		
<b>Product Name:</b>	Iowa Individual Basic & Standard Rate Filing		
<b>Project Name/Number:</b>	/		

## Filing at a Glance

Company:	Wellmark Blue Cross and Blue Shield of Iowa
Product Name:	Iowa Individual Basic & Standard Rate Filing
State:	Iowa
TOI:	H21 Health - Other
Sub-TOI:	H21.000 Health - Other
Filing Type:	Rate
Date Submitted:	11/07/2012
SERFF Tr Num:	WMIA-128746980
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	
Implementation	04/01/2013
Date Requested:	
Author(s):	Janet Glassell
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Implementation Date:	
State Filing Description:	

**State:** Iowa  
**TOI/Sub-TOI:** H21 Health - Other/H21.000 Health - Other  
**Product Name:** Iowa Individual Basic & Standard Rate Filing  
**Project Name/Number:** /

**Filing Company:** Wellmark Blue Cross and Blue Shield of Iowa

## General Information

Project Name:  
Project Number:  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact: 13.3%

Status of Filing in Domicile:  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type: Individual  
Filing Status Changed: 11/07/2012  
State Status Changed:  
Created By: Janet Glassell  
Corresponding Filing Tracking Number:  
  
PPACA: Not PPACA-Related

Deemer Date:  
Submitted By: Janet Glassell

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

Rate Filing for Basic and Standard Individual Health Benefit Plans effective April 1, 2013

## Company and Contact

### Filing Contact Information

Patricia Huffman, Vice President, Actuarial huffmanpl@wellmark.com  
636 Grand Avenue 515-235-4438 [Phone]  
Des Moines, IA 50309

### Filing Company Information

Wellmark Blue Cross and Blue	CoCode: 88848	State of Domicile: Iowa
Shield of Iowa	Group Code: 770	Company Type: Health
1331 Grand Avenue	Group Name:	State ID Number: 0186
Des Moines, IA 50309	FEIN Number: 42-0318333	
(515) 376-4539 ext. [Phone]		

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

<b>SERFF Tracking #:</b>	WMIA-128746980	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	
<b>State:</b>	Iowa	<b>Filing Company:</b>	Wellmark Blue Cross and Blue Shield of Iowa		
<b>TOI/Sub-TOI:</b>	H21 Health - Other/H21.000 Health - Other				
<b>Product Name:</b>	Iowa Individual Basic & Standard Rate Filing				
<b>Project Name/Number:</b>	/				

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	7.030%
<b>Effective Date of Last Rate Revision:</b>	04/01/2012
<b>Filing Method of Last Filing:</b>	SERFF

## 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):	
Wellmark Blue Cross and Blue Shield of Iowa	Increase	13.300%	%				%	%	
Product Type:		HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:			2,306						
Policy Holders:			1,959						

<b>SERFF Tracking #:</b>	WMIA-128746980	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
<b>State:</b>	Iowa	<b>Filing Company:</b>	Wellmark Blue Cross and Blue Shield of Iowa
<b>TOI/Sub-TOI:</b>	H21 Health - Other/H21.000 Health - Other		
<b>Product Name:</b>	Iowa Individual Basic & Standard Rate Filing		
<b>Project Name/Number:</b>	/		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		NGF Pre 0102 B & St 2013 rates		New		NGF Pre 0102 B & St 2013 rates.pdf
2		NGF Post 0102 B & St 2013 rates		New		NGF Post 0102 B & St 2013 rates.pdf

WELLMARK BLUE CROSS AND BLUE SHIELD OF IOWA  
INDIVIDUAL  
COMPREHENSIVE MAJOR MEDICAL AND ALLIANCE SELECT  
Pre 1/2002 BASIC AND STANDARD  
RATES EFFECTIVE 4/1/2013  
(Non-user of Tobacco Contracts)

Blue Care® NGF (Basic Plan)	Single		2-Person	Family	Med. Dep.
	Male	Female			
18-Under	\$173.20	\$175.40	\$346.90	\$423.50	\$249.20
19-24	\$206.90	\$312.30	\$463.60	\$647.50	\$387.90
25-29	\$229.40	\$355.30	\$512.00	\$725.70	\$433.30
30-34	\$254.70	\$395.20	\$604.70	\$805.60	\$480.70
35-39	\$283.70	\$445.50	\$673.70	\$924.60	\$560.00
40-44	\$342.30	\$473.60	\$767.00	\$1,002.20	\$594.20
45-49	\$386.00	\$512.90	\$843.60	\$1,082.40	\$632.90
50-54	\$436.40	\$532.40	\$939.00	\$1,151.90	\$667.50
55-59	\$528.70	\$595.70	\$1,089.50	\$1,259.60	\$697.40
60-64	\$706.40	\$646.80	\$1,352.50	\$1,411.60	\$735.00
65+	\$706.40	\$646.80	\$1,352.50	\$1,411.60	\$735.00
For Optional Maternity Add:	N/A	\$155.30	\$155.30	\$155.30	\$155.30
 <u>Secure Blue NGF (Standard Plan)</u>					
18-Under	\$247.80	\$251.00	\$496.50	\$624.70	\$375.30
19-24	\$296.00	\$446.90	\$663.30	\$955.30	\$583.90
25-29	\$328.30	\$508.40	\$732.60	\$1,070.60	\$652.20
30-34	\$364.50	\$565.40	\$865.30	\$1,188.50	\$723.60
35-39	\$405.90	\$637.40	\$964.10	\$1,364.00	\$842.40
40-44	\$489.90	\$677.70	\$1,097.50	\$1,478.50	\$894.70
45-49	\$552.50	\$733.90	\$1,207.20	\$1,596.80	\$953.60
50-54	\$624.60	\$761.80	\$1,343.70	\$1,699.40	\$1,006.20
55-59	\$756.60	\$852.40	\$1,559.00	\$1,858.20	\$1,053.70
60-64	\$1,011.00	\$925.50	\$1,935.40	\$2,082.40	\$1,114.20
65+	\$1,011.00	\$925.50	\$1,935.40	\$2,082.40	\$1,114.20
For Optional Maternity Add:	N/A	\$200.60	\$200.60	\$200.60	\$200.60
 <u>Secure Blue Select NGF (PPO Standard Plan)</u>					
18-Under	\$220.40	\$223.40	\$441.90	\$556.30	\$334.00
19-24	\$263.50	\$397.70	\$590.70	\$850.50	\$519.90
25-29	\$292.40	\$452.40	\$652.20	\$952.80	\$580.60
30-34	\$324.20	\$503.00	\$769.90	\$1,058.20	\$644.00
35-39	\$361.30	\$567.10	\$858.00	\$1,214.10	\$749.70
40-44	\$435.90	\$603.10	\$976.80	\$1,316.00	\$796.50
45-49	\$491.80	\$653.30	\$1,074.30	\$1,421.40	\$848.60
50-54	\$555.90	\$678.10	\$1,196.10	\$1,512.80	\$895.50
55-59	\$673.20	\$758.70	\$1,387.60	\$1,653.80	\$937.80
60-64	\$900.00	\$823.90	\$1,722.70	\$1,853.50	\$991.40
65+	\$900.00	\$823.90	\$1,722.70	\$1,853.50	\$991.40
For Optional Maternity Add:	N/A	\$178.60	\$178.60	\$178.60	\$178.60

WELLMARK BLUE CROSS AND BLUE SHIELD OF IOWA  
INDIVIDUAL  
COMPREHENSIVE MAJOR MEDICAL AND ALLIANCE SELECT  
Pre 1/2002 BASIC AND STANDARD  
RATES EFFECTIVE 4/1/2012  
(Non-user of Tobacco Contracts)

Blue Care® NGF (Basic Plan)	Single		2-Person	Family	Med. Dep.
	Male	Female			
18-Under	\$151.70	\$153.70	\$303.90	\$371.00	\$218.30
19-24	\$181.30	\$273.60	\$406.10	\$567.30	\$339.80
25-29	\$201.00	\$311.30	\$448.50	\$635.70	\$379.60
30-34	\$223.10	\$346.20	\$529.70	\$705.70	\$421.10
35-39	\$248.50	\$390.20	\$590.20	\$810.00	\$490.60
40-44	\$299.90	\$414.90	\$671.90	\$878.00	\$520.60
45-49	\$338.20	\$449.30	\$739.00	\$948.20	\$554.40
50-54	\$382.30	\$466.40	\$822.60	\$1,009.10	\$584.80
55-59	\$463.10	\$521.90	\$954.40	\$1,103.40	\$611.00
60-64	\$618.90	\$566.60	\$1,184.90	\$1,236.60	\$643.90
65+	\$618.90	\$566.60	\$1,184.90	\$1,236.60	\$643.90
For Optional Maternity Add:	N/A	\$155.30	\$155.30	\$155.30	\$155.30
 <u>Secure Blue NGF (Standard Plan)</u>					
18-Under	\$217.10	\$219.90	\$434.90	\$547.30	\$328.80
19-24	\$259.30	\$391.50	\$581.10	\$836.90	\$511.50
25-29	\$287.60	\$445.40	\$641.80	\$937.90	\$571.40
30-34	\$319.30	\$495.30	\$758.00	\$1,041.20	\$633.90
35-39	\$355.60	\$558.40	\$844.60	\$1,195.00	\$738.00
40-44	\$429.10	\$593.70	\$961.50	\$1,295.20	\$783.80
45-49	\$484.00	\$642.90	\$1,057.50	\$1,398.90	\$835.40
50-54	\$547.10	\$667.40	\$1,177.10	\$1,488.80	\$881.50
55-59	\$662.80	\$746.70	\$1,365.80	\$1,627.80	\$923.10
60-64	\$885.70	\$810.80	\$1,695.50	\$1,824.30	\$976.10
65+	\$885.70	\$810.80	\$1,695.50	\$1,824.30	\$976.10
For Optional Maternity Add:	N/A	\$200.60	\$200.60	\$200.60	\$200.60
 <u>Secure Blue Select NGF (PPO Standard Plan)</u>					
18-Under	\$193.10	\$195.70	\$387.20	\$487.30	\$292.60
19-24	\$230.80	\$348.40	\$517.50	\$745.10	\$455.50
25-29	\$256.10	\$396.30	\$571.40	\$834.70	\$508.70
30-34	\$284.00	\$440.70	\$674.50	\$927.00	\$564.10
35-39	\$316.60	\$496.80	\$751.60	\$1,063.60	\$656.70
40-44	\$381.90	\$528.40	\$855.70	\$1,152.90	\$697.80
45-49	\$430.80	\$572.40	\$941.10	\$1,245.20	\$743.40
50-54	\$487.00	\$594.00	\$1,047.80	\$1,325.30	\$784.50
55-59	\$589.80	\$664.60	\$1,215.60	\$1,448.80	\$821.60
60-64	\$788.40	\$721.80	\$1,509.20	\$1,623.80	\$868.50
65+	\$788.40	\$721.80	\$1,509.20	\$1,623.80	\$868.50
For Optional Maternity Add:	N/A	\$178.60	\$178.60	\$178.60	\$178.60

WELLMARK BLUE CROSS AND BLUE SHIELD OF IOWA  
INDIVIDUAL  
COMPREHENSIVE MAJOR MEDICAL AND ALLIANCE SELECT  
Pre 1/2002 BASIC AND STANDARD  
RATES EFFECTIVE 4/1/2013  
(Tobacco User Contracts)

Blue Care® NGF (Basic Plan)	Single		2-Person	Family	Med. Dep.
	Male	Female			
18-Under	\$190.50	\$192.90	\$381.60	\$465.80	\$274.10
19-24	\$227.60	\$343.50	\$509.90	\$712.30	\$426.70
25-29	\$252.40	\$390.90	\$563.20	\$798.20	\$476.60
30-34	\$280.10	\$434.70	\$665.20	\$886.10	\$528.70
35-39	\$312.00	\$490.00	\$741.10	\$1,017.00	\$616.00
40-44	\$376.50	\$521.00	\$843.70	\$1,102.40	\$653.70
45-49	\$424.60	\$564.20	\$928.00	\$1,190.60	\$696.20
50-54	\$480.10	\$585.70	\$1,032.90	\$1,267.10	\$734.30
55-59	\$581.50	\$655.30	\$1,198.40	\$1,385.50	\$767.20
60-64	\$777.10	\$711.50	\$1,487.80	\$1,552.70	\$808.50
65+	\$777.10	\$711.50	\$1,487.80	\$1,552.70	\$808.50
For Optional Maternity Add:	N/A	\$155.30	\$155.30	\$155.30	\$155.30
<u>Secure Blue NGF (Standard Plan)</u>					
18-Under	\$272.60	\$276.10	\$546.20	\$687.30	\$412.90
19-24	\$325.70	\$491.60	\$729.70	\$1,050.90	\$642.30
25-29	\$361.20	\$559.30	\$806.00	\$1,177.70	\$717.50
30-34	\$400.90	\$622.00	\$951.90	\$1,307.40	\$796.00
35-39	\$446.60	\$701.20	\$1,060.60	\$1,500.50	\$926.70
40-44	\$538.90	\$745.60	\$1,207.30	\$1,626.40	\$984.20
45-49	\$607.70	\$807.40	\$1,328.00	\$1,756.60	\$1,049.10
50-54	\$687.10	\$838.10	\$1,478.20	\$1,869.50	\$1,106.90
55-59	\$832.30	\$937.70	\$1,715.10	\$2,044.20	\$1,159.20
60-64	\$1,112.20	\$1,018.10	\$2,129.10	\$2,290.80	\$1,225.70
65+	\$1,112.20	\$1,018.10	\$2,129.10	\$2,290.80	\$1,225.70
For Optional Maternity Add:	N/A	\$200.60	\$200.60	\$200.60	\$200.60
<u>Secure Blue Select NGF (PPO Standard Plan)</u>					
18-Under	\$242.50	\$245.80	\$486.20	\$612.00	\$367.50
19-24	\$289.90	\$437.60	\$650.00	\$935.80	\$572.00
25-29	\$321.70	\$497.80	\$717.60	\$1,048.40	\$638.80
30-34	\$356.70	\$553.50	\$847.10	\$1,164.20	\$708.50
35-39	\$397.60	\$624.00	\$944.00	\$1,335.80	\$824.80
40-44	\$479.60	\$663.60	\$1,074.70	\$1,448.00	\$876.40
45-49	\$541.10	\$718.80	\$1,182.00	\$1,563.90	\$933.70
50-54	\$611.60	\$746.10	\$1,316.00	\$1,664.50	\$985.30
55-59	\$740.70	\$834.70	\$1,526.70	\$1,819.60	\$1,031.90
60-64	\$990.20	\$906.50	\$1,895.40	\$2,039.40	\$1,090.80
65+	\$990.20	\$906.50	\$1,895.40	\$2,039.40	\$1,090.80
For Optional Maternity Add:	N/A	\$178.60	\$178.60	\$178.60	\$178.60

WELLMARK BLUE CROSS AND BLUE SHIELD OF IOWA  
INDIVIDUAL  
COMPREHENSIVE MAJOR MEDICAL AND ALLIANCE SELECT  
Pre 1/2002 BASIC AND STANDARD  
RATES EFFECTIVE 4/1/2012  
(Tobacco User Contracts)

Blue Care® NGF (Basic Plan)	Single		2-Person	Family	Med. Dep.
	Male	Female			
18-Under	\$166.90	\$169.00	\$334.30	\$408.10	\$240.10
19-24	\$199.40	\$300.90	\$446.70	\$624.00	\$373.80
25-29	\$221.10	\$342.40	\$493.40	\$699.30	\$417.60
30-34	\$245.40	\$380.80	\$582.70	\$776.30	\$463.20
35-39	\$273.30	\$429.30	\$649.20	\$891.00	\$539.70
40-44	\$329.90	\$456.40	\$739.10	\$965.80	\$572.60
45-49	\$372.00	\$494.30	\$812.90	\$1,043.00	\$609.90
50-54	\$420.60	\$513.10	\$904.90	\$1,110.10	\$643.30
55-59	\$509.40	\$574.00	\$1,049.90	\$1,213.80	\$672.10
60-64	\$680.80	\$623.30	\$1,303.30	\$1,360.20	\$708.30
65+	\$680.80	\$623.30	\$1,303.30	\$1,360.20	\$708.30
For Optional Maternity Add:	N/A	\$155.30	\$155.30	\$155.30	\$155.30
 <u>Secure Blue NGF (Standard Plan)</u>					
18-Under	\$238.80	\$241.90	\$478.50	\$602.10	\$361.70
19-24	\$285.30	\$430.70	\$639.20	\$920.60	\$562.70
25-29	\$316.40	\$490.00	\$706.10	\$1,031.70	\$628.60
30-34	\$351.20	\$544.90	\$833.90	\$1,145.40	\$697.30
35-39	\$391.20	\$614.30	\$929.10	\$1,314.50	\$811.80
40-44	\$472.10	\$653.10	\$1,057.70	\$1,424.80	\$862.20
45-49	\$532.40	\$707.30	\$1,163.40	\$1,538.90	\$919.00
50-54	\$601.90	\$734.20	\$1,294.90	\$1,637.80	\$969.70
55-59	\$729.10	\$821.50	\$1,502.50	\$1,790.80	\$1,015.50
60-64	\$974.30	\$891.90	\$1,865.20	\$2,006.90	\$1,073.80
65+	\$974.30	\$891.90	\$1,865.20	\$2,006.90	\$1,073.80
For Optional Maternity Add:	N/A	\$200.60	\$200.60	\$200.60	\$200.60
 <u>Secure Blue Select NGF (PPO Standard Plan)</u>					
18-Under	\$212.40	\$215.30	\$426.00	\$536.20	\$321.90
19-24	\$254.00	\$383.30	\$569.40	\$819.80	\$501.10
25-29	\$281.80	\$436.10	\$628.60	\$918.40	\$559.60
30-34	\$312.50	\$484.90	\$742.10	\$1,019.90	\$620.70
35-39	\$348.30	\$546.60	\$827.00	\$1,170.20	\$722.60
40-44	\$420.20	\$581.30	\$941.50	\$1,268.50	\$767.70
45-49	\$474.00	\$629.70	\$1,035.50	\$1,370.00	\$818.00
50-54	\$535.80	\$653.60	\$1,152.90	\$1,458.20	\$863.10
55-59	\$648.90	\$731.30	\$1,337.50	\$1,594.00	\$904.00
60-64	\$867.50	\$794.10	\$1,660.50	\$1,786.60	\$955.60
65+	\$867.50	\$794.10	\$1,660.50	\$1,786.60	\$955.60
For Optional Maternity Add:	N/A	\$178.60	\$178.60	\$178.60	\$178.60



WELLMARK BLUE CROSS AND BLUE SHIELD OF IOWA  
INDIVIDUAL  
COMPREHENSIVE MAJOR MEDICAL AND ALLIANCE SELECT  
POST 1/2002 BASIC AND STANDARD  
RATES EFFECTIVE 4/1/2013  
(Non-user of Tobacco Contracts)

Blue Care® NGF (Basic Plan)	Single		2-Person	Family	Med. Dep.
	Male	Female			
18-Under	\$201.70	\$204.30	\$404.10	\$493.30	\$290.30
19-24	\$241.00	\$363.70	\$540.00	\$754.20	\$451.90
25-29	\$267.20	\$413.90	\$596.40	\$845.30	\$504.70
30-34	\$296.60	\$460.30	\$704.30	\$938.30	\$559.90
35-39	\$330.40	\$518.90	\$784.70	\$1,077.00	\$652.30
40-44	\$398.70	\$551.70	\$893.40	\$1,167.40	\$692.20
45-49	\$449.70	\$597.40	\$982.60	\$1,260.80	\$737.20
50-54	\$508.40	\$620.20	\$1,093.80	\$1,341.80	\$777.50
55-59	\$615.80	\$693.90	\$1,269.10	\$1,467.20	\$812.40
60-64	\$822.90	\$753.40	\$1,575.40	\$1,644.20	\$856.10
65+	\$822.90	\$753.40	\$1,575.40	\$1,644.20	\$856.10
For Optional Maternity Add:	N/A	\$155.30	\$155.30	\$155.30	\$155.30
Secure Blue NGF (Standard Plan)					
18-Under	\$288.70	\$292.30	\$578.30	\$727.60	\$437.20
19-24	\$344.80	\$520.50	\$772.60	\$1,112.70	\$680.10
25-29	\$382.40	\$592.20	\$853.30	\$1,247.00	\$759.70
30-34	\$424.50	\$658.60	\$1,007.80	\$1,384.30	\$842.80
35-39	\$472.80	\$742.40	\$1,122.90	\$1,588.70	\$981.20
40-44	\$570.60	\$789.40	\$1,278.30	\$1,722.00	\$1,042.10
45-49	\$643.50	\$854.80	\$1,406.00	\$1,859.90	\$1,110.70
50-54	\$727.40	\$887.30	\$1,565.10	\$1,979.40	\$1,172.00
55-59	\$881.20	\$992.80	\$1,815.90	\$2,164.30	\$1,227.30
60-64	\$1,177.50	\$1,078.00	\$2,254.30	\$2,425.50	\$1,297.70
65+	\$1,177.50	\$1,078.00	\$2,254.30	\$2,425.50	\$1,297.70
For Optional Maternity Add:	N/A	\$200.60	\$200.60	\$200.60	\$200.60
Secure Blue Select NGF (PPO Standard Plan)					
18-Under	\$256.80	\$260.30	\$514.80	\$648.00	\$389.10
19-24	\$307.00	\$463.30	\$688.20	\$990.80	\$605.70
25-29	\$340.60	\$527.10	\$759.80	\$1,110.00	\$676.40
30-34	\$377.70	\$586.00	\$896.90	\$1,232.70	\$750.20
35-39	\$420.90	\$660.70	\$999.50	\$1,414.30	\$873.30
40-44	\$507.80	\$702.60	\$1,137.90	\$1,533.10	\$927.90
45-49	\$572.90	\$761.10	\$1,251.50	\$1,655.80	\$988.60
50-54	\$647.60	\$789.90	\$1,393.40	\$1,762.40	\$1,043.20
55-59	\$784.20	\$883.80	\$1,616.50	\$1,926.50	\$1,092.50
60-64	\$1,048.40	\$959.80	\$2,006.90	\$2,159.30	\$1,155.00
65+	\$1,048.40	\$959.80	\$2,006.90	\$2,159.30	\$1,155.00
For Optional Maternity Add:	N/A	\$178.60	\$178.60	\$178.60	\$178.60

WELLMARK BLUE CROSS AND BLUE SHIELD OF IOWA  
INDIVIDUAL  
COMPREHENSIVE MAJOR MEDICAL AND ALLIANCE SELECT  
POST 1/2002 BASIC AND STANDARD  
RATES EFFECTIVE 4/1/2012  
(Non-user of Tobacco Contracts)

Blue Care® NGF (Basic Plan)	Single		2-Person	Family	Med. Dep.
	Male	Female			
18-Under	\$176.70	\$179.00	\$354.00	\$432.10	\$254.30
19-24	\$211.10	\$318.70	\$473.00	\$660.80	\$395.90
25-29	\$234.10	\$362.60	\$522.50	\$740.50	\$442.20
30-34	\$259.90	\$403.20	\$617.00	\$822.00	\$490.50
35-39	\$289.50	\$454.60	\$687.50	\$943.50	\$571.50
40-44	\$349.30	\$483.30	\$782.70	\$1,022.70	\$606.40
45-49	\$393.90	\$523.40	\$860.80	\$1,104.50	\$645.80
50-54	\$445.30	\$543.30	\$958.20	\$1,175.50	\$681.20
55-59	\$539.50	\$607.90	\$1,111.80	\$1,285.30	\$711.70
60-64	\$720.90	\$660.00	\$1,380.20	\$1,440.40	\$750.00
65+	\$720.90	\$660.00	\$1,380.20	\$1,440.40	\$750.00
For Optional Maternity Add:	N/A	\$155.30	\$155.30	\$155.30	\$155.30
Secure Blue NGF (Standard Plan)	Single		2-Person	Family	Med. Dep.
	Male	Female			
18-Under	\$252.90	\$256.10	\$506.60	\$637.50	\$383.00
19-24	\$302.10	\$456.00	\$676.80	\$974.80	\$595.80
25-29	\$335.00	\$518.80	\$747.60	\$1,092.40	\$665.50
30-34	\$371.90	\$576.90	\$882.90	\$1,212.70	\$738.30
35-39	\$414.20	\$650.40	\$983.70	\$1,391.80	\$859.60
40-44	\$499.80	\$691.50	\$1,119.80	\$1,508.60	\$912.90
45-49	\$563.70	\$748.90	\$1,231.70	\$1,629.30	\$973.10
50-54	\$637.30	\$777.40	\$1,371.10	\$1,734.00	\$1,026.70
55-59	\$772.00	\$869.80	\$1,590.80	\$1,896.00	\$1,075.20
60-64	\$1,031.60	\$944.40	\$1,974.80	\$2,124.80	\$1,136.90
65+	\$1,031.60	\$944.40	\$1,974.80	\$2,124.80	\$1,136.90
For Optional Maternity Add:	N/A	\$200.60	\$200.60	\$200.60	\$200.60
Secure Blue Select NGF (PPO Standard Plan)	Single		2-Person	Family	Med. Dep.
	Male	Female			
18-Under	\$224.90	\$228.00	\$451.00	\$567.70	\$340.80
19-24	\$268.90	\$405.90	\$602.90	\$868.00	\$530.60
25-29	\$298.40	\$461.70	\$665.60	\$972.40	\$592.50
30-34	\$330.90	\$513.40	\$785.70	\$1,079.90	\$657.20
35-39	\$368.80	\$578.80	\$875.60	\$1,239.00	\$765.10
40-44	\$444.90	\$615.50	\$996.90	\$1,343.10	\$812.90
45-49	\$501.90	\$666.80	\$1,096.30	\$1,450.60	\$866.10
50-54	\$567.30	\$692.00	\$1,220.70	\$1,543.90	\$913.90
55-59	\$687.00	\$774.20	\$1,416.10	\$1,687.70	\$957.10
60-64	\$918.50	\$840.80	\$1,758.10	\$1,891.60	\$1,011.80
65+	\$918.50	\$840.80	\$1,758.10	\$1,891.60	\$1,011.80
For Optional Maternity Add:	N/A	\$178.60	\$178.60	\$178.60	\$178.60

WELLMARK BLUE CROSS AND BLUE SHIELD OF IOWA  
INDIVIDUAL  
COMPREHENSIVE MAJOR MEDICAL AND ALLIANCE SELECT  
POST 1/2002 BASIC AND STANDARD  
RATES EFFECTIVE 4/1/2013  
(Tobacco User Contracts)

Blue Care® NGF (Basic Plan)	Single		2-Person	Family	Med. Dep.
	Male	Female			
18-Under	\$221.90	\$224.70	\$444.50	\$542.60	\$319.30
19-24	\$265.10	\$400.10	\$593.90	\$829.60	\$497.00
25-29	\$294.00	\$455.30	\$656.00	\$929.80	\$555.20
30-34	\$326.30	\$506.30	\$774.70	\$1,032.10	\$615.80
35-39	\$363.40	\$570.70	\$863.20	\$1,184.60	\$717.50
40-44	\$438.60	\$606.80	\$982.70	\$1,284.00	\$761.40
45-49	\$494.60	\$657.10	\$1,080.80	\$1,386.80	\$810.90
50-54	\$559.20	\$682.20	\$1,203.10	\$1,475.90	\$855.30
55-59	\$677.30	\$763.20	\$1,395.90	\$1,613.80	\$893.50
60-64	\$905.10	\$828.70	\$1,732.90	\$1,808.60	\$941.70
65+	\$905.10	\$828.70	\$1,732.90	\$1,808.60	\$941.70
For Optional Maternity Add:	N/A	\$155.30	\$155.30	\$155.30	\$155.30
Secure Blue NGF (Standard Plan)					
18-Under	\$317.50	\$321.60	\$636.10	\$800.50	\$480.90
19-24	\$379.30	\$572.60	\$849.90	\$1,224.00	\$748.10
25-29	\$420.70	\$651.50	\$938.70	\$1,371.70	\$835.70
30-34	\$467.00	\$724.50	\$1,108.70	\$1,522.80	\$927.10
35-39	\$520.10	\$816.70	\$1,235.20	\$1,747.70	\$1,079.30
40-44	\$627.60	\$868.40	\$1,406.20	\$1,894.30	\$1,146.30
45-49	\$707.80	\$940.30	\$1,546.70	\$2,046.00	\$1,221.90
50-54	\$800.20	\$976.10	\$1,721.60	\$2,177.40	\$1,289.30
55-59	\$969.40	\$1,092.10	\$1,997.60	\$2,380.90	\$1,350.10
60-64	\$1,295.30	\$1,185.80	\$2,479.80	\$2,668.20	\$1,427.60
65+	\$1,295.30	\$1,185.80	\$2,479.80	\$2,668.20	\$1,427.60
For Optional Maternity Add:	N/A	\$200.60	\$200.60	\$200.60	\$200.60
Secure Blue Select NGF (PPO Standard Plan)					
18-Under	\$282.40	\$286.30	\$566.30	\$712.80	\$428.00
19-24	\$337.70	\$509.60	\$757.00	\$1,089.90	\$666.20
25-29	\$374.70	\$579.80	\$835.80	\$1,221.00	\$744.00
30-34	\$415.50	\$644.60	\$986.60	\$1,355.90	\$825.20
35-39	\$463.00	\$726.70	\$1,099.50	\$1,555.80	\$960.60
40-44	\$558.60	\$772.80	\$1,251.70	\$1,686.40	\$1,020.70
45-49	\$630.20	\$837.20	\$1,376.60	\$1,821.40	\$1,087.40
50-54	\$712.30	\$868.90	\$1,532.70	\$1,938.60	\$1,147.50
55-59	\$862.70	\$972.20	\$1,778.10	\$2,119.20	\$1,201.80
60-64	\$1,153.30	\$1,055.70	\$2,207.60	\$2,375.20	\$1,270.50
65+	\$1,153.30	\$1,055.70	\$2,207.60	\$2,375.20	\$1,270.50
For Optional Maternity Add:	N/A	\$178.60	\$178.60	\$178.60	\$178.60

WELLMARK BLUE CROSS AND BLUE SHIELD OF IOWA  
INDIVIDUAL  
COMPREHENSIVE MAJOR MEDICAL AND ALLIANCE SELECT  
POST 1/2002 BASIC AND STANDARD  
RATES EFFECTIVE 4/1/2012  
(Tobacco User Contracts)

Blue Care® NGF (Basic Plan)	Single		2-Person	Family	Med. Dep.
	Male	Female			
18-Under	\$194.40	\$196.90	\$389.40	\$475.30	\$279.70
19-24	\$232.20	\$350.50	\$520.30	\$726.80	\$435.40
25-29	\$257.50	\$398.80	\$574.70	\$814.50	\$486.40
30-34	\$285.80	\$443.50	\$678.70	\$904.20	\$539.50
35-39	\$318.40	\$500.00	\$756.20	\$1,037.80	\$628.60
40-44	\$384.20	\$531.60	\$860.90	\$1,124.90	\$667.00
45-49	\$433.30	\$575.70	\$946.90	\$1,214.90	\$710.40
50-54	\$489.90	\$597.60	\$1,054.00	\$1,293.00	\$749.20
55-59	\$593.40	\$668.60	\$1,222.90	\$1,413.80	\$782.80
60-64	\$792.90	\$726.00	\$1,518.10	\$1,584.40	\$824.90
65+	\$792.90	\$726.00	\$1,518.10	\$1,584.40	\$824.90
For Optional Maternity Add:	N/A	\$155.30	\$155.30	\$155.30	\$155.30
Secure Blue NGF (Standard Plan)					
18-Under	\$278.20	\$281.70	\$557.30	\$701.20	\$421.30
19-24	\$332.30	\$501.60	\$744.50	\$1,072.30	\$655.40
25-29	\$368.60	\$570.70	\$822.40	\$1,201.70	\$732.10
30-34	\$409.10	\$634.70	\$971.20	\$1,334.00	\$812.20
35-39	\$455.60	\$715.50	\$1,082.10	\$1,531.10	\$945.60
40-44	\$549.90	\$760.70	\$1,231.90	\$1,659.50	\$1,004.30
45-49	\$620.10	\$823.80	\$1,355.00	\$1,792.40	\$1,070.40
50-54	\$701.00	\$855.10	\$1,508.20	\$1,907.50	\$1,129.50
55-59	\$849.20	\$956.80	\$1,750.00	\$2,085.70	\$1,182.70
60-64	\$1,134.80	\$1,038.80	\$2,172.40	\$2,337.40	\$1,250.60
65+	\$1,134.80	\$1,038.80	\$2,172.40	\$2,337.40	\$1,250.60
For Optional Maternity Add:	N/A	\$200.60	\$200.60	\$200.60	\$200.60
Secure Blue Select NGF (PPO Standard Plan)					
18-Under	\$247.40	\$250.80	\$496.10	\$624.40	\$374.90
19-24	\$295.80	\$446.50	\$663.20	\$954.80	\$583.60
25-29	\$328.20	\$507.90	\$732.20	\$1,069.60	\$651.80
30-34	\$364.00	\$564.70	\$864.30	\$1,187.90	\$722.90
35-39	\$405.60	\$636.60	\$963.20	\$1,362.90	\$841.60
40-44	\$489.40	\$677.00	\$1,096.60	\$1,477.40	\$894.20
45-49	\$552.10	\$733.40	\$1,206.00	\$1,595.60	\$952.70
50-54	\$624.00	\$761.20	\$1,342.70	\$1,698.30	\$1,005.20
55-59	\$755.70	\$851.70	\$1,557.70	\$1,856.50	\$1,052.80
60-64	\$1,010.30	\$924.90	\$1,933.90	\$2,080.80	\$1,113.00
65+	\$1,010.30	\$924.90	\$1,933.90	\$2,080.80	\$1,113.00
For Optional Maternity Add:	N/A	\$178.60	\$178.60	\$178.60	\$178.60

<b>SERFF Tracking #:</b>	WMIA-128746980	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
<b>State:</b>	Iowa	<b>Filing Company:</b>	Wellmark Blue Cross and Blue Shield of Iowa
<b>TOI/Sub-TOI:</b>	H21 Health - Other/H21.000 Health - Other		
<b>Product Name:</b>	Iowa Individual Basic & Standard Rate Filing		
<b>Project Name/Number:</b>	/		

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Certification - Life & A&H		
Comments:	Actuarial Certification attached		
Attachment(s):			
IA Indep Indiv Basic & Standard Act Certficiation 2013.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Memorandum - Life & A&H		
Comments:	Actuarial Memorandum attached		
Attachment(s):			
B&S Actuarial Memorandum.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Filing Fee Information		
Bypass Reason:	N/A		

		Item Status:	Status Date:
Bypassed - Item:	Actuarial Memorandum - A&H Rate Revision Filing		
Bypass Reason:	N/A		

		Item Status:	Status Date:
Bypassed - Item:	Certificate of Compliance - Life & A&H		
Bypass Reason:	N/A		

		Item Status:	Status Date:
Bypassed - Item:	Exhibit 1 - A&H		
Bypass Reason:	N/A		

		Item Status:	Status Date:
Bypassed - Item:	Exhibit 2 - A&H		

<b>SERFF Tracking #:</b>	WMIA-128746980	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
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<b>State:</b>	Iowa	<b>Filing Company:</b>	Wellmark Blue Cross and Blue Shield of Iowa
<b>TOI/Sub-TOI:</b>	H21 Health - Other/H21.000 Health - Other		
<b>Product Name:</b>	Iowa Individual Basic & Standard Rate Filing		
<b>Project Name/Number:</b>	/		

Bypass Reason:	N/A
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		Item Status:	Status Date:
Bypassed - Item:	Rate Summary Worksheet		
Bypass Reason:	N/A		

		Item Status:	Status Date:
Bypassed - Item:	Consumer Disclosure Form		
Bypass Reason:	N/A		

# 513C Actuarial Certification

Carrier: Wellmark Blue Cross and Blue Shield of Iowa.

Submission: Rate Filing for Basic and Standard Individual Health Benefit Plans

Policy Forms: DP Basic CMM 4/96, DPStandard CMM 4/96,  
IA WBCBSI Ind PPO Standard No Maternity 6/98,  
and IA WBCBSI Ind PPO Standard with Maternity 6/98

I hereby certify that to the best of my knowledge and belief the above submission conforms to generally accepted actuarial principles, standards and guidelines, and that the premiums comply with the rate restrictions in Iowa Code §513C.5 and Iowa Administrative Code 191-75.6(1).\*

Signature of qualified actuary: \_\_\_\_\_

Name (Typed or printed): Justin Knight, FSA, MAAA

Title or business affiliation: Senior Actuary

Date: November 7, 2012

\*Individual health reform limits the rate increase differential between blocks of business written after April 1, 1996 to 15%, and the base rate differential between these blocks of business to no more than 2.028: 1 after actuarial adjustments are made for benefit differences and rating characteristics. A thorough review of the law and the Rating Compliance Guidelines should be made prior to signing this certification.

Wellmark Blue Cross Blue Shield of Iowa.  
Actuarial Memorandum

Rate Filing for Individual Basic and Standard Plans

Policy Forms: DP Basic CMM 4/96, DPStandard CMM 4/96,  
IA WBCBSI Ind PPO Standard No Maternity 6/98, and  
IA WBCBSI Ind PPO Standard with Maternity 6/98

Proposed Effective Date: April 1, 2013

Purpose:

The purpose of this filing is to document the needed rate increase for the above referenced policy forms. It is not intended to be used for any other purpose.

Methodology:

Pursuant to Iowa code Chapter 513C.10 (2), rates for the Individual Basic and Standard plans were to be equivalent to 174.11% of the lowest priced plan adjusted to the benefit level of the Basic and Standard plans for all contracts effective prior to January 1, 2002. This ratio is increased to 202.80% for all new contracts effective January 1, 2002. We included a set of rate tables for each scenario.

For Wellmark Blue Cross Blue Shield of Iowa, our lowest priced plans available for sale after April 1, 1996 are the Farm Bureau plans that have effective dates beginning October 1, 2007. This is a medically underwritten group policy sold exclusively to members of the Iowa Farm Bureau Federation. We are not changing rates for the optional maternity rider.

Rate Tables:

Included are tables listing the rates for each age, sex, and family status category for tobacco users and non-tobacco users separately for the Basic and Standard plans. As stated above, we have included two sets of rate tables – one set priced at 174.11% of the lowest priced plan and one set priced at 202.80% of the lowest priced plan, both adjusted to the benefit level of the Basic and Standard plans.