



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

In The Matter Of
Genworth Life and Annuity Insurance Company
Medicare Supplement Insurance
Docket No. LH 18-96

ORDER

I, Paul Lombardo, Acting Insurance Commissioner of the State of Connecticut, having read the record, do hereby adopt the findings and recommendations of Danny K. Albert, Hearing Officer in the above matter and issue the following order, to wit:

Genworth Life and Annuity Insurance Company's rate increase request for its individual Standardized Medicare supplement insurance policy forms GMSPB06 CT (Plan B), GMSPD06 CT (Plan D), GMSPE06 CT (Plan E), GMSPF06 CT (Plan F) and GMSPG06 CT (Plan G) is approved as submitted.

The company's request to maintain its current rate with no change, on its individual Standardized Medicare supplement insurance policy form GMSPHF06 CT (High Deductible Plan F) is approved as requested.

The rate action approved herein is reasonable in relationship to the benefits and estimated claim costs the company can reasonably expect to realize under these policy forms.

Dated at Hartford, Connecticut, this 25th day of January, 2019.

Handwritten signature of Paul Lombardo
Paul Lombardo
Acting Insurance Commissioner



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PROPOSED FINAL DECISION

I. INTRODUCTION

The Insurance Commissioner of the State of Connecticut is empowered to review rates charged for individual and group Medicare supplement policies sold to any resident of this State who is eligible for Medicare. The source for this regulatory authority is contained in Chapter 700c and Section 38a-495a of the Connecticut General Statutes.

After due notice, a hearing was held at the Insurance Department in Hartford, CT on Thursday, January 10, 2019, to consider whether or not the rate increases requested by Genworth Life and Annuity Insurance Company on its Medicare supplement insurance business should be approved.

No members from the general public attended the hearing.

No company representatives from Genworth Life and Annuity Insurance Company attended the hearing.

The hearing was conducted in accordance with the requirements of Section 38a-474, Connecticut General Statutes, the Uniform Administrative Procedures Act, Chapter 54 of Section 38a-8-1 et seq. of the Regulations of Connecticut State Agencies.

A Medicare supplement policy is a private health insurance policy sold on an individual or group basis, which provides benefits that are additional to the benefits provided by Medicare. For many years Medicare supplement policies have been highly regulated under both state and federal law to protect the interests of persons eligible for Medicare who depend on these policies to provide additional coverage for the costs of health care.

Effective December 1, 2005, Connecticut amended its program of standardized Medicare supplement policies in accordance with Section 38a-496a of the Connecticut General Statutes, and Sections 38a-495a-1 through 38a-495a-21 of the Regulations of Connecticut Agencies. This program, which conforms to federal requirements, provides a "core" package of benefits known as Plan A. Insurers may also offer any one or more of eleven other plans (Plans B through N).

Effective January 1, 2006, in accordance with Section 38a-495c of the Connecticut General Statutes (as amended by Public Act 05-20) premiums for all Medicare supplement policies in the state must use community rating. Rates for Plans A through N must be computed without regard to age, gender, previous claims history or the medical condition of any person covered by a Medicare supplement policy or certificate.

The statute provides that coverage under Plans A through N may not be denied on the basis of age, gender, previous claims history or the medical condition of any covered person. Insurers may exclude benefits for losses incurred within six months from the effective date of coverage based on a pre-existing condition.

Effective October 1, 1998, carriers that offer Plan B or Plan C must make these plans as well as Plan A, available to all persons eligible for Medicare by reason of disability.

Insurers must also make the necessary arrangements to receive notice of all claims paid by Medicare for their insureds so that supplement benefits can be computed and paid without requiring insureds to file claim forms for such benefits. This process of direct notice and automatic claims payment is commonly referred to as “piggybacking” or “crossover”.

Sections 38a-495 and 38a-522 of the Connecticut General Statutes, and Section 38a-495a-10 of the Regulations of Connecticut Agencies, state that individual and group Medicare supplement policies must have anticipated loss ratios of 65% and 75%, respectively. Under Sections 38a-495-7 and 38a-495a-10 of the Regulations of Connecticut Agencies, filings for rate increases must demonstrate that actual and expected losses in relation to premiums meet these standards, and anticipated loss ratios for the entire future period for which the requested premiums are calculated to provide coverage must be expected to equal or exceed the appropriate loss ratio standard.

Section 38a-473 of the Connecticut General Statutes provides that no insurer may incorporate in its rates for Medicare supplement policies factors for expenses that exceed 150% of the average expense ratio for that insurer’s entire written premium for all lines of health insurance for the previous calendar year.

II. FINDING OF FACT

After reviewing the exhibits entered into the record of this proceeding, and utilizing the experience, technical competence and specialized knowledge of the Insurance Department, the undersigned makes the following findings of fact:

1. Genworth Life and Annuity Insurance Company has requested the following rate increase on its individual standardized Medicare supplement plans:

<u>Plan</u>	<u>Proposed Rate Increase</u>
B	4.0%
D	4.0%
E	4.0%
F	4.0%
G	4.0%

They are requesting no change to the High Deductible F Plan.

There are 27 policies in-force in Connecticut as of 9/30/18, while there are 3,851 policies in-force nationwide.

2. The last rate increase approved by the Department was 2.0% for Plans B through G (not high deductible F), effective in 2018.
3. These products were marketed through both independent and captive agents, but now represents a closed block of business.

4. Genworth Life and Annuity Insurance Company certified that their expense factors are in compliance with section 38a-473, C.G.S.
5. Genworth Life and Annuity Insurance Company has conformed to subsection (e) of section 38a-495c, C.G.S. regarding the automatic claims processing requirement.
6. Below is Connecticut specific loss ratios, by plan, for 2017, 2018 (through September) and inception-to-date:

<u>Plan</u>	<u>2017</u>	<u>2018</u>	<u>Inception-to-date</u>
B	5.1%	4.8%	140.3%
D	36.4%	29.3%	91.2%
E	50.9%	20.4%	88.3%
F	33.7%	17.6%	72.0%
High F	15.8%	0.3%	55.6%
G	11.6%	37.5%	91.3%
Total	34.3%	22.1%	86.1%

7. Below is Nationwide loss ratios, by plan, for 2017, 2018 (through September) and inception-to-date:

<u>Plan</u>	<u>2017</u>	<u>2018</u>	<u>Inception-to-date</u>
B	49.2%	58.4%	74.2%
D	57.4%	61.5%	72.9%
E	71.2%	65.7%	83.6%
F	66.0%	70.7%	66.1%
High F	63.7%	28.0%	32.2%
G	75.2%	72.1%	69.6%
Total	65.3%	67.8%	69.0%

8. The proposed rates are designed to satisfy the Connecticut regulatory loss ratio of 65%.
9. Genworth's 2019 Medicare supplement rate filing proposal is in compliance with the requirements of Regulation 38a-474 as it applies to the contents of the rate submission as well as the Actuarial memorandum.

III. RECOMMENDATION

Recommend that the 4.0% rate increase for plans B, D, E, F and G be approved as submitted. These rate changes are reasonable in relationship to the benefits, estimated claim costs and the anticipated loss ratios the company expects to realize on this business.

Also recommend that the no change request for High Deductible Plan F be approved as submitted.

Dated at Hartford, Connecticut, this 25th day of January, 2019.


 Danny K. Albert
 Hearing Officer