



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

**BULLETIN NO. HC-130
DECEMBER 21, 2021**

TO: ALL INSURANCE COMPANIES, FRATERNAL BENEFIT SOCIETIES, HOSPITAL SERVICE CORPORATIONS, MEDICAL SERVICE CORPORATIONS AND HEALTH CARE CENTERS AUTHORIZED TO CONDUCT BUSINESS IN CONNECTICUT.

RE: RATE FILINGS UNDER PA 21-150 AND CONN. GEN. STAT. § 38a-501 AND § 38a-528.

This Bulletin clarifies Connecticut's minimum set of affordable benefit options to be offered by an insurance company, fraternal benefit society, hospital service corporation, medical service corporation or health care center that files a rate filing under Conn. Gen. Stat. § 38a-501 or §38a-528, as amended by Public Act No. 21-150, for an increase in premium rates for a long-term care policy that is for twenty per cent or more spread out over a period of not less than three years.

The minimum required reduced policy benefit options that must be offered to policyholders and certificate holders are:

1. Reduced daily benefits;
2. Decreased benefit period;
3. Decreased maximum benefit;
4. Increased elimination period; and
5. Elimination of optional riders.

This list is not intended to be exhaustive, and other reduced policy benefit options may be offered to policyholders and certificate holders including, but not limited to reduced inflation protection, contingent non-forfeiture, cash buy-outs, and co-insurance on benefits.

All insurance companies, fraternal benefit societies, hospital service corporations, medical service corporations and health care centers authorized to conduct business in Connecticut shall file the reduced policy benefit options that they intend to offer to policyholders and certificate holders with the rate increase request that triggers the minimum reduced benefit option offerings.

Andrew N. Mais
Insurance Commissioner