



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

In The Matter Of Continental General Insurance Company Medicare Supplement Insurance
Docket No. LH 20-55

ORDER

I, Andrew N. Mais, Commissioner of the State of Connecticut, having read the record, do hereby adopt the findings and recommendations of Eric C. Vieweg, Hearing Officer in the above matter and issue the following order, to wit:

Continental General Insurance Company rate increase request for its individual standardized Medicare supplement insurance policy forms are 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 28th day of May, 2020.

Handwritten signature of Andrew N. Mais

Andrew N. Mais
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.

After due notice, a hearing was held at the Insurance Department in Hartford, CT on Thursday, April 30, 2020, to consider whether or not the rate increases requested by Continental General Insurance Company on its Individual Medicare supplement insurance business should be approved.

No members from the general public attended the hearing.

No company representatives from Continental General 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.

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.

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.

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. Continental General Insurance Company is requesting a 6.5% rate increase on form 340 (Plan A), 348 (Plan I w/ Rx) and 3DM (Plan I w/o Rx), each of which are individual standardized Medicare supplement plans.
2. There are currently 109 policyholders nationwide and 3 in the state of Connecticut.
3. The last rate increase granted was 7.0% for Plan A and Plan I w/ and w/o Rx, effective 11/03/2019.
4. The proposed rates are expected to satisfy the Connecticut statutory loss ratio of 65% required of individual Medicare supplement forms.
5. Continental General Insurance Company has conformed to subsection (e) of section 38a-495c, C.G.S. regarding the automatic claims processing requirement.
6. Below are the incurred loss ratios for 2018 and 2019 as well as inception-to-date, on a nationwide basis:

<u>Plan</u>	<u>2018</u>	<u>2019</u>	<u>Inception</u>
A	65.1%	92.5%	86.0%
I w/ & w/o Rx	85.1%	145.8%	71.8%

7. Continental General Insurance Company's 2020 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

The undersigned recommends that the proposed rate increases be approved as submitted. The 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.

Dated at Hartford, Connecticut, this 28th day of May, 2020.



Eric C. Vieweg
Hearing Officer