

STATE OF CONNECTICUT

INSURANCE DEPARTMENT

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 In The Matter Of: :
 CONTINENTAL GENERAL : Docket No. LH 12-44
 INSURANCE COMPANY :
 Medicare Supplement Insurance :
 -----X

ORDER

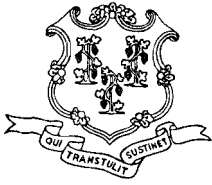
I, Anne Melissa Dowling, Deputy Commissioner of the State of Connecticut, having read the record, do hereby adopt the findings and recommendations of Danny K. Albert, Hearing Officer in the above matter, and issue the following order, to wit:

The Medicare supplement rate increase request, submitted by Continental General Insurance Company, for its individual standardized Medicare supplement form 340 (Plan A) is approved as submitted.

The company's rate increase request for its individual standardized Medicare supplement form 348 (Plan I with prescription drug coverage) and form 3DM (Plan I without prescription drug coverage) is disapproved as submitted. However, these two forms are each granted a rate increase of 6%. Continental General is directed to file revised rate schedule(s) with the Insurance Department reflecting the rate increases granted herein.

Dated at Hartford, Connecticut, this 1st day of May, 2012.

 Anne Melissa Dowling
 Deputy Commissioner



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PROPOSED FINAL DECISION

1. 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. This regulatory authority is carried out in accordance with statutes found in Chapter 700c of the Connecticut General Statutes.

After due notice, a public hearing was held at the Insurance Department in Hartford on April 18, 2012 to consider whether or not the rate filing by Continental General Insurance Company on its Medicare supplement business should be approved.

No members of the public attended the hearing.

No company representatives were in attendance.

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

Background

A Medicare supplement (or Medigap) 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-495a 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 that all insurers offering Medicare supplement policies for sale in the state must offer the basic "core" package of benefits known as Plan A. Insurers may also offer any one or more of eleven other plans (Plans B through L).

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 L 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 Plan A through L 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 supplemental 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, states 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 has requested a 6% rate increase on form 340 (Plan A), 12.0% increase on form 348 (Plan I w/ Rx) and a 12% increase for form 3DM (Plan I w/o Rx), each of which are individual standardized Medicare supplement plans.
2. There are currently 290 policyholders nationwide and 9 in the state of Connecticut.
3. The last rate increase granted was 8% for Plan A effective 7/2/2011, 12% for Plan I w/ Rx and 12.0% for Plan I w/o Rx with an effective date of 7/2/2011.

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 2010 and 2011 as well as inception-to-date, on a nationwide basis:


<u>Plan</u>	<u>2010</u>	<u>2011</u>	<u>Inception</u>
A	100.8%	85.8%	87.9%
I w/ & w/o Rx	63.3%	61.0%	71.3%

7. Continental General Insurance Company's 2012 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 increase for Plan A be approved as submitted, but that the 12% increase request for Plan I with and without prescription drugs be disapproved as submitted, but limited to 6%. The experience for Plan I has been much better in 2010 and 2011 and any more than an increase of 6% would be considered excessive.

Dated at Hartford, Connecticut, this 1st day of May, 2012.


Danny K. Albert
Hearing Officer