

STATE OF CONNECTICUT

INSURANCE DEPARTMENT

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In The Matter Of: :
HUMANA INSURANCE COMPANY : **Docket No. LH 11-112**
Medicare Supplement Insurance :
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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:

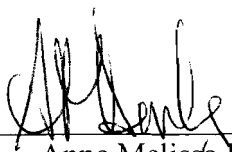
The Medicare supplement rate increase request submitted by Humana Insurance Company, for its individual Standardized Medicare supplement insurance policy forms CT-MESA, CT-MESF(HD), CT-MESK and CT-MESL is disapproved as requested. However, policy form CT-MESA is granted a 15% rate increase, while policy forms CT-MESK and MESL are each granted a 7% rate increase. The rate for policy form CT-MESF(HD) is to be maintained at its current level with no change.

The company's rate increase request for its individual Standardized Medicare supplement insurance policy forms CT-MESF and CT-MESG is approved as submitted.

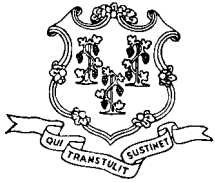
The approved rate action reflected in this Order, is reasonable in relation to the benefits, projected claim costs and anticipated loss ratios the company can expect to realize on this block of Medicare supplement insurance business.

Humana Insurance Company is directed to file revised rates with the Insurance Department, reflecting the rate action granted herein. The revised rates must be received by Friday, November 4, 2011.

Dated at Hartford, Connecticut, this 19th day of October, 2011.



 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. 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 on September 28, 2011, to consider whether or not the rate increase requested by Humana Insurance Company on its individual standardized Medicare supplement business should be approved.

No one from the general public attended the hearing.

No representative from Humana 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 the Connecticut General Statutes, and the Insurance Department Rules of Practice, Section 38a-8-1 et seq. of the Regulations of Connecticut State Agencies.

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, 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. FINDINGS 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. Humana Insurance Company has requested a 35.0% rate increase on its individual standardized Plan A, a 10% increase for Plans F and G, a 12% increase for high-deductible Plan F and a 14% increase for Plans K and L.
2. As of March 31, 2011 there were 285 policies in-force in Connecticut and 48,065 nationwide.
3. A rate increase of 12.0% was effective in October of 2009.
4. Humana has certified that their expense factors are in compliance with section 38a-473, C.G.S.

5. Humana has conformed to subsection (e) of section 38a-495c, C.G.S. regarding the automatic claims processing requirement.
6. The proposed rates are designed to satisfy the Connecticut regulatory loss ratio of 65%.
7. Connecticut specific experience is not yet credible, therefore nationwide data was used to analyze the rate increase request.
8. Below are the loss ratios for each Plan in Connecticut, for 2009, 2010 and inception-to-date:

<u>Plan</u>	<u>2009</u>	<u>2010</u>	<u>Inception</u>
A	42.3%	260.7%	136.5%
F	74.5%	99.4%	92.1%
F(HD)	11.4%	106.8%	56.8%
G	186.4%	302.4%	234.2%
K	69.5%	58.2%	60.9%
L	45.1%	52.9%	51.6%
Total	68.6%	124.0%	100.5%

9. Below are the loss ratios for each Plan nationwide, for 2009, 2010 and inception-to-date:

<u>Plan</u>	<u>2009</u>	<u>2010</u>	<u>Inception</u>
A	136.1%	140.8%	136.7%
F	85.1%	86.3%	83.8%
F(HD)	46.9%	42.6%	51.1%
G	186.4%	302.4%	234.2%
K	64.0%	60.4%	61.9%
L	64.5%	62.5%	63.9%
Total	83.9%	84.5%	82.6%

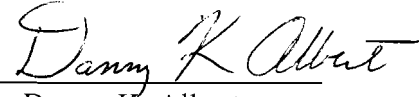
10. Humana's Medicare supplement rate filing proposal is in compliance with the requirements of regulation 38a-474 as it applies to the contents of the rate submission as well as the actuarial memorandum.

III. RECOMMENDATION

Recommend that the requested rate increases for Plan A, high-deductible Plan F, Plan K and Plan L be disapproved as submitted, but limited to 15% for Plan A, no increase for high-deductible Plan F and a 7% increase for Plan K and L. Plan A was reduced for lack of credibility both in Connecticut and on a nationwide basis. High-deductible Plan F was reduced as a result of the Connecticut and nationwide loss ratio both below the statutory requirement of 65% and the reduction to Plan K and L was related to the current Connecticut specific and nationwide loss ratio experience.

Also recommend that the 10% increase for Plans F and G be approved as submitted. These rate changes are reasonable in relationship to the benefits, estimated claim costs and the anticipated loss ratio the company expects to realize on these plans.

Dated at Hartford, Connecticut, this 19th day of October, 2011.



Danny K. Albert
Hearing Officer