

STATE OF CONNECTICUT

INSURANCE DEPARTMENT

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In The Matter or :
MUTUAL OF OMAHA : **Docket No. LH 16-22**
INSURANCE COMPANY :
Medicare Supplement Insurance :
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ORDER

I, Katharine L Wade, 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:

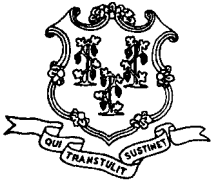
The Medicare supplement rate increase request submitted by Mutual of Omaha Insurance Company for its individual Standardized Medicare supplement insurance policy forms M181 (Plan A), M182 (Plan C), M278 (Plan D), M183 (Plan F) and M374 (Plan G) is disapproved as submitted. However, the respective plans are granted the following rate increases: Plan A (0%), Plan C (10%), Plan D (5%), Plan F (5%) and Plan G (0%).

Additionally, Mutual of Omaha Insurance Company's request to maintain the current rate, with no rate change, on its individual Standardized Medicare supplement insurance policy form M184 (Plan I) is approved as requested.

The Plan A and G loss ratios are either at or below the target loss ratio. Consequently, the proposed rate increase for these two plans is not warranted at this time. The department's evaluation of the company's proposed rate increases took into account the credibility weighted actual and projected loss ratios for each of the subject plans.

Dated at Hartford, Connecticut this 15th day of April, 2016.

Katharine L Wade
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 April 5, 2016, to consider whether or not the rate increase requested by Mutual of Omaha Insurance Company on its individual Standardized Medicare supplement insurance business should be approved.

No members from the general public attended the hearing.

No company representatives from Mutual of Omaha 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 that provides benefits that are in addition 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 a basic “core” package of benefits known as Plan A. Insurers may also offer any one or more of eleven other plans (Plans B through N). No other Medicare supplement policies may be sold in Connecticut.

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 of 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(s) B and/or C in the Connecticut insurance marketplace must also make the plans (in addition to Plan A) available to 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. Pursuant to 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. Additionally, the 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. Mutual of Omaha has requested the approval of a 12% rate increase for Plans A, C, D, F and G. They have also requested no change to the current rate for Plan I.
2. The following are estimated 9/30/2015 in-force counts in Connecticut and on a nationwide basis:

<u>Plan</u>	<u>Connecticut</u>	<u>Nationwide</u>
A	0	832
C	8	2,998
D	46	3,746
F	113	43,655
G	91	6,327
I	6	72
Total	264	57,630

3. The following are the last rate increases approved for these policies with corresponding effective dates:

<u>Plan</u>	<u>Increase</u>	<u>Effective Date</u>
A	10.0%	5/1/2012
C	6.0%	5/1/2013
D	10.0%	5/1/2012
F	15.0%	5/1/2009
G	10.0%	5/1/2011
I	10.0%	5/1/2007

4. The subject policies were agent solicited. This is a closed block of business.
5. Mutual of Omaha used the six-month pre-existing condition exclusion clause for all Plans.
6. Mutual of Omaha certified that their expense factors are in compliance with section 38a-473, C.G.S.
7. Mutual of Omaha has conformed to subsection (e) of section 38a-495c, C.G.S. regarding the automatic processing of Part A and B claims.
8. The proposed rates are designed to satisfy the Connecticut regulatory loss ratio of 65%.
9. Below are the estimated loss ratios in Connecticut for 2014, 2015 and from inception-to-date:

<u>Plan</u>	<u>2014</u>	<u>2015</u>	<u>Inception-to-date</u>
A	n/a	n/a	138.3%
C	43.8%	29.4%	76.8%
D	42.1%	48.4%	74.4%

F	58.1%	76.2%	67.4%
G	66.4%	80.9%	93.0%
I	37.8%	40.6%	62.4%
Total	56.3%	70.0%	74.6%

11. Below are the estimated loss ratios on a nationwide basis for 2014, 2015 and from inception-to-date:

<u>Plan</u>	<u>2014</u>	<u>2015</u>	<u>Inception-to-date</u>
A	55.2%	60.4%	64.7%
C	65.9%	69.0%	71.0%
D	63.2%	69.1%	68.5%
F	62.9%	68.3%	67.5%
G	65.3%	73.4%	73.9%
I	46.6%	55.8%	67.0%

12. Trend of 4.0% was used to project future claims for all plans.


13. Mutual of Omaha's 2016 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 12.0% rate increase for Plans A, C, D, F and G be disapproved as submitted, but limited to a 10% increase for Plan C and a 5% increase for Plans D and F. The credibility weighted actual and projected loss ratios were considered when evaluating the rate increases. Plans A and G are either at or below the target loss ratio so no increase has been granted for those two plans.

In addition, the undersigned recommends that the request to maintain the current rate for Plan I be approved as submitted.

Dated at Hartford, Connecticut, this 15th day of April, 2016.


 Danny K. Albert
 Hearing Officer