

SERFF Tracking Number: HUMA-125797203 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 40141
Company Tracking Number:
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
Product Name: GN-70129 8/2002 et al.
Project Name/Number: /

Filing at a Glance

Company: Humana Insurance Company
Product Name: GN-70129 8/2002 et al. SERFF Tr Num: HUMA-125797203 State: ArkansasLH
TOI: H16I Individual Health - Major Medical SERFF Status: Closed State Tr Num: 40141
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO) Co Tr Num: State Status: Approved-Closed
Filing Type: Rate Co Status: Reviewer(s): Rosalind Minor
Author: Matthew Morris Disposition Date: 09/19/2008
Date Submitted: 09/02/2008 Disposition Status: Approved-Closed
Implementation Date Requested: 01/01/2009 Implementation Date:
State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: 15.9% Group Market Type:
Filing Status Changed: 09/19/2008
State Status Changed: 09/19/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

We respectfully submit for your approval the enclosed premium rates for use with the above captioned form series. The changes being requested are for effective date 1/1/2009 and include:

- 1) A 14% statewide increase. This increase is the same across all plan designs.
- 2) A 3% increase in our maximum renewal increase, and a 2% increase in the minimum renewal increase, affecting all

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renewals for this rating period. These changes are displayed on page 140 of the Rate Sheets.

3) A 5% increase to HDHP Family Structure factors for families with 2 or more members. These new factors are available on page 141 of the Rate Sheets.

4) A 5% increase on plans with deductibles greater than or equal to \$5000.

5) A 7.5% decrease to the rate relativities of \$5200, \$6000, and \$7500 in a small set of zip codes. This specific change affects 17 policies.

The aggregate impact of these changes is 15.9%. The proposed changes will apply to both new business and renewals. Renewal increases will be applied on the first renewal after the proposed effective date.

Company and Contact

Filing Contact Information

Matthew Morris, Actuarial Analyst
 waiting on address
 Milwaukee, WI 55555

mmorris2@humana.com
 (262) 951-2638 [Phone]

Filing Company Information

Humana Insurance Company
 1100 Employers Boulevard
 Green Bay, WI 54344
 (800) 558-4444 ext. [Phone]

CoCode: 73288
 Group Code: 119
 Group Name:
 FEIN Number: 39-1263473

State of Domicile: Wisconsin
 Company Type: Life & Health
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$0.00	09/02/2008	

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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
949482	\$50.00	07/11/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/19/2008	09/19/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Rate Increase Request	Note To Reviewer	Matthew Morris	09/19/2008	09/19/2008
Rate Increase Request	Note To Filer	Rosalind Minor	09/05/2008	09/19/2008

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Disposition

Disposition Date: 09/19/2008

Implementation Date:

Status: Approved-Closed

Comment: We have approved a 15.9% rate increase on the above policy form. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Humana Insurance Company	15.900%	\$		\$	%	%	15.900%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Experience Exhibit		No
Supporting Document	Exhibit B: Historical Claims Changes		Yes
Rate	Rate Sheets		No

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Note To Reviewer

Created By:

Matthew Morris on 09/19/2008 10:01 AM

Subject:

Rate Increase Request

Comments:

Dear Ms. Minor,

Since our Launch in 2005, the only rate increase we have taken was filed 11/17/2006 and was approved 1/2/07. The increase was 12%.

We have also taken 2 rate decreases on 6/20/2005 (approved 6/29/05 avg decrease of 27% on all products) and 4/19/06 (approved 4/24/06 avg decrease of 3.4% on IMM products and avg decrease of 8.2% on HDHP Products).

Let me know if you have any other questions. Thanks!

Matt Morris

mmorris2@humana.com

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Note To Filer

Created By:

Rosalind Minor on 09/05/2008 03:01 PM

Subject:

Rate Increase Request

Comments:

Has this block of business had any prior rate increases? If so, please give the percentage amount and the date of approval.

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

15.900%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Humana Insurance Company	15.900%	15.900%				%	%