

SERFF Tracking Number: HUMA-126542318 State: Arkansas  
 Filing Company: Humana Insurance Company State Tracking Number: 45181  
 Company Tracking Number: AR-03-2010  
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
 Standard Plans  
 Product Name: Individual Medicare Supplement Plans  
 Project Name/Number: 2010 Rates/AR-03-2010

## Filing at a Glance

Company: Humana Insurance Company

Product Name: Individual Medicare Supplement SERFF Tr Num: HUMA-126542318 State: Arkansas  
 Plans

TOI: MS051 Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num: 45181  
 Standard Plans Closed

Sub-TOI: MS051.001 Plan A

Co Tr Num: AR-03-2010

State Status: Approved-Closed

Filing Type: Rate

Reviewer(s): Stephanie Fowler

Authors: Michele Zabel, Dennis

Disposition Date: 04/01/2010

Cowart, Paula Williamson, Adrianna

Maki

Date Submitted: 03/15/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date: 09/01/2010

State Filing Description:

## General Information

Project Name: 2010 Rates

Status of Filing in Domicile:

Project Number: AR-03-2010

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 10%

Group Market Type:

Filing Status Changed: 04/01/2010

Explanation for Other Group Market Type:

State Status Changed: 04/01/2010

Deemer Date:

Created By: Adrianna Maki

Submitted By: Adrianna Maki

Corresponding Filing Tracking Number: AR-03-2010

Filing Description:

Please find enclosed Humana Insurance Company's Actuarial Memorandum for a proposed rate increase of 10.0% for all Individual Medicare Supplement Plans offered in Arkansas. The following forms are affected by this rate increase:

Medicare Supplement Policies AR-MESA, AR-MESB, AR-MESC, AR-MESF, AR-MESF(HD), AR-MESK and AR-MESL.

The proposed effective date requested for this increase is September 1, 2010.

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A 2009 rate increase of 12.0% was approved on 5/7/09, HUMA-126126786.

If you have any questions or comments regarding this filing, please contact Anna Maki via SERRF, email (amaki@humana.com) or phone (502-476-1262).

## Company and Contact

### Filing Contact Information

Adrianna Maki, Compliance Analyst amaki@humana.com  
 500 West Main Street 502-476-1262 [Phone]  
 Louisville, KY 40202

### Filing Company Information

Humana Insurance Company CoCode: 73288 State of Domicile: Wisconsin  
 1100 Employers Boulevard Group Code: 119 Company Type: Life & Health  
 Green Bay, WI 54344 Group Name: State ID Number:  
 (800) 558-4444 ext. [Phone] FEIN Number: 39-1263473

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 rate filing (actuarial memo form)  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	03/15/2010	34882743

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	04/01/2010	04/01/2010

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## **Disposition**

Disposition Date: 04/01/2010

Implementation Date: 09/01/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after September 1, 2010. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate	2010 AR Proposed Base Rates	Approved	Yes

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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 04/01/2010	2010 AR Proposed Base Rates	AR-MESA, AR-MESB, AR-MESC, AR-MESF, AR-MESF(HD), AR-MESK, AR-MESL	Revised	Previous State Filing Number:  Percent Rate Change Request:	HUMA-126126786 2010 AR Proposed Base Rates.pdf  10.000

**Exhibit B  
Humana Insurance Company  
Medicare Supplement Rates <sup>[1]</sup>**

State: Arkansas  
Form #s: AR-MESA, AR-MESB, AR-MESC, AR-MESF, AR-MESF(HD), AR-MESK, AR-MESI  
Effective Date: September 1, 2009

**Current Base Rates <sup>[1] [4]</sup>**

Community Rates	Plan A		Plan B		Plan C		Plan F	
	Preferred <sup>[3]</sup>	Standard <sup>[2]</sup>						
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65+	\$157.92	\$235.20	\$166.88	\$247.52	\$192.64	\$287.84	\$193.76	\$290.08

Community Rates	Plan F-High Deductible		Plan K		Plan L	
	Preferred <sup>[3]</sup>	Standard <sup>[2]</sup>	Preferred <sup>[3]</sup>	Standard <sup>[2]</sup>	Preferred <sup>[3]</sup>	Standard <sup>[2]</sup>
<65	n/a	n/a	n/a	n/a	n/a	n/a
65+	\$76.16	\$115.36	\$92.96	\$138.88	\$134.40	\$201.60

**Proposed Increase**

Community Rates	Plan A		Plan B		Plan C		Plan F	
	Preferred <sup>[3]</sup>	Standard <sup>[2]</sup>						
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65+	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%

Community Rates	Plan F-High Deductible		Plan K		Plan L	
	Preferred <sup>[3]</sup>	Standard <sup>[2]</sup>	Preferred <sup>[3]</sup>	Standard <sup>[2]</sup>	Preferred <sup>[3]</sup>	Standard <sup>[2]</sup>
<65	n/a	n/a	n/a	n/a	n/a	n/a
65+	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%

- [1] Base Rates presented are discounted rates based on monthly ACH/credit card payment modes. For monthly coupon book payment mode there is an additional \$2 per month. Other fees or discounts may apply in the future, including non-monthly modes and policy issue.
- [2] Standard Rates apply to tobacco users and beneficiaries originally eligible due to disability.
- [3] Preferred Rates are for non-tobacco users not originally eligible due to disability. For issues during open enrollment and guaranteed acceptance periods, the Preferred rates will apply.
- [4] Geographic area factors are also applied, with the final rates rounded to the nearer whole dollar. (see Exhibit C)

**Exhibit B (continued)  
Humana Insurance Company  
Medicare Supplement Rates <sup>[1]</sup>**

State: Arkansas  
Form #s: AR-MESA, AR-MESB, AR-MESC, AR-MESF, AR-MESF(HD), AR-MESK, AR-MESI  
Effective Date: September 1, 2010

PreposedBase Rates <sup>[1]</sup> <sup>[4]</sup>

Community Rates	Plan A		Plan B		Plan C		Plan F	
	Preferred <sup>[3]</sup>	Standard <sup>[2]</sup>						
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65+	\$173.71	\$258.72	\$183.57	\$272.27	\$211.90	\$316.62	\$213.14	\$319.09

Community Rates	Plan F-High Deductible		Plan K		Plan L	
	Preferred <sup>[3]</sup>	Standard <sup>[2]</sup>	Preferred <sup>[3]</sup>	Standard <sup>[2]</sup>	Preferred <sup>[3]</sup>	Standard <sup>[2]</sup>
<65	n/a	n/a	n/a	n/a	n/a	n/a
65+	\$83.78	\$126.90	\$102.26	\$152.77	\$147.84	\$221.76

- [1] Base Rates presented are discounted rates based on monthly ACH/credit card payment modes. For monthly coupon book payment mode there is an additional \$2 per month. Other fees or discounts may apply in the future, including non-monthly modes and policy issue.
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