

SERFF Tracking Number: HUMA-128235384 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number:
Company Tracking Number: AR-04-2012
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Individual Medicare Supplement Plans
Project Name/Number: 2012 Rate Filing (1990 Plans)/AR-04-2012

Filing at a Glance

Company: Humana Insurance Company

Product Name: Individual Medicare Supplement SERFF Tr Num: HUMA-128235384 State: Arkansas
Plans

TOI: MS051 Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num:
Standard Plans Closed
Sub-TOI: MS051.001 Plan A Co Tr Num: AR-04-2012 State Status: Approved-Closed
Filing Type: Rate Reviewer(s): Stephanie Fowler

Authors: Michele Zabel, Paula Disposition Date: 05/02/2012

Williamson, Bettina Ponds, Tiffany

Turner, Seth Johnson, Susan Levie

Date Submitted: 04/04/2012 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date: 05/02/2012

State Filing Description:

General Information

Project Name: 2012 Rate Filing (1990 Plans)

Project Number: AR-04-2012

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: WI is the state of
domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/02/2012

State Status Changed: 05/02/2012

Deemer Date:

Created By: Tiffany Turner

Submitted By: Tiffany Turner

Corresponding Filing Tracking Number:

Filing Description:

Please find enclosed Humana Insurance Company's Actuarial Memorandum for a proposed rate increase of 6.5% on plans A, B, K and L. We are requesting a 5.5% increase for plans C, F and F-HD. 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 July 1, 2012.

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A 2011 rate increase of 10.0% was approved on 10/10/2011, HUMA-127687479.

If you have any questions or comments regarding this filing, please contact Tiffany Turner via SERRF, email (tturner2@humana.com) or phone (502-580-1570).

State Narrative:

Company and Contact

Filing Contact Information

Tiffany Turner, Compliance Analyst tturner2@humana.com
 500 W Main 502-580-0837 [Phone]
 NCT 29
 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:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	04/04/2012	57730413

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	05/02/2012	05/02/2012
Approved-Closed	Stephanie Fowler	05/02/2012	05/02/2012
Disapproved	Stephanie Fowler	04/10/2012	04/10/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	04/19/2012	04/19/2012	Tiffany Turner	05/01/2012	05/01/2012
Pending Industry Response	Stephanie Fowler	04/10/2012	04/10/2012	Tiffany Turner	04/17/2012	04/17/2012

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Disposition

Disposition Date: 05/02/2012

Implementation Date: 05/02/2012

Status: Approved-Closed

Comment: The negotiated rate increase of 3% has been approved to be implemented on or after the date of this notice. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- The insured 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.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Humana Insurance Company	5.520%	5.520%	\$14,179	108	\$256,728	6.500%	5.500%

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Disposition

Disposition Date: 05/02/2012

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Humana Insurance Company	5.520%	5.520%	\$14,179	108	\$256,728	6.500%	5.500%

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Disposition

Disposition Date: 04/10/2012

Implementation Date:

Status: Disapproved

Comment: Given the fact that the this block of business is not credible and that we have approved significant and consistent rate increases on this block of business since inception, we cannot approve this rate increase at this time.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Humana Insurance Company	5.520%	5.520%	\$14,179	108	\$256,728	6.500%	5.500%

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/19/2012
Submitted Date 04/19/2012
Respond By Date 05/21/2012

Dear Tiffany Turner,

After further review of this request, we would be willing to approve a 3% rate increase on this block of business; this offer is made in lieu of disapproval.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 05/01/2012
 Submitted Date 05/01/2012

Dear Stephanie Fowler,

Comments:

Per your review,

Response 1

Comments: See attached response letter accepting 3% found below.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: 4/19/2012 Objection Response
 Comment:

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
2012 AR Proposed Base Rates	AR-MESA,AR-MESB,AR- MESC,AR-MESF,AR- MESF(HD),AR-MESK,AR- MESL	Revised	Previous State Filing Number HUMA-127687479 Percent Rate Change Request 10	Proposed Base Rates.pdf

Previous Version

2012 AR Proposed Base Rates	AR-MESA,AR-MESB,AR- MESC,AR-MESF,AR- MESF(HD),AR-MESK,AR- MESL	Revised	Previous State Filing Number	Proposed Base Rates.pdf
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Product Name: Individual Medicare Supplement Plans
Project Name/Number: 2012 Rate Filing (1990 Plans)/AR-04-2012

HUMA-127687479

Percent Rate Change Request

10

If you have additional questions or concerns do not hesitate to contact me.

Sincerely,

Bettina Ponds, Michele Zabel, Paula Williamson, Seth Johnson, Susan Levie, Tiffany Turner

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Company Tracking Number: AR-04-2012
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Standard Plans
Product Name: Individual Medicare Supplement Plans
Project Name/Number: 2012 Rate Filing (1990 Plans)/AR-04-2012

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/10/2012
Submitted Date 04/10/2012
Respond By Date 05/10/2012

Dear Tiffany Turner,

Given the fact that the this block of business is not credible and that we have approved significant and consistent rate increases on this block of business since inception, we cannot approve this rate increase at this time.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/17/2012
Submitted Date 04/17/2012

Dear Stephanie Fowler,

Comments:

Per your recent review,

Response 1

Comments: In October of 2011, we submitted a request for an increase on this block of business in SERFF tracking number HUMA-127687479. The filing was DISAPPROVED with the following comment:

"It is the primary mission of the Arkansas Insurance Department to protect consumers. Arkansas is a relatively poor state and most of the seniors who would be affected by your proposed rate increase live on a fixed income. Therefore, given the fact that this block of business is not credible and that we have approved consistent rate increases on this block of business since 2008, we cannot approve this rate increase at this time."

A disapproval for a 2012 increase has been issued as well. Please provide guidance as to what the company can provide in order to satisfy your department's concerns?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your time.

Sincerely,

Bettina Ponds, Michele Zabel, Paula Williamson, Seth Johnson, Susan Levie, Tiffany Turner

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Rate Information

Rate data applies to filing.

Filing Method: serff
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 10.000%
Effective Date of Last Rate Revision: 12/01/2011
Filing Method of Last Filing: serff

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Humana Insurance Company	5.520%	5.520%	\$14,179	108	\$256,728	6.500%	5.500%

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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-Closed 05/02/2012	2012 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-1276874 Proposed Base Rates.pdf 79 10.000

**Exhibit 5
Humana Insurance Company
Medicare Supplement Rates [1] [4]**

State: Arkansas
Form #: AR-MESA, AR-MESB, AR-MESC, AR-MESF, AR-MESF(HD), AR-MESK, AR-MESL

Effective Date: September 1, 2010

Current Base Rates [1] [4]

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

Proposed Increase

Community Rates	Plan A		Plan B		Plan C		Plan F		Plan F-High Deductible		Plan K		Plan L	
	Preferred [3]	Standard [2]	Preferred [3]	Standard [2]	Preferred [3]	Standard [2]	Preferred [3]	Standard [2]						
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65+	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%

Effective Date: July 1, 2012

Proposed Base Rates [1] [4]

Community Rates	Plan A		Plan B		Plan C		Plan F		Plan F-High Deductible		Plan K		Plan L	
	Preferred [3]	Standard [2]	Preferred [3]	Standard [2]	Preferred [3]	Standard [2]	Preferred [3]	Standard [2]						
<65	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65+	\$178.92	\$266.48	\$189.08	\$280.44	\$218.26	\$326.12	\$219.53	\$328.66	\$86.29	\$130.71	\$105.33	\$157.35	\$152.28	\$228.41

[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 6)

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification Comments: Attachment: AR%20Actuarial%20Memo%202012[1].pdf	Approved-Closed	05/02/2012

	Item Status:	Status Date:
Satisfied - Item: 4/19/2012 Objection Response Comments: Attachment: Response to AR 4.19.12 Objection.pdf	Accepted for Informational Purposes	05/02/2012

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/04/2012	Rate and Rule	2012 AR Proposed Base Rates	05/01/2012	Proposed Base Rates.pdf (Superseded)