

State: Rhode Island **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: 2010 Individual Medicare Supplement Plans
Project Name/Number: 2019 Rates- MIPPA Plans/RI-17-2019

Filing at a Glance

Company: Humana Insurance Company
Product Name: 2010 Individual Medicare Supplement Plans
State: Rhode Island
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010
Sub-TOI: MS08I.012 Multi-Plan 2010
Filing Type: Rate
Date Submitted: 10/14/2019
SERFF Tr Num: HUMA-132117268
SERFF Status: Pending Industry Response
State Tr Num:
State Status: Open-Pending Actuary Review
Co Tr Num: RI-17-2019

Implementation: 03/01/2020
Date Requested:
Author(s): Michele Zabel, Paula Williamson, Tiffany Lands, Shawn Farnsley, Steve Polio, Jennifer Strong
Reviewer(s): John Garrett (primary), Charles DeWeese, Linda Johnson, bela gorman, Alyssa Metivier, Victor Woods, Courtney Miner, Jennifer Smagula

Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: Rhode Island **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: 2010 Individual Medicare Supplement Plans
Project Name/Number: 2019 Rates- MIPPA Plans/RI-17-2019

General Information

Project Name: 2019 Rates- MIPPA Plans	Status of Filing in Domicile: Not Filed
Project Number: RI-17-2019	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	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: 10/15/2019
	State Status Changed: 10/15/2019
Deemer Date:	Created By: Paula Williamson
Submitted By: Paula Williamson	Corresponding Filing Tracking Number: HUMA-126401449, HUMA-131884024

Filing Description:

Re: Humana Insurance Company/NAIC 119, 73288
 2010 Individual Medicare Supplement Plans - 2019 Rate Renewal

Please find enclosed Humana Insurance Company's actuarial memorandum for a proposed increase of 5.5.% for Individual Medicare Supplement Plans A, B, C, F, G, K, and L; and a rate hold on Plan F(High Deductible) The last rate change for these Plans was approved on October 26, 2018 under SERFF Filing, HUMA-131669933. The proposed effective date requested for this rate change is March 1, 2020.

The following forms are affected by this rate increase: Individual Medicare Supplement Policies RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F, RIMESM10F(HD), RIMESM10K, RIMESM10L, approved on February 12, 2010, SERFF Filing #HUMA-126401449; and RIMESM10G, approved on April 24, 2019, SERFF Tracking #HUMA-131884024.

Please contact me via SERFF, at (502) 580-1688 or by email at pwilliamson@humana.com, if you have questions or require additional information relative to this filing.

Company and Contact

Filing Contact Information

Paula Williamson, Senior Products	pwilliamson@humana.com
Compliance Analyst	
500 W. Main Street	502-580-1688 [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:	\$200.00

State: Rhode Island **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
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Retaliatory? No
Fee Explanation: \$25 per rate x 8= \$200.00
Per Company: Yes

Company	Amount	Date Processed	Transaction #
Humana Insurance Company	\$200.00	10/14/2019	167732553

State: Rhode Island**Filing Company:**

Humana Insurance Company

TOI/Sub-TOI: MS081 Individual Medicare Supplement - Standard Plans 2010/MS081.012 Multi-Plan 2010**Product Name:** 2010 Individual Medicare Supplement Plans**Project Name/Number:** 2019 Rates- MIPPA Plans/RI-17-2019

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Awaits Company Response	Courtney Miner	10/15/2019	10/15/2019

Response Letters

Responded By	Created On	Date Submitted
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Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Public Comment	Reviewer Note	Courtney Miner	10/15/2019	

State: Rhode Island **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: 2010 Individual Medicare Supplement Plans
Project Name/Number: 2019 Rates- MIPPA Plans/RI-17-2019

Objection Letter

Objection Letter Status	Awaits Company Response
Objection Letter Date	10/15/2019
Submitted Date	10/15/2019
Respond By Date	10/17/2019

Dear Paula Williamson,

Introduction:

Please provide a Consumer Narrative for this filing.

Conclusion:

Sincerely,
Courtney Miner

State: Rhode Island **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: 2010 Individual Medicare Supplement Plans
Project Name/Number: 2019 Rates- MIPPA Plans/RI-17-2019

Reviewer Note

Created By:

Courtney Miner on 10/15/2019 06:58 AM

Subject:

Public Comment

Comments:

Over 300 lives- will go out for public comment on Friday 10-18

SERFF Tracking #:

HUMA-132117268

State Tracking #:

Company Tracking #:

RI-17-2019

State: Rhode Island

Filing Company:

Humana Insurance Company

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name: 2010 Individual Medicare Supplement Plans

Project Name/Number: 2019 Rates- MIPPA Plans/RI-17-2019

Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

03/01/2019

Filing Method of Last Filing:

SERFF

SERFF Tracking Number of Last Filing:

HUMA-131193252

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Humana Insurance Company	5.140%	5.140%	\$101,499	843	\$1,975,701	5.500%	0.000%

State: Rhode Island

Filing Company:

Humana Insurance Company

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name: 2010 Individual Medicare Supplement Plans

Project Name/Number: 2019 Rates- MIPPA Plans/RI-17-2019

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		RI Proposed Base Rates	RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F, RIMESM10K, RIMESM10L	Revised	Previous State Filing Number: HUMA-131669933 Percent Rate Change Request: 5.5	RI Proposed Base Rates.pdf,
2		RI Proposed Base Rates	RIMESM10F(HD)	Revised	Previous State Filing Number: HUMA-131669933 Percent Rate Change Request:	RI Proposed Base Rates.pdf,
3		RI Proposed Base Rates	RIMESM10G	Revised	Previous State Filing Number: HUMA-131884024 Percent Rate Change Request: 5.5	RI Proposed Base Rates.pdf,

Exhibit 5 (continued)
Humana Insurance Company
Medicare Supplement Rates [1] [4]

State: Rhode Island
Form #: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F
Effective Date: March 1, 2020
Proposed Base Rates

Attained Age	Plan A				Plan B				Plan C				Plan F			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female												
65	\$131.04	\$130.70	\$195.85	\$195.34	\$142.61	\$142.25	\$213.15	\$212.61	\$166.03	\$165.60	\$248.15	\$247.50	\$169.41	\$168.98	\$253.21	\$252.57
66	136.27	134.63	203.68	201.22	148.31	146.53	221.68	219.00	172.66	170.57	258.07	254.93	176.19	174.05	263.34	260.13
67	141.72	140.02	211.82	209.27	154.25	152.38	230.54	227.76	179.57	177.40	268.37	265.14	183.23	181.02	273.85	270.54
68	147.39	145.61	220.29	217.64	160.41	158.48	239.76	236.86	186.75	184.49	279.12	275.73	190.55	188.24	284.81	281.37
69	153.28	149.98	229.09	224.16	166.83	163.23	249.34	243.97	194.20	190.02	290.26	284.00	198.17	193.90	296.19	289.81
70	159.41	154.49	238.27	230.90	173.51	168.14	259.32	251.31	201.98	195.74	301.89	292.56	206.09	199.73	308.04	298.52
71	165.79	159.12	247.80	237.83	180.44	173.18	269.69	258.84	210.06	201.60	313.96	301.33	214.33	205.71	320.36	307.47
72	172.43	163.89	257.70	244.96	187.66	178.37	280.47	266.60	218.46	207.66	326.51	310.36	222.92	211.89	333.18	316.70
73	179.32	168.80	268.01	252.30	195.16	183.72	291.70	274.58	227.19	213.87	339.57	319.65	231.84	218.24	346.50	326.17
74	186.49	173.87	278.74	259.88	202.97	189.24	303.37	282.83	236.28	220.29	353.15	329.25	241.11	224.80	360.37	335.99
75	193.97	179.10	289.90	267.69	211.11	194.92	315.52	291.33	245.75	226.91	367.31	339.15	250.76	231.54	374.80	346.07
76	201.72	184.47	301.49	275.71	219.53	200.77	328.13	300.06	255.57	233.71	381.98	349.33	260.79	238.48	389.78	356.44
77	209.78	189.99	313.55	283.96	228.31	206.77	341.24	309.04	265.79	240.72	397.25	359.78	271.22	245.61	405.36	367.11
78	216.09	195.69	322.97	292.48	235.17	212.98	351.48	318.34	273.77	247.95	409.18	370.58	279.35	253.00	417.54	378.14
79	222.56	199.62	332.65	298.35	242.23	217.26	362.04	324.71	281.99	252.90	421.47	378.01	287.74	258.07	430.07	385.72
80	229.24	203.59	342.62	304.29	249.50	221.58	372.89	331.18	290.44	257.95	434.10	385.54	296.36	263.21	442.96	393.40
81	236.12	207.68	352.90	310.40	256.97	226.02	384.07	337.83	299.16	263.13	447.12	393.28	305.26	268.50	456.25	401.30
82	243.19	211.82	363.49	316.59	264.69	230.54	395.59	344.56	308.12	268.37	460.53	401.12	314.41	273.85	469.93	409.31
83	250.50	216.05	374.41	322.94	272.63	235.15	407.48	351.46	317.38	273.75	474.36	409.15	323.85	279.33	484.04	417.50
84	258.00	220.39	385.62	329.40	280.80	239.86	419.70	358.51	326.89	279.24	488.58	417.36	333.56	284.93	498.55	425.87
85+	265.75	224.80	397.21	335.99	289.24	244.65	432.30	365.67	336.71	284.81	503.26	425.69	343.58	290.63	513.52	434.39

- [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.
A 6% Online Enrollment Discount will be applied where members complete and submit an application online.
- [2] Standard Rate applies to tobacco users and beneficiaries originally eligible due to disability.
- [3] Preferred rate applies to non-users of tobacco not originally eligible due to disability. For issues during open enrollment or guaranteed issue, the preferred rates apply to all non-tobacco users.
- [4] Geographic area factors are also applied.

Exhibit 5 (continued)
Humana Insurance Company
Medicare Supplement Rates [1] [4]

State: Rhode Island
Form #: RIMESM10F(HD), RIMESM10G, RIMESM10K, RIMESM10L
Effective Date: March 1, 2020
Proposed Base Rates

Attained Age	Plan F(HD)				Plan G				Plan K				Plan L			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$57.90	\$57.75	\$86.54	\$86.32	\$155.02	\$154.62	\$231.70	\$231.10	\$76.85	\$76.66	\$114.85	\$114.56	\$109.23	\$108.95	\$163.25	\$162.85
66	60.22	59.49	90.00	88.91	161.22	159.26	240.96	238.04	79.93	78.95	119.45	118.00	113.60	112.22	169.78	167.72
67	62.62	61.87	93.60	92.47	167.66	165.64	250.59	247.57	83.10	82.11	124.22	122.73	118.13	116.70	176.56	174.44
68	65.13	64.34	97.34	96.16	174.37	172.26	260.61	257.46	86.44	85.39	129.20	127.62	122.85	121.37	183.62	181.41
69	67.73	66.27	101.23	99.05	181.34	177.42	271.03	265.18	89.89	87.96	134.35	131.45	127.77	125.01	190.97	186.85
70	70.44	68.26	105.28	102.03	188.59	182.77	281.87	273.17	93.48	90.59	139.73	135.41	132.89	128.78	198.60	192.46
71	73.26	70.31	109.49	105.09	196.13	188.24	293.14	281.35	97.22	93.31	145.32	139.47	138.19	132.63	206.55	198.23
72	76.19	72.42	113.87	108.24	203.98	193.89	304.87	289.79	101.11	96.11	151.13	143.66	143.72	136.61	214.82	204.20
73	79.24	74.59	118.43	111.48	212.14	199.69	317.07	298.47	105.15	98.99	157.17	147.95	149.47	140.69	223.41	210.30
74	82.41	76.83	123.17	114.83	220.62	205.70	329.75	307.44	109.36	101.96	163.46	152.41	155.45	144.94	232.33	216.62
75	85.71	79.14	128.10	118.28	229.46	211.87	342.96	316.67	113.75	105.03	170.00	156.97	161.68	149.28	241.65	223.12
76	89.13	81.51	133.22	121.83	238.63	218.23	356.66	326.17	118.30	108.18	176.80	161.68	168.14	153.77	251.30	229.81
77	92.69	83.95	138.54	125.47	248.17	224.76	370.92	335.93	123.02	111.42	183.88	166.52	174.87	158.37	261.36	236.69
78	95.48	86.47	142.70	129.24	255.62	231.51	382.06	346.02	126.72	114.76	189.39	171.53	180.11	163.11	269.20	243.80
79	98.34	88.20	146.99	131.83	263.30	236.15	393.53	352.95	130.51	117.06	195.08	174.96	185.52	166.38	277.29	248.70
80	101.29	89.96	151.39	134.46	271.19	240.85	405.33	359.98	134.43	119.39	200.92	178.45	191.08	169.71	285.59	253.64
81	104.33	91.77	155.94	137.16	279.33	245.69	417.49	367.21	138.46	121.79	206.95	182.03	196.81	173.11	294.16	258.73
82	107.46	93.60	160.61	139.89	287.70	250.59	430.01	374.54	142.61	124.22	213.15	185.67	202.72	176.56	302.97	263.91
83	110.69	95.47	165.44	142.69	296.34	255.60	442.92	382.03	146.91	126.71	219.56	189.37	208.80	180.10	312.09	269.17
84	114.00	97.38	170.39	145.55	305.22	260.73	456.20	389.69	151.31	129.25	226.14	193.17	215.06	183.71	321.43	274.57
85+	117.43	99.33	175.51	148.46	314.39	265.94	469.90	397.47	155.84	131.82	232.93	197.03	221.53	187.38	331.09	280.06

- [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.
A 6% Online Enrollment Discount will be applied where members complete and submit an application online.
- [2] Standard Rate applies to tobacco users and beneficiaries originally eligible due to disability.
- [3] Preferred rate applies to non-users of tobacco not originally eligible due to disability. For issues during open enrollment or guaranteed issue, the preferred rates apply to all non-tobacco users.
- [4] Geographic area factors are also applied.

Exhibit 6
Humana Insurance Company
Medicare Supplement Area Factors and Classification

State: Rhode Island

Form #s: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F, RIMESM10F(HD), RIMESM10G, RIMESM10K, RIMESM10L

Effective Date: March 1, 2020

Area	Rate Factor
1	1.000
2	1.000
3	1.000
Out of State	1.200

County	Geographic Area
BRISTOL..... 41000	3
KENT..... 41010	1
NEWPORT..... 41020	1
PROVIDENCE..... 41030	2
WASHINGTON..... 41050	1

Note 1: If the insured moves to a new state, the out of state factor will apply.

Note 2: The area classification for a county may change, or a different method of classification (e.g., by zip code) may be used upon state review and approval.

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

State: Rhode Island
Form #s: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F
Effective Date: March 1, 2020
Proposed Base Rates

Attained Age	Plan A				Plan B				Plan C				Plan F			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female												
65	\$131.04	\$130.70	\$195.85	\$195.34	\$142.61	\$142.25	\$213.15	\$212.61	\$166.03	\$165.60	\$248.15	\$247.50	\$169.41	\$168.98	\$253.21	\$252.57
66	136.27	134.63	203.68	201.22	148.31	146.53	221.68	219.00	172.66	170.57	258.07	254.93	176.19	174.05	263.34	260.13
67	141.72	140.02	211.82	209.27	154.25	152.38	230.54	227.76	179.57	177.40	268.37	265.14	183.23	181.02	273.85	270.54
68	147.39	145.61	220.29	217.64	160.41	158.48	239.76	236.86	186.75	184.49	279.12	275.73	190.55	188.24	284.81	281.37
69	153.28	149.98	229.09	224.16	166.83	163.23	249.34	243.97	194.20	190.02	290.26	284.00	198.17	193.90	296.19	289.81
70	159.41	154.49	238.27	230.90	173.51	168.14	259.32	251.31	201.98	195.74	301.89	292.56	206.09	199.73	308.04	298.52
71	165.79	159.12	247.80	237.83	180.44	173.18	269.69	258.84	210.06	201.60	313.96	301.33	214.33	205.71	320.36	307.47
72	172.43	163.89	257.70	244.96	187.66	178.37	280.47	266.60	218.46	207.66	326.51	310.36	222.92	211.89	333.18	316.70
73	179.32	168.80	268.01	252.30	195.16	183.72	291.70	274.58	227.19	213.87	339.57	319.65	231.84	218.24	346.50	326.17
74	186.49	173.87	278.74	259.88	202.97	189.24	303.37	282.83	236.28	220.29	353.15	329.25	241.11	224.80	360.37	335.99
75	193.97	179.10	289.90	267.69	211.11	194.92	315.52	291.33	245.75	226.91	367.31	339.15	250.76	231.54	374.80	346.07
76	201.72	184.47	301.49	275.71	219.53	200.77	328.13	300.06	255.57	233.71	381.98	349.33	260.79	238.48	389.78	356.44
77	209.78	189.99	313.55	283.96	228.31	206.77	341.24	309.04	265.79	240.72	397.25	359.78	271.22	245.61	405.36	367.11
78	216.09	195.69	322.97	292.48	235.17	212.98	351.48	318.34	273.77	247.95	409.18	370.58	279.35	253.00	417.54	378.14
79	222.56	199.62	332.65	298.35	242.23	217.26	362.04	324.71	281.99	252.90	421.47	378.01	287.74	258.07	430.07	385.72
80	229.24	203.59	342.62	304.29	249.50	221.58	372.89	331.18	290.44	257.95	434.10	385.54	296.36	263.21	442.96	393.40
81	236.12	207.68	352.90	310.40	256.97	226.02	384.07	337.83	299.16	263.13	447.12	393.28	305.26	268.50	456.25	401.30
82	243.19	211.82	363.49	316.59	264.69	230.54	395.59	344.56	308.12	268.37	460.53	401.12	314.41	273.85	469.93	409.31
83	250.50	216.05	374.41	322.94	272.63	235.15	407.48	351.46	317.38	273.75	474.36	409.15	323.85	279.33	484.04	417.50
84	258.00	220.39	385.62	329.40	280.80	239.86	419.70	358.51	326.89	279.24	488.58	417.36	333.56	284.93	498.55	425.87
85+	265.75	224.80	397.21	335.99	289.24	244.65	432.30	365.67	336.71	284.81	503.26	425.69	343.58	290.63	513.52	434.39

- [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.
A 6% Online Enrollment Discount will be applied where members complete and submit an application online.
- [2] Standard Rate applies to tobacco users and beneficiaries originally eligible due to disability.
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- [4] Geographic area factors are also applied.

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

State: Rhode Island
Form #: RIMESM10F(HD), RIMESM10G, RIMESM10K, RIMESM10L
Effective Date: March 1, 2020
Proposed Base Rates

Attained Age	Plan F(HD)				Plan G				Plan K				Plan L			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$57.90	\$57.75	\$86.54	\$86.32	\$155.02	\$154.62	\$231.70	\$231.10	\$76.85	\$76.66	\$114.85	\$114.56	\$109.23	\$108.95	\$163.25	\$162.85
66	60.22	59.49	90.00	88.91	161.22	159.26	240.96	238.04	79.93	78.95	119.45	118.00	113.60	112.22	169.78	167.72
67	62.62	61.87	93.60	92.47	167.66	165.64	250.59	247.57	83.10	82.11	124.22	122.73	118.13	116.70	176.56	174.44
68	65.13	64.34	97.34	96.16	174.37	172.26	260.61	257.46	86.44	85.39	129.20	127.62	122.85	121.37	183.62	181.41
69	67.73	66.27	101.23	99.05	181.34	177.42	271.03	265.18	89.89	87.96	134.35	131.45	127.77	125.01	190.97	186.85
70	70.44	68.26	105.28	102.03	188.59	182.77	281.87	273.17	93.48	90.59	139.73	135.41	132.89	128.78	198.60	192.46
71	73.26	70.31	109.49	105.09	196.13	188.24	293.14	281.35	97.22	93.31	145.32	139.47	138.19	132.63	206.55	198.23
72	76.19	72.42	113.87	108.24	203.98	193.89	304.87	289.79	101.11	96.11	151.13	143.66	143.72	136.61	214.82	204.20
73	79.24	74.59	118.43	111.48	212.14	199.69	317.07	298.47	105.15	98.99	157.17	147.95	149.47	140.69	223.41	210.30
74	82.41	76.83	123.17	114.83	220.62	205.70	329.75	307.44	109.36	101.96	163.46	152.41	155.45	144.94	232.33	216.62
75	85.71	79.14	128.10	118.28	229.46	211.87	342.96	316.67	113.75	105.03	170.00	156.97	161.68	149.28	241.65	223.12
76	89.13	81.51	133.22	121.83	238.63	218.23	356.66	326.17	118.30	108.18	176.80	161.68	168.14	153.77	251.30	229.81
77	92.69	83.95	138.54	125.47	248.17	224.76	370.92	335.93	123.02	111.42	183.88	166.52	174.87	158.37	261.36	236.69
78	95.48	86.47	142.70	129.24	255.62	231.51	382.06	346.02	126.72	114.76	189.39	171.53	180.11	163.11	269.20	243.80
79	98.34	88.20	146.99	131.83	263.30	236.15	393.53	352.95	130.51	117.06	195.08	174.96	185.52	166.38	277.29	248.70
80	101.29	89.96	151.39	134.46	271.19	240.85	405.33	359.98	134.43	119.39	200.92	178.45	191.08	169.71	285.59	253.64
81	104.33	91.77	155.94	137.16	279.33	245.69	417.49	367.21	138.46	121.79	206.95	182.03	196.81	173.11	294.16	258.73
82	107.46	93.60	160.61	139.89	287.70	250.59	430.01	374.54	142.61	124.22	213.15	185.67	202.72	176.56	302.97	263.91
83	110.69	95.47	165.44	142.69	296.34	255.60	442.92	382.03	146.91	126.71	219.56	189.37	208.80	180.10	312.09	269.17
84	114.00	97.38	170.39	145.55	305.22	260.73	456.20	389.69	151.31	129.25	226.14	193.17	215.06	183.71	321.43	274.57
85+	117.43	99.33	175.51	148.46	314.39	265.94	469.90	397.47	155.84	131.82	232.93	197.03	221.53	187.38	331.09	280.06

[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.

A 6% Online Enrollment Discount will be applied where members complete and submit an application online.

[2] Standard Rate applies to tobacco users and beneficiaries originally eligible due to disability.

[3] Preferred rate applies to non-users of tobacco not originally eligible due to disability. For issues during open enrollment or guaranteed issue, the preferred rates apply to all non-tobacco users.

[4] Geographic area factors are also applied.

Exhibit 6
Humana Insurance Company
Medicare Supplement Area Factors and Classification

State: Rhode Island

Form #s: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F, RIMESM10F(HD), RIMESM10G, RIMESM10K, RIMESM10L

Effective Date: March 1, 2020

Area	Rate Factor
1	1.000
2	1.000
3	1.000
Out of State	1.200

County	Geographic Area
BRISTOL..... 41000	3
KENT..... 41010	1
NEWPORT..... 41020	1
PROVIDENCE..... 41030	2
WASHINGTON..... 41050	1

Note 1: If the insured moves to a new state, the out of state factor will apply.

Note 2: The area classification for a county may change, or a different method of classification (e.g., by zip code) may be used upon state review and approval.

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

State: Rhode Island
Form #: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F
Effective Date: March 1, 2020
Proposed Base Rates

Attained Age	Plan A				Plan B				Plan C				Plan F			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female												
65	\$131.04	\$130.70	\$195.85	\$195.34	\$142.61	\$142.25	\$213.15	\$212.61	\$166.03	\$165.60	\$248.15	\$247.50	\$169.41	\$168.98	\$253.21	\$252.57
66	136.27	134.63	203.68	201.22	148.31	146.53	221.68	219.00	172.66	170.57	258.07	254.93	176.19	174.05	263.34	260.13
67	141.72	140.02	211.82	209.27	154.25	152.38	230.54	227.76	179.57	177.40	268.37	265.14	183.23	181.02	273.85	270.54
68	147.39	145.61	220.29	217.64	160.41	158.48	239.76	236.86	186.75	184.49	279.12	275.73	190.55	188.24	284.81	281.37
69	153.28	149.98	229.09	224.16	166.83	163.23	249.34	243.97	194.20	190.02	290.26	284.00	198.17	193.90	296.19	289.81
70	159.41	154.49	238.27	230.90	173.51	168.14	259.32	251.31	201.98	195.74	301.89	292.56	206.09	199.73	308.04	298.52
71	165.79	159.12	247.80	237.83	180.44	173.18	269.69	258.84	210.06	201.60	313.96	301.33	214.33	205.71	320.36	307.47
72	172.43	163.89	257.70	244.96	187.66	178.37	280.47	266.60	218.46	207.66	326.51	310.36	222.92	211.89	333.18	316.70
73	179.32	168.80	268.01	252.30	195.16	183.72	291.70	274.58	227.19	213.87	339.57	319.65	231.84	218.24	346.50	326.17
74	186.49	173.87	278.74	259.88	202.97	189.24	303.37	282.83	236.28	220.29	353.15	329.25	241.11	224.80	360.37	335.99
75	193.97	179.10	289.90	267.69	211.11	194.92	315.52	291.33	245.75	226.91	367.31	339.15	250.76	231.54	374.80	346.07
76	201.72	184.47	301.49	275.71	219.53	200.77	328.13	300.06	255.57	233.71	381.98	349.33	260.79	238.48	389.78	356.44
77	209.78	189.99	313.55	283.96	228.31	206.77	341.24	309.04	265.79	240.72	397.25	359.78	271.22	245.61	405.36	367.11
78	216.09	195.69	322.97	292.48	235.17	212.98	351.48	318.34	273.77	247.95	409.18	370.58	279.35	253.00	417.54	378.14
79	222.56	199.62	332.65	298.35	242.23	217.26	362.04	324.71	281.99	252.90	421.47	378.01	287.74	258.07	430.07	385.72
80	229.24	203.59	342.62	304.29	249.50	221.58	372.89	331.18	290.44	257.95	434.10	385.54	296.36	263.21	442.96	393.40
81	236.12	207.68	352.90	310.40	256.97	226.02	384.07	337.83	299.16	263.13	447.12	393.28	305.26	268.50	456.25	401.30
82	243.19	211.82	363.49	316.59	264.69	230.54	395.59	344.56	308.12	268.37	460.53	401.12	314.41	273.85	469.93	409.31
83	250.50	216.05	374.41	322.94	272.63	235.15	407.48	351.46	317.38	273.75	474.36	409.15	323.85	279.33	484.04	417.50
84	258.00	220.39	385.62	329.40	280.80	239.86	419.70	358.51	326.89	279.24	488.58	417.36	333.56	284.93	498.55	425.87
85+	265.75	224.80	397.21	335.99	289.24	244.65	432.30	365.67	336.71	284.81	503.26	425.69	343.58	290.63	513.52	434.39

- [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.
A 6% Online Enrollment Discount will be applied where members complete and submit an application online.
- [2] Standard Rate applies to tobacco users and beneficiaries originally eligible due to disability.
- [3] Preferred rate applies to non-users of tobacco not originally eligible due to disability. For issues during open enrollment or guaranteed issue, the preferred rates apply to all non-tobacco users.
- [4] Geographic area factors are also applied.

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

State: Rhode Island
Form #: RIMESM10F(HD), RIMESM10G, RIMESM10K, RIMESM10L
Effective Date: March 1, 2020
Proposed Base Rates

Attained Age	Plan F(HD)				Plan G				Plan K				Plan L			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$57.90	\$57.75	\$86.54	\$86.32	\$155.02	\$154.62	\$231.70	\$231.10	\$76.85	\$76.66	\$114.85	\$114.56	\$109.23	\$108.95	\$163.25	\$162.85
66	60.22	59.49	90.00	88.91	161.22	159.26	240.96	238.04	79.93	78.95	119.45	118.00	113.60	112.22	169.78	167.72
67	62.62	61.87	93.60	92.47	167.66	165.64	250.59	247.57	83.10	82.11	124.22	122.73	118.13	116.70	176.56	174.44
68	65.13	64.34	97.34	96.16	174.37	172.26	260.61	257.46	86.44	85.39	129.20	127.62	122.85	121.37	183.62	181.41
69	67.73	66.27	101.23	99.05	181.34	177.42	271.03	265.18	89.89	87.96	134.35	131.45	127.77	125.01	190.97	186.85
70	70.44	68.26	105.28	102.03	188.59	182.77	281.87	273.17	93.48	90.59	139.73	135.41	132.89	128.78	198.60	192.46
71	73.26	70.31	109.49	105.09	196.13	188.24	293.14	281.35	97.22	93.31	145.32	139.47	138.19	132.63	206.55	198.23
72	76.19	72.42	113.87	108.24	203.98	193.89	304.87	289.79	101.11	96.11	151.13	143.66	143.72	136.61	214.82	204.20
73	79.24	74.59	118.43	111.48	212.14	199.69	317.07	298.47	105.15	98.99	157.17	147.95	149.47	140.69	223.41	210.30
74	82.41	76.83	123.17	114.83	220.62	205.70	329.75	307.44	109.36	101.96	163.46	152.41	155.45	144.94	232.33	216.62
75	85.71	79.14	128.10	118.28	229.46	211.87	342.96	316.67	113.75	105.03	170.00	156.97	161.68	149.28	241.65	223.12
76	89.13	81.51	133.22	121.83	238.63	218.23	356.66	326.17	118.30	108.18	176.80	161.68	168.14	153.77	251.30	229.81
77	92.69	83.95	138.54	125.47	248.17	224.76	370.92	335.93	123.02	111.42	183.88	166.52	174.87	158.37	261.36	236.69
78	95.48	86.47	142.70	129.24	255.62	231.51	382.06	346.02	126.72	114.76	189.39	171.53	180.11	163.11	269.20	243.80
79	98.34	88.20	146.99	131.83	263.30	236.15	393.53	352.95	130.51	117.06	195.08	174.96	185.52	166.38	277.29	248.70
80	101.29	89.96	151.39	134.46	271.19	240.85	405.33	359.98	134.43	119.39	200.92	178.45	191.08	169.71	285.59	253.64
81	104.33	91.77	155.94	137.16	279.33	245.69	417.49	367.21	138.46	121.79	206.95	182.03	196.81	173.11	294.16	258.73
82	107.46	93.60	160.61	139.89	287.70	250.59	430.01	374.54	142.61	124.22	213.15	185.67	202.72	176.56	302.97	263.91
83	110.69	95.47	165.44	142.69	296.34	255.60	442.92	382.03	146.91	126.71	219.56	189.37	208.80	180.10	312.09	269.17
84	114.00	97.38	170.39	145.55	305.22	260.73	456.20	389.69	151.31	129.25	226.14	193.17	215.06	183.71	321.43	274.57
85+	117.43	99.33	175.51	148.46	314.39	265.94	469.90	397.47	155.84	131.82	232.93	197.03	221.53	187.38	331.09	280.06

[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.

A 6% Online Enrollment Discount will be applied where members complete and submit an application online.

[2] Standard Rate applies to tobacco users and beneficiaries originally eligible due to disability.

[3] Preferred rate applies to non-users of tobacco not originally eligible due to disability. For issues during open enrollment or guaranteed issue, the preferred rates apply to all non-tobacco users.

[4] Geographic area factors are also applied.

Exhibit 6
Humana Insurance Company
Medicare Supplement Area Factors and Classification

State: Rhode Island

Form #s: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F, RIMESM10F(HD), RIMESM10G, RIMESM10K, RIMESM10L

Effective Date: March 1, 2020

Area	Rate Factor
1	1.000
2	1.000
3	1.000
Out of State	1.200

County	Geographic Area
BRISTOL..... 41000	3
KENT..... 41010	1
NEWPORT..... 41020	1
PROVIDENCE..... 41030	2
WASHINGTON..... 41050	1

Note 1: If the insured moves to a new state, the out of state factor will apply.

Note 2: The area classification for a county may change, or a different method of classification (e.g., by zip code) may be used upon state review and approval.

State: Rhode Island **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: 2010 Individual Medicare Supplement Plans
Project Name/Number: 2019 Rates- MIPPA Plans/RI-17-2019

Supporting Document Schedules

Satisfied - Item:	A&H Experience
Comments:	See Actuarial Memorandum
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Certification - Life & A&H
Comments:	
Attachment(s):	RI Actuarial Certification 2020 - MIPPA.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum - A&H Rate Revision Filing
Comments:	
Attachment(s):	RI Actuarial Memo 2020 - MIPPA.pdf
Item Status:	
Status Date:	
Bypassed - Item:	*Medicare Supplement-Individual
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Premium Rate Sheets - Life & A&H
Comments:	
Attachment(s):	RI Proposed Base Rates.pdf
Item Status:	
Status Date:	



RHODE ISLAND ACTUARIAL CERTIFICATION

Carrier: Humana Insurance Company

Submission:

2020 Individual Medicare Supplement MIPPA Plans Rate Renewal

I hereby certify that to the best of my knowledge and belief, the above submission conforms to generally accepted actuarial principles, standards and guidelines, that the reserves, including a test of deficiency reserves, and non-forfeiture benefits, if applicable, comply with all statutes, rules and regulations of the state of Rhode Island, and that premiums, if any, are not inadequate, excessive, unfairly discriminatory, or unreasonable in relation to benefits.

Signature of qualified actuary: 

Name (typed or printed): Aaron Iddings

Title or business affiliation: Actuary

Date: 8/14/2019

A thorough review of the law, bulletins, and the Rating Compliance Guidelines should be made prior to signing this certification.

Reset Form



**Humana Insurance Company
Medicare Supplement Plans A, B, C, F, F(HD), G, K, and L
Policy Forms RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F,
RIMESM10F(HD), RIMESM10G, RIMESM10K, and RIMESM10L**

Rhode Island

Guaranteed Renewable for Life

Actuarial Memorandum

1) PURPOSE AND SCOPE

The purpose of this memorandum is to satisfy the annual filing requirements and to request a 5.5% rate increase on all plans except for Plan F-HD, for which we are not requesting an increase at this time. The requested premiums are to be effective March 1, 2020. The requested rates reflect the changes in the Medicare Part A deductible and copayments and the cost and utilization trends on Medicare Part B. The claims cost estimates supporting this filing reflect the estimated 2020 and 2021 benefit levels. This filing pertains only to the policy forms listed in the heading. This rate filing is not intended to be used for other purposes.

2) POLICY INFORMATION

These are guaranteed renewable individual policies which are actively being sold. Premiums were calculated on an attained age basis and policies are issued to individuals aged 65 and over who are eligible for Medicare. Other policy provisions can be found in the contract.

3) SERVICES COVERED

The services covered are specified by standardized Medicare Supplement plans as described in the NAIC Medicare Supplement Insurance Model Regulation (the “2010 Standard Plans”).

4) ACTUAL EXPERIENCE FOR HUMANA’S 2010 PLANS

Exhibit 1 attached displays the actual Rhode Island and Nationwide experience from the inception of the plans in June 2010 through December 31, 2018 for the 2010 plans only. Incurred claims through December 31, 2018 have been based on the actual runoff of paid claims through March 31, 2019. The loss ratio for a given year is defined as incurred claims divided by premiums. Discounting is defined as the present value of experience as of the first year of issue using a 6.0% annual interest rate assumption.

Future experience was projected based on experience through December 31, 2018 with appropriate adjustments for lapse, trend, aging and selection factors. Since the Rhode Island experience is not fully credible, future claim experience was projected based on a credibility weighting with Nationwide experience, with Rhode Island receiving approximately 48%

credibility. The results of these projections are provided in Exhibit 2. The future loss ratios, with and without discounting, are projected to be 83.6% and 85.0%, respectively.

5) DETERMINATION OF RATE CHANGE RECOMMENDATION

Our best judgment is to request the following rate change by plan for the 2010 plans in Rhode Island:

A	5.5%
B	5.5%
C	5.5%
F	5.5%
F-HD	0.0%
G	5.5%
K	5.5%
L	5.5%

These increases are based on a review of both Nationwide and Rhode Island experience, rating characteristics of the State of Rhode Island, trends, projected loss ratios, and underwriting objectives.

Plans A, B, C, F, K, and L are receiving a trend increase of 5.5%.

Plan G is receiving a trend increase of 5.5%. Since Plan G was priced relative to Plan F, we are requesting the same increases on these plans in order to maintain the desired premium relativities.

Plan F-HD has shown good experience to date in Rhode Island. Therefore, we are not requesting an increase at this time.

6) PROJECTED LOSS RATIOS WITH A RATE CHANGE EFFECTIVE MARCH 1, 2020

The projected Rhode Island experience with the requested rate changes effective March 1, 2020 is also provided in Exhibit 2. In 2020, premiums are increased upon approval from the state, no sooner than 12 months after the most recent approved increase. The projected loss ratios for 2019 and 2020 are 75.3% and 77.7%, respectively. The projected loss ratios over all years (past and future), with and without discounting, are 76.7% and 78.5%, respectively. The projected loss ratios for future years with and without discounting are 80.6% and 81.7%, respectively. The results of these projections can be found in Exhibit 2.

7) ASSUMPTIONS USED IN PRICING

A. Morbidity Basis

Average claim costs and aging factors for these plans were based on a review of actual experience of state and nationwide standardized Medicare Supplement plans, and may include other company experience and external sources.

B. Trend Assumptions

Trend assumptions are based on our best judgment, using a review of recent trends on similar policies and Medicare benefit levels, including the following:

- An increase in Medicare Part A deductible from \$1,364 in 2019 to an estimated \$1,420 in 2020.
- An increase in Medicare Part B deductible from \$185 in 2019 to an estimated \$197 in 2020.

Our estimated annual claims trend is 5.5%. For more detail on historical trends, please see Exhibit 4.

C. Aging Assumptions

The projected premium and claims assume an annual increase due to aging of 2.5%. Since the rate structure is based on attained age, this does not have a material effect on the requested rates.

D. Underwriting Assumptions

For these plans, Humana employs short form underwriting when the application is made outside of open enrollment or a guaranteed issue period. Humana may also use external data sources and telephonic follow-up. Claim costs have been adjusted for new members subject to underwriting by a factor of 0.73 for policy year 1 and 0.865 in policy year 2. Policy years 3 and beyond have no adjustment factor. It is assumed that 15.0% of new members are underwritten. This results in effective adjustments of 0.96 and 0.98 for policy years 1 and 2, respectively.

E. Total Termination Assumptions

The termination assumptions used in the future projections represent termination rates before the effect of rate increases. The rates were based on actual termination rates for each plan. The projections in this filing use a base termination rate of 15% before the effect of rate increases. Mortality is included in this base termination rate. Additional terminations due to rate increases are assumed, when appropriate, based on the table in Exhibit 3.

8) MARKETING METHOD

These products will be marketed by Humana's career, delegated, and telesales agents via paper, electronic, and online enrollment methods where approved by the State.

9) RATE SHEETS AND RATING FACTORS

Rates vary by attained age, gender, underwriting class (tobacco usage and disability status), and geographic region. Classification of geographic regions will be periodically reviewed and modified as necessary upon approval from the state. The current base premium rates and the requested base premium rates effective March 1, 2020 are attached in Exhibit 5. Rating factors used to develop these rates can be found in Exhibit 3. For area specific rates, the premium rates in Exhibit 5 are adjusted by the area factors shown in Exhibit 6.

10) ONLINE ENROLLMENT DISCOUNT

In the State of Rhode Island, Humana has implemented a 6% discount for policyholders that complete and submit an application online.

11) MINIMUM REQUIRED LOSS RATIO

The projection results indicate that these plans are expected to exceed the minimum loss ratio requirements required by law: 65% by the third policy year, 65% future lifetime, and 65% lifetime. Humana may revise rates in the future (subject to state approval), but in no event will the combination of historical and projected loss ratios at the time of the rate change result in a lifetime projected loss ratio below the minimum standard of 65%.

12) ACTUARIAL CERTIFICATION

I, Aaron Iddings, am the Associate Director, Senior Products with Humana Inc. I am a member of the American Academy of Actuaries and meet its Qualification Standards for Statements of Actuarial Opinion. The purpose of this statement is to demonstrate compliance of this rate filing with the regulations of the State of Rhode Island.

In preparing my opinion, I have relied upon the accuracy of the underlying records and data prepared under my direction.

The assumptions are reasonable based on available information and my best judgment.

The premium rates are reasonable in relation to the benefits provided and are not excessive, inadequate or unfairly discriminatory.

The anticipated lifetime loss ratio, the anticipated future lifetime loss ratio and the third year expected loss ratio all exceed the required 65% loss ratio. Loss ratio as used here means the ratio of the present value of incurred claims to the present value of earned premiums.

Actuarial methods, considerations and analyses used in forming my opinion conform to the Actuarial Standards of Practice as promulgated by the Actuarial Standards Board of the American Academy of Actuaries. These standards form the basis of this opinion.



Aaron Iddings, FSA, MAAA
Associate Director
Senior Products

September 27, 2019
Date

Humana Inc.
500 West Main Street
Louisville, KY 40202
502-580-2245

Exhibit 1
Humana Insurance Company
Medicare Supplement Experience Data
2010 MIPPA Block

Nationwide**

Calendar Year	Number of Policyholders	Earned Premium	Incurred Claims	Loss Ratio
2010	6,428	4,098,350	3,164,576	77.2%
2011	30,620	39,736,467	35,277,075	88.8%
2012	48,915	77,520,341	66,017,527	85.2%
2013	66,715	112,511,519	90,497,741	80.4%
2014	101,205	172,426,823	129,802,540	75.3%
2015	123,785	222,292,055	163,678,301	73.6%
2016	149,578	273,336,043	203,892,812	74.6%
2017	157,008	296,336,622	227,635,831	76.8%
2018*	151,215	299,131,394	240,176,964	80.3%
Total		1,497,389,615	1,160,143,367	77.5%

Rhode Island

Calendar Year	Number of Policyholders	Earned Premium	Incurred Claims	Loss Ratio
2010	8	3,801	979	25.8%
2011	40	59,142	34,828	58.9%
2012	54	95,238	89,268	93.7%
2013	78	123,201	166,813	135.4%
2014	609	565,445	445,344	78.8%
2015	687	1,436,272	992,184	69.1%
2016	800	1,763,452	1,185,611	67.2%
2017	833	1,908,537	1,298,847	68.1%
2018*	843	1,976,505	1,435,581	72.6%
Total		7,931,593	5,649,456	71.2%

* Data incurred through 12/31/18, and paid through 03/31/19

** Nationwide total data excludes data from Non-Standard states

Exhibit 2
Humana Insurance Company
Yearly Historical and Projected Loss Ratio
2010 MIPPA Block

Rhode Island without Increase				Rhode Island with Rate Increase			
Policy Year	Earned Premium	Incurred Claims	Loss Ratio	Policy Year	Earned Premium	Incurred Claims	Loss Ratio
2010	3,801	979	25.8%	2010	3,801	979	25.8%
2011	59,142	34,828	58.9%	2011	59,142	34,828	58.9%
2012	95,238	89,268	93.7%	2012	95,238	89,268	93.7%
2013	123,201	166,813	135.4%	2013	123,201	166,813	135.4%
2014	565,445	445,344	78.8%	2014	565,445	445,344	78.8%
2015	1,436,272	992,184	69.1%	2015	1,436,272	992,184	69.1%
2016	1,763,452	1,185,611	67.2%	2016	1,763,452	1,185,611	67.2%
2017	1,908,537	1,298,847	68.1%	2017	1,908,537	1,298,847	68.1%
2018	1,976,505	1,435,581	72.6%	2018	1,976,505	1,435,581	72.6%
2019	1,891,885	1,424,898	75.3%	2019	1,891,885	1,424,905	75.3%
2020	1,633,270	1,315,598	80.5%	2020	1,693,469	1,315,502	77.7%
2021	1,457,250	1,212,751	83.2%	2021	1,524,247	1,212,643	79.6%
2022+	12,079,728	10,551,587	87.3%	2022+	12,635,191	10,550,647	83.5%
Total	\$24,993,727	\$20,154,291	80.6%	Total	\$25,676,385	\$20,153,152	78.5%
PV at 6.0%	\$12,558,184	\$9,832,798	78.3%	PV at 6.0%	\$12,821,932	\$9,832,364	76.7%
Future Total	\$17,062,133	\$14,504,835	85.0%	Future Total	\$17,744,792	\$14,503,696	81.7%
Future PV at 6.0%	\$7,036,700	\$5,884,965	83.6%	Future PV at 6.0%	\$7,300,448	\$5,884,531	80.6%

* Projected claims for 2019 and forward are calculated based on a credibility-weighting with Nationwide experience, with Rhode Island receiving approximately 48% credibility.

* Projections are made with data incurred through 12/31/18 and paid through 03/31/19.

* 2022+ includes data projected through 2045.

Exhibit 3
Humana Insurance Company
Other Pricing Assumptions

Status	Factor
Preferred	0.930
Standard	1.390

Adverse Selection Assumptions				
Rate Increase Range			Adv Selection	Addtl Lapses
0.0%	-	4.9%	1.000	0.0%
5.0%	-	5.9%	1.000	0.0%
6.0%	-	7.9%	1.005	0.5%
8.0%	-	9.9%	1.010	1.0%
10.0%	-	11.9%	1.015	2.0%
12.0%	-	13.9%	1.019	4.0%
14.0%	-	15.9%	1.022	6.0%
16.0%	-	17.9%	1.027	8.0%
18.0%	-	99.0%	1.032	10.0%

Factors		
Age	Male	Female
65	0.705	0.703
66	0.733	0.724
67	0.763	0.753
68	0.793	0.784
69	0.825	0.807
70	0.858	0.831
71	0.892	0.856
72	0.928	0.882
73	0.965	0.908
74	1.004	0.936
75	1.044	0.964
76	1.085	0.993
77	1.129	1.022
78	1.163	1.053
79	1.198	1.074
80	1.234	1.096
81	1.271	1.118
82	1.309	1.140
83	1.348	1.163
84	1.388	1.186
85+	1.430	1.210

Exhibit 4
Humana Insurance Company
Medicare Supplement Annual Trend Summary(a)(b)

	Per Member Per Month					Trend			
	2016	2017	2018(c)	2019(c)	2020(c)	2016-2017	2017-2018(c)	2018-2019(c)	2019-2020(c)
Inpatient									
Inpatient Claims	25.39	26.52	26.17	26.14	26.11	4.5%	-1.3%	-0.1%	-0.1%
Outpatient									
Outpatient Claims	54.65	58.22	63.49	68.93	74.85	6.5%	9.0%	8.6%	8.6%
Physician									
Physician Claims	73.98	76.96	82.03	87.04	92.39	4.0%	6.6%	6.1%	6.1%
Skilled Nursing Facility									
Skilled Nursing Facility Claims	12.70	12.81	12.46	12.21	11.97	0.8%	-2.7%	-2.0%	-1.9%
Total	166.71	174.51	184.14	194.32	205.33	4.7%	5.5%	5.5%	5.7%

(a) Values shown reflect normalization for age, state mix, and plan mix.

(b) This trend summary is based on Humana's experience rather than data from HCG that was used previously.

(c) estimated

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

State: Rhode Island
Form #: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F
Effective Date: March 1, 2019
Current Base Rates

Attained Age	Plan A				Plan B				Plan C				Plan F			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female												
65	\$124.21	\$123.89	\$185.64	\$185.16	\$135.18	\$134.83	\$202.04	\$201.53	\$157.37	\$156.97	\$235.21	\$234.60	\$160.58	\$160.17	\$240.01	\$239.40
66	129.17	127.61	193.06	190.73	140.58	138.89	210.12	207.58	163.66	161.68	244.62	241.64	167.00	164.98	249.61	246.57
67	134.33	132.72	200.78	198.36	146.21	144.44	218.52	215.89	170.21	168.15	254.38	251.32	173.68	171.58	259.57	256.44
68	139.71	138.02	208.81	206.29	152.05	150.22	227.26	224.51	177.01	174.87	264.57	261.36	180.62	178.43	269.96	266.70
69	145.29	142.16	217.15	212.47	158.13	154.72	236.34	231.25	184.08	180.11	275.13	269.19	187.84	183.79	280.75	274.70
70	151.10	146.44	225.85	218.86	164.46	159.37	245.80	238.21	191.45	185.54	286.15	277.31	195.35	189.32	291.98	282.96
71	157.15	150.82	234.88	225.43	171.03	164.15	255.63	245.35	199.11	191.09	297.59	285.62	203.16	194.99	303.66	291.44
72	163.44	155.35	244.27	232.19	177.88	169.07	265.85	252.70	207.07	196.83	309.49	294.18	211.30	200.84	315.81	300.19
73	169.97	160.00	254.04	239.15	184.99	174.14	276.49	260.27	215.35	202.72	321.87	302.99	219.75	206.86	328.44	309.17
74	176.77	164.81	264.21	246.33	192.39	179.37	287.55	268.09	223.96	208.81	334.74	312.09	228.54	213.08	341.58	318.47
75	183.86	169.76	274.79	253.73	200.10	184.76	299.07	276.14	232.94	215.08	348.16	321.47	237.69	219.47	355.26	328.03
76	191.20	174.85	285.77	261.34	208.09	190.30	311.02	284.42	242.25	221.53	362.07	331.12	247.19	226.05	369.46	337.86
77	198.84	180.09	297.20	269.16	216.41	195.99	323.45	292.93	251.93	228.17	376.54	341.02	257.08	232.81	384.23	347.97
78	204.82	185.49	306.13	277.23	222.91	201.88	333.16	301.74	259.50	235.02	387.85	351.26	264.79	239.81	395.77	358.43
79	210.96	189.21	315.31	282.80	229.60	205.93	343.17	307.78	267.29	239.72	399.50	358.30	272.74	244.62	407.65	365.61
80	217.29	192.98	324.76	288.43	236.49	210.03	353.45	313.91	275.30	244.50	411.47	365.44	280.91	249.49	419.87	372.89
81	223.81	196.85	334.50	294.22	243.57	214.24	364.05	320.22	283.56	249.41	423.81	372.78	289.35	254.50	432.46	380.38
82	230.51	200.78	344.54	300.09	250.89	218.52	374.97	326.60	292.06	254.38	436.52	380.21	298.02	259.57	445.43	387.97
83	237.44	204.79	354.89	306.10	258.42	222.89	386.24	333.14	300.83	259.48	449.63	387.82	306.97	264.77	458.81	395.73
84	244.55	208.90	365.52	312.23	266.16	227.36	397.82	339.82	309.85	264.68	463.11	395.60	316.17	270.08	472.56	403.67
85+	251.90	213.08	376.50	318.47	274.16	231.90	409.76	346.61	319.16	269.96	477.02	403.50	325.67	275.48	486.75	411.74

- [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.
A 6% Online Enrollment Discount will be applied where members complete and submit an application online.
- [2] Standard Rate applies to tobacco users and beneficiaries originally eligible due to disability.
- [3] Preferred rate applies to non-users of tobacco not originally eligible due to disability. For issues during open enrollment or guaranteed issue, the preferred rates apply to all non-tobacco users.
- [4] Geographic area factors are also applied.

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

State: Rhode Island
Form #: RIMESM10F(HD), RIMESM10G, RIMESM10K, RIMESM10L
Effective Date: March 1, 2019
Current Base Rates

Attained Age	Plan F(HD)				Plan G [5]				Plan K				Plan L			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$57.90	\$57.75	\$86.54	\$86.32	\$146.94	\$146.56	\$219.62	\$219.06	\$72.84	\$72.66	\$108.86	\$108.59	\$103.54	\$103.27	\$154.74	\$154.36
66	60.22	59.49	90.00	88.91	152.81	150.96	228.40	225.63	75.76	74.83	113.22	111.85	107.68	106.37	160.93	158.98
67	62.62	61.87	93.60	92.47	158.92	157.00	237.53	234.66	78.77	77.83	117.74	116.33	111.97	110.62	167.36	165.35
68	65.13	64.34	97.34	96.16	165.28	163.28	247.03	244.04	81.93	80.94	122.46	120.97	116.45	115.04	174.05	171.95
69	67.73	66.27	101.23	99.05	171.88	168.17	256.90	251.36	85.20	83.37	127.35	124.60	121.11	118.49	181.01	177.11
70	70.44	68.26	105.28	102.03	178.76	173.24	267.18	258.92	88.61	85.87	132.45	128.35	125.96	122.07	188.25	182.43
71	73.26	70.31	109.49	105.09	185.91	178.43	277.86	266.68	92.15	88.45	137.74	132.20	130.99	125.72	195.78	187.90
72	76.19	72.42	113.87	108.24	193.35	183.78	288.98	274.68	95.84	91.10	143.25	136.17	136.23	129.49	203.62	193.55
73	79.24	74.59	118.43	111.48	201.08	189.28	300.54	282.91	99.67	93.83	148.98	140.24	141.68	133.36	211.76	199.34
74	82.41	76.83	123.17	114.83	209.12	194.97	312.56	291.41	103.66	96.64	154.94	144.46	147.35	137.38	220.22	205.33
75	85.71	79.14	128.10	118.28	217.50	200.83	325.08	300.16	107.82	99.55	161.14	148.79	153.25	141.50	229.05	211.49
76	89.13	81.51	133.22	121.83	226.19	206.85	338.07	309.16	112.13	102.54	167.58	153.25	159.37	145.75	238.20	217.83
77	92.69	83.95	138.54	125.47	235.23	213.04	351.59	318.41	116.61	105.61	174.29	157.84	165.75	150.11	247.73	224.35
78	95.48	86.47	142.70	129.24	242.30	219.44	362.15	327.98	120.11	108.78	179.52	162.59	170.72	154.61	255.17	231.09
79	98.34	88.20	146.99	131.83	249.57	223.83	373.02	334.55	123.71	110.96	184.91	165.84	175.85	157.71	262.83	235.73
80	101.29	89.96	151.39	134.46	257.05	228.29	384.20	341.21	127.42	113.17	190.45	169.15	181.12	160.86	270.70	240.42
81	104.33	91.77	155.94	137.16	264.76	232.88	395.72	348.07	131.24	115.44	196.16	172.54	186.55	164.09	278.82	245.24
82	107.46	93.60	160.61	139.89	272.70	237.53	407.59	355.01	135.18	117.74	202.04	175.99	192.15	167.36	287.18	250.15
83	110.69	95.47	165.44	142.69	280.89	242.28	419.83	362.11	139.25	120.10	208.11	179.50	197.91	170.71	295.82	255.14
84	114.00	97.38	170.39	145.55	289.31	247.13	432.41	369.37	143.42	122.51	214.35	183.10	203.85	174.13	304.67	260.26
85+	117.43	99.33	175.51	148.46	298.00	252.07	445.40	376.75	147.72	124.95	220.79	186.76	209.98	177.61	313.83	265.46

[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.

A 6% Online Enrollment Discount will be applied where members complete and submit an application online.

[2] Standard Rate applies to tobacco users and beneficiaries originally eligible due to disability.

[3] Preferred rate applies to non-users of tobacco not originally eligible due to disability. For issues during open enrollment or guaranteed issue, the preferred rates apply to all non-tobacco users.

[4] Geographic area factors are also applied.

[5] Plan G rates were approved for an effective date of 1/1/2020.

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

State: Rhode Island
Form #s: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F

Proposed Increase

Attained Age	Plan A				Plan B				Plan C				Plan F			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female												
65	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
66	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
67	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
68	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
69	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
70	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
71	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
72	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
73	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
74	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
75	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
76	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
77	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
78	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
79	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
80	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
81	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
82	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
83	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
84	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
85+	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%

- [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.
A 6% Online Enrollment Discount will be applied where members complete and submit an application online.
- [2] Standard Rate applies to tobacco users and beneficiaries originally eligible due to disability.
- [3] Preferred rate applies to non-users of tobacco not originally eligible due to disability. For issues during open enrollment or guaranteed issue, the preferred rates apply to all non-tobacco users.
- [4] Geographic area factors are also applied.

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

State: Rhode Island
Form #: RIMESM10F(HD), RIMESM10G, RIMESM10K, RIMESM10L

Proposed Increase

Attained Age	Plan F(HD)				Plan G				Plan K				Plan L			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female												
65	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
66	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
67	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
68	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
69	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
70	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
71	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
72	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
73	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
74	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
75	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
76	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
77	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
78	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
79	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
80	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
81	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
82	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
83	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
84	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%
85+	0.0%	0.0%	0.0%	0.0%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%

[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.
A 6% Online Enrollment Discount will be applied where members complete and submit an application online.

[2] Standard Rate applies to tobacco users and beneficiaries originally eligible due to disability.

[3] Preferred rate applies to non-users of tobacco not originally eligible due to disability. For issues during open enrollment or guaranteed issue, the preferred rates apply to all non-tobacco users.

[4] Geographic area factors are also applied.

Exhibit 5 (continued)
Humana Insurance Company
Medicare Supplement Rates [1] [4]

State: Rhode Island
Form #: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F
Effective Date: March 1, 2020
Proposed Base Rates

Attained Age	Plan A				Plan B				Plan C				Plan F			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female												
65	\$131.04	\$130.70	\$195.85	\$195.34	\$142.61	\$142.25	\$213.15	\$212.61	\$166.03	\$165.60	\$248.15	\$247.50	\$169.41	\$168.98	\$253.21	\$252.57
66	136.27	134.63	203.68	201.22	148.31	146.53	221.68	219.00	172.66	170.57	258.07	254.93	176.19	174.05	263.34	260.13
67	141.72	140.02	211.82	209.27	154.25	152.38	230.54	227.76	179.57	177.40	268.37	265.14	183.23	181.02	273.85	270.54
68	147.39	145.61	220.29	217.64	160.41	158.48	239.76	236.86	186.75	184.49	279.12	275.73	190.55	188.24	284.81	281.37
69	153.28	149.98	229.09	224.16	166.83	163.23	249.34	243.97	194.20	190.02	290.26	284.00	198.17	193.90	296.19	289.81
70	159.41	154.49	238.27	230.90	173.51	168.14	259.32	251.31	201.98	195.74	301.89	292.56	206.09	199.73	308.04	298.52
71	165.79	159.12	247.80	237.83	180.44	173.18	269.69	258.84	210.06	201.60	313.96	301.33	214.33	205.71	320.36	307.47
72	172.43	163.89	257.70	244.96	187.66	178.37	280.47	266.60	218.46	207.66	326.51	310.36	222.92	211.89	333.18	316.70
73	179.32	168.80	268.01	252.30	195.16	183.72	291.70	274.58	227.19	213.87	339.57	319.65	231.84	218.24	346.50	326.17
74	186.49	173.87	278.74	259.88	202.97	189.24	303.37	282.83	236.28	220.29	353.15	329.25	241.11	224.80	360.37	335.99
75	193.97	179.10	289.90	267.69	211.11	194.92	315.52	291.33	245.75	226.91	367.31	339.15	250.76	231.54	374.80	346.07
76	201.72	184.47	301.49	275.71	219.53	200.77	328.13	300.06	255.57	233.71	381.98	349.33	260.79	238.48	389.78	356.44
77	209.78	189.99	313.55	283.96	228.31	206.77	341.24	309.04	265.79	240.72	397.25	359.78	271.22	245.61	405.36	367.11
78	216.09	195.69	322.97	292.48	235.17	212.98	351.48	318.34	273.77	247.95	409.18	370.58	279.35	253.00	417.54	378.14
79	222.56	199.62	332.65	298.35	242.23	217.26	362.04	324.71	281.99	252.90	421.47	378.01	287.74	258.07	430.07	385.72
80	229.24	203.59	342.62	304.29	249.50	221.58	372.89	331.18	290.44	257.95	434.10	385.54	296.36	263.21	442.96	393.40
81	236.12	207.68	352.90	310.40	256.97	226.02	384.07	337.83	299.16	263.13	447.12	393.28	305.26	268.50	456.25	401.30
82	243.19	211.82	363.49	316.59	264.69	230.54	395.59	344.56	308.12	268.37	460.53	401.12	314.41	273.85	469.93	409.31
83	250.50	216.05	374.41	322.94	272.63	235.15	407.48	351.46	317.38	273.75	474.36	409.15	323.85	279.33	484.04	417.50
84	258.00	220.39	385.62	329.40	280.80	239.86	419.70	358.51	326.89	279.24	488.58	417.36	333.56	284.93	498.55	425.87
85+	265.75	224.80	397.21	335.99	289.24	244.65	432.30	365.67	336.71	284.81	503.26	425.69	343.58	290.63	513.52	434.39

- [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.
A 6% Online Enrollment Discount will be applied where members complete and submit an application online.
- [2] Standard Rate applies to tobacco users and beneficiaries originally eligible due to disability.
- [3] Preferred rate applies to non-users of tobacco not originally eligible due to disability. For issues during open enrollment or guaranteed issue, the preferred rates apply to all non-tobacco users.
- [4] Geographic area factors are also applied.

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

State: Rhode Island
Form #: RIMESM10F(HD), RIMESM10G, RIMESM10K, RIMESM10L
Effective Date: March 1, 2020
Proposed Base Rates

Attained Age	Plan F(HD)				Plan G				Plan K				Plan L			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$57.90	\$57.75	\$86.54	\$86.32	\$155.02	\$154.62	\$231.70	\$231.10	\$76.85	\$76.66	\$114.85	\$114.56	\$109.23	\$108.95	\$163.25	\$162.85
66	60.22	59.49	90.00	88.91	161.22	159.26	240.96	238.04	79.93	78.95	119.45	118.00	113.60	112.22	169.78	167.72
67	62.62	61.87	93.60	92.47	167.66	165.64	250.59	247.57	83.10	82.11	124.22	122.73	118.13	116.70	176.56	174.44
68	65.13	64.34	97.34	96.16	174.37	172.26	260.61	257.46	86.44	85.39	129.20	127.62	122.85	121.37	183.62	181.41
69	67.73	66.27	101.23	99.05	181.34	177.42	271.03	265.18	89.89	87.96	134.35	131.45	127.77	125.01	190.97	186.85
70	70.44	68.26	105.28	102.03	188.59	182.77	281.87	273.17	93.48	90.59	139.73	135.41	132.89	128.78	198.60	192.46
71	73.26	70.31	109.49	105.09	196.13	188.24	293.14	281.35	97.22	93.31	145.32	139.47	138.19	132.63	206.55	198.23
72	76.19	72.42	113.87	108.24	203.98	193.89	304.87	289.79	101.11	96.11	151.13	143.66	143.72	136.61	214.82	204.20
73	79.24	74.59	118.43	111.48	212.14	199.69	317.07	298.47	105.15	98.99	157.17	147.95	149.47	140.69	223.41	210.30
74	82.41	76.83	123.17	114.83	220.62	205.70	329.75	307.44	109.36	101.96	163.46	152.41	155.45	144.94	232.33	216.62
75	85.71	79.14	128.10	118.28	229.46	211.87	342.96	316.67	113.75	105.03	170.00	156.97	161.68	149.28	241.65	223.12
76	89.13	81.51	133.22	121.83	238.63	218.23	356.66	326.17	118.30	108.18	176.80	161.68	168.14	153.77	251.30	229.81
77	92.69	83.95	138.54	125.47	248.17	224.76	370.92	335.93	123.02	111.42	183.88	166.52	174.87	158.37	261.36	236.69
78	95.48	86.47	142.70	129.24	255.62	231.51	382.06	346.02	126.72	114.76	189.39	171.53	180.11	163.11	269.20	243.80
79	98.34	88.20	146.99	131.83	263.30	236.15	393.53	352.95	130.51	117.06	195.08	174.96	185.52	166.38	277.29	248.70
80	101.29	89.96	151.39	134.46	271.19	240.85	405.33	359.98	134.43	119.39	200.92	178.45	191.08	169.71	285.59	253.64
81	104.33	91.77	155.94	137.16	279.33	245.69	417.49	367.21	138.46	121.79	206.95	182.03	196.81	173.11	294.16	258.73
82	107.46	93.60	160.61	139.89	287.70	250.59	430.01	374.54	142.61	124.22	213.15	185.67	202.72	176.56	302.97	263.91
83	110.69	95.47	165.44	142.69	296.34	255.60	442.92	382.03	146.91	126.71	219.56	189.37	208.80	180.10	312.09	269.17
84	114.00	97.38	170.39	145.55	305.22	260.73	456.20	389.69	151.31	129.25	226.14	193.17	215.06	183.71	321.43	274.57
85+	117.43	99.33	175.51	148.46	314.39	265.94	469.90	397.47	155.84	131.82	232.93	197.03	221.53	187.38	331.09	280.06

[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.
A 6% Online Enrollment Discount will be applied where members complete and submit an application online.

[2] Standard Rate applies to tobacco users and beneficiaries originally eligible due to disability.

[3] Preferred rate applies to non-users of tobacco not originally eligible due to disability. For issues during open enrollment or guaranteed issue, the preferred rates apply to all non-tobacco users.

[4] Geographic area factors are also applied.

Exhibit 6
Humana Insurance Company
Medicare Supplement Area Factors and Classification

State: Rhode Island

Form #s: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F, RIMESM10F(HD), RIMESM10G, RIMESM10K, RIMESM10L

Effective Date: March 1, 2020

Area	Rate Factor
1	1.000
2	1.000
3	1.000
Out of State	1.200

County	Geographic Area
BRISTOL..... 41000	3
KENT..... 41010	1
NEWPORT..... 41020	1
PROVIDENCE..... 41030	2
WASHINGTON..... 41050	1

Note 1: If the insured moves to a new state, the out of state factor will apply.

Note 2: The area classification for a county may change, or a different method of classification (e.g., by zip code) may be used upon state review and approval.

Exhibit 5 (continued)
Humana Insurance Company
Medicare Supplement Rates [1] [4]

State: Rhode Island
Form #: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F
Effective Date: March 1, 2020
Proposed Base Rates

Attained Age	Plan A				Plan B				Plan C				Plan F			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female												
65	\$131.04	\$130.70	\$195.85	\$195.34	\$142.61	\$142.25	\$213.15	\$212.61	\$166.03	\$165.60	\$248.15	\$247.50	\$169.41	\$168.98	\$253.21	\$252.57
66	136.27	134.63	203.68	201.22	148.31	146.53	221.68	219.00	172.66	170.57	258.07	254.93	176.19	174.05	263.34	260.13
67	141.72	140.02	211.82	209.27	154.25	152.38	230.54	227.76	179.57	177.40	268.37	265.14	183.23	181.02	273.85	270.54
68	147.39	145.61	220.29	217.64	160.41	158.48	239.76	236.86	186.75	184.49	279.12	275.73	190.55	188.24	284.81	281.37
69	153.28	149.98	229.09	224.16	166.83	163.23	249.34	243.97	194.20	190.02	290.26	284.00	198.17	193.90	296.19	289.81
70	159.41	154.49	238.27	230.90	173.51	168.14	259.32	251.31	201.98	195.74	301.89	292.56	206.09	199.73	308.04	298.52
71	165.79	159.12	247.80	237.83	180.44	173.18	269.69	258.84	210.06	201.60	313.96	301.33	214.33	205.71	320.36	307.47
72	172.43	163.89	257.70	244.96	187.66	178.37	280.47	266.60	218.46	207.66	326.51	310.36	222.92	211.89	333.18	316.70
73	179.32	168.80	268.01	252.30	195.16	183.72	291.70	274.58	227.19	213.87	339.57	319.65	231.84	218.24	346.50	326.17
74	186.49	173.87	278.74	259.88	202.97	189.24	303.37	282.83	236.28	220.29	353.15	329.25	241.11	224.80	360.37	335.99
75	193.97	179.10	289.90	267.69	211.11	194.92	315.52	291.33	245.75	226.91	367.31	339.15	250.76	231.54	374.80	346.07
76	201.72	184.47	301.49	275.71	219.53	200.77	328.13	300.06	255.57	233.71	381.98	349.33	260.79	238.48	389.78	356.44
77	209.78	189.99	313.55	283.96	228.31	206.77	341.24	309.04	265.79	240.72	397.25	359.78	271.22	245.61	405.36	367.11
78	216.09	195.69	322.97	292.48	235.17	212.98	351.48	318.34	273.77	247.95	409.18	370.58	279.35	253.00	417.54	378.14
79	222.56	199.62	332.65	298.35	242.23	217.26	362.04	324.71	281.99	252.90	421.47	378.01	287.74	258.07	430.07	385.72
80	229.24	203.59	342.62	304.29	249.50	221.58	372.89	331.18	290.44	257.95	434.10	385.54	296.36	263.21	442.96	393.40
81	236.12	207.68	352.90	310.40	256.97	226.02	384.07	337.83	299.16	263.13	447.12	393.28	305.26	268.50	456.25	401.30
82	243.19	211.82	363.49	316.59	264.69	230.54	395.59	344.56	308.12	268.37	460.53	401.12	314.41	273.85	469.93	409.31
83	250.50	216.05	374.41	322.94	272.63	235.15	407.48	351.46	317.38	273.75	474.36	409.15	323.85	279.33	484.04	417.50
84	258.00	220.39	385.62	329.40	280.80	239.86	419.70	358.51	326.89	279.24	488.58	417.36	333.56	284.93	498.55	425.87
85+	265.75	224.80	397.21	335.99	289.24	244.65	432.30	365.67	336.71	284.81	503.26	425.69	343.58	290.63	513.52	434.39

- [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.
A 6% Online Enrollment Discount will be applied where members complete and submit an application online.
- [2] Standard Rate applies to tobacco users and beneficiaries originally eligible due to disability.
- [3] Preferred rate applies to non-users of tobacco not originally eligible due to disability. For issues during open enrollment or guaranteed issue, the preferred rates apply to all non-tobacco users.
- [4] Geographic area factors are also applied.

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

State: Rhode Island
Form #: RIMESM10F(HD), RIMESM10G, RIMESM10K, RIMESM10L
Effective Date: March 1, 2020
Proposed Base Rates

Attained Age	Plan F(HD)				Plan G				Plan K				Plan L			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$57.90	\$57.75	\$86.54	\$86.32	\$155.02	\$154.62	\$231.70	\$231.10	\$76.85	\$76.66	\$114.85	\$114.56	\$109.23	\$108.95	\$163.25	\$162.85
66	60.22	59.49	90.00	88.91	161.22	159.26	240.96	238.04	79.93	78.95	119.45	118.00	113.60	112.22	169.78	167.72
67	62.62	61.87	93.60	92.47	167.66	165.64	250.59	247.57	83.10	82.11	124.22	122.73	118.13	116.70	176.56	174.44
68	65.13	64.34	97.34	96.16	174.37	172.26	260.61	257.46	86.44	85.39	129.20	127.62	122.85	121.37	183.62	181.41
69	67.73	66.27	101.23	99.05	181.34	177.42	271.03	265.18	89.89	87.96	134.35	131.45	127.77	125.01	190.97	186.85
70	70.44	68.26	105.28	102.03	188.59	182.77	281.87	273.17	93.48	90.59	139.73	135.41	132.89	128.78	198.60	192.46
71	73.26	70.31	109.49	105.09	196.13	188.24	293.14	281.35	97.22	93.31	145.32	139.47	138.19	132.63	206.55	198.23
72	76.19	72.42	113.87	108.24	203.98	193.89	304.87	289.79	101.11	96.11	151.13	143.66	143.72	136.61	214.82	204.20
73	79.24	74.59	118.43	111.48	212.14	199.69	317.07	298.47	105.15	98.99	157.17	147.95	149.47	140.69	223.41	210.30
74	82.41	76.83	123.17	114.83	220.62	205.70	329.75	307.44	109.36	101.96	163.46	152.41	155.45	144.94	232.33	216.62
75	85.71	79.14	128.10	118.28	229.46	211.87	342.96	316.67	113.75	105.03	170.00	156.97	161.68	149.28	241.65	223.12
76	89.13	81.51	133.22	121.83	238.63	218.23	356.66	326.17	118.30	108.18	176.80	161.68	168.14	153.77	251.30	229.81
77	92.69	83.95	138.54	125.47	248.17	224.76	370.92	335.93	123.02	111.42	183.88	166.52	174.87	158.37	261.36	236.69
78	95.48	86.47	142.70	129.24	255.62	231.51	382.06	346.02	126.72	114.76	189.39	171.53	180.11	163.11	269.20	243.80
79	98.34	88.20	146.99	131.83	263.30	236.15	393.53	352.95	130.51	117.06	195.08	174.96	185.52	166.38	277.29	248.70
80	101.29	89.96	151.39	134.46	271.19	240.85	405.33	359.98	134.43	119.39	200.92	178.45	191.08	169.71	285.59	253.64
81	104.33	91.77	155.94	137.16	279.33	245.69	417.49	367.21	138.46	121.79	206.95	182.03	196.81	173.11	294.16	258.73
82	107.46	93.60	160.61	139.89	287.70	250.59	430.01	374.54	142.61	124.22	213.15	185.67	202.72	176.56	302.97	263.91
83	110.69	95.47	165.44	142.69	296.34	255.60	442.92	382.03	146.91	126.71	219.56	189.37	208.80	180.10	312.09	269.17
84	114.00	97.38	170.39	145.55	305.22	260.73	456.20	389.69	151.31	129.25	226.14	193.17	215.06	183.71	321.43	274.57
85+	117.43	99.33	175.51	148.46	314.39	265.94	469.90	397.47	155.84	131.82	232.93	197.03	221.53	187.38	331.09	280.06

[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.

A 6% Online Enrollment Discount will be applied where members complete and submit an application online.

[2] Standard Rate applies to tobacco users and beneficiaries originally eligible due to disability.

[3] Preferred rate applies to non-users of tobacco not originally eligible due to disability. For issues during open enrollment or guaranteed issue, the preferred rates apply to all non-tobacco users.

[4] Geographic area factors are also applied.

Exhibit 6
Humana Insurance Company
Medicare Supplement Area Factors and Classification

State: Rhode Island

Form #s: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F, RIMESM10F(HD), RIMESM10G, RIMESM10K, RIMESM10L

Effective Date: March 1, 2020

Area	Rate Factor
1	1.000
2	1.000
3	1.000
Out of State	1.200

County	Geographic Area
BRISTOL..... 41000	3
KENT..... 41010	1
NEWPORT..... 41020	1
PROVIDENCE..... 41030	2
WASHINGTON..... 41050	1

Note 1: If the insured moves to a new state, the out of state factor will apply.

Note 2: The area classification for a county may change, or a different method of classification (e.g., by zip code) may be used upon state review and approval.