

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: 2020 Rates- MIPPA Plans/RI-11-2020

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: 08/10/2020
SERFF Tr Num: HUMA-132488164
SERFF Status: Pending State Action
State Tr Num:
State Status: Open-Pending Actuary Review
Co Tr Num: RI-11-2020
Implementation: 04/01/2021
Date Requested:
Author(s): Michele Zabel, Paula Williamson, Tiffany Lands, Shawn Farnsley, Steve Polio, Jennifer Strong
Reviewer(s): John Garrett (primary), Charles DeWeese, Bela Gorman, Alyssa Metivier, Victor Woods, Courtney Miner, Jennifer Smagula
Disposition Date:
Disposition Status:
Implementation Date:
State Filing Description:

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General Information

Project Name: 2020 Rates- MIPPA Plans	Status of Filing in Domicile: Not Filed
Project Number: RI-11-2020	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: 08/12/2020
	State Status Changed: 08/11/2020
Deemer Date:	Created By: Paula Williamson
Submitted By: Shawn Farnsley	Corresponding Filing Tracking Number: HUMA-126401449, HUMA-131884024

Filing Description:
 Re: Humana Insurance Company/NAIC 119, 73288
 2010 Individual Medicare Supplement Plans - 2020 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 Plans F (High Deductible) and G (High Deductible). The last rate change for these Plans was approved on November 13, 2019 under SERFF Filing, HUMA-132117268. The proposed effective date requested for this rate change is April 1, 2021.

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, RIMESM10G(HD), 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:	\$225.00

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 9= \$225
Per Company: Yes

Company	Amount	Date Processed	Transaction #
Humana Insurance Company	\$225.00	08/10/2020	182339086

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:** 2020 Rates- MIPPA Plans/RI-11-2020

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Awaits Company Response	Courtney Miner	08/11/2020	08/11/2020

Response Letters

Responded By	Created On	Date Submitted
Tiffany Lands	08/12/2020	08/12/2020

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Consumer Narrative	Note To Filer	Courtney Miner	08/12/2020	08/12/2020
Consumer Narrative Objection Clarification	Note To Reviewer	Tiffany Lands	08/11/2020	08/11/2020
Public Comment	Reviewer Note	Courtney Miner	08/11/2020	

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: 2020 Rates- MIPPA Plans/RI-11-2020

Objection Letter

Objection Letter Status	Awaits Company Response
Objection Letter Date	08/11/2020
Submitted Date	08/11/2020
Respond By Date	08/12/2020

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: 2020 Rates- MIPPA Plans/RI-11-2020

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 08/12/2020
 Submitted Date 08/12/2020

Dear John Garrett,

Introduction:

Thank you for your recent review and guidance on the below objection. Greatly appreciated.

Response 1

Comments:

Please see attached Consumer Narrative

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Consumer Narrative
Comments:	
Attachment(s):	Consumer Narrative.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please do not hesitate to contact me with any questions you may have regarding this filing.

Sincerely,

Tiffany Lands

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: 2020 Rates- MIPPA Plans/RI-11-2020

Note To Filer

Created By:

Courtney Miner on 08/12/2020 08:04 AM

Last Edited By:

Courtney Miner

Submitted On:

08/12/2020 08:04 AM

Subject:

Consumer Narrative

Comments:

As Humana has over 300 lives enrolled in its Medicare Supplement plan, OHIC must post the filing for public comment. The consumer narrative is a brief, public facing summary of the overall rate request, including the specific request(s), general summary of the need for the rate change, implementation date, etc. For reference, Humana provided a consumer narrative in last year's filing (HUMA-132117268) that Humana can modify and revise based off this year's request and add more detail as necessary.

If you have any further questions, please feel free to reach out directly at: courtney.miner@ohic.ri.gov

State: Rhode Island **Filing Company:** Humana Insurance Company
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Product Name: 2010 Individual Medicare Supplement Plans
Project Name/Number: 2020 Rates- MIPPA Plans/RI-11-2020

Note To Reviewer

Created By:

Tiffany Lands on 08/11/2020 12:26 PM

Last Edited By:

Tiffany Lands

Submitted On:

08/11/2020 12:26 PM

Subject:

Consumer Narrative Objection Clarification

Comments:

Hi there,

Could you please provide a regulation requirement for the narrative that we may review to ensure that it is created and provides all required information? Thank you -

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: 2020 Rates- MIPPA Plans/RI-11-2020

Reviewer Note

Created By:

Courtney Miner on 08/11/2020 07:47 AM

Last Edited By:

Courtney Miner

Submitted On:

08/11/2020 07:47 AM

Subject:

Public Comment

Comments:

Will be posted for public comment

SERFF Tracking #:

HUMA-132488164

State Tracking #:

Company Tracking #:

RI-11-2020

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: 2020 Rates- MIPPA Plans/RI-11-2020

Rate Information

Rate data applies to filing.

Filing Method: SERFF
 Rate Change Type: Increase
 Overall Percentage of Last Rate Revision: 5.140%
 Effective Date of Last Rate Revision: 04/01/2020
 Filing Method of Last Filing: SERFF
 SERFF Tracking Number of Last Filing: HUMA-132117268

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	5.130%	5.130%	\$96,174	781	\$1,875,209	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: 2020 Rates- MIPPA Plans/RI-11-2020

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, RIMESM10G, RIMESM10K, RIMESM10L	Revised	Previous State Filing Number: HUMA-132117268 Percent Rate Change Request: 5.5	RI Proposed Base Rates.pdf,
2		RI Proposed Base Rates	RIMESM10F(HD), RIMESM10G(HD)	Revised	Previous State Filing Number: HUMA-132117268 Percent Rate Change Request:	RI Proposed Base Rates.pdf,

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

State: Rhode Island
Form #: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F, RIMESM10F(HD)
Effective Date: April 1, 2021
Proposed Base Rates

Attained Age	Plan A				Plan B				Plan C				Plan F				Plan F(HD)			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female	Male	Female	Male	Female												
65	\$138.25	\$137.89	\$206.62	\$206.08	\$150.45	\$150.07	\$224.87	\$224.30	\$175.16	\$174.71	\$261.80	\$261.11	\$178.73	\$178.27	\$267.14	\$266.46	\$57.90	\$57.75	\$86.54	\$86.32
66	143.76	142.03	214.88	212.29	156.47	154.59	233.87	231.05	182.16	179.95	272.26	268.95	185.88	183.62	277.82	274.44	60.22	59.49	90.00	88.91
67	149.51	147.72	223.47	220.78	162.73	160.76	243.22	240.29	189.45	187.16	283.13	279.72	193.31	190.98	288.91	285.42	62.62	61.87	93.60	92.47
68	155.50	153.62	232.41	229.61	169.23	167.20	252.95	249.89	197.02	194.64	294.47	290.90	201.03	198.59	300.47	296.85	65.13	64.34	97.34	96.16
69	161.71	158.23	241.69	236.49	176.01	172.21	263.05	257.39	204.88	200.47	306.22	299.62	209.07	204.56	312.48	305.75	67.73	66.27	101.23	99.05
70	168.18	162.99	251.37	243.60	183.05	177.39	273.58	265.13	213.09	206.51	318.49	308.65	217.42	210.72	324.98	314.94	70.44	68.26	105.28	102.03
71	174.91	167.87	261.43	250.91	190.36	182.70	284.52	273.08	221.61	212.69	331.23	317.90	226.12	217.02	337.98	324.38	73.26	70.31	109.49	105.09
72	181.91	172.90	271.87	258.43	197.98	188.18	295.90	281.26	230.48	219.08	344.47	327.43	235.18	223.54	351.50	334.12	76.19	72.42	113.87	108.24
73	189.18	178.08	282.75	266.18	205.89	193.82	307.74	289.68	239.69	225.63	358.25	337.23	244.59	230.24	365.56	344.11	79.24	74.59	118.43	111.48
74	196.75	183.43	294.07	274.17	214.13	199.65	320.06	298.39	249.28	232.41	372.57	347.36	254.37	237.16	380.19	354.47	82.41	76.83	123.17	114.83
75	204.64	188.95	305.84	282.41	222.72	205.64	332.87	307.35	259.27	239.39	387.51	357.80	264.55	244.27	395.41	365.10	85.71	79.14	128.10	118.28
76	212.81	194.62	318.07	290.87	231.60	211.81	346.18	316.56	269.63	246.56	402.99	368.54	275.13	251.60	411.22	376.04	89.13	81.51	133.22	121.83
77	221.32	200.44	330.80	299.58	240.87	218.14	360.01	326.04	280.41	253.96	419.10	379.57	286.14	259.12	427.65	387.30	92.69	83.95	138.54	125.47
78	227.97	206.45	340.73	308.57	248.10	224.69	370.81	335.85	288.83	261.59	431.68	390.96	294.71	266.92	440.50	398.94	95.48	86.47	142.70	129.24
79	234.80	210.60	350.95	314.76	255.55	229.21	381.95	342.57	297.50	266.81	444.65	398.80	303.57	272.26	453.72	406.93	98.34	88.20	146.99	131.83
80	241.85	214.79	361.46	321.03	263.22	233.77	393.40	349.39	306.41	272.14	457.98	406.74	312.66	277.69	467.32	415.04	101.29	89.96	151.39	134.46
81	249.11	219.10	372.31	327.47	271.10	238.45	405.19	356.41	315.61	277.60	471.71	414.91	322.05	283.27	481.34	423.37	104.33	91.77	155.94	137.16
82	256.57	223.47	383.48	334.00	279.25	243.22	417.35	363.51	325.07	283.13	485.86	423.18	331.70	288.91	495.78	431.82	107.46	93.60	160.61	139.89
83	264.28	227.93	395.00	340.70	287.62	248.08	429.89	370.79	334.84	288.81	500.45	431.65	341.66	294.69	510.66	440.46	110.69	95.47	165.44	142.69
84	272.19	232.51	406.83	347.52	296.24	253.05	442.78	378.23	344.87	294.60	515.45	440.31	351.91	300.60	525.97	449.29	114.00	97.38	170.39	145.55
85+	280.37	237.16	419.06	354.47	305.15	258.11	456.08	385.78	355.23	300.47	530.94	449.10	362.48	306.61	541.76	458.28	117.43	99.33	175.51	148.46

[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.

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

State: Rhode Island
Form #s: RIMESM10G, RIMESM10G(HD), RIMESM10K, RIMESM10L
Effective Date: April 1, 2021
Proposed Base Rates

Attained Age	Plan G				Plan G (HD)				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	\$163.55	\$163.12	\$244.44	\$243.81	\$54.79	\$54.65	\$81.89	\$81.68	\$81.08	\$80.88	\$121.17	\$120.86	\$115.24	\$114.94	\$172.23	\$171.81
66	170.09	168.02	254.21	251.13	56.98	56.29	85.17	84.13	84.33	83.29	126.02	124.49	119.85	118.39	179.12	176.94
67	176.88	174.75	264.37	261.19	59.26	58.54	88.57	87.50	87.67	86.63	131.05	129.48	124.63	123.12	186.27	184.03
68	183.96	181.73	274.94	271.62	61.63	60.88	92.11	91.00	91.19	90.09	136.31	134.64	129.61	128.05	193.72	191.39
69	191.31	187.18	285.94	279.76	64.09	62.71	95.79	93.73	94.83	92.80	141.74	138.68	134.80	131.89	201.47	197.13
70	198.96	192.82	297.37	288.19	66.66	64.60	99.63	96.55	98.62	95.57	147.42	142.86	140.20	135.86	209.52	203.05
71	206.92	198.59	309.26	296.82	69.32	66.53	103.61	99.44	102.57	98.44	153.31	147.14	145.79	139.92	217.91	209.13
72	215.20	204.55	321.64	305.73	72.10	68.53	107.75	102.42	106.67	101.40	159.44	151.56	151.62	144.12	226.64	215.43
73	223.81	210.67	334.51	314.89	74.98	70.58	112.06	105.49	110.93	104.43	165.81	156.09	157.69	148.43	235.70	221.87
74	232.75	217.01	347.89	324.35	77.98	72.70	116.55	108.66	115.37	107.57	172.45	160.79	164.00	152.91	245.11	228.53
75	242.08	223.52	361.82	334.09	81.10	74.88	121.22	111.92	120.01	110.81	179.35	165.60	170.57	157.49	254.94	235.39
76	251.75	230.23	376.28	344.11	84.34	77.13	126.06	115.28	124.81	114.13	186.52	170.57	177.39	162.23	265.12	242.45
77	261.82	237.12	391.32	354.41	87.71	79.44	131.10	118.73	129.79	117.55	193.99	175.68	184.49	167.08	275.73	249.71
78	269.68	244.24	403.07	365.05	90.35	81.82	135.04	122.30	133.69	121.07	199.81	180.96	190.02	172.08	284.01	257.21
79	277.78	249.14	415.17	372.36	93.06	83.46	139.09	124.75	137.69	123.50	205.81	184.58	195.72	175.53	292.54	262.38
80	286.11	254.10	427.62	379.78	95.85	85.13	143.26	127.23	141.82	125.96	211.97	188.26	201.59	179.04	301.30	267.59
81	294.69	259.20	440.45	387.41	98.72	86.84	147.56	129.79	146.08	128.49	218.33	192.04	207.63	182.63	310.34	272.96
82	303.52	264.37	453.66	395.14	101.69	88.57	151.98	132.38	150.45	131.05	224.87	195.88	213.87	186.27	319.63	278.43
83	312.64	269.66	467.28	403.04	104.74	90.34	156.55	135.02	154.99	133.68	231.64	199.79	220.28	190.01	329.25	283.97
84	322.01	275.07	481.29	411.12	107.88	92.15	161.24	137.73	159.63	136.36	238.58	203.79	226.89	193.81	339.11	289.67
85+	331.68	280.57	495.74	419.33	111.12	93.99	166.08	140.48	164.41	139.07	245.74	207.87	233.71	197.69	349.30	295.46

- [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.

Exhibit 6
Humana Insurance Company
Medicare Supplement Area Factors and Classification

State: Rhode Island

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

Effective Date: April 1, 2021

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, RIMESM10F(HD)
Effective Date: April 1, 2021
Proposed Base Rates

Attained Age	Plan A				Plan B				Plan C				Plan F				Plan F(HD)			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female	Male	Female	Male	Female												
65	\$138.25	\$137.89	\$206.62	\$206.08	\$150.45	\$150.07	\$224.87	\$224.30	\$175.16	\$174.71	\$261.80	\$261.11	\$178.73	\$178.27	\$267.14	\$266.46	\$57.90	\$57.75	\$86.54	\$86.32
66	143.76	142.03	214.88	212.29	156.47	154.59	233.87	231.05	182.16	179.95	272.26	268.95	185.88	183.62	277.82	274.44	60.22	59.49	90.00	88.91
67	149.51	147.72	223.47	220.78	162.73	160.76	243.22	240.29	189.45	187.16	283.13	279.72	193.31	190.98	288.91	285.42	62.62	61.87	93.60	92.47
68	155.50	153.62	232.41	229.61	169.23	167.20	252.95	249.89	197.02	194.64	294.47	290.90	201.03	198.59	300.47	296.85	65.13	64.34	97.34	96.16
69	161.71	158.23	241.69	236.49	176.01	172.21	263.05	257.39	204.88	200.47	306.22	299.62	209.07	204.56	312.48	305.75	67.73	66.27	101.23	99.05
70	168.18	162.99	251.37	243.60	183.05	177.39	273.58	265.13	213.09	206.51	318.49	308.65	217.42	210.72	324.98	314.94	70.44	68.26	105.28	102.03
71	174.91	167.87	261.43	250.91	190.36	182.70	284.52	273.08	221.61	212.69	331.23	317.90	226.12	217.02	337.98	324.38	73.26	70.31	109.49	105.09
72	181.91	172.90	271.87	258.43	197.98	188.18	295.90	281.26	230.48	219.08	344.47	327.43	235.18	223.54	351.50	334.12	76.19	72.42	113.87	108.24
73	189.18	178.08	282.75	266.18	205.89	193.82	307.74	289.68	239.69	225.63	358.25	337.23	244.59	230.24	365.56	344.11	79.24	74.59	118.43	111.48
74	196.75	183.43	294.07	274.17	214.13	199.65	320.06	298.39	249.28	232.41	372.57	347.36	254.37	237.16	380.19	354.47	82.41	76.83	123.17	114.83
75	204.64	188.95	305.84	282.41	222.72	205.64	332.87	307.35	259.27	239.39	387.51	357.80	264.55	244.27	395.41	365.10	85.71	79.14	128.10	118.28
76	212.81	194.62	318.07	290.87	231.60	211.81	346.18	316.56	269.63	246.56	402.99	368.54	275.13	251.60	411.22	376.04	89.13	81.51	133.22	121.83
77	221.32	200.44	330.80	299.58	240.87	218.14	360.01	326.04	280.41	253.96	419.10	379.57	286.14	259.12	427.65	387.30	92.69	83.95	138.54	125.47
78	227.97	206.45	340.73	308.57	248.10	224.69	370.81	335.85	288.83	261.59	431.68	390.96	294.71	266.92	440.50	398.94	95.48	86.47	142.70	129.24
79	234.80	210.60	350.95	314.76	255.55	229.21	381.95	342.57	297.50	266.81	444.65	398.80	303.57	272.26	453.72	406.93	98.34	88.20	146.99	131.83
80	241.85	214.79	361.46	321.03	263.22	233.77	393.40	349.39	306.41	272.14	457.98	406.74	312.66	277.69	467.32	415.04	101.29	89.96	151.39	134.46
81	249.11	219.10	372.31	327.47	271.10	238.45	405.19	356.41	315.61	277.60	471.71	414.91	322.05	283.27	481.34	423.37	104.33	91.77	155.94	137.16
82	256.57	223.47	383.48	334.00	279.25	243.22	417.35	363.51	325.07	283.13	485.86	423.18	331.70	288.91	495.78	431.82	107.46	93.60	160.61	139.89
83	264.28	227.93	395.00	340.70	287.62	248.08	429.89	370.79	334.84	288.81	500.45	431.65	341.66	294.69	510.66	440.46	110.69	95.47	165.44	142.69
84	272.19	232.51	406.83	347.52	296.24	253.05	442.78	378.23	344.87	294.60	515.45	440.31	351.91	300.60	525.97	449.29	114.00	97.38	170.39	145.55
85+	280.37	237.16	419.06	354.47	305.15	258.11	456.08	385.78	355.23	300.47	530.94	449.10	362.48	306.61	541.76	458.28	117.43	99.33	175.51	148.46

[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.

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

State: Rhode Island
Form #s: RIMESM10G, RIMESM10G(HD), RIMESM10K, RIMESM10L
Effective Date: April 1, 2021
Proposed Base Rates

Attained Age	Plan G				Plan G (HD)				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	\$163.55	\$163.12	\$244.44	\$243.81	\$54.79	\$54.65	\$81.89	\$81.68	\$81.08	\$80.88	\$121.17	\$120.86	\$115.24	\$114.94	\$172.23	\$171.81
66	170.09	168.02	254.21	251.13	56.98	56.29	85.17	84.13	84.33	83.29	126.02	124.49	119.85	118.39	179.12	176.94
67	176.88	174.75	264.37	261.19	59.26	58.54	88.57	87.50	87.67	86.63	131.05	129.48	124.63	123.12	186.27	184.03
68	183.96	181.73	274.94	271.62	61.63	60.88	92.11	91.00	91.19	90.09	136.31	134.64	129.61	128.05	193.72	191.39
69	191.31	187.18	285.94	279.76	64.09	62.71	95.79	93.73	94.83	92.80	141.74	138.68	134.80	131.89	201.47	197.13
70	198.96	192.82	297.37	288.19	66.66	64.60	99.63	96.55	98.62	95.57	147.42	142.86	140.20	135.86	209.52	203.05
71	206.92	198.59	309.26	296.82	69.32	66.53	103.61	99.44	102.57	98.44	153.31	147.14	145.79	139.92	217.91	209.13
72	215.20	204.55	321.64	305.73	72.10	68.53	107.75	102.42	106.67	101.40	159.44	151.56	151.62	144.12	226.64	215.43
73	223.81	210.67	334.51	314.89	74.98	70.58	112.06	105.49	110.93	104.43	165.81	156.09	157.69	148.43	235.70	221.87
74	232.75	217.01	347.89	324.35	77.98	72.70	116.55	108.66	115.37	107.57	172.45	160.79	164.00	152.91	245.11	228.53
75	242.08	223.52	361.82	334.09	81.10	74.88	121.22	111.92	120.01	110.81	179.35	165.60	170.57	157.49	254.94	235.39
76	251.75	230.23	376.28	344.11	84.34	77.13	126.06	115.28	124.81	114.13	186.52	170.57	177.39	162.23	265.12	242.45
77	261.82	237.12	391.32	354.41	87.71	79.44	131.10	118.73	129.79	117.55	193.99	175.68	184.49	167.08	275.73	249.71
78	269.68	244.24	403.07	365.05	90.35	81.82	135.04	122.30	133.69	121.07	199.81	180.96	190.02	172.08	284.01	257.21
79	277.78	249.14	415.17	372.36	93.06	83.46	139.09	124.75	137.69	123.50	205.81	184.58	195.72	175.53	292.54	262.38
80	286.11	254.10	427.62	379.78	95.85	85.13	143.26	127.23	141.82	125.96	211.97	188.26	201.59	179.04	301.30	267.59
81	294.69	259.20	440.45	387.41	98.72	86.84	147.56	129.79	146.08	128.49	218.33	192.04	207.63	182.63	310.34	272.96
82	303.52	264.37	453.66	395.14	101.69	88.57	151.98	132.38	150.45	131.05	224.87	195.88	213.87	186.27	319.63	278.43
83	312.64	269.66	467.28	403.04	104.74	90.34	156.55	135.02	154.99	133.68	231.64	199.79	220.28	190.01	329.25	283.97
84	322.01	275.07	481.29	411.12	107.88	92.15	161.24	137.73	159.63	136.36	238.58	203.79	226.89	193.81	339.11	289.67
85+	331.68	280.57	495.74	419.33	111.12	93.99	166.08	140.48	164.41	139.07	245.74	207.87	233.71	197.69	349.30	295.46

- [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.

Exhibit 6
Humana Insurance Company
Medicare Supplement Area Factors and Classification

State: Rhode Island

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

Effective Date: April 1, 2021

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: 2020 Rates- MIPPA Plans/RI-11-2020

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 2021 - MIPPA.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum - A&H Rate Revision Filing
Comments:	
Attachment(s):	RI Actuarial Memorandum 2021 - 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:	

Satisfied - Item:	Consumer Narrative
Comments:	
Attachment(s):	Consumer Narrative.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

HUMA-132488164

State Tracking #:

Company Tracking #:

RI-11-2020

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:

2020 Rates- MIPPA Plans/RI-11-2020



RHODE ISLAND ACTUARIAL CERTIFICATION

Carrier: Humana Insurance Company

Submission:

2021 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: Associate Director

Date: 7/31/2020

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, G(HD), K, and L
Policy Forms RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F,
RIMESM10F(HD), RIMESM10G, RIMESM10G(HD), 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 Plans F-HD and G-HD, for which we are not requesting an increase at this time. The requested premiums are to be effective April 1, 2021. 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 2021 and 2022 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 March 31, 2020 for the 2010 plans only. Incurred claims through March 31, 2020 have been based on the actual runoff of paid claims through June 30, 2020. 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 March 31, 2020 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 47%

credibility. The results of these projections are provided in Exhibit 2. The future loss ratios, with and without discounting, are projected to be 82.3% and 84.5%, 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%
G-HD	0.0%
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, G, K, and L are receiving a trend increase of 5.5%.

Plan F-HD has shown very good experience to date Nationwide. We believe that Plan F-HD has attracted a better risk selection on average than the other plans. Hence, we have decided to lower the rate relativity between Plan F-HD and the other plans. For this reason, we are not requesting an increase for Plan F-HD at this time.

In order to maintain premium relativities with Plan F-HD, we are not requesting an increase on Plan G-HD at this time.

6) PROJECTED LOSS RATIOS WITH A RATE CHANGE EFFECTIVE APRIL 1, 2021

The projected Rhode Island experience with the requested rate changes effective April 1, 2021 is also provided in Exhibit 2. In 2021, premiums are increased upon approval from the state, no sooner than 12 months after the most recent approved increase. The projected loss ratios for 2020 and 2021 are 74.6% and 75.8%, respectively. The projected loss ratios over all years (past and future), with and without discounting, are 76.4% and 78.6%, respectively. The projected loss ratios for future years with and without discounting are 79.9% and 81.8%, 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 Humana's Medicare Supplement policies and Medicare benefit levels, including the following:

- An increase in Medicare Part A deductible from \$1,408 in 2020 to an estimated \$1,452 in 2021.
- An increase in Medicare Part B deductible from \$198 in 2020 to an estimated \$212 in 2021.

Our estimated annual claims trend excluding the effects of aging is 5.5%. For more detail on historical and projected 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 April 1, 2021 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) ADDITIONAL EXHIBITS

Exhibit 7 shows membership by plan for both Rhode Island and Nationwide. Exhibit 8 shows a history of Rhode Island rate increases.

13) 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

July 31, 2020
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 All Plans**

Calendar Year	Number of Policyholders	Earned Premium	Incurred Claims	Loss Ratio
2010	6,415	4,089,205	3,159,955	77.3%
2011	30,597	39,689,050	35,213,398	88.7%
2012	48,886	77,456,478	65,961,457	85.2%
2013	66,681	112,428,179	90,417,267	80.4%
2014	101,167	172,343,608	129,758,047	75.3%
2015	123,750	222,202,095	163,628,493	73.6%
2016	149,540	273,241,738	203,851,337	74.6%
2017	156,967	296,230,978	227,315,187	76.7%
2018	151,126	298,975,470	240,568,127	80.5%
2019	140,711	290,704,042	237,786,547	81.8%
2020*	133,081	69,263,955	56,435,218	81.5%
Total		\$1,856,624,798	\$1,454,095,031	78.3%

Rhode Island All Plans

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	1,185,713	67.2%
2017	833	1,908,537	1,297,428	68.0%
2018	843	1,976,442	1,435,253	72.6%
2019	813	1,963,065	1,503,472	76.6%
2020*	781	471,633	378,401	80.2%
Total		10,366,228	7,529,684	72.6%

* Data incurred through 03/31/20 and paid through 06/30/20

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

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

All Plans

Rhode Island without Increase				Rhode Island with Rate Increase			
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	\$1,185,713	67.2%	2016	\$1,763,452	\$1,185,713	67.2%
2017	\$1,908,537	\$1,297,428	68.0%	2017	\$1,908,537	\$1,297,428	68.0%
2018	\$1,976,442	\$1,435,253	72.6%	2018	\$1,976,442	\$1,435,253	72.6%
2019	\$1,963,065	\$1,503,472	76.6%	2019	\$1,963,065	\$1,503,472	76.6%
2020	\$1,933,160	\$1,441,911	74.6%	2020	\$1,933,160	\$1,441,911	74.6%
2021	\$1,785,320	\$1,364,251	76.4%	2021	\$1,800,087	\$1,364,188	75.8%
2022	\$1,568,422	\$1,255,935	80.1%	2022	\$1,631,493	\$1,255,653	77.0%
2023+	\$13,865,117	\$12,127,194	87.5%	2023+	\$14,424,742	\$12,124,467	84.1%
Total	\$29,046,613	\$23,340,574	80.4%	Total	\$29,684,076	\$23,337,501	78.6%
PV at 6.0%	\$14,004,159	\$10,864,772	77.6%	PV at 6.0%	\$14,225,774	\$10,863,726	76.4%
Future Total	\$19,152,019	\$16,189,291	84.5%	Future Total	\$19,789,482	\$16,186,219	81.8%
Future PV at 6.0%	\$7,320,779	\$6,028,114	82.3%	Future PV at 6.0%	\$7,542,394	\$6,027,067	79.9%

* Projected claims for 2020 and forward are calculated based on a credibility weighting with Nationwide experience, with Rhode Island receiving approximately 47% credibility.

* Projections are made with data incurred through 03/31/20 and paid through 06/30/20

* 2023+ includes data projected through 2046

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)

	Per Member Per Month					Trend			
	2017	2018	2019(b)	2020(b)	2021(b)	2017-2018	2018-2019(b)	2019-2020(b)	2020-2021(b)
Inpatient									
Inpatient Claims	26.85	26.69	25.01	23.80	22.69	-0.6%	-6.3%	-4.8%	-4.7%
Outpatient									
Outpatient Claims	58.21	63.98	68.59	73.95	79.73	9.9%	7.2%	7.8%	7.8%
Physician									
Physician Claims	77.07	82.01	89.90	98.04	106.97	6.4%	9.6%	9.1%	9.1%
Skilled Nursing Facility									
Skilled Nursing Facility Claims	12.82	12.53	10.95	9.82	8.80	-2.3%	-12.6%	-10.4%	-10.3%
Total	174.95	185.20	194.45	205.60	218.20	5.9%	5.0%	5.7%	6.1%

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

(b) estimated

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

State: Rhode Island
Form #s: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F, RIMESM10F(HD)
Effective Date: April 1, 2020
Current Base Rates

Attained Age	Plan A				Plan B				Plan C				Plan F				Plan F(HD)			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female	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	\$57.90	\$57.75	\$86.54	\$86.32
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	60.22	59.49	90.00	88.91
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	62.62	61.87	93.60	92.47
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	65.13	64.34	97.34	96.16
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	67.73	66.27	101.23	99.05
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	70.44	68.26	105.28	102.03
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	73.26	70.31	109.49	105.09
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	76.19	72.42	113.87	108.24
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	79.24	74.59	118.43	111.48
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	82.41	76.83	123.17	114.83
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	85.71	79.14	128.10	118.28
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	89.13	81.51	133.22	121.83
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	92.69	83.95	138.54	125.47
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	95.48	86.47	142.70	129.24
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	98.34	88.20	146.99	131.83
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	101.29	89.96	151.39	134.46
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	104.33	91.77	155.94	137.16
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	107.46	93.60	160.61	139.89
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	110.69	95.47	165.44	142.69
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	114.00	97.38	170.39	145.55
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	117.43	99.33	175.51	148.46

[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.

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

State: Rhode Island
Form #s: RIMESM10G, RIMESM10G(HD), RIMESM10K, RIMESM10L
Effective Date: April 1, 2020
Current Base Rates

Attained Age	Plan G				Plan G (HD)				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	\$155.02	\$154.62	\$231.70	\$231.10	\$54.79	\$54.65	\$81.89	\$81.68	\$76.85	\$76.66	\$114.85	\$114.56	\$109.23	\$108.95	\$163.25	\$162.85
66	161.22	159.26	240.96	238.04	56.98	56.29	85.17	84.13	79.93	78.95	119.45	118.00	113.60	112.22	169.78	167.72
67	167.66	165.64	250.59	247.57	59.26	58.54	88.57	87.50	83.10	82.11	124.22	122.73	118.13	116.70	176.56	174.44
68	174.37	172.26	260.61	257.46	61.63	60.88	92.11	91.00	86.44	85.39	129.20	127.62	122.85	121.37	183.62	181.41
69	181.34	177.42	271.03	265.18	64.09	62.71	95.79	93.73	89.89	87.96	134.35	131.45	127.77	125.01	190.97	186.85
70	188.59	182.77	281.87	273.17	66.66	64.60	99.63	96.55	93.48	90.59	139.73	135.41	132.89	128.78	198.60	192.46
71	196.13	188.24	293.14	281.35	69.32	66.53	103.61	99.44	97.22	93.31	145.32	139.47	138.19	132.63	206.55	198.23
72	203.98	193.89	304.87	289.79	72.10	68.53	107.75	102.42	101.11	96.11	151.13	143.66	143.72	136.61	214.82	204.20
73	212.14	199.69	317.07	298.47	74.98	70.58	112.06	105.49	105.15	98.99	157.17	147.95	149.47	140.69	223.41	210.30
74	220.62	205.70	329.75	307.44	77.98	72.70	116.55	108.66	109.36	101.96	163.46	152.41	155.45	144.94	232.33	216.62
75	229.46	211.87	342.96	316.67	81.10	74.88	121.22	111.92	113.75	105.03	170.00	156.97	161.68	149.28	241.65	223.12
76	238.63	218.23	356.66	326.17	84.34	77.13	126.06	115.28	118.30	108.18	176.80	161.68	168.14	153.77	251.30	229.81
77	248.17	224.76	370.92	335.93	87.71	79.44	131.10	118.73	123.02	111.42	183.88	166.52	174.87	158.37	261.36	236.69
78	255.62	231.51	382.06	346.02	90.35	81.82	135.04	122.30	126.72	114.76	189.39	171.53	180.11	163.11	269.20	243.80
79	263.30	236.15	393.53	352.95	93.06	83.46	139.09	124.75	130.51	117.06	195.08	174.96	185.52	166.38	277.29	248.70
80	271.19	240.85	405.33	359.98	95.85	85.13	143.26	127.23	134.43	119.39	200.92	178.45	191.08	169.71	285.59	253.64
81	279.33	245.69	417.49	367.21	98.72	86.84	147.56	129.79	138.46	121.79	206.95	182.03	196.81	173.11	294.16	258.73
82	287.70	250.59	430.01	374.54	101.69	88.57	151.98	132.38	142.61	124.22	213.15	185.67	202.72	176.56	302.97	263.91
83	296.34	255.60	442.92	382.03	104.74	90.34	156.55	135.02	146.91	126.71	219.56	189.37	208.80	180.10	312.09	269.17
84	305.22	260.73	456.20	389.69	107.88	92.15	161.24	137.73	151.31	129.25	226.14	193.17	215.06	183.71	321.43	274.57
85+	314.39	265.94	469.90	397.47	111.12	93.99	166.08	140.48	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 5 (continued)
Humana Insurance Company
Medicare Supplement Rates [1] [4]**

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

Proposed Increase

Attained Age	Plan A				Plan B				Plan C				Plan F				Plan F(HD)						
	Preferred [3]		Standard [2]		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%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%
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%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%
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%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%
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%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%
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%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%
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%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%
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%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%
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%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%
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%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%
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%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%
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%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%
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%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%
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%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%
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%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%
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%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%
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%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%
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%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%
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%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%
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%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%
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%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%
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%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%

[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.
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 #: RIMESM10G, RIMESM10G(HD), RIMESM10K, RIMESM10L

Proposed Increase

Attained Age	Plan G				Plan G (HD)				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	5.5%	5.5%	5.5%	5.5%	0.0%	0.0%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	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%	0.0%	0.0%	0.0%	0.0%	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, RIMESM10F(HD)
Effective Date: April 1, 2021
Proposed Base Rates

Attained Age	Plan A				Plan B				Plan C				Plan F				Plan F(HD)			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female	Male	Female	Male	Female												
65	\$138.25	\$137.89	\$206.62	\$206.08	\$150.45	\$150.07	\$224.87	\$224.30	\$175.16	\$174.71	\$261.80	\$261.11	\$178.73	\$178.27	\$267.14	\$266.46	\$57.90	\$57.75	\$86.54	\$86.32
66	143.76	142.03	214.88	212.29	156.47	154.59	233.87	231.05	182.16	179.95	272.26	268.95	185.88	183.62	277.82	274.44	60.22	59.49	90.00	88.91
67	149.51	147.72	223.47	220.78	162.73	160.76	243.22	240.29	189.45	187.16	283.13	279.72	193.31	190.98	288.91	285.42	62.62	61.87	93.60	92.47
68	155.50	153.62	232.41	229.61	169.23	167.20	252.95	249.89	197.02	194.64	294.47	290.90	201.03	198.59	300.47	296.85	65.13	64.34	97.34	96.16
69	161.71	158.23	241.69	236.49	176.01	172.21	263.05	257.39	204.88	200.47	306.22	299.62	209.07	204.56	312.48	305.75	67.73	66.27	101.23	99.05
70	168.18	162.99	251.37	243.60	183.05	177.39	273.58	265.13	213.09	206.51	318.49	308.65	217.42	210.72	324.98	314.94	70.44	68.26	105.28	102.03
71	174.91	167.87	261.43	250.91	190.36	182.70	284.52	273.08	221.61	212.69	331.23	317.90	226.12	217.02	337.98	324.38	73.26	70.31	109.49	105.09
72	181.91	172.90	271.87	258.43	197.98	188.18	295.90	281.26	230.48	219.08	344.47	327.43	235.18	223.54	351.50	334.12	76.19	72.42	113.87	108.24
73	189.18	178.08	282.75	266.18	205.89	193.82	307.74	289.68	239.69	225.63	358.25	337.23	244.59	230.24	365.56	344.11	79.24	74.59	118.43	111.48
74	196.75	183.43	294.07	274.17	214.13	199.65	320.06	298.39	249.28	232.41	372.57	347.36	254.37	237.16	380.19	354.47	82.41	76.83	123.17	114.83
75	204.64	188.95	305.84	282.41	222.72	205.64	332.87	307.35	259.27	239.39	387.51	357.80	264.55	244.27	395.41	365.10	85.71	79.14	128.10	118.28
76	212.81	194.62	318.07	290.87	231.60	211.81	346.18	316.56	269.63	246.56	402.99	368.54	275.13	251.60	411.22	376.04	89.13	81.51	133.22	121.83
77	221.32	200.44	330.80	299.58	240.87	218.14	360.01	326.04	280.41	253.96	419.10	379.57	286.14	259.12	427.65	387.30	92.69	83.95	138.54	125.47
78	227.97	206.45	340.73	308.57	248.10	224.69	370.81	335.85	288.83	261.59	431.68	390.96	294.71	266.92	440.50	398.94	95.48	86.47	142.70	129.24
79	234.80	210.60	350.95	314.76	255.55	229.21	381.95	342.57	297.50	266.81	444.65	398.80	303.57	272.26	453.72	406.93	98.34	88.20	146.99	131.83
80	241.85	214.79	361.46	321.03	263.22	233.77	393.40	349.39	306.41	272.14	457.98	406.74	312.66	277.69	467.32	415.04	101.29	89.96	151.39	134.46
81	249.11	219.10	372.31	327.47	271.10	238.45	405.19	356.41	315.61	277.60	471.71	414.91	322.05	283.27	481.34	423.37	104.33	91.77	155.94	137.16
82	256.57	223.47	383.48	334.00	279.25	243.22	417.35	363.51	325.07	283.13	485.86	423.18	331.70	288.91	495.78	431.82	107.46	93.60	160.61	139.89
83	264.28	227.93	395.00	340.70	287.62	248.08	429.89	370.79	334.84	288.81	500.45	431.65	341.66	294.69	510.66	440.46	110.69	95.47	165.44	142.69
84	272.19	232.51	406.83	347.52	296.24	253.05	442.78	378.23	344.87	294.60	515.45	440.31	351.91	300.60	525.97	449.29	114.00	97.38	170.39	145.55
85+	280.37	237.16	419.06	354.47	305.15	258.11	456.08	385.78	355.23	300.47	530.94	449.10	362.48	306.61	541.76	458.28	117.43	99.33	175.51	148.46

[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.

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

State: Rhode Island
Form #s: RIMESM10G, RIMESM10G(HD), RIMESM10K, RIMESM10L
Effective Date: April 1, 2021
Proposed Base Rates

Attained Age	Plan G				Plan G (HD)				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	\$163.55	\$163.12	\$244.44	\$243.81	\$54.79	\$54.65	\$81.89	\$81.68	\$81.08	\$80.88	\$121.17	\$120.86	\$115.24	\$114.94	\$172.23	\$171.81
66	170.09	168.02	254.21	251.13	56.98	56.29	85.17	84.13	84.33	83.29	126.02	124.49	119.85	118.39	179.12	176.94
67	176.88	174.75	264.37	261.19	59.26	58.54	88.57	87.50	87.67	86.63	131.05	129.48	124.63	123.12	186.27	184.03
68	183.96	181.73	274.94	271.62	61.63	60.88	92.11	91.00	91.19	90.09	136.31	134.64	129.61	128.05	193.72	191.39
69	191.31	187.18	285.94	279.76	64.09	62.71	95.79	93.73	94.83	92.80	141.74	138.68	134.80	131.89	201.47	197.13
70	198.96	192.82	297.37	288.19	66.66	64.60	99.63	96.55	98.62	95.57	147.42	142.86	140.20	135.86	209.52	203.05
71	206.92	198.59	309.26	296.82	69.32	66.53	103.61	99.44	102.57	98.44	153.31	147.14	145.79	139.92	217.91	209.13
72	215.20	204.55	321.64	305.73	72.10	68.53	107.75	102.42	106.67	101.40	159.44	151.56	151.62	144.12	226.64	215.43
73	223.81	210.67	334.51	314.89	74.98	70.58	112.06	105.49	110.93	104.43	165.81	156.09	157.69	148.43	235.70	221.87
74	232.75	217.01	347.89	324.35	77.98	72.70	116.55	108.66	115.37	107.57	172.45	160.79	164.00	152.91	245.11	228.53
75	242.08	223.52	361.82	334.09	81.10	74.88	121.22	111.92	120.01	110.81	179.35	165.60	170.57	157.49	254.94	235.39
76	251.75	230.23	376.28	344.11	84.34	77.13	126.06	115.28	124.81	114.13	186.52	170.57	177.39	162.23	265.12	242.45
77	261.82	237.12	391.32	354.41	87.71	79.44	131.10	118.73	129.79	117.55	193.99	175.68	184.49	167.08	275.73	249.71
78	269.68	244.24	403.07	365.05	90.35	81.82	135.04	122.30	133.69	121.07	199.81	180.96	190.02	172.08	284.01	257.21
79	277.78	249.14	415.17	372.36	93.06	83.46	139.09	124.75	137.69	123.50	205.81	184.58	195.72	175.53	292.54	262.38
80	286.11	254.10	427.62	379.78	95.85	85.13	143.26	127.23	141.82	125.96	211.97	188.26	201.59	179.04	301.30	267.59
81	294.69	259.20	440.45	387.41	98.72	86.84	147.56	129.79	146.08	128.49	218.33	192.04	207.63	182.63	310.34	272.96
82	303.52	264.37	453.66	395.14	101.69	88.57	151.98	132.38	150.45	131.05	224.87	195.88	213.87	186.27	319.63	278.43
83	312.64	269.66	467.28	403.04	104.74	90.34	156.55	135.02	154.99	133.68	231.64	199.79	220.28	190.01	329.25	283.97
84	322.01	275.07	481.29	411.12	107.88	92.15	161.24	137.73	159.63	136.36	238.58	203.79	226.89	193.81	339.11	289.67
85+	331.68	280.57	495.74	419.33	111.12	93.99	166.08	140.48	164.41	139.07	245.74	207.87	233.71	197.69	349.30	295.46

- [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.

Exhibit 6
Humana Insurance Company
Medicare Supplement Area Factors and Classification

State: Rhode Island

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

Effective Date: April 1, 2021

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 7
Humana Insurance Company
Enrollment by Plan
2010 MIPPA Block**

		Rhode Island								
		Plan A	Plan B	Plan C	Plan F	Plan F-HD	Plan G	Plan G-HD	Plan K	Plan L
Current Membership		1	0	39	593	122	3	3	12	8
		Nationwide								
		Plan A	Plan B	Plan C	Plan F	Plan F-HD	Plan G	Plan G-HD	Plan K	Plan L
Current Membership		375	530	1,450	41,903	37,511	631	224	1,265	741

Note: Membership data is as of March 31, 2020

Exhibit 8
Humana Insurance Company
Medicare Supplement Rate History
2010 MIPPA Block

Humana initially filed its Medicare Supplement plans in Rhode Island effective in June 2010
a. A rate hold (All Plans) was approved effective 6/1/2011
b. A 5.0% (All Plans) rate increase was approved effective 9/1/2015
c. A 3.0% (Plans A, B, K, and L) rate increase was approved effective 10/1/2016 A 4.0% (Plans C and F) rate increase was approved effective 10/1/2016 A 0.0% (Plan F-HD) rate increase was approved effective 10/1/2016
d. A rate hold (All Plans) was approved effective 3/1/2018
e. A rate hold (All Plans) was approved effective 3/1/2019
f. A 5.5% (Plans A, B, C, F, G, K, and L) rate increase was approved effective 4/1/2020 A 0.0% (Plan F-HD) rate hold was approved effective 4/1/2020
g. A 5.5% (Plans A, B, C, F, G, K, and L) rate increase is being requested to be effective 4/1/2021 A 0.0% (Plans F-HD and G-HD) rate hold is being requested to be effective 4/1/2021

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

State: Rhode Island
Form #: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F, RIMESM10F(HD)
Effective Date: April 1, 2021
Proposed Base Rates

Attained Age	Plan A				Plan B				Plan C				Plan F				Plan F(HD)			
	Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]		Preferred [3]		Standard [2]	
	Male	Female	Male	Female	Male	Female	Male	Female												
65	\$138.25	\$137.89	\$206.62	\$206.08	\$150.45	\$150.07	\$224.87	\$224.30	\$175.16	\$174.71	\$261.80	\$261.11	\$178.73	\$178.27	\$267.14	\$266.46	\$57.90	\$57.75	\$86.54	\$86.32
66	143.76	142.03	214.88	212.29	156.47	154.59	233.87	231.05	182.16	179.95	272.26	268.95	185.88	183.62	277.82	274.44	60.22	59.49	90.00	88.91
67	149.51	147.72	223.47	220.78	162.73	160.76	243.22	240.29	189.45	187.16	283.13	279.72	193.31	190.98	288.91	285.42	62.62	61.87	93.60	92.47
68	155.50	153.62	232.41	229.61	169.23	167.20	252.95	249.89	197.02	194.64	294.47	290.90	201.03	198.59	300.47	296.85	65.13	64.34	97.34	96.16
69	161.71	158.23	241.69	236.49	176.01	172.21	263.05	257.39	204.88	200.47	306.22	299.62	209.07	204.56	312.48	305.75	67.73	66.27	101.23	99.05
70	168.18	162.99	251.37	243.60	183.05	177.39	273.58	265.13	213.09	206.51	318.49	308.65	217.42	210.72	324.98	314.94	70.44	68.26	105.28	102.03
71	174.91	167.87	261.43	250.91	190.36	182.70	284.52	273.08	221.61	212.69	331.23	317.90	226.12	217.02	337.98	324.38	73.26	70.31	109.49	105.09
72	181.91	172.90	271.87	258.43	197.98	188.18	295.90	281.26	230.48	219.08	344.47	327.43	235.18	223.54	351.50	334.12	76.19	72.42	113.87	108.24
73	189.18	178.08	282.75	266.18	205.89	193.82	307.74	289.68	239.69	225.63	358.25	337.23	244.59	230.24	365.56	344.11	79.24	74.59	118.43	111.48
74	196.75	183.43	294.07	274.17	214.13	199.65	320.06	298.39	249.28	232.41	372.57	347.36	254.37	237.16	380.19	354.47	82.41	76.83	123.17	114.83
75	204.64	188.95	305.84	282.41	222.72	205.64	332.87	307.35	259.27	239.39	387.51	357.80	264.55	244.27	395.41	365.10	85.71	79.14	128.10	118.28
76	212.81	194.62	318.07	290.87	231.60	211.81	346.18	316.56	269.63	246.56	402.99	368.54	275.13	251.60	411.22	376.04	89.13	81.51	133.22	121.83
77	221.32	200.44	330.80	299.58	240.87	218.14	360.01	326.04	280.41	253.96	419.10	379.57	286.14	259.12	427.65	387.30	92.69	83.95	138.54	125.47
78	227.97	206.45	340.73	308.57	248.10	224.69	370.81	335.85	288.83	261.59	431.68	390.96	294.71	266.92	440.50	398.94	95.48	86.47	142.70	129.24
79	234.80	210.60	350.95	314.76	255.55	229.21	381.95	342.57	297.50	266.81	444.65	398.80	303.57	272.26	453.72	406.93	98.34	88.20	146.99	131.83
80	241.85	214.79	361.46	321.03	263.22	233.77	393.40	349.39	306.41	272.14	457.98	406.74	312.66	277.69	467.32	415.04	101.29	89.96	151.39	134.46
81	249.11	219.10	372.31	327.47	271.10	238.45	405.19	356.41	315.61	277.60	471.71	414.91	322.05	283.27	481.34	423.37	104.33	91.77	155.94	137.16
82	256.57	223.47	383.48	334.00	279.25	243.22	417.35	363.51	325.07	283.13	485.86	423.18	331.70	288.91	495.78	431.82	107.46	93.60	160.61	139.89
83	264.28	227.93	395.00	340.70	287.62	248.08	429.89	370.79	334.84	288.81	500.45	431.65	341.66	294.69	510.66	440.46	110.69	95.47	165.44	142.69
84	272.19	232.51	406.83	347.52	296.24	253.05	442.78	378.23	344.87	294.60	515.45	440.31	351.91	300.60	525.97	449.29	114.00	97.38	170.39	145.55
85+	280.37	237.16	419.06	354.47	305.15	258.11	456.08	385.78	355.23	300.47	530.94	449.10	362.48	306.61	541.76	458.28	117.43	99.33	175.51	148.46

[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.

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

State: Rhode Island
Form #s: RIMESM10G, RIMESM10G(HD), RIMESM10K, RIMESM10L
Effective Date: April 1, 2021
Proposed Base Rates

Attained Age	Plan G				Plan G (HD)				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	\$163.55	\$163.12	\$244.44	\$243.81	\$54.79	\$54.65	\$81.89	\$81.68	\$81.08	\$80.88	\$121.17	\$120.86	\$115.24	\$114.94	\$172.23	\$171.81
66	170.09	168.02	254.21	251.13	56.98	56.29	85.17	84.13	84.33	83.29	126.02	124.49	119.85	118.39	179.12	176.94
67	176.88	174.75	264.37	261.19	59.26	58.54	88.57	87.50	87.67	86.63	131.05	129.48	124.63	123.12	186.27	184.03
68	183.96	181.73	274.94	271.62	61.63	60.88	92.11	91.00	91.19	90.09	136.31	134.64	129.61	128.05	193.72	191.39
69	191.31	187.18	285.94	279.76	64.09	62.71	95.79	93.73	94.83	92.80	141.74	138.68	134.80	131.89	201.47	197.13
70	198.96	192.82	297.37	288.19	66.66	64.60	99.63	96.55	98.62	95.57	147.42	142.86	140.20	135.86	209.52	203.05
71	206.92	198.59	309.26	296.82	69.32	66.53	103.61	99.44	102.57	98.44	153.31	147.14	145.79	139.92	217.91	209.13
72	215.20	204.55	321.64	305.73	72.10	68.53	107.75	102.42	106.67	101.40	159.44	151.56	151.62	144.12	226.64	215.43
73	223.81	210.67	334.51	314.89	74.98	70.58	112.06	105.49	110.93	104.43	165.81	156.09	157.69	148.43	235.70	221.87
74	232.75	217.01	347.89	324.35	77.98	72.70	116.55	108.66	115.37	107.57	172.45	160.79	164.00	152.91	245.11	228.53
75	242.08	223.52	361.82	334.09	81.10	74.88	121.22	111.92	120.01	110.81	179.35	165.60	170.57	157.49	254.94	235.39
76	251.75	230.23	376.28	344.11	84.34	77.13	126.06	115.28	124.81	114.13	186.52	170.57	177.39	162.23	265.12	242.45
77	261.82	237.12	391.32	354.41	87.71	79.44	131.10	118.73	129.79	117.55	193.99	175.68	184.49	167.08	275.73	249.71
78	269.68	244.24	403.07	365.05	90.35	81.82	135.04	122.30	133.69	121.07	199.81	180.96	190.02	172.08	284.01	257.21
79	277.78	249.14	415.17	372.36	93.06	83.46	139.09	124.75	137.69	123.50	205.81	184.58	195.72	175.53	292.54	262.38
80	286.11	254.10	427.62	379.78	95.85	85.13	143.26	127.23	141.82	125.96	211.97	188.26	201.59	179.04	301.30	267.59
81	294.69	259.20	440.45	387.41	98.72	86.84	147.56	129.79	146.08	128.49	218.33	192.04	207.63	182.63	310.34	272.96
82	303.52	264.37	453.66	395.14	101.69	88.57	151.98	132.38	150.45	131.05	224.87	195.88	213.87	186.27	319.63	278.43
83	312.64	269.66	467.28	403.04	104.74	90.34	156.55	135.02	154.99	133.68	231.64	199.79	220.28	190.01	329.25	283.97
84	322.01	275.07	481.29	411.12	107.88	92.15	161.24	137.73	159.63	136.36	238.58	203.79	226.89	193.81	339.11	289.67
85+	331.68	280.57	495.74	419.33	111.12	93.99	166.08	140.48	164.41	139.07	245.74	207.87	233.71	197.69	349.30	295.46

- [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.

Exhibit 6
Humana Insurance Company
Medicare Supplement Area Factors and Classification

State: Rhode Island

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

Effective Date: April 1, 2021

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.



Humana Insurance Company

Consumer Narrative

Rhode Island MIPPA

SERFF Tracking #: HUMA-132488164

Minimum increase: 0%

Maximum increase: 5.5%

Average % increase: 5.13%

Humana Insurance Company reviews claims experience of its Medicare Supplement business to ensure the ability to meet its obligation to pay future claims. Healthcare costs tend to increase over time due to inflation and utilization trends of consumers. We are proposing a 5.5% premium increase on all Policy Forms except for Plans F-HD and G(HD), for which we are requesting a rate hold, to the Rhode Island Department of Insurance which will not be implemented until approval is received from the Department, no earlier than April 1, 2021.

These rates will affect 781 current enrollees in addition to any new enrollees.