

OFFICE OF INSURANCE REGULATION



Life & Health Rates

Presented by

Linda Ziegler, Actuary

May 2008



Problems that Occur During the Rate Filing Process





Universal Standardized Data Letter Issues

Directions may be found at

http://www.floir.com/lh_fr/is_lhfr_LnH_Rate_Filing_Requirements.aspx





Section II – Contact Information



Industry Portal - Microsoft Internet Explorer

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Address <https://iportal.fdfs.com/IFILE/fass/work/udl/common/view/contact.asp?txtUDL=lnh> Go Links >>

FLORIDA

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L&H Universal Data Letter

Filing: W08-416010 (Forms & Rates for Standard and Select Plans - Individual Medicare Supplement Standard Plans)

Section II: Contact Information

View the Universal Standardized Data Letter Instructions.

Please complete the required fields with a red star (*). If you would like to use your account information, [click here](#) to use account information. To use contact information from a previously submitted filing, [click here](#) to use previous contact information.

Filing Originator Information

Company E-Mail:

*Contact Name:

Contact Title:

Professional Designation:

*Contact E-mail:

P.O. Box Mailing Address:

Address:

Department:

*City:

*State:

*Zip Code: -

Country:


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L&H Universal Data Letter

Common Tasks

- Start a new filing
- Start Data Reporting
- Submit a filing
- Review submitted filings
- Add to a submitted filing

Other Places

- Filing workbench

Filing: W06-181365 (Forms & Rates - Health Maintenance Organization Group Conversion)

Section V: Rate Filing History - Including Annual Rate Certifications

Dates for Row (6) must be in the format mm/dd/yyyy.

View the Universal Standardized Data Letter Instructions.

(This section is for Florida experience only)

	Current Filing	1st Prior Filing	2nd Prior Filing
Rate Change Requested	<input type="text" value="0"/> %	<input type="text" value="0"/> %	<input type="text" value="0"/> %
Total Annualized Premium volume	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
# of Certificates / Subscribers or Individual Policies	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Average Rate Change	<input type="text" value="0"/> %	<input type="text" value="0"/> %	<input type="text" value="0"/> %
Maximum Rate Change	<input type="text" value="0"/> %	<input type="text" value="0"/> %	<input type="text" value="0"/> %
Date Change Approved or Acknowledged (i.e. 01/01/2002)		<input type="text"/>	<input type="text"/>
Florida Filing Number (i.e. 04-00023)		<input type="text"/>	<input type="text"/>



L&H Universal Data Letter

Common Tasks

- Start a new filing
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- Add to a submitted filing

Other Places

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Filing: W06-181365 (Forms & Rates - Health Maintenance Organization Group Conversion)

Section V: Rate Filing History - Including Annual Rate Certifications

Dates for Row (6) must be in the format mm/dd/yyyy.

[View](#) the Universal Standardized Data Letter Instructions.

(This section is for Florida experience only)

	Current Filing	1st Prior Filing	2nd Prior Filing
Rate Change Requested	<input type="text" value="8.3"/> %	<input type="text" value="14"/> %	<input type="text" value="10.2"/> %
Total Annualized Premium volume	\$ <input type="text" value="1234567"/>	\$ <input type="text" value="1024691"/>	\$ <input type="text" value="850493"/>
# of Certificates / Subscribers or Individual Policies	<input type="text" value="630"/>	<input type="text" value="523"/>	<input type="text" value="434"/>
Average Rate Change	<input type="text" value="8.3"/> %	<input type="text" value="14"/> %	<input type="text" value="10.2"/> %
Maximum Rate Change	<input type="text" value="8.3"/> %	<input type="text" value="14"/> %	<input type="text" value="10.2"/> %
Date Change Approved or Acknowledged (i.e. 01/01/2002)		<input type="text" value="1/1/2005"/>	<input type="text" value="1/1/2004"/>
Florida Filing Number (i.e. 04-00023)		<input type="text" value="04-13245"/>	<input type="text" value="03-12345"/>

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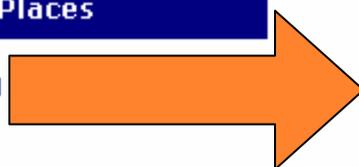
L&H Universal Data Letter

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Other Places

- [Filing](#)



Filing: W06-181365 (Forms & Rates - Health Maintenance Organization Group Conversion)

Section VI: Rate Request By Form

[View](#) the Universal Standardized Data Letter Instructions.

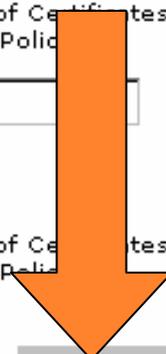
(To be completed for all filings which include pooled blocks - Florida experience only)

Primary Form

Form Number	Rate Change Requested	Total Annualized Premium Volume	# of Certificates or Policies
<input type="text"/>	<input type="text" value="0"/> %	<input type="text" value="\$0"/>	<input type="text" value="0"/>

Additional Forms

Form Number	Rate Change Requested	Total Annualized Premium Volume	# of Certificates or Policies
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>




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Other Places

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Filing: W06-181365 (Forms & Rates - Health Maintenance Organization Group Conversion)

Section VI: Rate Request By Form

View the Universal Standardized Data Letter Instructions.

(To be completed for all filings which include pooled blocks - Florida experience only)

Primary Form

Form Number	Rate Change Requested	Total Annualized Premium Volume	# of Certificates or Policies
<input type="text" value="ABC"/>	<input type="text" value="8.3"/> %	<input type="text" value="\$740740"/>	<input type="text" value="378"/>

Additional Forms

Form Number	Rate Change Requested	Total Annualized Premium Volume	# of Certificates or Policies
<input type="checkbox"/> XYZ	8.3%	\$493827	252



L&H Universal Data Letter

Common Tasks

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Other Places

- Filing workbench

Filing: W08-416010 (Forms & Rates for Standard and Select Plans - Individual Medicare Supplement Standard Plans)

Section VI: Rate Request By Form

View the Universal Standardized Data Letter Instructions.

(To be completed for all filings which include pooled blocks - Florida experience only)

Primary Form

Form Number	Rate Change Requested	Total Annualized Premium Volume	# of Certificates or Policies
<input type="text" value="MS1992-A"/>	<input type="text" value="10"/> %	<input type="text" value="\$50000"/>	<input type="text" value="300"/>

Additional Forms

Form Number	Rate Change Requested	Total Annualized Premium Volume	# of Certificates or Policies



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Common Tasks

- Start a new filing
- Start Data Reporting
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- Review submitted filings
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Filing: W08-416010 (Forms & Rates for Standard and Select Plans - Individual Medicare Supplement Standard Plans)

Section VI: Rate Request By Form

[View](#) the Universal Standardized Data Letter Instructions.

(To be completed for all filings which include pooled blocks - Florida experience only)

Primary Form

Form Number	Rate Change Requested	Total Annualized Premium Volume	# of Certificates or Policies
<input type="checkbox"/> MS1992-H	10%	\$1360000	400
<input type="checkbox"/> MS1992-H (w/out Rx)	10%	\$92000	40
<input type="checkbox"/> MS1992-H (w/out Rx)	10%	\$92000	40

Delete Checked Add Form



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Filing: W08-416010 (Forms & Rates for Standard and Select Plans - Individual Medicare Supplement Standard Plans)

Section VI: Rate Request By Form

[View the Universal Standardized Data Letter Instructions.](#)

(To be completed for all filings which include pooled blocks - Florida experience only)

Primary Form

Form Number	Rate Change Requested	Total Annualized Premium Volume	# of Certificates or Policies
<input type="text" value="MS1992-A"/>	<input type="text" value="10"/> %	<input type="text" value="\$50000"/>	<input type="text" value="300"/>

<input type="checkbox"/>	MS1992-G(before 2/1/ 99)	8%	\$420000	200
<input type="checkbox"/>	MS1992-G(after 1/31/ 99)	7%	\$720000	300

<input type="checkbox"/>	MS1992-G(after 1/31/ 99)	7%	\$720000	300
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L&H Universal Data Letter

Common Tasks

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Other Places

- [Filing workbench](#)

Filing: W06-181365 (Forms & Rates - Health Maintenance Organization Group Conversion)

Section VII: Additional Data For New Form & Rate Filings

View the Universal Standardized Data Letter Instructions.

(Provide current data for the form(s) submitted)

	Florida Only	Nationwide
A. Number of Certificates or Individual Policies Affected:	<input type="text" value="0"/>	<input type="text" value="0"/>
B. If Group, Average Number of Certificates Per Policy/ Participating Unit (e.g. Employer Unit)	<input type="text" value="0"/>	<input type="text" value="0"/>
C. Annualized Premium Volume	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
D. Average Annual Premium (current / proposed or new form)	<input type="text" value="\$0"/> <input type="text" value="\$0"/>	<input type="text" value="\$0"/> <input type="text" value="\$0"/>
E. <u>Anticipated</u> Loss Ratio (current / proposed premium)	<input type="text" value="0"/> % <input type="text" value="0"/> %	<input type="text" value="0"/> % <input type="text" value="0"/> %
F. <u>Lifetime</u> Loss Ratio (current / proposed premium)	<input type="text" value="0"/> % <input type="text" value="0"/> %	<input type="text" value="0"/> % <input type="text" value="0"/> %
G. Loss Ratio Standard for The Form (or pooled group/forms)	<input type="text" value="0"/> %	<input type="text" value="0"/> %
H. <u>Total Past</u> Incurred Loss Ratio Without Active Life Reserve Increases	<input type="text" value="0"/> %	<input type="text" value="0"/> %
I. Current Year Loss Ratio for Policies 3 Years & Older (for med. supp.) Without Policy Reserves:	<input type="text" value="0"/> %	<input type="text" value="0"/> %

New Product Filing



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L&H Universal Data Letter

Common Tasks

Filing: W06-181365 (Forms & Rates - Health Maintenance Organization Group Conversion)

- Start a new filing

Section VII: Additional Data For New Forms & Data Filings

D. Average Annual Premium (current / proposed or new form)	\$ <input type="text" value="0"/>	\$ <input type="text" value="1234"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="1898"/>
E. <u>Anticipated</u> Loss Ratio (current / proposed premium)	<input type="text" value="0"/> %	<input type="text" value="70"/> %	<input type="text" value="0"/> %	<input type="text" value="65"/> %
F. <u>Lifetime</u> Loss Ratio (current / proposed premium)	<input type="text" value="0"/> %	<input type="text" value="70"/> %	<input type="text" value="0"/> %	<input type="text" value="65"/> %
G. Loss Ratio Standard for The Form (or pooled group/forms)	<input type="text" value="70"/> %		<input type="text" value="65"/> %	

F. <u>Lifetime</u> Loss Ratio (current / proposed premium)	<input type="text" value="0"/> %	<input type="text" value="70"/> %	<input type="text" value="0"/> %	<input type="text" value="65"/> %
G. Loss Ratio Standard for The Form (or pooled group/forms)	<input type="text" value="70"/> %		<input type="text" value="65"/> %	

H. <u>Total Past</u> Incurred Loss Ratio Without Active Life Reserve Increases	<input type="text" value="0"/> %	<input type="text" value="0"/> %
--	----------------------------------	----------------------------------

I. Current Year Loss Ratio for Policies 3 Years & Older (for med. supp.) Without Policy Reserves:	<input type="text" value="0"/> %	<input type="text" value="0"/> %
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Save

Cancel

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Rate Change Filing



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Filing: W06-
Conversion)

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premiu

G. Loss Ra
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group/f

H. Total P
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I. Current
Policies
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Reserv

Florida Only

A. Number of Certificates or Individual Policies Affected:

B. If Group, Average Number of Certificates Per Policy/ Participating Unit (e.g. Employer Unit)

C. Annualized Premium Volume

\$

D. Average Annual Premium (current / proposed or new form)

\$ \$

E. Anticipated Loss Ratio (current / proposed premium)

% %

F. Lifetime Loss Ratio (current / proposed premium)

% %

G. Loss Ratio Standard for The Form (or pooled group/forms)

%

H. Total Past Incurred Loss Ratio Without Active Life Reserve Increases

%

I. Current Year Loss Ratio for Policies 3 Years & Older (for med. supp.) Without Policy Reserves:

%

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Trade Secret Documents

- Documents which need to be protected as privileged may be submitted as trade secret documents.
- Prevents casual viewing by i-portal users.
- Only documents submitted under the following procedure are so protected.




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- [Filing workbench](#)

Work Unit Number: W06-181365

Name: HMO Demo

Purpose: Forms & Rates

Product: Health Maintenance Organization Group Conversion

[edit filing details](#)

Listed below are all the components required to submit this filing. To view a component, click on its name. Your changes are automatically saved. To review the current details of your filing, click "Review this Filing".

Component	Last Updated	Status
Company Data	1/10/2006 14:13	Complete
Actuarial Memorandum Actuarial Memorandum for Accident, Health, Prepaid, & HMO Products	1/10/2006 14:16	Complete
Cover Letter	1/10/2006 14:16	Complete
OIR-1507 L&H Universal Standardized Data Letter	1/10/2006 13:57	Incomplete
Forms to be Reviewed	1/10/2006 14:20	Complete
Rate Pages	1/10/2006 14:45	Complete
Forms Checklist	1/10/2006 14:45	Complete
Supplementary Information (Optional) Supplementary Documentation	1/10/2006 13:57	-----

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File Upload

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Work Unit Number: W06-181365

Name: HMO Demo

Purpose: Forms & Rates

Product: Health Maintenance Organization Group Conversion

Below is a list of files you have uploaded for this item. You may upload one or more files to satisfy this requirement.

Title	Date Uploaded
There are no documents currently uploaded for the Supplementary Information.	

Other Places

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Work Unit Number: W06-181365

Name: HMO Demo

Purpose: Forms & Rates

Product: Health Maintenance Organization Group Conversion

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Files must be less than ten Megabytes (10,000 Kilobytes) and 100 pages in size.

Please select the file you wish to upload as your Supplemental Information:

Title

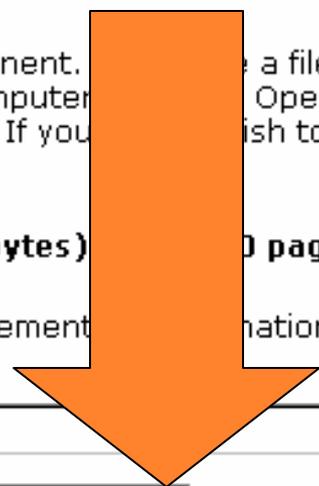
Document Type

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Work Unit Number: W06-181365

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Files must be less than ten Megabytes (10,000 Kilobytes) and 1000 pages in size.

Please select the file you wish to upload as your Supplementary Information:

Title

Document Type

File to upload

Actuarial Memorandum	e...
Certification	
Checklist	
Correspondence	
Cover Letter	
Coverage Memorandum	
Experience Memorandum	
Explanatory Memorandum	
Forms	
Manual/Rate Pages	

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Work Unit Number: W06-181365

Name: HMO Demo

Purpose: Forms & Rates

Product: Health Maintenance Organization Group Conversion

Select the file you wish to include with this filing component. To choose a file, click Browse. Navigate to the location of the file on your computer, and click Open. After you have selected the file you wish to upload, click Upload. If you do not wish to upload any files, click Cancel.

Files must be less than ten Megabytes (10,000 Kilobytes) and 1000 pages in size.

Please select the file you wish to upload as your Supplementary Information:

Title

Document Type

File to upload

- Coverage Memorandum
- Experience Memorandum
- Explanatory Memorandum
- Forms
- Manual/Rate Pages
- Miscellaneous
- Previous Correspondence
- Rules
- Summary
- USDL/Transmittal
- Underwriting Guidelines



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Work Unit Number: W06-181365

Name: HMO Demo

Purpose: Forms & Rates

Product: Health Maintenance Organization Group Conversion

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Contains "Trade Secret" Information

(**Note:** A claim of trade secret must comply with the provisions of Sections 815.45 and 812.081.)

Title

Document Type

Underwriting Guidelines

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(**Note:** A claim of trade secret must comply with the provisions of Sections 815.45 and 812.081.)

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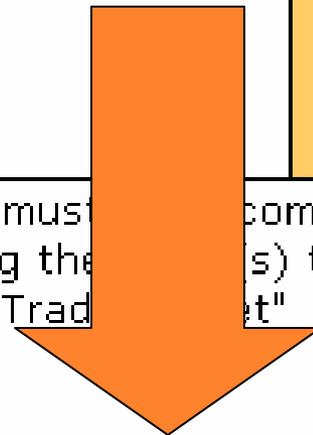
Work Unit Number: W06-181365

Name: HMO Demo

Purpose: Forms & Rates

Product: Health Maintenance Organization Group Conversion

File Upload



Note: Items marked as containing "Trade Secret" information must be accompanied with a document that fully describes the factual basis entitling the item(s) to protection. Please select the file you wish to upload as your "Trade Secret" justification document:

File to upload

(**Note:** A claim of trade secret must comply with the provisions of Sections 815.45 and 812.081.)

Note: Items marked as containing "Trade Secret" information must be accompanied with a document that fully describes the factual basis entitling the item(s) to protection. Please select the file you wish to upload as your "Trade Secret" justification document:

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File Upload

Common Tasks

- Start a new filing
- Start Data Reporting
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- Add to a submitted filing

Other Places

- Filing workbench

Work Unit Number: W06-181365
Name: HMO Demo
Purpose: Forms & Rates
Product: Health Maintenance Organization Group Conversion

Select the file you wish to include with this filing component. To choose a file, click Browse. Navigate to the location of the file on your computer, and click Open. After you have selected the file you wish to upload, click Upload. If you do not wish to upload any files, click Cancel.

Files must be less than ten Megabytes (10,000 Kilobytes) and 1000 pages in size.

Please select the file you wish to upload as your Supplementary Information:

Title

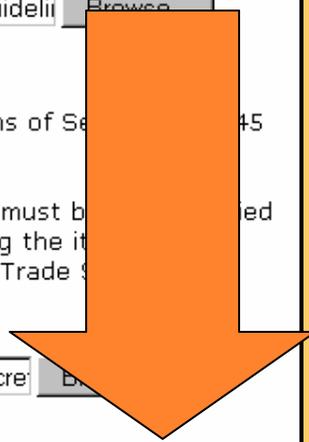
Document Type

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Contains "Trade Secret" Information
(Note: A claim of trade secret must comply with the provisions of Sections 45 and 812.081.)

Note: Items marked as containing "Trade Secret" information must be accompanied with a document that fully describes the factual basis entitling the item to trade secret protection. Please select the file you wish to upload as your "Trade Secret" justification document:

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Work Unit Number: W06-181365

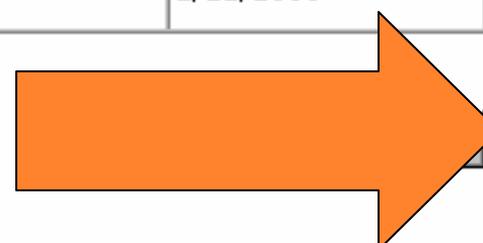
Name: HMO Demo

Purpose: Forms & Rates

Product: Health Maintenance Organization Group Conversion

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Title	Date Uploaded	Trade Secret
Underwriting Methodology	1/11/2006	<input checked="" type="checkbox"/>




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Work Unit Number: W06-181365

Name: HMO Demo

Purpose: Forms & Rates

Product: Health Maintenance Organization Group Conversion

To review the current details of your filing, click "Review this Filing".

Component	Last Updated	Status
Company Data	1/10/2006 14:13	Complete
Actuarial Memorandum Actuarial Memorandum for Accident, Health, Prepaid, & HMO Products	1/10/2006 14:16	Complete
Cover Letter	1/10/2006 14:16	Complete
OIR-1507 L&H Universal Standardized Data Letter	1/12/2006 12:39	Complete
Forms to be Reviewed	1/10/2006 14:20	Complete
Rate Pages	1/10/2006 14:45	Complete
Forms Checklist	1/10/2006 14:45	Complete
Supplementary Information Supplementary Documentation	1/11/2006 13:18	Included

[Review this Filing](#)

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LandH Rates Doc Review Filing : 06-00001 - Microsoft Internet Explorer provided by Fl... Days To Pend : 14 Item of Interest:

- Filing Information

Company: CAPITAL HEALTH PLAN INC.
 Filing Number: HMO 06-00001 (Both)
 Product: Health Maintenance Organization Group Conversion (718 + HOrg02G.001)

Received Date: 1/12/2006 FEIN: 591830622
 DEEMER DATE: 2/11/2006 (In 24 Days) NAIC Company Code: 95112

- Routing Information

	Type	Form Number	Pages	Title	DateStamp	Move To	Status
1	Actuarial Memorand...		1	Actuarial Memorandum	01/12/2006		
2	Cover Letter		1	Cover Letter	01/12/2006		
3	Forms	123	1	abc	01/12/2006		
4	Forms	789	1	xyz	01/12/2006		
5	Manual/Rate Pages		1	Rate Pages	01/12/2006		
6	Manual/Rate Pages		1	Rate Pages 1	01/12/2006		

Microsoft Internet Explorer X

 The document that you are about to open contains "trade secret information".

REVEALING ANY OF THE INFORMATION CONTAINED THEREIN COULD RESULT IN CRIMINAL, CIVIL AND/OR DISCIPLINARY ACTION.

13	Manual/Rate Pages	1	Actuarial Exhibits 2	01/12/2006		
14	USDL/Transmittal	1	UDL	01/12/2006		
15	Checklist	1	Checklist	01/12/2006		



**Florida Department of Financial Services
I-File Workflow System
Forms & Rates Search Page**

Please enter your search criteria below and press the **Search** button

File Log #:

Company Name:

FEIN:

Filing Date (From): / /

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 - Rates Only
 - Both (Forms and Rates)
 - PPA

Line of Business: [Desc order](#) [Code order](#)

Keywords: [Clear](#)

- Application, WC
- Building Code Discount - ISO
- Building Code Discount - OIR
- Building Code Discount - Other
- Building Code Discount - Withdrawn
- Building Code Discounts

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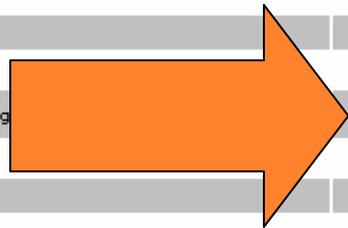


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Experience Content & Format

Complete experience facilitates review:

- Suggested format may be found at <http://www.floir.com/pdf/DurationalexperienceRateAnalysisExample.pdf>
- Format for detail by duration within experience year found at <http://www.floir.com/pdf/DurationalexperienceRateAnalysisExamplepage2.pdf>

**Appendix A
Illustrative Experience Exhibit (02/2004)**

Projection Assumptions:
 Rate Increase effective 07/01/2003 19.2%
 Claim Trend 15.0%
 Insurance Trend 1.0%
 Lapse Rate 20.0%
 Aging 1.00
 Future premium increases equal claim trend

Cal Year (a)	Earned Premium (b)	Paid Claims (c)	Change in Claim Liability & Reserve (d)	Incurred Claims (e) = (c) + (d)	Incurred Loss Ratio (f) = (e) / (b)	Expected Incurred Claims * (g)	Expected Loss Ratio * (h)	A/E Claims Ratio (i)	Active Life Reserves (j)	Earned Premium Manual Rate Basis (k)	Earned Premium Current Rate Basis (l)
1995	565,464	207,477	19,274	226,751	40.1%	209,222	37.0%	108.4%	-	565,464.00	715,312
1996	1,337,824	575,693	78,504	654,196	48.9%	561,946	42.0%	116.4%	-	1,337,824.20	1,692,348
1997	2,352,416	927,487	114,633	1,042,120	44.3%	1,075,107	45.7%	96.9%	-	2,352,416.18	2,975,806
1998	3,986,382	1,749,723	183,673	1,933,395	48.5%	1,896,723	47.6%	101.9%	-	3,986,381.86	5,042,773
1999	5,339,093	2,211,239	436,951	2,648,190	49.6%	2,696,178	50.5%	98.2%	-	5,339,092.79	6,753,952
2000	6,174,297	3,144,650	269,736	3,414,386	55.3%	3,308,434	53.6%	103.2%	-	6,174,296.66	7,810,485
2001	6,959,921	3,518,031	525,683	4,043,714	58.1%	3,974,882	57.1%	101.7%	-	6,959,920.78	8,394,570
2002	8,259,585	4,537,263	443,267	4,980,530	60.3%	4,812,170	58.3%	103.5%	-	8,259,584.83	8,857,418
2003	7,747,260			5,474,303	70.7%	5,392,577	69.6%	101.6%	-		
2004	7,246,233			5,657,119	78.1%	5,665,512	78.2%	99.9%	-		
2005	6,666,534			5,588,695	83.8%	5,596,987	84.0%	99.9%	-		
2006	6,133,212			5,332,842	87.0%	5,340,754	87.1%	99.9%	-		
2007	5,642,555			4,991,619	88.5%	4,999,025	88.6%	99.9%	-		
2008	5,191,150			4,638,212	89.3%	4,645,094	89.5%	99.9%	-		
2009	4,775,858			4,309,827	90.2%	4,316,221	90.4%	99.9%	-		
2010	4,393,790			4,004,691	91.1%	4,010,633	91.3%	99.9%	-		
2011	4,042,286			3,721,159	92.1%	3,726,680	92.2%	99.9%	-		
2012	3,718,903			3,457,701	93.0%	3,462,831	93.1%	99.9%	-		
2013	3,421,391			3,212,896	93.9%	3,217,663	94.0%	99.9%	-		
2014	3,147,680			2,985,423	94.8%	2,989,852	95.0%	99.9%	-		
2015	2,895,866			2,774,055	95.8%	2,778,171	95.9%	99.9%	-		
2016	2,664,196			2,577,652	96.8%	2,581,476	96.9%	99.9%	-		
2017	2,451,061			2,395,154	97.7%	2,398,708	97.9%	99.9%	-		
2018	2,254,976			2,225,577	98.7%	2,228,879	98.8%	99.9%	-		
2019	2,074,578			2,068,006	99.7%	2,071,074	99.8%	99.9%	-		
2020	1,908,611			1,921,591	100.7%	1,924,442	100.8%	99.9%	-		
2021	1,755,923			1,785,543	101.7%	1,788,192	101.8%	99.9%	-		
2022	1,615,449			1,659,126	102.7%	1,661,588	102.9%	99.9%	-		
2023	1,486,213			1,541,660	103.7%	1,543,947	103.9%	99.9%	-		
2024	1,367,316			1,432,511	104.8%	1,434,636	104.9%	99.9%	-		
2025	1,257,931			1,331,089	105.8%	1,333,064	106.0%	99.9%	-		
2026	1,157,296			1,236,848	106.9%	1,238,683	107.0%	99.9%	-		
2027	1,064,712			1,149,279	107.9%	1,150,984	108.1%	99.9%	-		
Past	34,974,981			18,943,282	54.2%	18,534,661	53.0%	102.2%	-	34,974,981	42,242,665
Future	86,080,978			77,472,577	90.0%	77,497,673	90.0%	100.0%	-		
Lifetime	121,055,960			96,415,859	79.6%	96,032,334	79.3%	100.4%	-		
Interest 5.0%											
Past	38,051,930			20,427,775	53.7%	19,986,026	52.5%	102.2%	-	38,051,930	46,163,229
Future	59,677,447			52,202,547	87.5%	52,192,316	87.5%	100.0%	-		
Lifetime	97,729,377			72,630,322	74.3%	72,178,342	73.9%	100.6%	-		

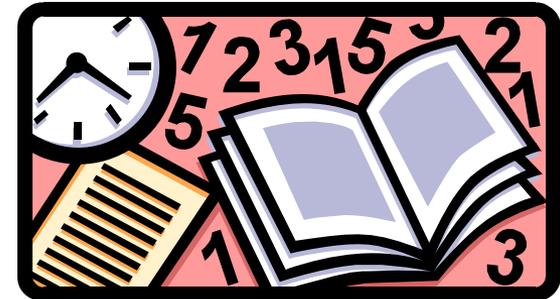
Each filing should include an exhibit with the requested increase and one without the requested increase.
 Formulas (and underlying assumptions) used to determine projected values should be disclosed as part of the filing.
 Assumptions disclosed should include the interest, medical trend, insurance trend, aging, lapse, shock lapse, and the effectiveness of past and proposed rate increases.

* Calendar year expected claims and expected loss ratios are taken from the durational experience exhibit. 2003 expected loss ratios are taken from the approved durational loss ratio slope one duration beyond the 2002 expected loss ratio. Each additional future value follows the approved durational loss ratio slope.



Loss Ratio Tests

- As a reminder - There are always two loss ratio tests which apply to every filing:
 - Lifetime Loss Ratio Test
 - Future Loss Ratio Test
- For Medicare Supplement filings, there are two additional relevant tests:
- SSA'94 Test
 - 3+ duration test





Medicare Supplement Rate Collection System

- Currently in development
- Will replace rate pages component in i-file
 - Excel spreadsheet format
- Training classes this summer
 - both in Tallahassee and via webinar.
 - Videotapes will be available later on OIR website.
 - Registration and questions via e-mail to nsalmon@isf.com



Rule Changes

- Cancer – pooling of all forms with 50% or more claims due to cancer
- New products – each rate must not be excessive
- Corrective action procedures for inappropriate ARC certifications
- More explicit detailed definitions of credibility and projection base periods.



Rule Changes

- Small group underwriting by group size
- Long Term Care



Questions . . .

- Join us at the break out sessions !



Thank You.



Linda Ziegler, Actuary

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Life & Health Product Review

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Long Term Care – Law Changes

- Effective 7/1/2006
- Forms implications – Robin
- Rates implications-Section 627.9407, F.S.
 - Contingent Nonforfeiture Option
 - Limit on Rate Increases-Published New Business Rates
 - Pooling experience of affiliated insurers