
The Rate Filing Environment

Presented by

Linda Ziegler, ASA, MAAA, FLMI, Actuary

Florida Office of Insurance Regulation



Why We Regulate

- **Consumer Protection**

- 2010 census: 18.8 million Floridians, 3.3 million seniors
- About 2 million Medicare FFS enrollees
- Florida is issue age for post 10/1/93 issues
- Senior citizens are generally on fixed incomes

- **New Products Should Be Adequately Priced**

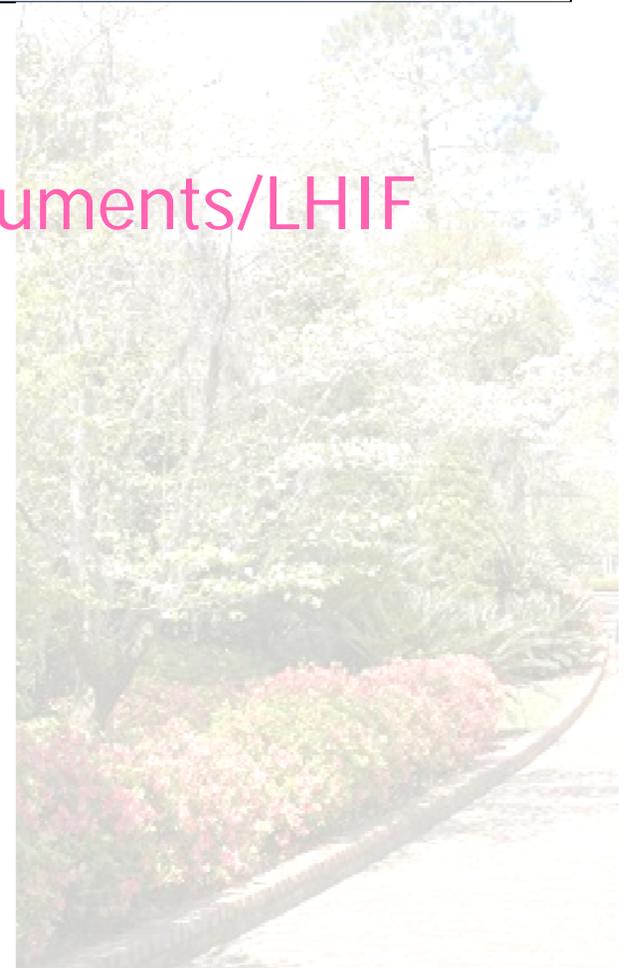
Only Through I-portal

- Filings submitted through SERFF are then fed to EDMS



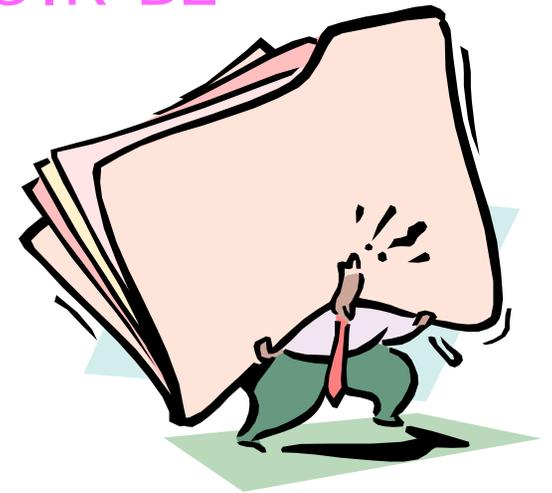
I-File User Guide – Life & Health

- <http://www.floir.com/siteDocuments/LHIFileUserGuide.pdf>



Common Mistakes in Assembling a Filing

- The initial submission USDL must be correct and complete
- Directions may be found at <http://www.floir.com/siteDocuments/OIR-B2-1507A.pdf>
- Use descriptive titles when uploading documents





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File Upload



IMPORTANT NOTICES

- 2012 Industry Conference

Common Tasks

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

Other Places

- Filing workbench

Work Unit Number: W12-1155855

Name:

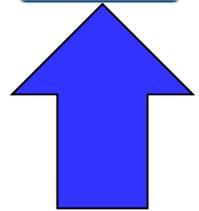
Purpose: Forms & Rates for Standard and Select Plans

Product: Individual Medicare Supplement Standard Plans

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.	

- [Add File](#)
- [Delete File](#)
- [Done](#)





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File Upload

Work Unit Number: W12-1155855

Name:

Purpose: Forms & Rates for Standard and Select Plans

Product: Individual Medicare Supplement Standard Plans

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 10 Megabytes (10,000 Kilobytes) in size.

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

Title

Document Type

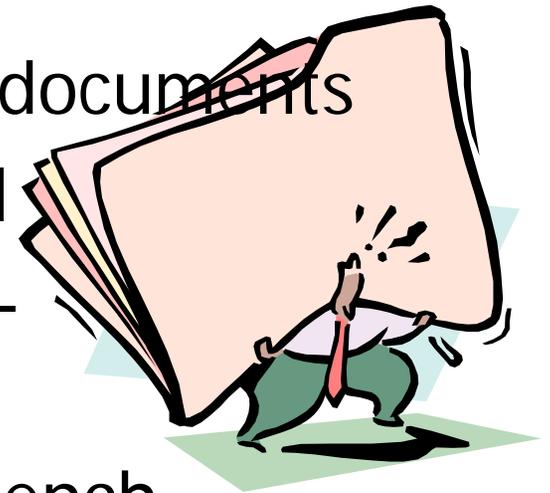
File to upload

Contains "Trade Secret" Information

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

Common Mistakes in Assembling a Filing

- The initial submission USDL must be correct and complete
- Directions may be found at <http://www.floir.com/siteDocuments/OIR-B2-1507A.pdf>
- Use descriptive titles when uploading documents
- All numerical exhibits must be in excel
- Most common mistake in a response – Failure to hit the “submit” button
- Allow multiple people access to workbench

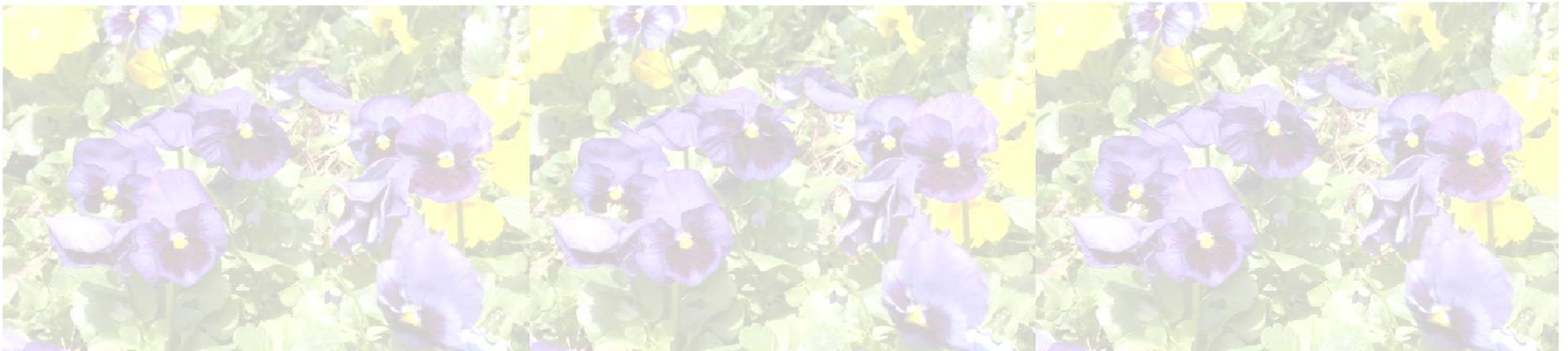


Medicare Supplement Specific Items

- Sub-Type of Insurance Codes: based on the NAIC codes, but not plan specific. They are “type” specific. Most common:
 - MS02I – individual pre-standard
 - MS02G – group pre-standard
 - MS04I – individual Medicare Select
 - MS05I – individual std Medicare Supplement
 - MS05G – group std Medicare Supplement
 - MS06 – combination of other codes

Refund/Credit Calculation Filings

- Select the correct Line of Business



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- Add to a submitted filing

Other Places

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Select the Line of Business

Please select one line of business for this filing. You are currently authorized to submit a filing for all the lines of business that are **bold**. You may choose to create a filing for one of the unauthorized lines, but you will not be able to submit your filing until you have the Office's authorization.

Click "Next" to continue.

Select Line of Business

- Accident and Health Products (450)
- Continuing Care Retirement Community (CCRC) Plans (720)
- Credit Disability Products (441)
- Credit Life Products (440)
- Discount Medical Plans (709)
- Fraternal Accident and Health Products (430)
- Fraternal Life and/or Annuity Products (425)
- Group Life and/or Annuity Products (410)**
- Health Flex Plans (710)
- Health Maintenance Organization (HMOs) Plans (718)
- Individual Life and/or Annuity Products (400)**
- Individual and/or Group Variable Annuities Products (405)
- Individual and/or Group Variable Life Products (420)
- Misc Prepaid Limited Health Services Organization Plans (785)
- Multiple Employer Welfare Agreement (MEWA) Products (455)
- Periodic Data Filings ()**
- Prepaid Ambulance Service Only Plans (700)
- Prepaid Chiropractic Services Only Plans (783)
- Prepaid Dental Only Plans (451)



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IMPORTANT NOTICES

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Common Tasks

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- Add to a submitted filing

Other Places

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Select the Sub Type of Insurance

Please select one Sub Type of Insurance for this filing. You are currently authorized to submit a filing for all the Sub Types of Insurance that are **bold**. You may choose to create a filing for one of the unauthorized Sub Types of Insurance, but you will not be able to submit your filing until you have the Office's authorization.

Click "Next" to continue.

Select Sub Type of Insurance

- Medicare Supplement Refund (MSR) (**FL450MSR**)

Cancel Back Next





IMPORTANT NOTICES

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Common Tasks

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Filing Verification

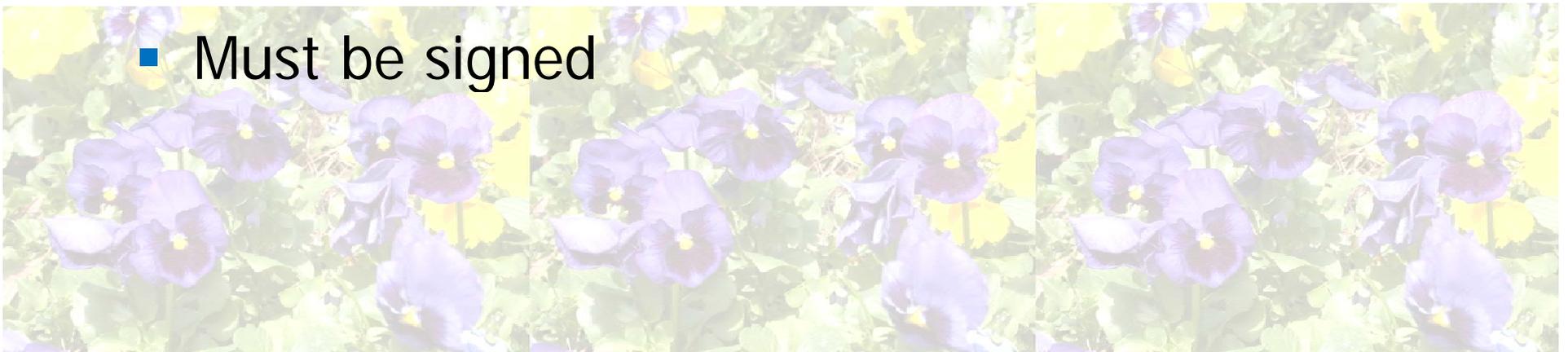
Please be sure that the options identified below are correct for the type of product you are submitting for review. Any errors may result in the filing being closed and returned to you as **INCOMPLETE**. Incomplete filings will have to be recreated in i-file before being resubmitted for our review. If you have any questions regarding the appropriateness of your choices of Line of Business, Type of Insurance, Sub Type of Insurance, Product, or Purpose indicated below, please contact our Office ([Contact Us](#)) before continuing through this process. To speak with someone about your filing, please call one of the numbers listed [here](#).

Area: Life & Health
Line of Business: Periodic Data Filings
Type of Insurance: Periodic Data Filings
Sub Type of Insurance: Medicare Supplement Refund (MSR)
Product: Medicare Supplement Refund (MSR)
Purpose: Medicare Supplement Refund Credit Calculation

If you are confident that the information is correct, please click "Continue" to complete the filing creation process. Otherwise, click "Cancel" to start over.

Refund/Credit Calculation Filings

- Select the correct Line of Business
- Use the correct forms: found at http://www.flor.com/Sections/LandH/ProductReview/is_Ihfr_AddRfilCerRep.aspx#3
- Must be submitted in excel
- Must be signed



Medicare Supplement Rate Collection System

- Affirm that rates are being filed in the Interrogatories





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- [Filing workbench](#)

Filing Component List

Work Unit Number: W12-1150805

Name: test for may 2012 talk

Purpose: Rates Only for Standard and Select Plans

Product: Individual Medicare Supplement Standard Plans

[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	4/11/2012 14:48	Incomplete
Actuarial Memorandum Actuarial Memorandum for Accident, Health, Prepaid, & HMO Products	4/11/2012 14:48	Incomplete
Cover Letter	4/11/2012 14:48	Incomplete
OIR-1507 L&H Universal Standardized Data Letter	4/11/2012 14:48	Incomplete
Supplementary Information (Optional) Supplementary Documentation	4/11/2012 14:48	-----
Interrogatories	4/11/2012 14:48	Incomplete

[Review this Filing](#)

[Return to Workbench](#)



IMPORTANT NOTICES

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Other Places

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Edit Interrogatories

Work Unit Number: W12-1150805

Name: test for may 2012 talk

Purpose: Rates Only for Standard and Select Plans

Product: Individual Medicare Supplement Standard Plans

Below is a list of interrogatories for this filing. Please answer questions by checking the appropriate selection.

1. Are you filing rates?

Yes No



IMPORTANT NOTICES

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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 Component List

Work Unit Number: W12-1150805
Name: test for may 2012 talk
Purpose: Rates Only for Standard and Select Plans
Product: Individual Medicare Supplement Standard Plans
[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	4/11/2012 14:48	Incomplete
Actuarial Memorandum Actuarial Memorandum for Accident, Health, Prepaid, & HMO Products	4/11/2012 14:48	Incomplete
Cover Letter	4/11/2012 14:48	Incomplete
OIR-1507 L&H Universal Standardized Data Letter	4/11/2012 14:48	Incomplete
Supplementary Information (Optional) Supplementary Documentation	4/11/2012 14:48	-----
Interrogatories	4/11/2012 15:27	Complete
Rate Collection System	4/11/2012 15:27	Incomplete

[Review this Filing](#)
[Return to Workbench](#)

Medicare Supplement Rate Collection System

- Affirm that rates are being filed in the Interrogatories
- Set up the “Filing Tree”



**Common Tasks**

- [Manage Company Information](#)
- [Manage Issuing Carriers](#)
- [Manage Issue Date Ranges](#)
- [Manage Plans](#)
- [Manage Territory Sets](#)
- [Start Over](#)
- [Return to Filing Component List](#)

Rate Collection

Workbench

[Generate Rate Schedule List](#)

Carrier Filing Rates:

Filing Company Name

STATE LIFE INSURANCE COMPANY

Filing Setup Information:

 Filing **Issuing Carrier** ACME Insurance Company **Issue Date Range** 1/1/2000 - 12/30/2007 **Plans** A

Territory Set by County 1

 B

Territory Set by County 1

 C

Territory Set by County 2

Medicare Supplement Rate Collection System

- Affirm that rates are being filed in the Interrogatories
- Set up the “Filing Tree”
- Copy the tree from a previous filing if there are prior filings on the block





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Common Tasks

Work Unit Number:

Rate Collection

Initial Rate Interrogatory

Work Unit Number: 101563

Name: STATE LIFE INSURANCE COMPANY

Purpose: Rates Only for Standard and Select Plans

Product: Individual Medicare Supplement Standard Plans

Below is a list of interrogatories for this filing. Please provide the answers in order to continue the filing process.

1. Company Website Address for Consumer Help
2. Toll-Free Consumer Phone Number (555-555-5555)
3. Do you want to copy the filing structure from a previous filing? Yes No

Cancel

Save



Rate Collection

Initial Rate Interrogatory



Common Tasks

Work Unit Number: 101560

Name: STATE LIFE INSURANCE COMPANY

Purpose: Forms & Rates for Standard and Select Plans

Product: Individual Medicare Supplement Medicare Select

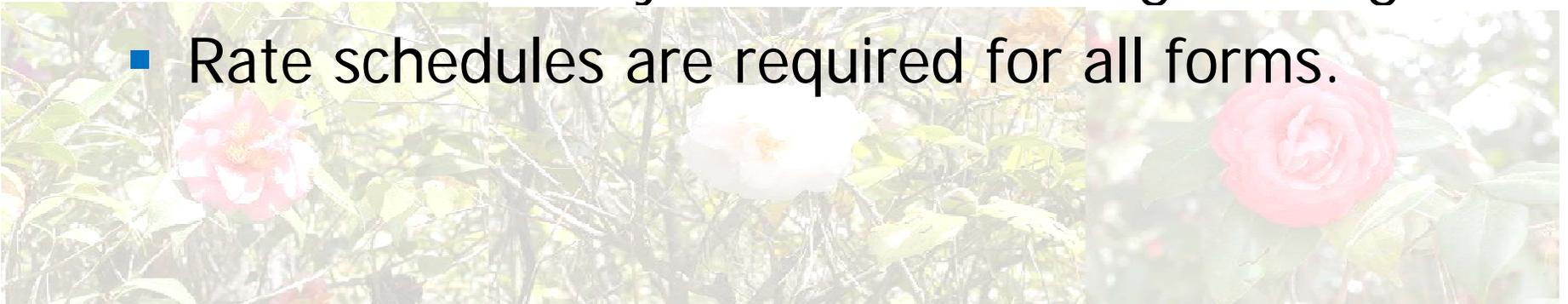
Below is a list of interrogatories for this filing. Please provide the answers in order to continue the filing process.

1. Company Website Address for Consumer Help?
2. Toll-Free Consumer Phone Number? (555-555-5555)
3. Do you want to copy the filing structure from a previous filing? Yes No

Select	File Log Number	Carrier / Issue Date Range	
<input type="radio"/>	08-00019	STATE LIFE INSURANCE COMPANY 4-10-2008 to Present	View Plans
<input type="radio"/>	06-00020	STATE LIFE INSURANCE COMPANY 1-1-2007 to 12-31-2007	View Plans

Medicare Supplement Rate Collection System

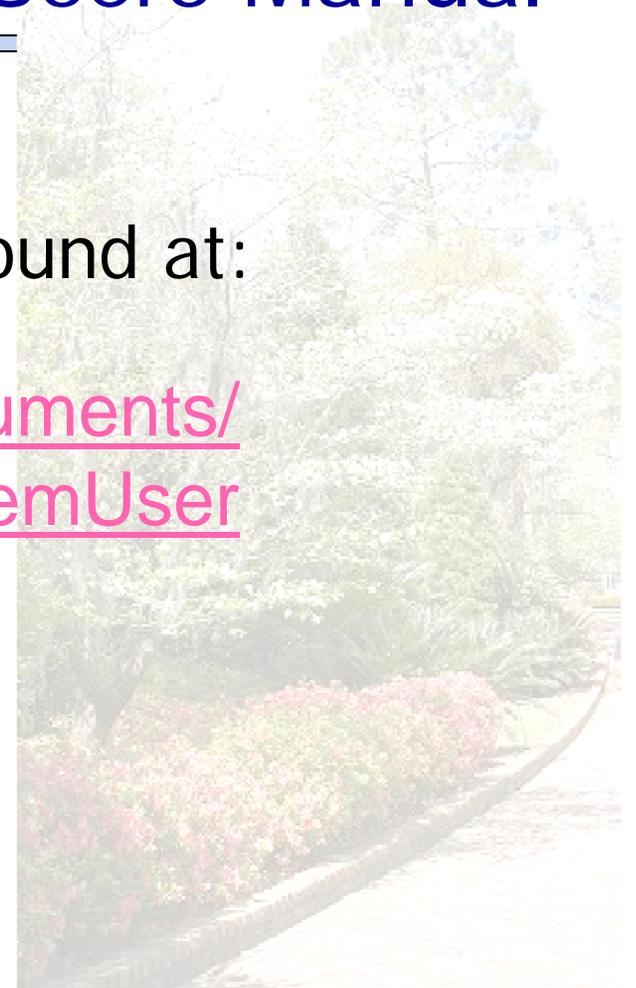
- Affirm that rates are being filed in the Interrogatories
- Set up the “Filing Tree”
- Copy the tree from a previous filing if there are prior filings on the block
- Maintain territory names from filing to filing.
- Rate schedules are required for all forms.



Rate Collection System Users Manual

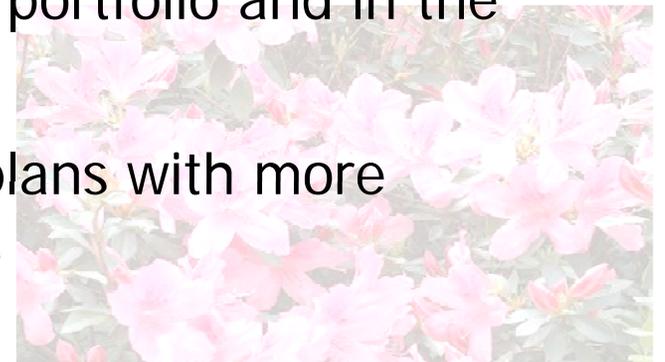
- Detailed directions may be found at:

[http://www.floir.com/siteDocuments/
MedigapRateCollectionSystemUser
Manual.pdf](http://www.floir.com/siteDocuments/MedigapRateCollectionSystemUserManual.pdf)



Review Process

- Timely initial review
- Adequate pricing of new products
 - Assumptions should reflect the company's experience for existing similar products or applicable industry data
 - Consistent with the company's portfolio and in the context of the market
 - Emphasis on plan relativities: plans with more benefits have higher premiums



Review Process – Rate Revisions

- Require pooling similar forms
 - For Medicare Supplement, pooling is required across an entire “type”. This includes across plan generations.
 - Will consider variations by plan only to correct premium relationships based on benefit relativities.



Review Process – Rate Revisions

- For Medicare Supplement & other high frequency claim products – experience through last calendar quarter and projected over the entire lifetime
- Must include experience by duration within experience year
- Incurred claims: must be by incurral year
- Projections: no new business & future rate increases after current equal to medical trend
- Valuation date is endpoint of actual experience

Experience Content & Format

Complete experience facilitates review:

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

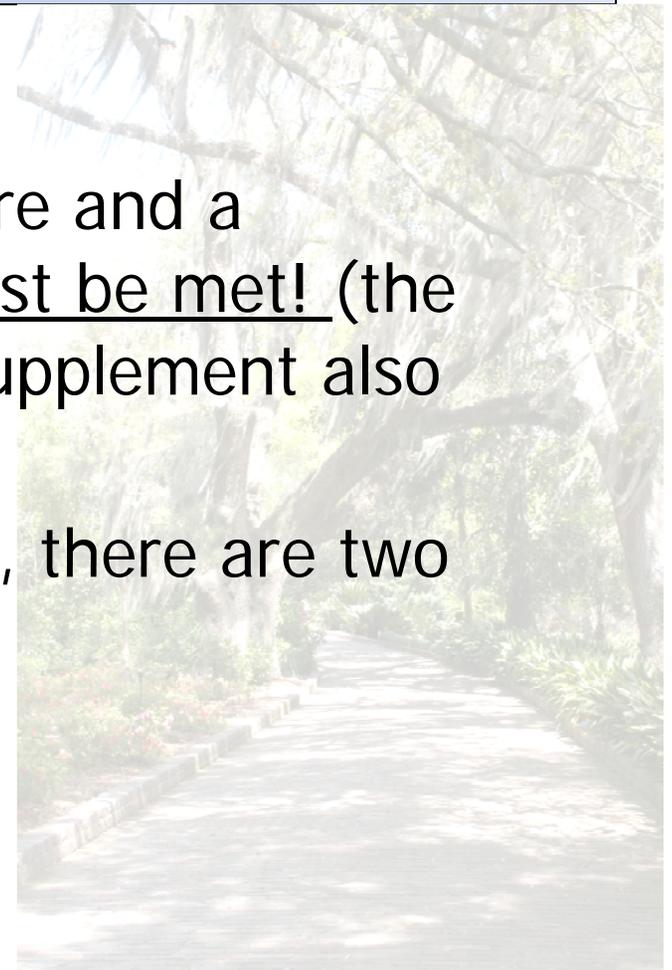
Review Process – Rate Revisions

Key Principle: A company should be able to revise rates to get the future back to where it was expected to be, based on pricing.



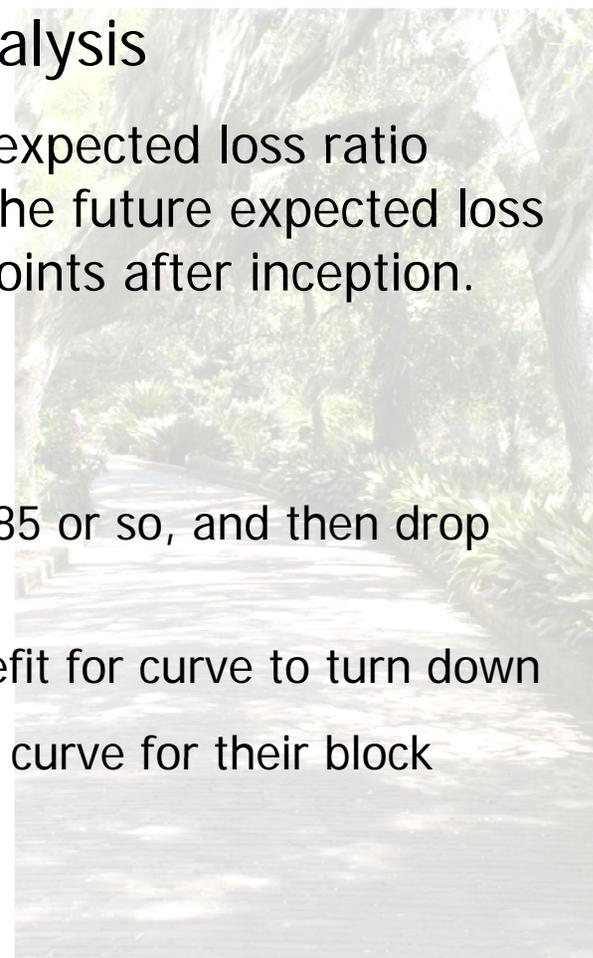
Review Process – Rate Revisions

- Loss Ratio Tests:
 - Florida rules involve both a future and a lifetime loss ratio test. Both must be met! (the NAIC Model rule for Medicare Supplement also has these)
 - For Medicare Supplement filings, there are two additional relevant tests:
 - SSA'94 Test
 - 3+ duration test



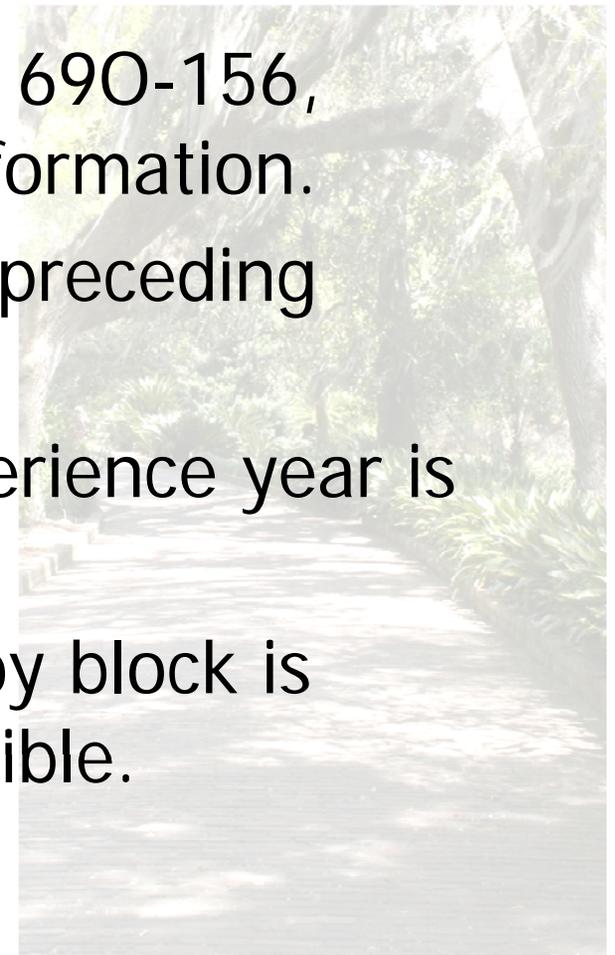
Review Process – Rate Revisions

- Review focuses on actual to expected analysis
 - With issue age rate structures, the durational expected loss ratio curve is generally continually increasing, and the future expected loss ratio is greater than the lifetime target at all points after inception.
 - Attained age claim costs by benefit
 - Part A always increases
 - Part B coinsurance alone will max around age 85 or so, and then drop off some
 - Only Plan A has a sufficiently heavy Part B benefit for curve to turn down
 - Most companies traditionally file one composite curve for their block



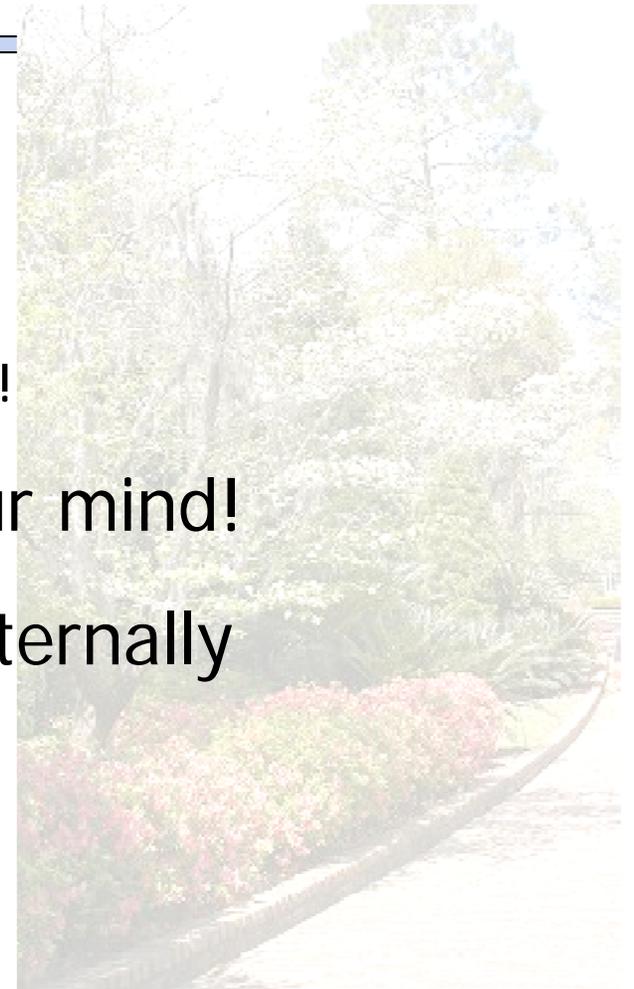
Common Problems

- Failure to read Rules 690-149 and 690-156, F.A.C. and provide the required information.
- Failure to address issues raised in preceding filing.
- Experience by duration within experience year is essential.
- Medical trend – that experienced by block is considered first to the degree credible.



Common Problems

- Seasonality of claims
- PLEASE file every year!
Best for block health & it's required by law!
- Poor labeling – I can't read your mind!
- Accuracy! The filing must be internally consistent.



Medicare Supplement Consumer Website

- Enables consumers to see currently approved premiums for all companies
- Located at:
<https://apps.fldfs.com/mcws/CWSSearch.aspx>
- Searches database using their personal characteristics.





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Medicare Supplement Sample Rate Search

INSTRUCTIONS: Click on a county to view Plans and Rates available in your area.

NOTE: THIS IS BEING PROVIDED FOR COMPARISON PURPOSES ONLY TO DEMONSTRATE THE IMPORTANCE OF SHOPPING FOR INSURANCE QUOTES.





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Medicare Supplement Sample Rate Search

Search Criteria

Please enter search criteria below. Click the blue question mark for an explanation of a search criterion. Click to find plans matching the criteria you entered. Your criteria are saved for the duration of your visit to the website, unless cleared by clicking .

Age [?](#)

--- Select One ---

Gender [?](#)

--- Select One ---

Smoker [?](#)

--- Select One ---

Insurance Type [?](#)

--- Select One ---

Zip Code [?](#)

--- Select One ---

..... In Pinellas County

Plans [?](#)

- A F M
 B G N
 C K F*
 D L All Plans

* High Deductible Plan



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Medicare Supplement Sample Rate Search

Search Criteria

Please enter search criteria below. Click the blue question mark for an explanation of a search criterion. Click to find plans matching the criteria you entered. Your criteria are saved for the duration of your visit to the website, unless cleared by clicking .

Age [?](#)

85

Gender [?](#)

Female

Smoker [?](#)

Non-Smoker

Insurance Type [?](#)

Standard

Zip Code [?](#)

33771

..... In Pinellas County

Plans [?](#)

A F M
 B G N
 C K F*
 D L All Plans

* High Deductible Plan

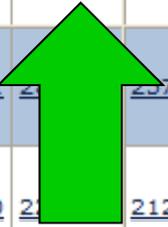


Contact Us
Florida Department of Financial Services
200 East Gaines Street, Tallahassee, FL 32399 (850) 413-3140

Outline of Standardized Plan

Annual Premiums

Company	Phone	Rating Class	A	B	C	D	E	G	K	L	M	N	F*
AETNA LIFE INSURANCE COMPANY	800-557-5078	Non-Distinct	<u>1900.12</u>	<u>2222.70</u>	<u>2526.89</u>	N/A	<u>2533.41</u>	N/A	N/A	<u>1815.77</u>	N/A	N/A	N/A
AMERICAN PIONEER LIFE INSURANCE COMPANY	800-538-1053	Non-Distinct	<u>1976.39</u>	<u>2325.51</u>	<u>2578.69</u>	<u>2820.21</u>	<u>2593.04</u>	N/A	N/A	N/A	N/A	N/A	N/A
AMERICAN PIONEER LIFE INSURANCE COMPANY	800-538-1053	Non-Distinct	<u>1706.25</u>	<u>1965.60</u>	<u>2121.00</u>	<u>2286.90</u>	<u>2125.20</u>	N/A	N/A	N/A	N/A	N/A	N/A
BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.	800-876-2227	Non-Distinct	<u>1548.00</u>	<u>1838.40</u>	<u>2118.00</u>	<u>1966.80</u>	<u>2151.60</u>	<u>1987.20</u>	<u>1064.40</u>	<u>1515.60</u>	<u>1822.80</u>	<u>1785.60</u>	N/A
COLONIAL PENN LIFE INSURANCE COMPANY	800-523-9100	Non-Distinct	<u>1806.86</u>	<u>2267.11</u>	N/A	N/A	<u>2564.38</u>	<u>2360.82</u>	<u>1303.19</u>	<u>1922.71</u>	<u>2165.22</u>	<u>1959.04</u>	<u>1020.86</u>
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY	866-297-2372	Non-Distinct	<u>1810.50</u>	N/A	N/A	N/A	<u>2548.22</u>	<u>2362.21</u>	N/A	N/A	N/A	N/A	N/A
EVERENCE ASSOCIATION, INC.	800-348-7468	Non-Distinct	<u>1798.60</u>	N/A	N/A	N/A	<u>2600.15</u>	N/A	N/A	<u>1623.80</u>	N/A	N/A	N/A
GERBER LIFE INSURANCE COMPANY	877-778-0839	Non-Distinct	<u>1573.28</u>	N/A	N/A	N/A	<u>2166.53</u>	<u>1992.46</u>	N/A	N/A	N/A	N/A	N/A
GLOBE LIFE AND ACCIDENT INSURANCE COMPANY	800-801-6831	Non-Distinct	<u>1447.00</u>	<u>1895.00</u>	N/A	N/A	<u>2210.00</u>	N/A	N/A	N/A	N/A	<u>1748.00</u>	N/A
GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY	866-242-7573	Non-Distinct	<u>1774.92</u>	N/A	<u>2475.36</u>	N/A	<u>2503.32</u>	<u>2302.56</u>	N/A	N/A	N/A	<u>1848.12</u>	N/A

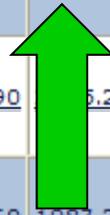


Extra Information:	
This rate is a group rate that is offered.	
Eligibility Requirements:	Group members eligible for Medicare
Fee Amount:	\$0.00
Fee Frequency:	Not Applicable
Marketing Method:	Insurance policies may be purchased through Insurance Agents or directly from the company.
Company Name:	AETNA LIFE INSURANCE COMPANY
Rating Class:	Non-Distinct
Plan Name:	C
Rate Amount:	\$2526.89
Guaranteed Issue or Underwritten:	Guaranteed Issue

Outline of Standardized Plan

Annual Premiums

Company	Phone	Rating Class	A	B	C	D	E	G	K	L	M	N	F*
AETNA LIFE INSURANCE COMPANY	800-557-5078	Non-Distinct	<u>1900.12</u>	<u>2222.70</u>	<u>2526.89</u>	N/A	<u>2533.41</u>	N/A	N/A	<u>1815.77</u>	N/A	N/A	N/A
AMERICAN PIONEER LIFE INSURANCE COMPANY	800-538-1053	Non-Distinct	<u>1976.39</u>	<u>2325.51</u>	<u>2807.01</u>	<u>2578.69</u>	<u>2820.21</u>	<u>2593.04</u>	N/A	N/A	N/A	N/A	N/A
AMERICAN PIONEER LIFE INSURANCE COMPANY	800-538-1053	Non-Distinct	<u>1706.25</u>	<u>1965.60</u>	<u>2277.45</u>	<u>2121.00</u>	<u>2286.90</u>	<u>2105.20</u>	N/A	N/A	N/A	N/A	N/A
BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.	800-876-2227	Non-Distinct	<u>1548.00</u>	<u>1838.40</u>	<u>2118.00</u>	<u>1966.80</u>	<u>2151.60</u>	<u>1987.20</u>	<u>1064.40</u>	<u>1515.60</u>	<u>1822.80</u>	<u>1785.60</u>	N/A
COLONIAL PENN LIFE INSURANCE COMPANY	800-523-9100	Non-Distinct	<u>1806.86</u>	<u>2267.11</u>	N/A	N/A	<u>2564.38</u>	<u>2360.82</u>	<u>1303.19</u>	<u>1922.71</u>	<u>2165.22</u>	<u>1959.04</u>	<u>1020.86</u>
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY	866-297-2372	Non-Distinct	<u>1810.50</u>	N/A	N/A	N/A	<u>2548.22</u>	<u>2362.21</u>	N/A	N/A	N/A	N/A	N/A
EVERENCE ASSOCIATION, INC.	800-348-7468	Non-Distinct	<u>1798.60</u>	N/A	N/A	N/A	<u>2600.15</u>	N/A	N/A	<u>1623.80</u>	N/A	N/A	N/A
GERBER LIFE INSURANCE COMPANY	877-778-0839	Non-Distinct	<u>1573.28</u>	N/A	N/A	N/A	<u>2166.53</u>	<u>1992.46</u>	N/A	N/A	N/A	N/A	N/A
GLOBE LIFE AND ACCIDENT INSURANCE COMPANY	800-801-6831	Non-Distinct	<u>1447.00</u>	<u>1895.00</u>	N/A	N/A	<u>2210.00</u>	N/A	N/A	N/A	N/A	<u>1748.00</u>	N/A
GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY	866-242-7573	Non-Distinct	<u>1774.92</u>	N/A	<u>2475.36</u>	N/A	<u>2503.32</u>	<u>2302.56</u>	N/A	N/A	N/A	<u>1848.12</u>	N/A



Extra Information:	
Eligibility Requirements:	There are no special eligibility requirements.
Fee Amount:	\$0.00
Fee Frequency:	Not Applicable
Marketing Method:	Insurance policies may be purchased through Insurance Agents.
Company Name:	AMERICAN PIONEER LIFE INSURANCE COMPANY
Rating Class:	Non-Distinct
Plan Name:	G
Rate Amount:	\$2593.04
Guaranteed Issue or Underwritten:	Underwritten

FLORIDA OFFICE OF
INSURANCE REGULATION

KEVIN M. McCARTY
Insurance Commissioner



Questions . . .

FLORIDA OFFICE OF
INSURANCE REGULATION

KEVIN M. McCARTY
Insurance Commissioner



Thank You.



Linda Ziegler, Actuary

Florida Office of Insurance Regulation

Life & Health Product Review

850.413.5032

Linda.Ziegler@floi.com