



FILED

MAY 15 2023

INSURANCE REGULATION
Docketed by: 145

OFFICE OF INSURANCE REGULATION

MICHAEL YAWORSKY
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 306069-23- CO

METROPOLITAN LIFE INSURANCE COMPANY

CONSENT ORDER

THIS CAUSE came on for consideration as a result of a rate filing submitted to the FLORIDA OFFICE OF INSURANCE REGULATION ("OFFICE") by METROPOLITAN LIFE INSURANCE COMPANY ("METROPOLITAN" or "company"). Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the OFFICE hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter of and the parties to this proceeding.
2. METROPOLITAN is a foreign insurer domiciled in New York, authorized to transact life and health insurance business in Florida, and subject to regulation by the OFFICE pursuant to the Florida Insurance Code and Florida Administrative Code.
3. METROPOLITAN has submitted a filing for a rate increase on certain long-term care policy forms underwritten by the company.
4. Based upon the OFFICE's review of METROPOLITAN's proposed long-term care rate schedules as filed in Florida file log number FLR 22-049172, the OFFICE has

determined that the company's proposed premium rates have not been adequately demonstrated to be reasonable in relation to the benefits provided as required by Section 627.410, Florida Statutes, and Rule Chapter 69O-149, Florida Administrative Code. However, the OFFICE has determined that some rate increase is necessary in order for METROPOLITAN to have adequate rates and protect the interests of its policyholders.

5. In order to resolve this issue, and in the aim of bringing consumer clarity to all current METROPOLITAN long-term care policyholders, the OFFICE, subject to the limitations and restrictions stated below, approves rate increases as outlined in paragraphs 6 through 9, below.

6. METROPOLITAN agrees to be subject to the following terms and conditions with respect to the G.LTC1697 Long Term Care Comprehensive Inflation Policies:

a. The company or representatives of the company shall not request or apply for any further rate increase on the policies at issue in file log number FLR 22-049172 for a period of 5 years;

b. The rate increase shall be implemented over a period of 3 years. The first increment shall be imposed beginning at least 45 days after the date of approval, with the following two increments imposed thereafter on or after the anniversary date of the prior year's increase, but in no event will any policyholder receive more than one rate increase within a twelve-month (consecutive) period;

c. The amount of the rate increase will also take into account the issue age of the policyholder and the type of policy form held by each policyholder. The increases will be implemented according to the following table:

First Year				Second Year				Third Year			
Inflation Forms: GLTC1697											
Issue Age	Rate Increase	Issue Age	Rate Increase	Issue Age	Rate Increase	Issue Age	Rate Increase	Issue Age	Rate Increase	Issue Age	Rate Increase
18	11.9%	52	11.9%	18	11.9%	52	11.9%	18	11.9%	52	11.9%
19	11.9%	53	11.9%	19	11.9%	53	11.9%	19	11.9%	53	11.9%
20	11.9%	54	11.9%	20	11.9%	54	11.9%	20	11.9%	54	11.9%
21	11.9%	55	11.9%	21	11.9%	55	11.9%	21	11.9%	55	11.9%
22	11.9%	56	11.9%	22	11.9%	56	11.9%	22	11.9%	56	11.9%
23	11.9%	57	11.9%	23	11.9%	57	11.9%	23	11.9%	57	11.9%
24	11.9%	58	11.9%	24	11.9%	58	11.9%	24	11.9%	58	11.9%
25	11.9%	59	11.9%	25	11.9%	59	11.9%	25	11.9%	59	11.9%
26	11.9%	60	11.9%	26	11.9%	60	11.9%	26	11.9%	60	11.9%
27	11.9%	61	11.9%	27	11.9%	61	11.9%	27	11.9%	61	11.9%
28	11.9%	62	11.9%	28	11.9%	62	11.9%	28	11.9%	62	11.9%
29	11.9%	63	11.9%	29	11.9%	63	11.9%	29	11.9%	63	11.9%
30	11.9%	64	11.9%	30	11.9%	64	11.9%	30	11.9%	64	11.9%
31	11.9%	65	11.9%	31	11.9%	65	11.9%	31	11.9%	65	11.9%
32	11.9%	66	11.9%	32	11.9%	66	11.9%	32	11.9%	66	11.9%
33	11.9%	67	11.9%	33	11.9%	67	11.9%	33	11.9%	67	11.9%
34	11.9%	68	11.9%	34	11.9%	68	11.9%	34	11.9%	68	11.9%
35	11.9%	69	11.9%	35	11.9%	69	11.9%	35	11.9%	69	11.9%
36	11.9%	70	11.9%	36	11.9%	70	11.9%	36	11.9%	70	11.9%
37	11.9%	71	10.8%	37	11.9%	71	10.8%	37	11.9%	71	10.8%
38	11.9%	72	9.7%	38	11.9%	72	9.7%	38	11.9%	72	9.7%
39	11.9%	73	8.6%	39	11.9%	73	8.6%	39	11.9%	73	8.6%
40	11.9%	74	7.4%	40	11.9%	74	7.4%	40	11.9%	74	7.4%
41	11.9%	75	6.3%	41	11.9%	75	6.3%	41	11.9%	75	6.3%
42	11.9%	76	5.1%	42	11.9%	76	5.1%	42	11.9%	76	5.1%
43	11.9%	77	3.8%	43	11.9%	77	3.8%	43	11.9%	77	3.8%
44	11.9%	78	2.6%	44	11.9%	78	2.6%	44	11.9%	78	2.6%
45	11.9%	79	1.3%	45	11.9%	79	1.3%	45	11.9%	79	1.3%
46	11.9%	80	0.0%	46	11.9%	80	0.0%	46	11.9%	80	0.0%
47	11.9%	81	0.0%	47	11.9%	81	0.0%	47	11.9%	81	0.0%
48	11.9%	82	0.0%	48	11.9%	82	0.0%	48	11.9%	82	0.0%
49	11.9%	83	0.0%	49	11.9%	83	0.0%	49	11.9%	83	0.0%
50	11.9%	84	0.0%	50	11.9%	84	0.0%	50	11.9%	84	0.0%
51	11.9%	85	0.0%	51	11.9%	85	0.0%	51	11.9%	85	0.0%

7. METROPOLITAN further agrees to provide the following options to policyholders on the G.LTC1697 Long Term Care Comprehensive Inflation Policies who would like to lower premium costs:

- a. Accepting a reduction in the daily benefit provided by the policy;
- b. Accepting an increased elimination period under the policy. This option would increase the policyholder's initial out of pocket cost before the policy begins to provide benefits;
- c. Accepting a reduction or removal of the inflation factor (compound or simple) provided under the policy. This option would freeze the policyholder's daily benefit amount at the currently inflated level, and alter or remove future inflation protection;

d. Accepting a paid-up policy with maximum benefits equal to the premium paid less any claims paid. This option would exempt the policyholder from making any future premium payments, and all other policy provisions, other than the maximum benefit, would remain unchanged.

8. METROPOLITAN agrees to be subject to the following terms and conditions with respect to the G.LTC1697 Long Term Care Comprehensive Non-Inflation Policies:

a. The company or representatives of the company shall not request or apply for any further rate increase on the policies at issue in file log number FLR 22-049172 for a period of 5 years;

b. The rate increase shall be implemented over a period of 3 years. The first increment shall be imposed beginning at least 45 days after the date of approval, with the following two increments imposed thereafter on or after the anniversary date of the prior year's increase, but in no event will any policyholder receive more than one rate increase within a twelve-month (consecutive) period;

c. The amount of the rate increase will also take into account the issue age of the policyholder and the type of policy form held by each policyholder. The increases will be implemented according to the following table:

First Year				Second Year				Third Year			
Non- Inflation Forms: GLTC1697											
Issue Age	Rate Increase	Issue Age	Rate Increase	Issue Age	Rate Increase	Issue Age	Rate Increase	Issue Age	Rate Increase	Issue Age	Rate Increase
18	11.9%	52	11.9%	18	11.9%	52	11.9%	18	11.9%	52	11.9%
19	11.9%	53	11.9%	19	11.9%	53	11.9%	19	11.9%	53	11.9%
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36	11.9%	70	11.9%	36	11.9%	70	11.9%	36	11.9%	70	11.9%
37	11.9%	71	10.8%	37	11.9%	71	10.8%	37	11.9%	71	10.8%
38	11.9%	72	9.7%	38	11.9%	72	9.7%	38	11.9%	72	9.7%
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50	11.9%	84	0.0%	50	11.9%	84	0.0%	50	11.9%	84	0.0%
51	11.9%	85	0.0%	51	11.9%	85	0.0%	51	11.9%	85	0.0%

9. METROPOLITAN further agrees to provide the following options to policyholders on the GLTC1697 Long Term Care Comprehensive Non-inflation Policies who would like to lower premium costs:

- a. Accepting a reduction in the daily benefit provided by the policy;
- b. Accepting an increased elimination period under the policy. This option would increase the policyholder's initial out of pocket cost before the policy begins to provide benefits;

c. Accepting a reduction or a removal of the inflation factor (compound or simple) provided under the policy. This option would freeze the policyholder's daily benefit amount at the currently inflated level, and alter or remove future inflation protection;

d. Accepting a paid-up policy with maximum benefits equal to the premium paid less any claims paid. This option would exempt the policyholder from making any future premium payments, and all other policy provisions, other than the maximum benefit, would remain unchanged.

10. METROPOLITAN acknowledges and agrees that all representations and requirements set forth herein are material to the issuance of this Consent Order. Violation of any provision of this Consent Order shall constitute a violation of a lawful order of the OFFICE and may subject METROPOLITAN to one or more of the administrative remedies available under the Florida Insurance Code or other applicable law.

11. METROPOLITAN expressly waives a hearing in this matter, the making of findings of fact and conclusions of law by the OFFICE, and all further and other proceedings herein to which it may be entitled by law or rules of the OFFICE. METROPOLITAN hereby knowingly and voluntarily waives all rights to challenge or to contest this Consent Order in any forum available to it, now or in the future, including the right to any administrative proceeding, state or federal court action, or any appeal.

12. METROPOLITAN expressly agrees that this Consent Order shall be binding on the company and any successor in interest. METROPOLITAN further agrees to notify any successors in interest that this Consent Order is in force.

13. Each party to this action shall bear its own costs and fees.

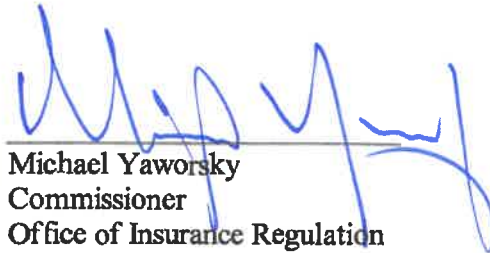
14. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has signed and docketed a copy of this Consent Order bearing the signature of the authorized representative of METROPOLITAN, notwithstanding the fact that the copy may have been transmitted to the OFFICE electronically. METROPOLITAN agrees that the signature of its authorized representative as affixed to this Consent Order shall be under the seal of a Notary Public.

WHEREFORE, the agreement between METROPOLITAN LIFE INSURANCE COMPANY and the FLORIDA OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE and ORDERED this 15th day of May, 2023.




Michael Yaworsky
Commissioner
Office of Insurance Regulation

By execution hereof, METROPOLITAN LIFE INSURANCE COMPANY consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind METROPOLITAN LIFE INSURANCE COMPANY to the terms and conditions of this Consent Order.



METROPOLITAN LIFE INSURANCE COMPANY

By: Thomas G. Reilly

Print Name: Thomas G. Reilly

Title: Vice President-LTC Rate Action

Date: May 9, 2023

STATE OF CONNECTICUT

COUNTY OF FAIRFIELD

The foregoing instrument was acknowledged before me by means of physical presence

or online notarization, this May day of 9 2023,
by Thomas G. Reilly

as Officer for Metropolitan Life Insurance Company.
(type of authority; e.g., officer, trustee, attorney in fact) (company name)

Cherise Livingston

(Signature of the Notary)

Cherise Livingston

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known OR Produced Identification

Type of Identification Produced

My Commission Expires: October 31, 2025

COPIES FURNISHED TO:

THOMAS G. REILLY, Vice President-LTC Rate Action
Metropolitan Life Insurance Company
1300 Hall Boulevard
Bloomfield, CT 06002
Treillyt@metlife.com

JAMES DUNN, Director
Life and Health Product Review
Office of Insurance Regulation
200 East Gaines Street
Tallahassee, Florida 32399

BENJAMIN BEN, Managing Actuarial Analyst
Life and Health Product Review
Office of Insurance Regulation
200 East Gaines Street
Tallahassee, Florida 32399

SHANNON DOHENY, Assistant General Counsel
Life and Health Product Review
Office of Insurance Regulation
200 East Gaines Street
Tallahassee, Florida 32399
(850) 413-5110
shannon.doheny@flor.com