

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: 2022 Rates- MIPPA Plans/RI-09-2022

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: 11/04/2022
SERFF Tr Num: HUMA-133454170
SERFF Status: Pending State Action
State Tr Num:
State Status: Open-Pending Actuary Review
Co Tr Num: RI-09-2022
Effective: 05/01/2023
Date Requested:
Author(s): Michele Zabel, Paula Williamson, Tiffany Lands, Shawn Farnsley, Steve Polio, Jennifer Strong
Reviewer(s): Victor Woods (primary), Charles DeWeese, Bela Gorman, Alyssa Metivier, Courtney Miner, Jennifer Smagula
Disposition Date:
Disposition Status:
Effective Date:
State Filing Description:

State: Rhode Island **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: 2010 Individual Medicare Supplement Plans
Project Name/Number: 2022 Rates- MIPPA Plans/RI-09-2022

General Information

Project Name: 2022 Rates- MIPPA Plans	Status of Filing in Domicile: Not Filed
Project Number: RI-09-2022	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: 11/10/2022
	State Status Changed: 11/04/2022
Deemer Date:	Created By: Paula Williamson
Submitted By: Paula Williamson	Corresponding Filing Tracking Number: HUMA-126401449, HUMA-131884024

Filing Description:
 Re: Humana Insurance Company/NAIC 119, 73288
 2010 Individual Medicare Supplement Plans - 2022 Rate Renewal

Please find enclosed Humana Insurance Company's actuarial memorandum for a proposed rate hold for Individual Medicare Supplement Plans A, B, C, F, F(HD), G, G(HD) and K. The last rate change for these plans was approved on January 14, 2022, SERFF Filing, HUMA-133078263. The proposed effective date requested for this rate change is May 1, 2023.

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 Compliance Analyst	pwilliamson@humana.com
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	

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: 2022 Rates- MIPPA Plans/RI-09-2022

Filing Fees

State Fees

Fee Required? Yes
 Fee Amount: \$225.00
 Retaliatory? No
 Fee Explanation: \$25 per rate x 9= \$225
 Per Company: Yes

Company	Amount	Date Processed	Transaction #
Humana Insurance Company	\$225.00	11/04/2022 02:37 PM	243593807
EFT Total	\$225.00		

SERFF Tracking #:

HUMA-133454170

State Tracking #:

Company Tracking #:

RI-09-2022

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: 2022 Rates- MIPPA Plans/RI-09-2022

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Awaits Company Response	Charles DeWeese	11/05/2022	11/05/2022

Response Letters

Responded By	Created On	Date Submitted
Paula Williamson	11/10/2022	11/10/2022

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: 2022 Rates- MIPPA Plans/RI-09-2022

Objection Letter

Objection Letter Status	Awaits Company Response
Objection Letter Date	11/05/2022
Submitted Date	11/05/2022
Respond By Date	11/15/2022

Dear Paula Williamson,

Introduction:

1. Please confirm Humana Insurance Company's intent to comply with the requirements set forth in H7244AA : <http://webserver.rilin.state.ri.us/BillText/BillText22/HouseText22/H7244aa.pdf> Note that H7244aa requires that you offer Plan A to applicants under age 65 who qualify for Medicare by reason of disability or ESRD.
2. Please provide under-age 65 rates for Plan A.
3. The actuarial memorandum section 4 indicates that the projected future loss ratio on a discounted basis is 72.7%. However Exhibit 2 shows a discounted future loss ratio of 68.9%. Can you correct or explain?
4. The projected total partial credibility lifetime discounted loss ratio without an increase is 69.6%, as shown in Exhibit 2. At the time of the original filings at HUMA-126401449 for plans A, B, C, F, K, L and F(HD), and at HUMA-131884024 for plans G and G(HD), the projected lifetime loss ratio was 79% for the plans in the earlier filing, and 76% for Plan G and 68% for Plan G(HD) in the later filing. Why are you requesting an increase at this time when the projected lifetime loss ratio is so far below the anticipated loss ratios in the initial filing?

Conclusion:

Sincerely,
Charles DeWeese

SERFF Tracking #:

HUMA-133454170

State Tracking #:

Company Tracking #:

RI-09-2022

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: 2022 Rates- MIPPA Plans/RI-09-2022

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/10/2022
Submitted Date	11/10/2022

Dear Victor Woods,

Introduction:

Thank you for your review of this filing.

Response 1

Comments:

In response to your comments dated 11/5/22, please review the attached Actuarial response letter with revised exhibits.

Changed Items:

No Form Schedule items changed.

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: 2022 Rates- MIPPA Plans/RI-09-2022

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	RI Proposed Base Rates	RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F, RIMESM10G, RIMESM10K, RIMESM10L	Revised	Previous State Filing Number: HUMA-133078263 Percent Rate Change Request:	RI Proposed Base Rates- Revised.pdf,	11/10/2022 By: Paula Williamson
<i>Previous Version</i>						
1	RI Proposed Base Rates	RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F, RIMESM10G, RIMESM10K, RIMESM10L	Revised	Previous State Filing Number: HUMA-133078263 Percent Rate Change Request: 3	RI Proposed Base Rates.pdf,	11/04/2022 By: Paula Williamson
2	RI Proposed Base Rates	RIMESM10F(HD), RIMESM10G(HD)	Revised	Previous State Filing Number: HUMA-133078263 Percent Rate Change Request:	RI Proposed Base Rates- Revised.pdf,	11/10/2022 By: Paula Williamson
<i>Previous Version</i>						
2	RI Proposed Base Rates	RIMESM10F(HD), RIMESM10G(HD)	Revised	Previous State Filing Number: HUMA-133078263 Percent Rate Change Request:	RI Proposed Base Rates.pdf,	11/04/2022 By: Paula Williamson

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to DOI comments dated 11/5/22
Comments:	
Attachment(s):	11-05-2022 Response to RI DOI objection - MIPPA.pdf

Conclusion:

Please contact me via SERFF, email at pwilliamson@humana.com or at (502) 580-1688 with additional questions pertaining to this filing.

SERFF Tracking #:

HUMA-133454170

State Tracking #:

Company Tracking #:

RI-09-2022

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:

2022 Rates- MIPPA Plans/RI-09-2022

Sincerely,

Paula Williamson

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: 2022 Rates- MIPPA Plans/RI-09-2022

Post Submission Update Request Processed On 11/14/2022

Status: Allowed
Created By: Paula Williamson
Processed By: Courtney Miner
Comments:

General Information:

Field Name	Requested Change	Prior Value
Overall Rate Impact	0	2.8

Company Rate Information:

Company Name:Humana Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	0.000%	2.800%
Overall % Rate Impact	0.000%	2.800%
Written Premium Change for this Program	\$0	\$52739
Maximum %Change (where required)	0.000%	3.000%

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: 2022 Rates- MIPPA Plans/RI-09-2022

Filing Description:

Requested Value:

Re: Humana Insurance Company/NAIC 119, 73288
2010 Individual Medicare Supplement Plans - 2022 Rate Renewal

Please find enclosed Humana Insurance Company's actuarial memorandum for a proposed rate hold for Individual Medicare Supplement Plans A, B, C, F, F(HD), G, G(HD) and K. The last rate change for these plans was approved on January 14, 2022, SERFF Filing, HUMA-133078263. The proposed effective date requested for this rate change is May 1, 2023.

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.

Prior Value:

Re: Humana Insurance Company/NAIC 119, 73288
2010 Individual Medicare Supplement Plans - 2022 Rate Renewal

Please find enclosed Humana Insurance Company's actuarial memorandum for a proposed increase of 3.0% 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 January 14, 2022, SERFF Filing, HUMA-133078263. The proposed effective date requested for this rate change is May 1, 2023.

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.

SERFF Tracking #:

HUMA-133454170

State Tracking #:

Company Tracking #:

RI-09-2022

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: 2022 Rates- MIPPA Plans/RI-09-2022

Rate Information

Rate data applies to filing.

Filing Method: SERFF
 Rate Change Type: Increase
 Overall Percentage of Last Rate Revision: 2.790%
 Effective Date of Last Rate Revision: 06/01/2022
 Filing Method of Last Filing: SERFF
 SERFF Tracking Number of Last Filing: HUMA-133078263

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	0.000%	0.000%	\$0	685	\$1,880,609	0.000%	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: 2022 Rates- MIPPA Plans/RI-09-2022

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-133078263 Percent Rate Change Request:	RI Proposed Base Rates- Revised.pdf,
2		RI Proposed Base Rates	RIMESM10F(HD), RIMESM10G(HD)	Revised	Previous State Filing Number: HUMA-133078263 Percent Rate Change Request:	RI Proposed Base Rates- Revised.pdf,

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

State: Rhode Island
Form #s: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F, RIMESM10F(HD)
Effective Date: June 1, 2023
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	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$141.05	\$140.68	\$210.80	\$210.25	\$153.50	\$153.11	\$229.42	\$228.85	\$178.71	\$178.24	\$267.10	\$266.40	\$182.34	\$181.88	\$272.54	\$271.86	\$57.32	\$57.17	\$85.67	\$85.46
66	146.67	144.91	219.24	216.58	159.63	157.71	238.61	235.73	185.84	183.60	277.77	274.39	189.64	187.34	283.45	280.00	59.62	58.90	89.10	88.02
67	152.54	150.71	227.99	225.25	166.03	164.02	248.14	245.15	193.28	190.94	288.86	285.38	197.22	194.85	294.76	291.19	61.99	61.25	92.66	91.55
68	158.64	156.72	237.11	234.25	172.66	170.58	258.07	254.95	201.00	198.57	300.43	296.78	205.09	202.61	306.56	302.85	64.48	63.70	96.37	95.20
69	164.99	161.43	246.58	241.28	179.57	175.70	268.38	262.60	209.03	204.53	312.42	305.68	213.30	208.71	318.81	311.94	67.05	65.61	100.22	98.06
70	171.58	166.28	256.46	248.53	186.76	180.98	279.12	270.50	217.40	210.69	324.94	314.90	221.82	214.98	331.56	321.31	69.74	67.58	104.23	101.01
71	178.45	171.27	266.72	255.99	194.22	186.40	290.28	278.60	226.10	216.99	337.93	324.34	230.69	221.42	344.82	330.95	72.53	69.61	108.40	104.04
72	185.60	176.41	277.38	263.66	201.98	191.99	301.88	286.96	235.14	223.51	351.44	334.06	239.94	228.07	358.62	340.88	75.43	71.70	112.73	107.16
73	193.01	181.69	288.47	271.56	210.06	197.75	313.97	295.55	244.53	230.19	365.50	344.05	249.54	234.90	372.95	351.08	78.45	73.84	117.25	110.37
74	200.73	187.14	300.02	279.72	218.46	203.69	326.53	304.43	254.32	237.11	380.11	354.39	259.52	241.97	387.89	361.64	81.59	76.06	121.94	113.68
75	208.78	192.77	312.04	288.13	227.23	209.80	339.61	313.57	264.51	244.23	395.36	365.04	269.90	249.22	403.42	372.49	84.85	78.35	126.82	117.10
76	217.12	198.55	324.51	296.76	236.29	216.09	353.19	322.97	275.08	251.56	411.15	376.00	280.71	256.69	419.54	383.65	88.24	80.69	131.89	120.61
77	225.80	204.50	337.49	305.64	245.74	222.55	367.30	332.64	286.08	259.10	427.58	387.25	291.92	264.36	436.31	395.14	91.76	83.11	137.15	124.22
78	232.58	210.64	347.63	314.81	253.12	229.24	378.32	342.65	294.67	266.88	440.42	398.88	300.68	272.32	449.42	407.01	94.53	85.61	141.27	127.95
79	239.56	214.86	358.05	321.13	260.72	233.85	389.68	349.50	303.52	272.21	453.65	406.87	309.71	277.77	462.90	415.17	97.36	87.32	145.52	130.51
80	246.75	219.13	368.78	327.52	268.55	238.50	401.36	356.46	312.62	277.65	467.24	414.98	318.99	283.30	476.78	423.43	100.28	89.06	149.88	133.12
81	254.15	223.54	379.84	334.10	276.59	243.28	413.39	363.62	322.00	283.22	481.26	423.31	328.57	289.00	491.08	431.94	103.29	90.85	154.38	135.79
82	261.75	227.99	391.25	340.77	284.90	248.14	425.79	370.87	331.65	288.86	495.69	431.75	338.42	294.76	505.81	440.56	106.39	92.66	159.00	138.49
83	269.62	232.54	403.00	347.59	293.45	253.10	438.59	378.30	341.61	294.65	510.58	440.39	348.57	300.66	520.99	449.38	109.58	94.52	163.79	141.26
84	277.70	237.22	415.06	354.55	302.24	258.17	451.75	385.88	351.85	300.56	525.89	449.22	359.03	306.68	536.61	458.38	112.86	96.41	168.69	144.09
85+	286.04	241.97	427.53	361.64	311.33	263.33	465.30	393.59	362.42	306.56	541.69	458.20	369.81	312.82	552.73	467.56	116.26	98.34	173.75	146.98

[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.

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

State: Rhode Island
Form #s: RIMESM10G, RIMESM10G(HD), RIMESM10K, RIMESM10L
Effective Date: June 1, 2023
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	\$166.86	\$166.43	\$249.39	\$248.75	\$54.24	\$54.10	\$81.07	\$80.86	\$82.72	\$82.51	\$123.62	\$123.31	\$117.57	\$117.27	\$175.72	\$175.29
66	173.52	171.42	259.35	256.21	56.41	55.73	84.31	83.29	86.04	84.98	128.57	127.01	122.27	120.79	182.74	180.53
67	180.46	178.28	269.73	266.47	58.67	57.96	87.68	86.63	89.45	88.37	133.70	132.10	127.15	125.61	190.05	187.76
68	187.69	185.41	280.51	277.12	61.01	60.27	91.19	90.09	93.04	91.91	139.06	137.36	132.23	130.63	197.64	195.26
69	195.19	190.96	291.73	285.42	63.45	62.08	94.83	92.79	96.76	94.68	144.61	141.49	137.53	134.56	205.55	201.12
70	202.99	196.72	303.39	294.02	65.99	63.95	98.63	95.58	100.62	97.51	150.40	145.75	143.04	138.62	213.77	207.15
71	211.11	202.61	315.52	302.83	68.63	65.87	102.57	98.44	104.64	100.44	156.42	150.12	148.74	142.76	222.32	213.36
72	219.55	208.70	328.15	311.91	71.37	67.84	106.68	101.40	108.83	103.44	162.67	154.62	154.70	147.04	231.22	219.79
73	228.34	214.94	341.28	321.26	74.23	69.87	110.94	104.44	113.18	106.54	169.17	159.25	160.89	151.43	240.46	226.35
74	237.47	221.41	354.93	330.91	77.20	71.97	115.38	107.57	117.71	109.75	175.94	164.05	167.32	156.00	250.06	233.16
75	246.98	228.04	369.14	340.85	80.29	74.14	120.00	110.81	122.44	113.05	182.98	168.95	174.03	160.68	260.10	240.15
76	256.85	234.89	383.89	351.08	83.50	76.36	124.80	114.13	127.33	116.44	190.30	174.03	180.98	165.51	270.49	247.35
77	267.12	241.92	399.24	361.58	86.84	78.64	129.79	117.54	132.42	119.92	197.91	179.23	188.22	170.47	281.31	254.76
78	275.13	249.19	411.23	372.44	89.44	81.01	133.69	121.07	136.39	123.52	203.85	184.63	193.86	175.56	289.75	262.41
79	283.40	254.18	423.58	379.89	92.13	82.63	137.70	123.50	140.47	126.00	209.98	188.31	199.69	179.09	298.46	267.69
80	291.89	259.24	436.28	387.47	94.89	84.27	141.83	125.96	144.69	128.50	216.26	192.07	205.67	182.67	307.39	273.00
81	300.66	264.45	449.37	395.24	97.74	85.97	146.08	128.49	149.03	131.09	222.75	195.93	211.84	186.33	316.62	278.48
82	309.67	269.73	462.84	403.13	100.67	87.68	150.46	131.05	153.50	133.70	229.42	199.85	218.20	190.05	326.10	284.06
83	318.97	275.11	476.74	411.20	103.69	89.44	154.98	133.67	158.13	136.38	236.32	203.83	224.75	193.85	335.91	289.72
84	328.52	280.63	491.03	419.45	106.80	91.23	159.63	136.35	162.86	139.12	243.41	207.92	231.48	197.74	345.97	295.54
85+	338.40	286.25	505.78	427.82	110.01	93.05	164.42	139.08	167.74	141.88	250.71	212.08	238.45	201.68	356.37	301.44

[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: June 1, 2023

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.

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

State: Rhode Island
Form #s: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F, RIMESM10F(HD)
Effective Date: June 1, 2023
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	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$141.05	\$140.68	\$210.80	\$210.25	\$153.50	\$153.11	\$229.42	\$228.85	\$178.71	\$178.24	\$267.10	\$266.40	\$182.34	\$181.88	\$272.54	\$271.86	\$57.32	\$57.17	\$85.67	\$85.46
66	146.67	144.91	219.24	216.58	159.63	157.71	238.61	235.73	185.84	183.60	277.77	274.39	189.64	187.34	283.45	280.00	59.62	58.90	89.10	88.02
67	152.54	150.71	227.99	225.25	166.03	164.02	248.14	245.15	193.28	190.94	288.86	285.38	197.22	194.85	294.76	291.19	61.99	61.25	92.66	91.55
68	158.64	156.72	237.11	234.25	172.66	170.58	258.07	254.95	201.00	198.57	300.43	296.78	205.09	202.61	306.56	302.85	64.48	63.70	96.37	95.20
69	164.99	161.43	246.58	241.28	179.57	175.70	268.38	262.60	209.03	204.53	312.42	305.68	213.30	208.71	318.81	311.94	67.05	65.61	100.22	98.06
70	171.58	166.28	256.46	248.53	186.76	180.98	279.12	270.50	217.40	210.69	324.94	314.90	221.82	214.98	331.56	321.31	69.74	67.58	104.23	101.01
71	178.45	171.27	266.72	255.99	194.22	186.40	290.28	278.60	226.10	216.99	337.93	324.34	230.69	221.42	344.82	330.95	72.53	69.61	108.40	104.04
72	185.60	176.41	277.38	263.66	201.98	191.99	301.88	286.96	235.14	223.51	351.44	334.06	239.94	228.07	358.62	340.88	75.43	71.70	112.73	107.16
73	193.01	181.69	288.47	271.56	210.06	197.75	313.97	295.55	244.53	230.19	365.50	344.05	249.54	234.90	372.95	351.08	78.45	73.84	117.25	110.37
74	200.73	187.14	300.02	279.72	218.46	203.69	326.53	304.43	254.32	237.11	380.11	354.39	259.52	241.97	387.89	361.64	81.59	76.06	121.94	113.68
75	208.78	192.77	312.04	288.13	227.23	209.80	339.61	313.57	264.51	244.23	395.36	365.04	269.90	249.22	403.42	372.49	84.85	78.35	126.82	117.10
76	217.12	198.55	324.51	296.76	236.29	216.09	353.19	322.97	275.08	251.56	411.15	376.00	280.71	256.69	419.54	383.65	88.24	80.69	131.89	120.61
77	225.80	204.50	337.49	305.64	245.74	222.55	367.30	332.64	286.08	259.10	427.58	387.25	291.92	264.36	436.31	395.14	91.76	83.11	137.15	124.22
78	232.58	210.64	347.63	314.81	253.12	229.24	378.32	342.65	294.67	266.88	440.42	398.88	300.68	272.32	449.42	407.01	94.53	85.61	141.27	127.95
79	239.56	214.86	358.05	321.13	260.72	233.85	389.68	349.50	303.52	272.21	453.65	406.87	309.71	277.77	462.90	415.17	97.36	87.32	145.52	130.51
80	246.75	219.13	368.78	327.52	268.55	238.50	401.36	356.46	312.62	277.65	467.24	414.98	318.99	283.30	476.78	423.43	100.28	89.06	149.88	133.12
81	254.15	223.54	379.84	334.10	276.59	243.28	413.39	363.62	322.00	283.22	481.26	423.31	328.57	289.00	491.08	431.94	103.29	90.85	154.38	135.79
82	261.75	227.99	391.25	340.77	284.90	248.14	425.79	370.87	331.65	288.86	495.69	431.75	338.42	294.76	505.81	440.56	106.39	92.66	159.00	138.49
83	269.62	232.54	403.00	347.59	293.45	253.10	438.59	378.30	341.61	294.65	510.58	440.39	348.57	300.66	520.99	449.38	109.58	94.52	163.79	141.26
84	277.70	237.22	415.06	354.55	302.24	258.17	451.75	385.88	351.85	300.56	525.89	449.22	359.03	306.68	536.61	458.38	112.86	96.41	168.69	144.09
85+	286.04	241.97	427.53	361.64	311.33	263.33	465.30	393.59	362.42	306.56	541.69	458.20	369.81	312.82	552.73	467.56	116.26	98.34	173.75	146.98

[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.

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

State: Rhode Island
Form #s: RIMESM10G, RIMESM10G(HD), RIMESM10K, RIMESM10L
Effective Date: June 1, 2023
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	\$166.86	\$166.43	\$249.39	\$248.75	\$54.24	\$54.10	\$81.07	\$80.86	\$82.72	\$82.51	\$123.62	\$123.31	\$117.57	\$117.27	\$175.72	\$175.29
66	173.52	171.42	259.35	256.21	56.41	55.73	84.31	83.29	86.04	84.98	128.57	127.01	122.27	120.79	182.74	180.53
67	180.46	178.28	269.73	266.47	58.67	57.96	87.68	86.63	89.45	88.37	133.70	132.10	127.15	125.61	190.05	187.76
68	187.69	185.41	280.51	277.12	61.01	60.27	91.19	90.09	93.04	91.91	139.06	137.36	132.23	130.63	197.64	195.26
69	195.19	190.96	291.73	285.42	63.45	62.08	94.83	92.79	96.76	94.68	144.61	141.49	137.53	134.56	205.55	201.12
70	202.99	196.72	303.39	294.02	65.99	63.95	98.63	95.58	100.62	97.51	150.40	145.75	143.04	138.62	213.77	207.15
71	211.11	202.61	315.52	302.83	68.63	65.87	102.57	98.44	104.64	100.44	156.42	150.12	148.74	142.76	222.32	213.36
72	219.55	208.70	328.15	311.91	71.37	67.84	106.68	101.40	108.83	103.44	162.67	154.62	154.70	147.04	231.22	219.79
73	228.34	214.94	341.28	321.26	74.23	69.87	110.94	104.44	113.18	106.54	169.17	159.25	160.89	151.43	240.46	226.35
74	237.47	221.41	354.93	330.91	77.20	71.97	115.38	107.57	117.71	109.75	175.94	164.05	167.32	156.00	250.06	233.16
75	246.98	228.04	369.14	340.85	80.29	74.14	120.00	110.81	122.44	113.05	182.98	168.95	174.03	160.68	260.10	240.15
76	256.85	234.89	383.89	351.08	83.50	76.36	124.80	114.13	127.33	116.44	190.30	174.03	180.98	165.51	270.49	247.35
77	267.12	241.92	399.24	361.58	86.84	78.64	129.79	117.54	132.42	119.92	197.91	179.23	188.22	170.47	281.31	254.76
78	275.13	249.19	411.23	372.44	89.44	81.01	133.69	121.07	136.39	123.52	203.85	184.63	193.86	175.56	289.75	262.41
79	283.40	254.18	423.58	379.89	92.13	82.63	137.70	123.50	140.47	126.00	209.98	188.31	199.69	179.09	298.46	267.69
80	291.89	259.24	436.28	387.47	94.89	84.27	141.83	125.96	144.69	128.50	216.26	192.07	205.67	182.67	307.39	273.00
81	300.66	264.45	449.37	395.24	97.74	85.97	146.08	128.49	149.03	131.09	222.75	195.93	211.84	186.33	316.62	278.48
82	309.67	269.73	462.84	403.13	100.67	87.68	150.46	131.05	153.50	133.70	229.42	199.85	218.20	190.05	326.10	284.06
83	318.97	275.11	476.74	411.20	103.69	89.44	154.98	133.67	158.13	136.38	236.32	203.83	224.75	193.85	335.91	289.72
84	328.52	280.63	491.03	419.45	106.80	91.23	159.63	136.35	162.86	139.12	243.41	207.92	231.48	197.74	345.97	295.54
85+	338.40	286.25	505.78	427.82	110.01	93.05	164.42	139.08	167.74	141.88	250.71	212.08	238.45	201.68	356.37	301.44

[1] Base rates presented are discounted rates based on monthly ACH/credit card payment modes. For monthly coupon book payment mode there is an additional \$2 per month.
Other fees or discounts may apply in the future, including non-monthly modes and policy issue.
A 6% Online Enrollment Discount will be applied where members complete and submit an application online.
[2] Standard Rate applies to tobacco users and beneficiaries originally eligible due to disability.
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[4] Geographic area factors are also applied.

Exhibit 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: June 1, 2023

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.

SERFF Tracking #:

HUMA-133454170

State Tracking #:

Company Tracking #:

RI-09-2022

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: 2022 Rates- MIPPA Plans/RI-09-2022

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 2023 - MIPPA - Signed.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum - A&H Rate Revision Filing
Comments:	
Attachment(s):	RI Actuarial Memo 2023 - 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):	RI Consumer Narrative 2023 - MIPPA.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

HUMA-133454170

State Tracking #:

Company Tracking #:

RI-09-2022

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:

2022 Rates- MIPPA Plans/RI-09-2022

Satisfied - Item:	Response to DOI comments dated 11/5/22
Comments:	
Attachment(s):	11-05-2022 Response to RI DOI objection - MIPPA.pdf
Item Status:	
Status Date:	



RHODE ISLAND ACTUARIAL CERTIFICATION

Carrier: Humana Insurance Company

Submission:

2023 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: Aaron Iddings Digitally signed by Aaron Iddings
Date: 2022.11.01 08:12:18
-04'00'

Name (typed or printed): Aaron Iddings, FSA, MAAA

Title or business affiliation: Actuarial Director - Senior Products

Date: 10/31/2022

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 3.0% rate increase on Plans A, B, C, F, G, K, and L, and a rate hold on Plans F-HD and G-HD. The requested premiums are to be effective June 1, 2023. 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 2023 and estimated 2024 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 May 31, 2022 for the 2010 plans only. Incurred claims through May 31, 2022 have been based on the actual runoff of paid claims through August 31, 2022. 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 May 31, 2022 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 43% credibility. Credibility was calculated based on the last 12 months of experience. The results of these

projections are provided in Exhibit 2. The future loss ratios, with and without discounting, are projected to be 70.3% and 72.7%, 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	3.0%
B	3.0%
C	3.0%
F	3.0%
F-HD	0.0%
G	3.0%
G-HD	0.0%
K	3.0%
L	3.0%

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 rate increase of 3.0% which is 2.5% below trend.

Plans F-HD and G-HD have shown very good experience to date Nationwide. For this reason, we are not requesting an increase for Plans F-HD and G-HD at this time.

6) PROJECTED LOSS RATIOS WITH A RATE CHANGE EFFECTIVE JUNE 1, 2023

The projected Rhode Island experience with the requested rate changes effective June 1, 2023 is also provided in Exhibit 2. In 2023, premiums are increased upon approval from the state, no sooner than 12 months after the most recent approved increase. The projected loss ratios for 2022 and 2023 are 59.8% and 62.0%, respectively. The projected loss ratios over all years (past and future), with and without discounting, are 69.0% and 70.0%, respectively. The projected loss ratios for future years with and without discounting are 68.9% and 71.0%, 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 \$1,556 in 2022 to \$1,600 in 2023.
- A decrease in Medicare Part B deductible from \$233 in 2022 to \$226 in 2023.

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 licensed agents in addition to self-enrollment online 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 June 1, 2023 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 an Actuarial 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
Actuarial Director
Senior Products

October 31, 2022
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	156,961	296,021,426	227,368,915	76.8%
2018	151,095	298,959,915	240,577,887	80.5%
2019	140,636	290,579,269	237,522,171	81.7%
2020	127,866	281,296,572	206,511,195	73.4%
2021	115,928	271,486,824	209,159,546	77.0%
2022*	108,083	107,794,765	82,493,545	76.5%
Total		\$2,447,589,122	\$1,895,623,211	77.4%

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	1,908,446	1,297,428	68.0%
2018	843	1,976,442	1,433,652	72.5%
2019	813	1,963,065	1,503,509	76.6%
2020	761	1,944,763	1,110,671	57.1%
2021	719	1,957,938	1,187,761	60.7%
2022*	685	786,857	499,593	63.5%
Total		14,584,061	9,947,745	68.2%

* Data incurred through 05/31/22 and paid through 08/31/22

** 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			
Policy Year	Earned Premium	Incurred Claims	Loss Ratio
2010	\$3,801	\$979	25.8%
2011	\$59,142	\$34,828	58.9%
2012	\$95,238	\$89,268	93.7%
2013	\$123,201	\$166,813	135.4%
2014	\$565,445	\$445,344	78.8%
2015	\$1,436,272	\$992,184	69.1%
2016	\$1,763,452	\$1,185,713	67.2%
2017	\$1,908,446	\$1,297,428	68.0%
2018	\$1,976,442	\$1,433,652	72.5%
2019	\$1,963,065	\$1,503,509	76.6%
2020	\$1,944,763	\$1,110,671	57.1%
2021	\$1,957,938	\$1,187,761	60.7%
2022	\$1,917,015	\$1,147,195	59.8%
2023	\$1,779,628	\$1,108,138	62.3%
2024	\$1,562,103	\$1,055,319	67.6%
2025+	\$13,803,176	\$10,538,457	76.3%
Total	\$32,859,126	\$23,297,261	70.9%
PV at 6.0%	\$15,284,691	\$10,638,481	69.6%
Future Total	\$19,061,921	\$13,849,109	72.7%
Future PV at 6.0%	\$6,484,010	\$4,556,913	70.3%

Rhode Island with Rate Increase			
Policy Year	Earned Premium	Incurred Claims	Loss Ratio
2010	\$3,801	\$979	25.8%
2011	\$59,142	\$34,828	58.9%
2012	\$95,238	\$89,268	93.7%
2013	\$123,201	\$166,813	135.4%
2014	\$565,445	\$445,344	78.8%
2015	\$1,436,272	\$992,184	69.1%
2016	\$1,763,452	\$1,185,713	67.2%
2017	\$1,908,446	\$1,297,428	68.0%
2018	\$1,976,442	\$1,433,652	72.5%
2019	\$1,963,065	\$1,503,509	76.6%
2020	\$1,944,763	\$1,110,671	57.1%
2021	\$1,957,938	\$1,187,761	60.7%
2022	\$1,917,015	\$1,147,195	59.8%
2023	\$1,788,375	\$1,108,138	62.0%
2024	\$1,604,565	\$1,055,319	65.8%
2025+	\$14,182,960	\$10,538,457	74.3%
Total	\$33,290,120	\$23,297,261	70.0%
PV at 6.0%	\$15,417,797	\$10,638,481	69.0%
Future Total	\$19,492,916	\$13,849,109	71.0%
Future PV at 6.0%	\$6,617,115	\$4,556,913	68.9%

- * Projected claims for 2022 and forward are calculated based on a credibility weighting with Nationwide experience, with Rhode Island receiving approximately 43% credibility
- * Projections are made with data incurred through 05/31/22 and paid through 08/31/22
- * 2025+ includes data projected through 2048

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					
	2018	2019	2020	2021	2022(b)	2023(b)	2024(b)	2018-2019	2019-2020	2020-2021	2021-2022(b)	2022-2023(b)	2023-2024(b)
Inpatient Claims	27.19	26.15	23.38	23.97	24.49	24.49	24.49	-3.8%	-10.6%	2.5%	2.2%	0.0%	0.0%
Outpatient Claims	64.49	68.80	64.03	72.25	80.13	85.50	91.23	6.7%	-6.9%	12.8%	10.9%	6.7%	6.7%
Physician Claims	82.81	88.61	82.36	91.49	100.11	107.12	114.62	7.0%	-7.0%	11.1%	9.4%	7.0%	7.0%
Skilled Nursing Facility Claims	12.81	11.73	9.43	10.39	11.29	11.29	11.29	-8.4%	-19.7%	10.2%	8.7%	0.0%	0.0%
Total	187.30	195.29	179.20	198.10	216.02	228.40	241.63	4.3%	-8.2%	10.5%	9.0%	5.7%	5.8%

(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: June 1, 2022
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	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$141.05	\$140.68	\$210.80	\$210.25	\$153.50	\$153.11	\$229.42	\$228.85	\$178.71	\$178.24	\$267.10	\$266.40	\$182.34	\$181.88	\$272.54	\$271.86	\$57.32	\$57.17	\$85.67	\$85.46
66	146.67	144.91	219.24	216.58	159.63	157.71	238.61	235.73	185.84	183.60	277.77	274.39	189.64	187.34	283.45	280.00	59.62	58.90	89.10	88.02
67	152.54	150.71	227.99	225.25	166.03	164.02	248.14	245.15	193.28	190.94	288.86	285.38	197.22	194.85	294.76	291.19	61.99	61.25	92.66	91.55
68	158.64	156.72	237.11	234.25	172.66	170.58	258.07	254.95	201.00	198.57	300.43	296.78	205.09	202.61	306.56	302.85	64.48	63.70	96.37	95.20
69	164.99	161.43	246.58	241.28	179.57	175.70	268.38	262.60	209.03	204.53	312.42	305.68	213.30	208.71	318.81	311.94	67.05	65.61	100.22	98.06
70	171.58	166.28	256.46	248.53	186.76	180.98	279.12	270.50	217.40	210.69	324.94	314.90	221.82	214.98	331.56	321.31	69.74	67.58	104.23	101.01
71	178.45	171.27	266.72	255.99	194.22	186.40	290.28	278.60	226.10	216.99	337.93	324.34	230.69	221.42	344.82	330.95	72.53	69.61	108.40	104.04
72	185.60	176.41	277.38	263.66	201.98	191.99	301.88	286.96	235.14	223.51	351.44	334.06	239.94	228.07	358.62	340.88	75.43	71.70	112.73	107.16
73	193.01	181.69	288.47	271.56	210.06	197.75	313.97	295.55	244.53	230.19	365.50	344.05	249.54	234.90	372.95	351.08	78.45	73.84	117.25	110.37
74	200.73	187.14	300.02	279.72	218.46	203.69	326.53	304.43	254.32	237.11	380.11	354.39	259.52	241.97	387.89	361.64	81.59	76.06	121.94	113.68
75	208.78	192.77	312.04	288.13	227.23	209.80	339.61	313.57	264.51	244.23	395.36	365.04	269.90	249.22	403.42	372.49	84.85	78.35	126.82	117.10
76	217.12	198.55	324.51	296.76	236.29	216.09	353.19	322.97	275.08	251.56	411.15	376.00	280.71	256.69	419.54	383.65	88.24	80.69	131.89	120.61
77	225.80	204.50	337.49	305.64	245.74	222.55	367.30	332.64	286.08	259.10	427.58	387.25	291.92	264.36	436.31	395.14	91.76	83.11	137.15	124.22
78	232.58	210.64	347.63	314.81	253.12	229.24	378.32	342.65	294.67	266.88	440.42	398.88	300.68	272.32	449.42	407.01	94.53	85.61	141.27	127.95
79	239.56	214.86	358.05	321.13	260.72	233.85	389.68	349.50	303.52	272.21	453.65	406.87	309.71	277.77	462.90	415.17	97.36	87.32	145.52	130.51
80	246.75	219.13	368.78	327.52	268.55	238.50	401.36	356.46	312.62	277.65	467.24	414.98	318.99	283.30	476.78	423.43	100.28	89.06	149.88	133.12
81	254.15	223.54	379.84	334.10	276.59	243.28	413.39	363.62	322.00	283.22	481.26	423.31	328.57	289.00	491.08	431.94	103.29	90.85	154.38	135.79
82	261.75	227.99	391.25	340.77	284.90	248.14	425.79	370.87	331.65	288.86	495.69	431.75	338.42	294.76	505.81	440.56	106.39	92.66	159.00	138.49
83	269.62	232.54	403.00	347.59	293.45	253.10	438.59	378.30	341.61	294.65	510.58	440.39	348.57	300.66	520.99	449.38	109.58	94.52	163.79	141.26
84	277.70	237.22	415.06	354.55	302.24	258.17	451.75	385.88	351.85	300.56	525.89	449.22	359.03	306.68	536.61	458.38	112.86	96.41	168.69	144.09
85+	286.04	241.97	427.53	361.64	311.33	263.33	465.30	393.59	362.42	306.56	541.69	458.20	369.81	312.82	552.73	467.56	116.26	98.34	173.75	146.98

[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: June 1, 2022
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	\$166.86	\$166.43	\$249.39	\$248.75	\$54.24	\$54.10	\$81.07	\$80.86	\$82.72	\$82.51	\$123.62	\$123.31	\$117.57	\$117.27	\$175.72	\$175.29
66	173.52	171.42	259.35	256.21	56.41	55.73	84.31	83.29	86.04	84.98	128.57	127.01	122.27	120.79	182.74	180.53
67	180.46	178.28	269.73	266.47	58.67	57.96	87.68	86.63	89.45	88.37	133.70	132.10	127.15	125.61	190.05	187.76
68	187.69	185.41	280.51	277.12	61.01	60.27	91.19	90.09	93.04	91.91	139.06	137.36	132.23	130.63	197.64	195.26
69	195.19	190.96	291.73	285.42	63.45	62.08	94.83	92.79	96.76	94.68	144.61	141.49	137.53	134.56	205.55	201.12
70	202.99	196.72	303.39	294.02	65.99	63.95	98.63	95.58	100.62	97.51	150.40	145.75	143.04	138.62	213.77	207.15
71	211.11	202.61	315.52	302.83	68.63	65.87	102.57	98.44	104.64	100.44	156.42	150.12	148.74	142.76	222.32	213.36
72	219.55	208.70	328.15	311.91	71.37	67.84	106.68	101.40	108.83	103.44	162.67	154.62	154.70	147.04	231.22	219.79
73	228.34	214.94	341.28	321.26	74.23	69.87	110.94	104.44	113.18	106.54	169.17	159.25	160.89	151.43	240.46	226.35
74	237.47	221.41	354.93	330.91	77.20	71.97	115.38	107.57	117.71	109.75	175.94	164.05	167.32	156.00	250.06	233.16
75	246.98	228.04	369.14	340.85	80.29	74.14	120.00	110.81	122.44	113.05	182.98	168.95	174.03	160.68	260.10	240.15
76	256.85	234.89	383.89	351.08	83.50	76.36	124.80	114.13	127.33	116.44	190.30	174.03	180.98	165.51	270.49	247.35
77	267.12	241.92	399.24	361.58	86.84	78.64	129.79	117.54	132.42	119.92	197.91	179.23	188.22	170.47	281.31	254.76
78	275.13	249.19	411.23	372.44	89.44	81.01	133.69	121.07	136.39	123.52	203.85	184.63	193.86	175.56	289.75	262.41
79	283.40	254.18	423.58	379.89	92.13	82.63	137.70	123.50	140.47	126.00	209.98	188.31	199.69	179.09	298.46	267.69
80	291.89	259.24	436.28	387.47	94.89	84.27	141.83	125.96	144.69	128.50	216.26	192.07	205.67	182.67	307.39	273.00
81	300.66	264.45	449.37	395.24	97.74	85.97	146.08	128.49	149.03	131.09	222.75	195.93	211.84	186.33	316.62	278.48
82	309.67	269.73	462.84	403.13	100.67	87.68	150.46	131.05	153.50	133.70	229.42	199.85	218.20	190.05	326.10	284.06
83	318.97	275.11	476.74	411.20	103.69	89.44	154.98	133.67	158.13	136.38	236.32	203.83	224.75	193.85	335.91	289.72
84	328.52	280.63	491.03	419.45	106.80	91.23	159.63	136.35	162.86	139.12	243.41	207.92	231.48	197.74	345.97	295.54
85+	338.40	286.25	505.78	427.82	110.01	93.05	164.42	139.08	167.74	141.88	250.71	212.08	238.45	201.68	356.37	301.44

[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	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
65	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
66	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
67	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
68	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
69	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
70	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
71	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
72	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
73	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
74	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
75	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
76	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
77	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
78	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
79	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
80	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
81	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
82	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
83	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
84	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%
85+	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	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 #s: 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	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
66	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
67	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
68	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
69	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
70	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
71	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
72	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
73	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
74	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
75	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
76	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
77	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
78	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
79	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
80	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
81	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
82	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
83	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
84	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
85+	3.0%	3.0%	3.0%	3.0%	0.0%	0.0%	0.0%	0.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%

[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 #s: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F, RIMESM10F(HD)
Effective Date: June 1, 2023
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	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$145.28	\$144.90	\$217.12	\$216.56	\$158.11	\$157.70	\$236.30	\$235.72	\$184.07	\$183.59	\$275.11	\$274.39	\$187.81	\$187.34	\$280.72	\$280.02	\$57.32	\$57.17	\$85.67	\$85.46
66	151.07	149.26	225.82	223.08	164.42	162.44	245.77	242.80	191.42	189.11	286.10	282.62	195.33	192.96	291.95	288.40	59.62	58.90	89.10	88.02
67	157.12	155.23	234.83	232.01	171.01	168.94	255.58	252.50	199.08	196.67	297.53	293.94	203.14	200.70	303.60	299.93	61.99	61.25	92.66	91.55
68	163.40	161.42	244.22	241.28	177.84	175.70	265.81	262.60	207.03	204.53	309.44	305.68	211.24	208.69	315.76	311.94	64.48	63.70	96.37	95.20
69	169.94	166.27	253.98	248.52	184.96	180.97	276.43	270.48	215.30	210.67	321.79	314.85	219.70	214.97	328.37	321.30	67.05	65.61	100.22	98.06
70	176.73	171.27	264.15	255.99	192.36	186.41	287.49	278.62	223.92	217.01	334.69	324.35	228.47	221.43	341.51	330.95	69.74	67.58	104.23	101.01
71	183.80	176.41	274.72	263.67	200.05	191.99	298.99	286.96	232.88	223.50	348.07	334.07	237.61	228.06	355.16	340.88	72.53	69.61	108.40	104.04
72	191.17	181.70	285.70	271.57	208.04	197.75	310.94	295.57	242.19	230.22	361.98	344.08	247.14	234.91	369.38	351.11	75.43	71.70	112.73	107.16
73	198.80	187.14	297.12	279.71	216.36	203.68	323.39	304.42	251.87	237.10	376.47	354.37	257.03	241.95	384.14	361.61	78.45	73.84	117.25	110.37
74	206.75	192.75	309.02	288.11	225.01	209.80	336.33	313.56	261.95	244.22	391.51	365.02	267.31	249.23	399.53	372.49	81.59	76.06	121.94	113.68
75	215.04	198.55	321.40	296.77	234.05	216.09	349.80	322.98	272.45	251.56	407.22	375.99	278.00	256.70	415.52	383.66	84.85	78.35	126.82	117.10
76	223.63	204.51	334.25	305.66	243.38	222.57	363.79	332.66	283.33	259.11	423.48	387.28	289.13	264.39	432.13	395.16	88.24	80.69	131.89	120.61
77	232.57	210.64	347.61	314.81	253.11	229.23	378.32	342.62	294.66	266.87	440.41	398.87	300.68	272.29	449.40	406.99	91.76	83.11	137.15	124.22
78	239.56	216.96	358.06	324.25	260.71	236.12	389.67	352.93	303.51	274.89	453.63	410.85	309.70	280.49	462.90	419.22	94.53	85.61	141.27	127.95
79	246.75	221.31	368.79	330.76	268.54	240.87	401.37	359.99	312.63	280.38	467.26	419.08	319.00	286.10	476.79	427.63	97.36	87.32	145.52	130.51
80	254.15	225.70	379.84	337.35	276.61	245.66	413.40	367.15	322.00	285.98	481.26	427.43	328.56	291.80	491.08	436.13	100.28	89.06	149.88	133.12
81	261.77	230.25	391.24	344.12	284.89	250.58	425.79	374.53	331.66	291.72	495.70	436.01	338.43	297.67	505.81	444.90	103.29	90.85	154.38	135.79
82	269.60	234.83	402.99	350.99	293.45	255.58	438.56	382.00	341.60	297.53	510.56	444.70	348.57	303.60	520.98	453.78	106.39	92.66	159.00	138.49
83	277.71	239.52	415.09	358.02	302.25	260.69	451.75	389.65	351.86	303.49	525.90	453.60	359.03	309.68	536.62	462.86	109.58	94.52	163.79	141.26
84	286.03	244.34	427.51	365.19	311.31	265.92	465.30	397.46	362.41	309.58	541.67	462.70	369.80	315.88	552.71	472.13	112.86	96.41	168.69	144.09
85+	294.62	249.23	440.36	372.49	320.67	271.23	479.26	405.40	373.29	315.76	557.94	471.95	380.90	322.20	569.31	481.59	116.26	98.34	173.75	146.98

[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: June 1, 2023
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	\$171.87	\$171.42	\$256.87	\$256.21	\$54.24	\$54.10	\$81.07	\$80.86	\$85.20	\$84.99	\$127.33	\$127.01	\$121.10	\$120.79	\$180.99	\$180.55
66	178.73	176.56	267.13	263.90	56.41	55.73	84.31	83.29	88.62	87.53	132.43	130.82	125.94	124.41	188.22	185.95
67	185.87	183.63	277.82	274.46	58.67	57.96	87.68	86.63	92.13	91.02	137.71	136.06	130.96	129.38	195.75	193.39
68	193.32	190.97	288.93	285.43	61.01	60.27	91.19	90.09	95.83	94.67	143.23	141.48	136.20	134.55	203.57	201.12
69	201.05	196.69	300.48	293.98	63.45	62.08	94.83	92.79	99.66	97.52	148.95	145.73	141.66	138.60	211.72	207.15
70	209.08	202.62	312.49	302.84	65.99	63.95	98.63	95.58	103.64	100.44	154.91	150.12	147.33	142.78	220.18	213.36
71	217.44	208.69	324.99	311.91	68.63	65.87	102.57	98.44	107.78	103.45	161.11	154.62	153.20	147.04	228.99	219.76
72	226.14	214.96	337.99	321.27	71.37	67.84	106.68	101.40	112.09	106.54	167.55	159.26	159.34	151.45	238.16	226.38
73	235.19	221.39	351.52	330.90	74.23	69.87	110.94	104.44	116.58	109.74	174.25	164.03	165.72	155.97	247.67	233.14
74	244.59	228.05	365.58	340.84	77.20	71.97	115.38	107.57	121.24	113.04	181.22	168.97	172.34	160.68	257.56	240.15
75	254.39	234.88	380.21	351.08	80.29	74.14	120.00	110.81	126.11	116.44	188.47	174.02	179.25	165.50	267.90	247.35
76	264.56	241.94	395.41	361.61	83.50	76.36	124.80	114.13	131.15	119.93	196.01	179.25	186.41	170.48	278.60	254.77
77	275.13	249.18	411.22	372.43	86.84	78.64	129.79	117.54	136.39	123.52	203.85	184.61	193.87	175.58	289.75	262.40
78	283.38	256.67	423.57	383.61	89.44	81.01	133.69	121.07	140.48	127.23	209.97	190.17	199.68	180.83	298.44	270.28
79	291.90	261.81	436.29	391.29	92.13	82.63	137.70	123.50	144.68	129.78	216.28	193.96	205.68	184.46	307.41	275.72
80	300.65	267.02	449.37	399.09	94.89	84.27	141.83	125.96	149.03	132.36	222.75	197.83	211.84	188.15	316.61	281.19
81	309.68	272.38	462.85	407.10	97.74	85.97	146.08	128.49	153.50	135.02	229.43	201.81	218.20	191.92	326.12	286.83
82	318.96	277.82	476.73	415.22	100.67	87.68	150.46	131.05	158.11	137.71	236.30	205.85	224.75	195.75	335.88	292.58
83	328.54	283.36	491.04	423.54	103.69	89.44	154.98	133.67	162.87	140.47	243.41	209.94	231.49	199.67	345.99	298.41
84	338.38	289.05	505.76	432.03	106.80	91.23	159.63	136.35	167.75	143.29	250.71	214.16	238.42	203.67	356.35	304.41
85+	348.55	294.84	520.95	440.65	110.01	93.05	164.42	139.08	172.77	146.14	258.23	218.44	245.60	207.73	367.06	310.48

[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: June 1, 2023

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	30	513	109	12	10	4	6

Nationwide

	Plan A	Plan B	Plan C	Plan F	Plan F-HD	Plan G	Plan G-HD	Plan K	Plan L
Current Membership	301	372	1,058	32,155	31,259	2,172	2,670	888	524

Note: Membership and Premium data are as of May 31, 2022

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 4.5% (Plans A, B, C, F, G, K, and L) rate increase was approved effective 5/1/2021 A -1.0% (Plans F-HD and G-HD) rate decrease was approved effective 5/1/2021
h. A 3.0% (Plans A, B, C, F, G, K, and L) rate increase was approved to be effective 6/1/2022 A 0.0% (Plans F-HD and G-HD) rate hold was approved to be effective 6/1/2022
i. A 3.0% (Plans A, B, C, F, G, K, and L) rate increase is being requested to be effective 6/1/2023 A 0.0% (Plans F-HD and G-HD) rate hold is being requested to be effective 6/1/2023

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

State: Rhode Island
Form #s: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F, RIMESM10F(HD)
Effective Date: June 1, 2023
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	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$145.28	\$144.90	\$217.12	\$216.56	\$158.11	\$157.70	\$236.30	\$235.72	\$184.07	\$183.59	\$275.11	\$274.39	\$187.81	\$187.34	\$280.72	\$280.02	\$57.32	\$57.17	\$85.67	\$85.46
66	151.07	149.26	225.82	223.08	164.42	162.44	245.77	242.80	191.42	189.11	286.10	282.62	195.33	192.96	291.95	288.40	59.62	58.90	89.10	88.02
67	157.12	155.23	234.83	232.01	171.01	168.94	255.58	252.50	199.08	196.67	297.53	293.94	203.14	200.70	303.60	299.93	61.99	61.25	92.66	91.55
68	163.40	161.42	244.22	241.28	177.84	175.70	265.81	262.60	207.03	204.53	309.44	305.68	211.24	208.69	315.76	311.94	64.48	63.70	96.37	95.20
69	169.94	166.27	253.98	248.52	184.96	180.97	276.43	270.48	215.30	210.67	321.79	314.85	219.70	214.97	328.37	321.30	67.05	65.61	100.22	98.06
70	176.73	171.27	264.15	255.99	192.36	186.41	287.49	278.62	223.92	217.01	334.69	324.35	228.47	221.43	341.51	330.95	69.74	67.58	104.23	101.01
71	183.80	176.41	274.72	263.67	200.05	191.99	298.99	286.96	232.88	223.50	348.07	334.07	237.61	228.06	355.16	340.88	72.53	69.61	108.40	104.04
72	191.17	181.70	285.70	271.57	208.04	197.75	310.94	295.57	242.19	230.22	361.98	344.08	247.14	234.91	369.38	351.11	75.43	71.70	112.73	107.16
73	198.80	187.14	297.12	279.71	216.36	203.68	323.39	304.42	251.87	237.10	376.47	354.37	257.03	241.95	384.14	361.61	78.45	73.84	117.25	110.37
74	206.75	192.75	309.02	288.11	225.01	209.80	336.33	313.56	261.95	244.22	391.51	365.02	267.31	249.23	399.53	372.49	81.59	76.06	121.94	113.68
75	215.04	198.55	321.40	296.77	234.05	216.09	349.80	322.98	272.45	251.56	407.22	375.99	278.00	256.70	415.52	383.66	84.85	78.35	126.82	117.10
76	223.63	204.51	334.25	305.66	243.38	222.57	363.79	332.66	283.33	259.11	423.48	387.28	289.13	264.39	432.13	395.16	88.24	80.69	131.89	120.61
77	232.57	210.64	347.61	314.81	253.11	229.23	378.32	342.62	294.66	266.87	440.41	398.87	300.68	272.29	449.40	406.99	91.76	83.11	137.15	124.22
78	239.56	216.96	358.06	324.25	260.71	236.12	389.67	352.93	303.51	274.89	453.63	410.85	309.70	280.49	462.90	419.22	94.53	85.61	141.27	127.95
79	246.75	221.31	368.79	330.76	268.54	240.87	401.37	359.99	312.63	280.38	467.26	419.08	319.00	286.10	476.79	427.63	97.36	87.32	145.52	130.51
80	254.15	225.70	379.84	337.35	276.61	245.66	413.40	367.15	322.00	285.98	481.26	427.43	328.56	291.80	491.08	436.13	100.28	89.06	149.88	133.12
81	261.77	230.25	391.24	344.12	284.89	250.58	425.79	374.53	331.66	291.72	495.70	436.01	338.43	297.67	505.81	444.90	103.29	90.85	154.38	135.79
82	269.60	234.83	402.99	350.99	293.45	255.58	438.56	382.00	341.60	297.53	510.56	444.70	348.57	303.60	520.98	453.78	106.39	92.66	159.00	138.49
83	277.71	239.52	415.09	358.02	302.25	260.69	451.75	389.65	351.86	303.49	525.90	453.60	359.03	309.68	536.62	462.86	109.58	94.52	163.79	141.26
84	286.03	244.34	427.51	365.19	311.31	265.92	465.30	397.46	362.41	309.58	541.67	462.70	369.80	315.88	552.71	472.13	112.86	96.41	168.69	144.09
85+	294.62	249.23	440.36	372.49	320.67	271.23	479.26	405.40	373.29	315.76	557.94	471.95	380.90	322.20	569.31	481.59	116.26	98.34	173.75	146.98

[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: June 1, 2023
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	\$171.87	\$171.42	\$256.87	\$256.21	\$54.24	\$54.10	\$81.07	\$80.86	\$85.20	\$84.99	\$127.33	\$127.01	\$121.10	\$120.79	\$180.99	\$180.55
66	178.73	176.56	267.13	263.90	56.41	55.73	84.31	83.29	88.62	87.53	132.43	130.82	125.94	124.41	188.22	185.95
67	185.87	183.63	277.82	274.46	58.67	57.96	87.68	86.63	92.13	91.02	137.71	136.06	130.96	129.38	195.75	193.39
68	193.32	190.97	288.93	285.43	61.01	60.27	91.19	90.09	95.83	94.67	143.23	141.48	136.20	134.55	203.57	201.12
69	201.05	196.69	300.48	293.98	63.45	62.08	94.83	92.79	99.66	97.52	148.95	145.73	141.66	138.60	211.72	207.15
70	209.08	202.62	312.49	302.84	65.99	63.95	98.63	95.58	103.64	100.44	154.91	150.12	147.33	142.78	220.18	213.36
71	217.44	208.69	324.99	311.91	68.63	65.87	102.57	98.44	107.78	103.45	161.11	154.62	153.20	147.04	228.99	219.76
72	226.14	214.96	337.99	321.27	71.37	67.84	106.68	101.40	112.09	106.54	167.55	159.26	159.34	151.45	238.16	226.38
73	235.19	221.39	351.52	330.90	74.23	69.87	110.94	104.44	116.58	109.74	174.25	164.03	165.72	155.97	247.67	233.14
74	244.59	228.05	365.58	340.84	77.20	71.97	115.38	107.57	121.24	113.04	181.22	168.97	172.34	160.68	257.56	240.15
75	254.39	234.88	380.21	351.08	80.29	74.14	120.00	110.81	126.11	116.44	188.47	174.02	179.25	165.50	267.90	247.35
76	264.56	241.94	395.41	361.61	83.50	76.36	124.80	114.13	131.15	119.93	196.01	179.25	186.41	170.48	278.60	254.77
77	275.13	249.18	411.22	372.43	86.84	78.64	129.79	117.54	136.39	123.52	203.85	184.61	193.87	175.58	289.75	262.40
78	283.38	256.67	423.57	383.61	89.44	81.01	133.69	121.07	140.48	127.23	209.97	190.17	199.68	180.83	298.44	270.28
79	291.90	261.81	436.29	391.29	92.13	82.63	137.70	123.50	144.68	129.78	216.28	193.96	205.68	184.46	307.41	275.72
80	300.65	267.02	449.37	399.09	94.89	84.27	141.83	125.96	149.03	132.36	222.75	197.83	211.84	188.15	316.61	281.19
81	309.68	272.38	462.85	407.10	97.74	85.97	146.08	128.49	153.50	135.02	229.43	201.81	218.20	191.92	326.12	286.83
82	318.96	277.82	476.73	415.22	100.67	87.68	150.46	131.05	158.11	137.71	236.30	205.85	224.75	195.75	335.88	292.58
83	328.54	283.36	491.04	423.54	103.69	89.44	154.98	133.67	162.87	140.47	243.41	209.94	231.49	199.67	345.99	298.41
84	338.38	289.05	505.76	432.03	106.80	91.23	159.63	136.35	167.75	143.29	250.71	214.16	238.42	203.67	356.35	304.41
85+	348.55	294.84	520.95	440.65	110.01	93.05	164.42	139.08	172.77	146.14	258.23	218.44	245.60	207.73	367.06	310.48

[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: June 1, 2023

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-133454170

Minimum increase: 0%

Maximum increase: 3.0%

Average % increase: 2.80%

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 3.0% 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 June 1, 2023.

These rates will affect 685 current enrollees in addition to any new enrollees.



November 9, 2022

Rhode Island Department of Insurance

Re: RI Rate Renewal – DOI Objection 11/05/2022

State: Rhode Island

Filing Company: HumanaDental Insurance Company

Dear Charles DeWeese,

Thank you for reviewing our filing. The following is a response to your inquiry:

Comment:

1. Please confirm Humana Insurance Company's intent to comply with the requirements set forth in H7244AA : <http://webservice.rilin.state.ri.us/BillText/BillText22/HouseText22/H7244aa.pdf> Note that H7244aa requires that you offer Plan A to applicants under age 65 who qualify for Medicare by reason of disability or ESRD.

Response:

1. We intend to comply with the requirements set forth in H7244AA and will be submitting a filing in early 2023 with the rates that would apply to people under age 65 who are eligible for Medicare because of disability or ESRD.

Comment:

2. Please provide under-age 65 rates for Plan A.

Response:

2. Please see our response to comment 1.

Comment:

3. The actuarial memorandum section 4 indicates that the projected future loss ratio on a discounted basis is 72.7%. However Exhibit 2 shows a discounted future loss ratio of 68.9%. Can you correct or explain?

Response:

3. Section 4 of the actuarial memorandum addresses the future loss ratio with no rate increase projected at 72.7%. Section 6 of the actuarial memorandum addresses the future loss ratio after the rate increase projected at 68.9%.

Comment:

4. The projected total partial credibility lifetime discounted loss ratio without an increase is 69.6%, as shown in Exhibit 2. At the time of the original filings at HUMA-126401449 for plans A, B, C, F, K, L and F(HD), and at HUMA-131884024 for plans G and G(HD), the projected lifetime loss ratio was 79% for the plans in the earlier filing, and 76% for Plan G and 68% for Plan G(HD) in the later filing. Why are you requesting an increase at this time when the projected lifetime loss ratio is so far below the anticipated loss ratios in the initial filing?

Response:

4. Given your concern, we have decided to revise our rate requests to rate hold for all plans. Please see the attached Objection Exhibit 1.

We appreciate your review and consideration of our filing. Please feel free to contact us if there are any further questions.

Respectfully submitted,



Aaron Iddings, FSA, MAAA
Actuarial Director
Senior Products

November 9, 2022
Date

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

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

State: Rhode Island
Form #s: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F, RIMESM10F(HD)
Effective Date: June 1, 2022
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	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$141.05	\$140.68	\$210.80	\$210.25	\$153.50	\$153.11	\$229.42	\$228.85	\$178.71	\$178.24	\$267.10	\$266.40	\$182.34	\$181.88	\$272.54	\$271.86	\$57.32	\$57.17	\$85.67	\$85.46
66	146.67	144.91	219.24	216.58	159.63	157.71	238.61	235.73	185.84	183.60	277.77	274.39	189.64	187.34	283.45	280.00	59.62	58.90	89.10	88.02
67	152.54	150.71	227.99	225.25	166.03	164.02	248.14	245.15	193.28	190.94	288.86	285.38	197.22	194.85	294.76	291.19	61.99	61.25	92.66	91.55
68	158.64	156.72	237.11	234.25	172.66	170.58	258.07	254.95	201.00	198.57	300.43	296.78	205.09	202.61	306.56	302.85	64.48	63.70	96.37	95.20
69	164.99	161.43	246.58	241.28	179.57	175.70	268.38	262.60	209.03	204.53	312.42	305.68	213.30	208.71	318.81	311.94	67.05	65.61	100.22	98.06
70	171.58	166.28	256.46	248.53	186.76	180.98	279.12	270.50	217.40	210.69	324.94	314.90	221.82	214.98	331.56	321.31	69.74	67.58	104.23	101.01
71	178.45	171.27	266.72	255.99	194.22	186.40	290.28	278.60	226.10	216.99	337.93	324.34	230.69	221.42	344.82	330.95	72.53	69.61	108.40	104.04
72	185.60	176.41	277.38	263.66	201.98	191.99	301.88	286.96	235.14	223.51	351.44	334.06	239.94	228.07	358.62	340.88	75.43	71.70	112.73	107.16
73	193.01	181.69	288.47	271.56	210.06	197.75	313.97	295.55	244.53	230.19	365.50	344.05	249.54	234.90	372.95	351.08	78.45	73.84	117.25	110.37
74	200.73	187.14	300.02	279.72	218.46	203.69	326.53	304.43	254.32	237.11	380.11	354.39	259.52	241.97	387.89	361.64	81.59	76.06	121.94	113.68
75	208.78	192.77	312.04	288.13	227.23	209.80	339.61	313.57	264.51	244.23	395.36	365.04	269.90	249.22	403.42	372.49	84.85	78.35	126.82	117.10
76	217.12	198.55	324.51	296.76	236.29	216.09	353.19	322.97	275.08	251.56	411.15	376.00	280.71	256.69	419.54	383.65	88.24	80.69	131.89	120.61
77	225.80	204.50	337.49	305.64	245.74	222.55	367.30	332.64	286.08	259.10	427.58	387.25	291.92	264.36	436.31	395.14	91.76	83.11	137.15	124.22
78	232.58	210.64	347.63	314.81	253.12	229.24	378.32	342.65	294.67	266.88	440.42	398.88	300.68	272.32	449.42	407.01	94.53	85.61	141.27	127.95
79	239.56	214.86	358.05	321.13	260.72	233.85	389.68	349.50	303.52	272.21	453.65	406.87	309.71	277.77	462.90	415.17	97.36	87.32	145.52	130.51
80	246.75	219.13	368.78	327.52	268.55	238.50	401.36	356.46	312.62	277.65	467.24	414.98	318.99	283.30	476.78	423.43	100.28	89.06	149.88	133.12
81	254.15	223.54	379.84	334.10	276.59	243.28	413.39	363.62	322.00	283.22	481.26	423.31	328.57	289.00	491.08	431.94	103.29	90.85	154.38	135.79
82	261.75	227.99	391.25	340.77	284.90	248.14	425.79	370.87	331.65	288.86	495.69	431.75	338.42	294.76	505.81	440.56	106.39	92.66	159.00	138.49
83	269.62	232.54	403.00	347.59	293.45	253.10	438.59	378.30	341.61	294.65	510.58	440.39	348.57	300.66	520.99	449.38	109.58	94.52	163.79	141.26
84	277.70	237.22	415.06	354.55	302.24	258.17	451.75	385.88	351.85	300.56	525.89	449.22	359.03	306.68	536.61	458.38	112.86	96.41	168.69	144.09
85+	286.04	241.97	427.53	361.64	311.33	263.33	465.30	393.59	362.42	306.56	541.69	458.20	369.81	312.82	552.73	467.56	116.26	98.34	173.75	146.98

[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.
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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.

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

State: Rhode Island
Form #s: RIMESM10G, RIMESM10G(HD), RIMESM10K, RIMESM10L
Effective Date: June 1, 2022
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	\$166.86	\$166.43	\$249.39	\$248.75	\$54.24	\$54.10	\$81.07	\$80.86	\$82.72	\$82.51	\$123.62	\$123.31	\$117.57	\$117.27	\$175.72	\$175.29
66	173.52	171.42	259.35	256.21	56.41	55.73	84.31	83.29	86.04	84.98	128.57	127.01	122.27	120.79	182.74	180.53
67	180.46	178.28	269.73	266.47	58.67	57.96	87.68	86.63	89.45	88.37	133.70	132.10	127.15	125.61	190.05	187.76
68	187.69	185.41	280.51	277.12	61.01	60.27	91.19	90.09	93.04	91.91	139.06	137.36	132.23	130.63	197.64	195.26
69	195.19	190.96	291.73	285.42	63.45	62.08	94.83	92.79	96.76	94.68	144.61	141.49	137.53	134.56	205.55	201.12
70	202.99	196.72	303.39	294.02	65.99	63.95	98.63	95.58	100.62	97.51	150.40	145.75	143.04	138.62	213.77	207.15
71	211.11	202.61	315.52	302.83	68.63	65.87	102.57	98.44	104.64	100.44	156.42	150.12	148.74	142.76	222.32	213.36
72	219.55	208.70	328.15	311.91	71.37	67.84	106.68	101.40	108.83	103.44	162.67	154.62	154.70	147.04	231.22	219.79
73	228.34	214.94	341.28	321.26	74.23	69.87	110.94	104.44	113.18	106.54	169.17	159.25	160.89	151.43	240.46	226.35
74	237.47	221.41	354.93	330.91	77.20	71.97	115.38	107.57	117.71	109.75	175.94	164.05	167.32	156.00	250.06	233.16
75	246.98	228.04	369.14	340.85	80.29	74.14	120.00	110.81	122.44	113.05	182.98	168.95	174.03	160.68	260.10	240.15
76	256.85	234.89	383.89	351.08	83.50	76.36	124.80	114.13	127.33	116.44	190.30	174.03	180.98	165.51	270.49	247.35
77	267.12	241.92	399.24	361.58	86.84	78.64	129.79	117.54	132.42	119.92	197.91	179.23	188.22	170.47	281.31	254.76
78	275.13	249.19	411.23	372.44	89.44	81.01	133.69	121.07	136.39	123.52	203.85	184.63	193.86	175.56	289.75	262.41
79	283.40	254.18	423.58	379.89	92.13	82.63	137.70	123.50	140.47	126.00	209.98	188.31	199.69	179.09	298.46	267.69
80	291.89	259.24	436.28	387.47	94.89	84.27	141.83	125.96	144.69	128.50	216.26	192.07	205.67	182.67	307.39	273.00
81	300.66	264.45	449.37	395.24	97.74	85.97	146.08	128.49	149.03	131.09	222.75	195.93	211.84	186.33	316.62	278.48
82	309.67	269.73	462.84	403.13	100.67	87.68	150.46	131.05	153.50	133.70	229.42	199.85	218.20	190.05	326.10	284.06
83	318.97	275.11	476.74	411.20	103.69	89.44	154.98	133.67	158.13	136.38	236.32	203.83	224.75	193.85	335.91	289.72
84	328.52	280.63	491.03	419.45	106.80	91.23	159.63	136.35	162.86	139.12	243.41	207.92	231.48	197.74	345.97	295.54
85+	338.40	286.25	505.78	427.82	110.01	93.05	164.42	139.08	167.74	141.88	250.71	212.08	238.45	201.68	356.37	301.44

[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.

**Objection Exhibit 1 (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	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
65	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
66	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
67	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
68	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
69	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
70	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
71	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
72	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
73	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
74	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
75	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
76	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
77	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
78	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
79	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
80	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
81	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
82	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
83	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
84	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
85+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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.
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[4] Geographic area factors are also applied.

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

State: Rhode Island
Form #s: 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	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
66	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
67	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
68	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
69	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
70	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
71	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
72	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
73	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
74	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
75	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
76	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
77	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
78	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
79	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
80	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
81	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
82	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
83	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
84	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
85+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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.
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[4] Geographic area factors are also applied.

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

State: Rhode Island
Form #s: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F, RIMESM10F(HD)
Effective Date: June 1, 2023
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	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$141.05	\$140.68	\$210.80	\$210.25	\$153.50	\$153.11	\$229.42	\$228.85	\$178.71	\$178.24	\$267.10	\$266.40	\$182.34	\$181.88	\$272.54	\$271.86	\$57.32	\$57.17	\$85.67	\$85.46
66	146.67	144.91	219.24	216.58	159.63	157.71	238.61	235.73	185.84	183.60	277.77	274.39	189.64	187.34	283.45	280.00	59.62	58.90	89.10	88.02
67	152.54	150.71	227.99	225.25	166.03	164.02	248.14	245.15	193.28	190.94	288.86	285.38	197.22	194.85	294.76	291.19	61.99	61.25	92.66	91.55
68	158.64	156.72	237.11	234.25	172.66	170.58	258.07	254.95	201.00	198.57	300.43	296.78	205.09	202.61	306.56	302.85	64.48	63.70	96.37	95.20
69	164.99	161.43	246.58	241.28	179.57	175.70	268.38	262.60	209.03	204.53	312.42	305.68	213.30	208.71	318.81	311.94	67.05	65.61	100.22	98.06
70	171.58	166.28	256.46	248.53	186.76	180.98	279.12	270.50	217.40	210.69	324.94	314.90	221.82	214.98	331.56	321.31	69.74	67.58	104.23	101.01
71	178.45	171.27	266.72	255.99	194.22	186.40	290.28	278.60	226.10	216.99	337.93	324.34	230.69	221.42	344.82	330.95	72.53	69.61	108.40	104.04
72	185.60	176.41	277.38	263.66	201.98	191.99	301.88	286.96	235.14	223.51	351.44	334.06	239.94	228.07	358.62	340.88	75.43	71.70	112.73	107.16
73	193.01	181.69	288.47	271.56	210.06	197.75	313.97	295.55	244.53	230.19	365.50	344.05	249.54	234.90	372.95	351.08	78.45	73.84	117.25	110.37
74	200.73	187.14	300.02	279.72	218.46	203.69	326.53	304.43	254.32	237.11	380.11	354.39	259.52	241.97	387.89	361.64	81.59	76.06	121.94	113.68
75	208.78	192.77	312.04	288.13	227.23	209.80	339.61	313.57	264.51	244.23	395.36	365.04	269.90	249.22	403.42	372.49	84.85	78.35	126.82	117.10
76	217.12	198.55	324.51	296.76	236.29	216.09	353.19	322.97	275.08	251.56	411.15	376.00	280.71	256.69	419.54	383.65	88.24	80.69	131.89	120.61
77	225.80	204.50	337.49	305.64	245.74	222.55	367.30	332.64	286.08	259.10	427.58	387.25	291.92	264.36	436.31	395.14	91.76	83.11	137.15	124.22
78	232.58	210.64	347.63	314.81	253.12	229.24	378.32	342.65	294.67	266.88	440.42	398.88	300.68	272.32	449.42	407.01	94.53	85.61	141.27	127.95
79	239.56	214.86	358.05	321.13	260.72	233.85	389.68	349.50	303.52	272.21	453.65	406.87	309.71	277.77	462.90	415.17	97.36	87.32	145.52	130.51
80	246.75	219.13	368.78	327.52	268.55	238.50	401.36	356.46	312.62	277.65	467.24	414.98	318.99	283.30	476.78	423.43	100.28	89.06	149.88	133.12
81	254.15	223.54	379.84	334.10	276.59	243.28	413.39	363.62	322.00	283.22	481.26	423.31	328.57	289.00	491.08	431.94	103.29	90.85	154.38	135.79
82	261.75	227.99	391.25	340.77	284.90	248.14	425.79	370.87	331.65	288.86	495.69	431.75	338.42	294.76	505.81	440.56	106.39	92.66	159.00	138.49
83	269.62	232.54	403.00	347.59	293.45	253.10	438.59	378.30	341.61	294.65	510.58	440.39	348.57	300.66	520.99	449.38	109.58	94.52	163.79	141.26
84	277.70	237.22	415.06	354.55	302.24	258.17	451.75	385.88	351.85	300.56	525.89	449.22	359.03	306.68	536.61	458.38	112.86	96.41	168.69	144.09
85+	286.04	241.97	427.53	361.64	311.33	263.33	465.30	393.59	362.42	306.56	541.69	458.20	369.81	312.82	552.73	467.56	116.26	98.34	173.75	146.98

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

State: Rhode Island
Form #s: RIMESM10G, RIMESM10G(HD), RIMESM10K, RIMESM10L
Effective Date: June 1, 2023
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	\$166.86	\$166.43	\$249.39	\$248.75	\$54.24	\$54.10	\$81.07	\$80.86	\$82.72	\$82.51	\$123.62	\$123.31	\$117.57	\$117.27	\$175.72	\$175.29
66	173.52	171.42	259.35	256.21	56.41	55.73	84.31	83.29	86.04	84.98	128.57	127.01	122.27	120.79	182.74	180.53
67	180.46	178.28	269.73	266.47	58.67	57.96	87.68	86.63	89.45	88.37	133.70	132.10	127.15	125.61	190.05	187.76
68	187.69	185.41	280.51	277.12	61.01	60.27	91.19	90.09	93.04	91.91	139.06	137.36	132.23	130.63	197.64	195.26
69	195.19	190.96	291.73	285.42	63.45	62.08	94.83	92.79	96.76	94.68	144.61	141.49	137.53	134.56	205.55	201.12
70	202.99	196.72	303.39	294.02	65.99	63.95	98.63	95.58	100.62	97.51	150.40	145.75	143.04	138.62	213.77	207.15
71	211.11	202.61	315.52	302.83	68.63	65.87	102.57	98.44	104.64	100.44	156.42	150.12	148.74	142.76	222.32	213.36
72	219.55	208.70	328.15	311.91	71.37	67.84	106.68	101.40	108.83	103.44	162.67	154.62	154.70	147.04	231.22	219.79
73	228.34	214.94	341.28	321.26	74.23	69.87	110.94	104.44	113.18	106.54	169.17	159.25	160.89	151.43	240.46	226.35
74	237.47	221.41	354.93	330.91	77.20	71.97	115.38	107.57	117.71	109.75	175.94	164.05	167.32	156.00	250.06	233.16
75	246.98	228.04	369.14	340.85	80.29	74.14	120.00	110.81	122.44	113.05	182.98	168.95	174.03	160.68	260.10	240.15
76	256.85	234.89	383.89	351.08	83.50	76.36	124.80	114.13	127.33	116.44	190.30	174.03	180.98	165.51	270.49	247.35
77	267.12	241.92	399.24	361.58	86.84	78.64	129.79	117.54	132.42	119.92	197.91	179.23	188.22	170.47	281.31	254.76
78	275.13	249.19	411.23	372.44	89.44	81.01	133.69	121.07	136.39	123.52	203.85	184.63	193.86	175.56	289.75	262.41
79	283.40	254.18	423.58	379.89	92.13	82.63	137.70	123.50	140.47	126.00	209.98	188.31	199.69	179.09	298.46	267.69
80	291.89	259.24	436.28	387.47	94.89	84.27	141.83	125.96	144.69	128.50	216.26	192.07	205.67	182.67	307.39	273.00
81	300.66	264.45	449.37	395.24	97.74	85.97	146.08	128.49	149.03	131.09	222.75	195.93	211.84	186.33	316.62	278.48
82	309.67	269.73	462.84	403.13	100.67	87.68	150.46	131.05	153.50	133.70	229.42	199.85	218.20	190.05	326.10	284.06
83	318.97	275.11	476.74	411.20	103.69	89.44	154.98	133.67	158.13	136.38	236.32	203.83	224.75	193.85	335.91	289.72
84	328.52	280.63	491.03	419.45	106.80	91.23	159.63	136.35	162.86	139.12	243.41	207.92	231.48	197.74	345.97	295.54
85+	338.40	286.25	505.78	427.82	110.01	93.05	164.42	139.08	167.74	141.88	250.71	212.08	238.45	201.68	356.37	301.44

[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.

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:** 2022 Rates- MIPPA Plans/RI-09-2022

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/04/2022		Rate	RI Proposed Base Rates	11/10/2022	RI Proposed Base Rates.pdf (Superseded)
11/04/2022		Rate	RI Proposed Base Rates	11/10/2022	RI Proposed Base Rates.pdf (Superseded)

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

State: Rhode Island
Form #s: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F, RIMESM10F(HD)
Effective Date: June 1, 2023
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	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$145.28	\$144.90	\$217.12	\$216.56	\$158.11	\$157.70	\$236.30	\$235.72	\$184.07	\$183.59	\$275.11	\$274.39	\$187.81	\$187.34	\$280.72	\$280.02	\$57.32	\$57.17	\$85.67	\$85.46
66	151.07	149.26	225.82	223.08	164.42	162.44	245.77	242.80	191.42	189.11	286.10	282.62	195.33	192.96	291.95	288.40	59.62	58.90	89.10	88.02
67	157.12	155.23	234.83	232.01	171.01	168.94	255.58	252.50	199.08	196.67	297.53	293.94	203.14	200.70	303.60	299.93	61.99	61.25	92.66	91.55
68	163.40	161.42	244.22	241.28	177.84	175.70	265.81	262.60	207.03	204.53	309.44	305.68	211.24	208.69	315.76	311.94	64.48	63.70	96.37	95.20
69	169.94	166.27	253.98	248.52	184.96	180.97	276.43	270.48	215.30	210.67	321.79	314.85	219.70	214.97	328.37	321.30	67.05	65.61	100.22	98.06
70	176.73	171.27	264.15	255.99	192.36	186.41	287.49	278.62	223.92	217.01	334.69	324.35	228.47	221.43	341.51	330.95	69.74	67.58	104.23	101.01
71	183.80	176.41	274.72	263.67	200.05	191.99	298.99	286.96	232.88	223.50	348.07	334.07	237.61	228.06	355.16	340.88	72.53	69.61	108.40	104.04
72	191.17	181.70	285.70	271.57	208.04	197.75	310.94	295.57	242.19	230.22	361.98	344.08	247.14	234.91	369.38	351.11	75.43	71.70	112.73	107.16
73	198.80	187.14	297.12	279.71	216.36	203.68	323.39	304.42	251.87	237.10	376.47	354.37	257.03	241.95	384.14	361.61	78.45	73.84	117.25	110.37
74	206.75	192.75	309.02	288.11	225.01	209.80	336.33	313.56	261.95	244.22	391.51	365.02	267.31	249.23	399.53	372.49	81.59	76.06	121.94	113.68
75	215.04	198.55	321.40	296.77	234.05	216.09	349.80	322.98	272.45	251.56	407.22	375.99	278.00	256.70	415.52	383.66	84.85	78.35	126.82	117.10
76	223.63	204.51	334.25	305.66	243.38	222.57	363.79	332.66	283.33	259.11	423.48	387.28	289.13	264.39	432.13	395.16	88.24	80.69	131.89	120.61
77	232.57	210.64	347.61	314.81	253.11	229.23	378.32	342.62	294.66	266.87	440.41	398.87	300.68	272.29	449.40	406.99	91.76	83.11	137.15	124.22
78	239.56	216.96	358.06	324.25	260.71	236.12	389.67	352.93	303.51	274.89	453.63	410.85	309.70	280.49	462.90	419.22	94.53	85.61	141.27	127.95
79	246.75	221.31	368.79	330.76	268.54	240.87	401.37	359.99	312.63	280.38	467.26	419.08	319.00	286.10	476.79	427.63	97.36	87.32	145.52	130.51
80	254.15	225.70	379.84	337.35	276.61	245.66	413.40	367.15	322.00	285.98	481.26	427.43	328.56	291.80	491.08	436.13	100.28	89.06	149.88	133.12
81	261.77	230.25	391.24	344.12	284.89	250.58	425.79	374.53	331.66	291.72	495.70	436.01	338.43	297.67	505.81	444.90	103.29	90.85	154.38	135.79
82	269.60	234.83	402.99	350.99	293.45	255.58	438.56	382.00	341.60	297.53	510.56	444.70	348.57	303.60	520.98	453.78	106.39	92.66	159.00	138.49
83	277.71	239.52	415.09	358.02	302.25	260.69	451.75	389.65	351.86	303.49	525.90	453.60	359.03	309.68	536.62	462.86	109.58	94.52	163.79	141.26
84	286.03	244.34	427.51	365.19	311.31	265.92	465.30	397.46	362.41	309.58	541.67	462.70	369.80	315.88	552.71	472.13	112.86	96.41	168.69	144.09
85+	294.62	249.23	440.36	372.49	320.67	271.23	479.26	405.40	373.29	315.76	557.94	471.95	380.90	322.20	569.31	481.59	116.26	98.34	173.75	146.98

[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: June 1, 2023
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	\$171.87	\$171.42	\$256.87	\$256.21	\$54.24	\$54.10	\$81.07	\$80.86	\$85.20	\$84.99	\$127.33	\$127.01	\$121.10	\$120.79	\$180.99	\$180.55
66	178.73	176.56	267.13	263.90	56.41	55.73	84.31	83.29	88.62	87.53	132.43	130.82	125.94	124.41	188.22	185.95
67	185.87	183.63	277.82	274.46	58.67	57.96	87.68	86.63	92.13	91.02	137.71	136.06	130.96	129.38	195.75	193.39
68	193.32	190.97	288.93	285.43	61.01	60.27	91.19	90.09	95.83	94.67	143.23	141.48	136.20	134.55	203.57	201.12
69	201.05	196.69	300.48	293.98	63.45	62.08	94.83	92.79	99.66	97.52	148.95	145.73	141.66	138.60	211.72	207.15
70	209.08	202.62	312.49	302.84	65.99	63.95	98.63	95.58	103.64	100.44	154.91	150.12	147.33	142.78	220.18	213.36
71	217.44	208.69	324.99	311.91	68.63	65.87	102.57	98.44	107.78	103.45	161.11	154.62	153.20	147.04	228.99	219.76
72	226.14	214.96	337.99	321.27	71.37	67.84	106.68	101.40	112.09	106.54	167.55	159.26	159.34	151.45	238.16	226.38
73	235.19	221.39	351.52	330.90	74.23	69.87	110.94	104.44	116.58	109.74	174.25	164.03	165.72	155.97	247.67	233.14
74	244.59	228.05	365.58	340.84	77.20	71.97	115.38	107.57	121.24	113.04	181.22	168.97	172.34	160.68	257.56	240.15
75	254.39	234.88	380.21	351.08	80.29	74.14	120.00	110.81	126.11	116.44	188.47	174.02	179.25	165.50	267.90	247.35
76	264.56	241.94	395.41	361.61	83.50	76.36	124.80	114.13	131.15	119.93	196.01	179.25	186.41	170.48	278.60	254.77
77	275.13	249.18	411.22	372.43	86.84	78.64	129.79	117.54	136.39	123.52	203.85	184.61	193.87	175.58	289.75	262.40
78	283.38	256.67	423.57	383.61	89.44	81.01	133.69	121.07	140.48	127.23	209.97	190.17	199.68	180.83	298.44	270.28
79	291.90	261.81	436.29	391.29	92.13	82.63	137.70	123.50	144.68	129.78	216.28	193.96	205.68	184.46	307.41	275.72
80	300.65	267.02	449.37	399.09	94.89	84.27	141.83	125.96	149.03	132.36	222.75	197.83	211.84	188.15	316.61	281.19
81	309.68	272.38	462.85	407.10	97.74	85.97	146.08	128.49	153.50	135.02	229.43	201.81	218.20	191.92	326.12	286.83
82	318.96	277.82	476.73	415.22	100.67	87.68	150.46	131.05	158.11	137.71	236.30	205.85	224.75	195.75	335.88	292.58
83	328.54	283.36	491.04	423.54	103.69	89.44	154.98	133.67	162.87	140.47	243.41	209.94	231.49	199.67	345.99	298.41
84	338.38	289.05	505.76	432.03	106.80	91.23	159.63	136.35	167.75	143.29	250.71	214.16	238.42	203.67	356.35	304.41
85+	348.55	294.84	520.95	440.65	110.01	93.05	164.42	139.08	172.77	146.14	258.23	218.44	245.60	207.73	367.06	310.48

[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: June 1, 2023

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

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

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

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

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

State: Rhode Island
Form #s: RIMESM10A, RIMESM10B, RIMESM10C, RIMESM10F, RIMESM10F(HD)
Effective Date: June 1, 2023
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	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$145.28	\$144.90	\$217.12	\$216.56	\$158.11	\$157.70	\$236.30	\$235.72	\$184.07	\$183.59	\$275.11	\$274.39	\$187.81	\$187.34	\$280.72	\$280.02	\$57.32	\$57.17	\$85.67	\$85.46
66	151.07	149.26	225.82	223.08	164.42	162.44	245.77	242.80	191.42	189.11	286.10	282.62	195.33	192.96	291.95	288.40	59.62	58.90	89.10	88.02
67	157.12	155.23	234.83	232.01	171.01	168.94	255.58	252.50	199.08	196.67	297.53	293.94	203.14	200.70	303.60	299.93	61.99	61.25	92.66	91.55
68	163.40	161.42	244.22	241.28	177.84	175.70	265.81	262.60	207.03	204.53	309.44	305.68	211.24	208.69	315.76	311.94	64.48	63.70	96.37	95.20
69	169.94	166.27	253.98	248.52	184.96	180.97	276.43	270.48	215.30	210.67	321.79	314.85	219.70	214.97	328.37	321.30	67.05	65.61	100.22	98.06
70	176.73	171.27	264.15	255.99	192.36	186.41	287.49	278.62	223.92	217.01	334.69	324.35	228.47	221.43	341.51	330.95	69.74	67.58	104.23	101.01
71	183.80	176.41	274.72	263.67	200.05	191.99	298.99	286.96	232.88	223.50	348.07	334.07	237.61	228.06	355.16	340.88	72.53	69.61	108.40	104.04
72	191.17	181.70	285.70	271.57	208.04	197.75	310.94	295.57	242.19	230.22	361.98	344.08	247.14	234.91	369.38	351.11	75.43	71.70	112.73	107.16
73	198.80	187.14	297.12	279.71	216.36	203.68	323.39	304.42	251.87	237.10	376.47	354.37	257.03	241.95	384.14	361.61	78.45	73.84	117.25	110.37
74	206.75	192.75	309.02	288.11	225.01	209.80	336.33	313.56	261.95	244.22	391.51	365.02	267.31	249.23	399.53	372.49	81.59	76.06	121.94	113.68
75	215.04	198.55	321.40	296.77	234.05	216.09	349.80	322.98	272.45	251.56	407.22	375.99	278.00	256.70	415.52	383.66	84.85	78.35	126.82	117.10
76	223.63	204.51	334.25	305.66	243.38	222.57	363.79	332.66	283.33	259.11	423.48	387.28	289.13	264.39	432.13	395.16	88.24	80.69	131.89	120.61
77	232.57	210.64	347.61	314.81	253.11	229.23	378.32	342.62	294.66	266.87	440.41	398.87	300.68	272.29	449.40	406.99	91.76	83.11	137.15	124.22
78	239.56	216.96	358.06	324.25	260.71	236.12	389.67	352.93	303.51	274.89	453.63	410.85	309.70	280.49	462.90	419.22	94.53	85.61	141.27	127.95
79	246.75	221.31	368.79	330.76	268.54	240.87	401.37	359.99	312.63	280.38	467.26	419.08	319.00	286.10	476.79	427.63	97.36	87.32	145.52	130.51
80	254.15	225.70	379.84	337.35	276.61	245.66	413.40	367.15	322.00	285.98	481.26	427.43	328.56	291.80	491.08	436.13	100.28	89.06	149.88	133.12
81	261.77	230.25	391.24	344.12	284.89	250.58	425.79	374.53	331.66	291.72	495.70	436.01	338.43	297.67	505.81	444.90	103.29	90.85	154.38	135.79
82	269.60	234.83	402.99	350.99	293.45	255.58	438.56	382.00	341.60	297.53	510.56	444.70	348.57	303.60	520.98	453.78	106.39	92.66	159.00	138.49
83	277.71	239.52	415.09	358.02	302.25	260.69	451.75	389.65	351.86	303.49	525.90	453.60	359.03	309.68	536.62	462.86	109.58	94.52	163.79	141.26
84	286.03	244.34	427.51	365.19	311.31	265.92	465.30	397.46	362.41	309.58	541.67	462.70	369.80	315.88	552.71	472.13	112.86	96.41	168.69	144.09
85+	294.62	249.23	440.36	372.49	320.67	271.23	479.26	405.40	373.29	315.76	557.94	471.95	380.90	322.20	569.31	481.59	116.26	98.34	173.75	146.98

[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.
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[4] Geographic area factors are also applied.

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

State: Rhode Island
Form #s: RIMESM10G, RIMESM10G(HD), RIMESM10K, RIMESM10L
Effective Date: June 1, 2023
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	\$171.87	\$171.42	\$256.87	\$256.21	\$54.24	\$54.10	\$81.07	\$80.86	\$85.20	\$84.99	\$127.33	\$127.01	\$121.10	\$120.79	\$180.99	\$180.55
66	178.73	176.56	267.13	263.90	56.41	55.73	84.31	83.29	88.62	87.53	132.43	130.82	125.94	124.41	188.22	185.95
67	185.87	183.63	277.82	274.46	58.67	57.96	87.68	86.63	92.13	91.02	137.71	136.06	130.96	129.38	195.75	193.39
68	193.32	190.97	288.93	285.43	61.01	60.27	91.19	90.09	95.83	94.67	143.23	141.48	136.20	134.55	203.57	201.12
69	201.05	196.69	300.48	293.98	63.45	62.08	94.83	92.79	99.66	97.52	148.95	145.73	141.66	138.60	211.72	207.15
70	209.08	202.62	312.49	302.84	65.99	63.95	98.63	95.58	103.64	100.44	154.91	150.12	147.33	142.78	220.18	213.36
71	217.44	208.69	324.99	311.91	68.63	65.87	102.57	98.44	107.78	103.45	161.11	154.62	153.20	147.04	228.99	219.76
72	226.14	214.96	337.99	321.27	71.37	67.84	106.68	101.40	112.09	106.54	167.55	159.26	159.34	151.45	238.16	226.38
73	235.19	221.39	351.52	330.90	74.23	69.87	110.94	104.44	116.58	109.74	174.25	164.03	165.72	155.97	247.67	233.14
74	244.59	228.05	365.58	340.84	77.20	71.97	115.38	107.57	121.24	113.04	181.22	168.97	172.34	160.68	257.56	240.15
75	254.39	234.88	380.21	351.08	80.29	74.14	120.00	110.81	126.11	116.44	188.47	174.02	179.25	165.50	267.90	247.35
76	264.56	241.94	395.41	361.61	83.50	76.36	124.80	114.13	131.15	119.93	196.01	179.25	186.41	170.48	278.60	254.77
77	275.13	249.18	411.22	372.43	86.84	78.64	129.79	117.54	136.39	123.52	203.85	184.61	193.87	175.58	289.75	262.40
78	283.38	256.67	423.57	383.61	89.44	81.01	133.69	121.07	140.48	127.23	209.97	190.17	199.68	180.83	298.44	270.28
79	291.90	261.81	436.29	391.29	92.13	82.63	137.70	123.50	144.68	129.78	216.28	193.96	205.68	184.46	307.41	275.72
80	300.65	267.02	449.37	399.09	94.89	84.27	141.83	125.96	149.03	132.36	222.75	197.83	211.84	188.15	316.61	281.19
81	309.68	272.38	462.85	407.10	97.74	85.97	146.08	128.49	153.50	135.02	229.43	201.81	218.20	191.92	326.12	286.83
82	318.96	277.82	476.73	415.22	100.67	87.68	150.46	131.05	158.11	137.71	236.30	205.85	224.75	195.75	335.88	292.58
83	328.54	283.36	491.04	423.54	103.69	89.44	154.98	133.67	162.87	140.47	243.41	209.94	231.49	199.67	345.99	298.41
84	338.38	289.05	505.76	432.03	106.80	91.23	159.63	136.35	167.75	143.29	250.71	214.16	238.42	203.67	356.35	304.41
85+	348.55	294.84	520.95	440.65	110.01	93.05	164.42	139.08	172.77	146.14	258.23	218.44	245.60	207.73	367.06	310.48

[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: June 1, 2023

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.