

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: 2023 Rates- MIPPA Plans/RI-11-2023

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: 12/08/2023
SERFF Tr Num: HUMA-133917017
SERFF Status: Pending Industry Response
State Tr Num:
State Status: Open-Assigned To Analyst
Co Tr Num: RI-11-2023
Effective: 05/01/2024
Date Requested:
Author(s): Michele Zabel, Paula Williamson, Tiffany Lands, Shawn Farnsley, Steve Polio, Jennifer Strong
Reviewer(s): Courtney Miner (primary), Alyssa Metivier, Victor Woods
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
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Project Name/Number: 2023 Rates- MIPPA Plans/RI-11-2023

General Information

Project Name: 2023 Rates- MIPPA Plans	Status of Filing in Domicile: Not Filed
Project Number: RI-11-2023	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: 12/11/2023
	State Status Changed: 12/08/2023
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 - 2023 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), K and L. The last rate change for these plans was approved on December 9, 2022, SERFF Filing, HUMA-133454170. The proposed effective date requested for this rate change is May 1, 2024.

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: 2023 Rates- MIPPA Plans/RI-11-2023

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	12/08/2023 12:17 PM	274449896
EFT Total	\$225.00		

SERFF Tracking #:

HUMA-133917017

State Tracking #:

Company Tracking #:

RI-11-2023

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: 2023 Rates- MIPPA Plans/RI-11-2023

Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 0.000%

Effective Date of Last Rate Revision: 06/01/2023

Filing Method of Last Filing: SERFF

SERFF Tracking Number of Last Filing: HUMA-133454170

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	605	\$1,769,829	0.000%	0.000%

SERFF Tracking #:

HUMA-133917017

State Tracking #:

Company Tracking #:

RI-11-2023

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: 2023 Rates- MIPPA Plans/RI-11-2023

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, RIMESM10F(HD), RIMESM10G, RIMESM10G(HD), RIMESM10K, RIMESM10L	Revised	Previous State Filing Number: HUMA-133454170 Percent Rate Change Request:	RI Proposed Base Rates.pdf,

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, 2024
Proposed Base Rates

ESRD & Disabled [5]	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	\$387.89	\$386.87	\$579.70	\$578.19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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.

[5] Members who enroll prior to age 65 will remain in the same age category for the duration of the policy.

**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, 2024
Proposed Base Rates

ESRD & Disabled [5]	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	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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.

[5] Members who enroll prior to age 65 will remain in the same age category for the duration of the policy.

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, 2024

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

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

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

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

State: Rhode Island **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: 2010 Individual Medicare Supplement Plans
Project Name/Number: 2023 Rates- MIPPA Plans/RI-11-2023

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 2024 - MIPPA.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum - A&H Rate Revision Filing
Comments:	
Attachment(s):	RI Actuarial Memo 2024 - 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:	



RHODE ISLAND ACTUARIAL CERTIFICATION

Carrier: Humana Insurance Company

Submission:

2024 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: Lydia Calkins Digitally signed by Lydia Calkins
Date: 2023.12.06 09:23:37
-06'00'

Name (typed or printed): Lydia Calkins, ASA, MAAA

Title or business affiliation: Associate Director - Senior Products

Date: 12/6/2023

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 rate hold on Plans A, B, C, F, F-HD, G, G-HD, K, and L. The requested premiums are to be effective June 1, 2024. 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 2024 and estimated 2025 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 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, 2023 for the 2010 plans only. Incurred claims through May 31, 2023 have been based on the actual runoff of paid claims through August 31, 2023. 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, 2023 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 41% 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 83.1% and 84.5%, respectively.

5) DETERMINATION OF RATE CHANGE RECOMMENDATION

Our best judgment is to request the following rate change by plan for the 2010 plans in Rhode Island:

A	0.0%
B	0.0%
C	0.0%
F	0.0%
F-HD	0.0%
G	0.0%
G-HD	0.0%
K	0.0%
L	0.0%

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, F-HD, G, G-HD, K, and L are receiving a rate hold.

6) PROJECTED LOSS RATIOS WITH A RATE CHANGE EFFECTIVE JUNE 1, 2024

The projected Rhode Island experience with the requested rate changes effective June 1, 2024 is also provided in Exhibit 2. In 2024, premiums are increased upon approval from the state, no sooner than 12 months after the most recent approved increase. The projected loss ratios for 2023 and 2024 are 77.0% and 78.6%, respectively. The projected loss ratios over all years (past and future), with and without discounting, are 73.9% and 76.6%, respectively. The projected loss ratios for future years with and without discounting are 83.1% and 84.5%, 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. Our estimated annual claims trend excluding the effects of aging is 7.6% for 2023 and 5.2% for 2024+. 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.

F. Rates for Members Under Age 65

The rates for members under age 65 are set equal to 2.75 times the age 65 rates.

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, 2024 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, Lydia Calkins, am an Associate Director, Senior Products with Humana Inc. I am a member of the American Academy of Actuaries and meet its Qualification Standards for Statements of Actuarial Opinion. The purpose of this statement is to demonstrate compliance of this rate filing with the regulations of the State of Rhode Island.

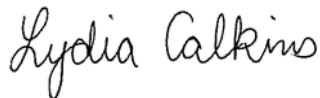
In preparing my opinion, I have relied upon the accuracy of the underlying records and data prepared under my direction.

The assumptions are reasonable based on available information and my best judgment.

The premium rates are reasonable in relation to the benefits provided and are not excessive, inadequate or unfairly discriminatory.

The anticipated lifetime loss ratio, the anticipated future lifetime loss ratio and the third year expected loss ratio all exceed the required 65% loss ratio. Loss ratio as used here means the ratio of the present value of incurred claims to the present value of earned premiums.

Actuarial methods, considerations and analyses used in forming my opinion conform to the Actuarial Standards of Practice as promulgated by the Actuarial Standards Board of the American Academy of Actuaries. These standards form the basis of this opinion.



Lydia Calkins, ASA, MAAA
Associate Director
Senior Products

December 6, 2023
Date

Humana Inc.
500 West Main Street
Louisville, KY 40202
920-337-5178

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	140,629	290,576,568	237,507,576	81.7%
2020	127,853	281,273,895	206,531,684	73.4%
2021	115,878	271,419,549	209,672,948	77.3%
2022	103,883	260,156,101	201,108,587	77.3%
2023*	92,219	99,737,839	79,228,676	79.4%
Total		\$2,699,595,646	\$2,093,986,224	77.6%

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	1,503,787	76.6%
2020	761	1,944,763	1,102,825	56.7%
2021	719	1,958,287	1,185,866	60.6%
2022	661	1,919,517	1,236,936	64.4%
2023*	605	747,691	625,181	83.6%
Total		16,464,761	11,300,806	68.6%

* Data incurred through 05/31/23 and paid through 08/31/23

** 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 with Rate Hold			
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	\$1,503,787	76.6%
2020	\$1,944,763	\$1,102,825	56.7%
2021	\$1,958,287	\$1,185,866	60.6%
2022	\$1,919,517	\$1,236,936	64.4%
2023	\$1,778,896	\$1,370,606	77.0%
2024	\$1,596,051	\$1,254,308	78.6%
2025	\$1,400,380	\$1,152,802	82.3%
2026+	\$12,678,430	\$10,963,669	86.5%
Total	\$33,170,827	\$25,417,009	76.6%
PV at 6.0%	\$15,330,067	\$11,325,241	73.9%
Future Total	\$17,453,757	\$14,741,384	84.5%
Future PV at 6.0%	\$5,575,261	\$4,634,170	83.1%

* Projected claims for 2023 and forward are calculated based on a credibility weighting with Nationwide experience, with Rhode Island receiving approximately 41% credibility

* Projections are made with data incurred through 05/31/23 and paid through 08/31/23

* 2026+ includes data projected through 2049

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)

	Normalized Claims PMPM(a)							Trend					
	2018	2019	2020	2021	2022	2023(b)	2024(b)	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023(b)	2023-2024(b)
Inpatient Claims	21.86	21.28	18.89	19.33	19.60	19.41	19.43	-2.6%	-11.2%	2.3%	1.4%	-1.0%	0.1%
Outpatient Claims	61.51	65.40	60.13	68.23	72.92	81.97	87.15	6.3%	-8.1%	13.5%	6.9%	12.4%	6.3%
Physician Claims	74.94	80.15	73.86	82.37	85.62	90.83	95.91	7.0%	-7.8%	11.5%	3.9%	6.1%	5.6%
Skilled Nursing Facility Claims	6.84	6.57	5.19	5.43	5.73	5.65	5.63	-3.9%	-21.1%	4.7%	5.6%	-1.5%	-0.3%
Total Claims	165.15	173.41	158.07	175.36	183.87	197.86	208.12	5.0%	-8.8%	10.9%	4.8%	7.6%	5.2%

(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, 2023
 Current Base Rates

ESRD & Disabled [5] [6]	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	\$387.89	\$386.87	\$579.70	\$578.19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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.
 [5] Members who enroll prior to age 65 will remain in the same age category for the duration of the policy.
 [6] Under 65 rates were effective July 1, 2023

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
Current Base Rates

ESRD & Disabled [5] [6]	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	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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.

[5] Members who enroll prior to age 65 will remain in the same age category for the duration of the policy.

[6] Under 65 rates were effective July 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, 2024
Proposed Base Rates

ESRD & Disabled [5]	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	\$387.89	\$386.87	\$579.70	\$578.19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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.

[5] Members who enroll prior to age 65 will remain in the same age category for the duration of the policy.

**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, 2024
Proposed Base Rates

ESRD & Disabled [5]	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	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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.

[5] Members who enroll prior to age 65 will remain in the same age category for the duration of the policy.

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, 2024

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	25	463	82	15	11	4	4

Nationwide

	Plan A	Plan B	Plan C	Plan F	Plan F-HD	Plan G	Plan G-HD	Plan K	Plan L
Current Membership	250	325	904	27,699	25,694	2,152	3,325	748	431

Note: Membership data is as of May 31, 2023

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 effective 6/1/2022 A 0.0% (Plans F-HD and G-HD) rate hold was approved effective 6/1/2022
i. A 0.0% (Plans A, B, C, F, F-HD, G, G-HD, K, and L) rate hold was approved 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, 2024
Proposed Base Rates

ESRD & Disabled [5]	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	\$387.89	\$386.87	\$579.70	\$578.19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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.

[5] Members who enroll prior to age 65 will remain in the same age category for the duration of the policy.

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, 2024
Proposed Base Rates

ESRD & Disabled [5]	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	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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.

[5] Members who enroll prior to age 65 will remain in the same age category for the duration of the policy.

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, 2024

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.