

**State:** Rhode Island **Filing Company:** UnitedHealthcare Insurance Company  
**TOI/Sub-TOI:** MS02G Group Medicare Supplement - Pre-Standardized/MS02G.000 Medicare Supplement - Pre-Standardized  
**Product Name:** GROUP MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS  
**Project Name/Number:** RATE/RERATE 2018 - PRE -STD

### Filing at a Glance

**Company:** UnitedHealthcare Insurance Company  
**Product Name:** GROUP MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS  
**State:** Rhode Island  
**TOI:** MS02G Group Medicare Supplement - Pre-Standardized  
**Sub-TOI:** MS02G.000 Medicare Supplement - Pre-Standardized  
**Filing Type:** Rate  
**Date Submitted:** 07/19/2017  
**SERFF Tr Num:** UHLC-131047938  
**SERFF Status:** Assigned  
**State Tr Num:**  
**State Status:** Open-Pending Actuary Review  
**Co Tr Num:** RERATE 2018 - PRE STD  
  
**Implementation Date Requested:** 01/01/2018  
**Author(s):** Michelle Ambach, Bobbie Walton, Gerry McCadden, Bonnie Hogeland, Michelle Richart, Lisa Muhammad, Sarah Michener, Celina Sagin, Lauren Mulhern, Erin Eckhoff, Ron Beverly II, Harry Schwarz, Heui Chan Lee, Timothy Koenig, Krisen Carr, Gregory Moyer  
**Reviewer(s):** Linda Johnson (primary), Charles DeWeese, Maria Casale, Victor Woods  
**Disposition Date:**  
**Disposition Status:**  
**Implementation Date:**  
  
**State Filing Description:**

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## General Information

Project Name: RATE Status of Filing in Domicile: Not Filed  
 Project Number: RERATE 2018 - PRE -STD Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Group  
 Submission Type: New Submission Group Market Size: Large  
 Group Market Type: Association Overall Rate Impact:  
 Filing Status Changed: 07/20/2017  
 State Status Changed: 07/20/2017 Deemer Date:  
 Created By: Michelle Ambach Submitted By: Lisa Muhammad  
 Corresponding Filing Tracking Number: RERATE 2018 - PRE - STD - Form filing approved 6/13/1997. See supporting documentation for comment.

### Filing Description:

The purpose of this filing is to request approval of 2018 rates for Pre-Standardized Medicare Supplement plans offered to AARP members and to demonstrate compliance with loss ratio standards.

The rates included are a continuation of 2017 rates. We project an anticipated lifetime loss ratio of 85.5%.

## Company and Contact

### Filing Contact Information

Sarah Michener, Director, Actuarial sarah\_l\_michener@uhc.com  
 680 Blair Mill Rd 215-902-8419 [Phone]  
 Horsham, PA 19044

### Filing Company Information

UnitedHealthcare Insurance Company	CoCode: 79413	State of Domicile: Connecticut
185 Asylum Street	Group Code: 707	Company Type: Life and Health
Hartford, CT 06103	Group Name:	State ID Number: 79413
(860) 702-5000 ext. [Phone]	FEIN Number: 36-2739571	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$225.00  
 Retaliatory? No  
 Fee Explanation: REQUIRED FEE  
 Per Company: Yes

Company	Amount	Date Processed	Transaction #
UnitedHealthcare Insurance Company	\$225.00	07/19/2017	126081505

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## Rate Information

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** 0.000%  
**Effective Date of Last Rate Revision:** 01/01/2017  
**Filing Method of Last Filing:** SERFF

## 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):
UnitedHealthcare Insurance Company	0.000%	0.000%	\$0	87	\$218,825	0.000%	0.000%

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## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		RATE SCHEDULE	G-36000-4, CRA 1664	Revised	Previous State Filing Number: UHLC-130561303 Percent Rate Change Request:	RI - 2018 Rate Schedule (Pre).pdf,

UNITEDHEALTHCARE INSURANCE COMPANY

**RATE SCHEDULE  
FOR  
RHODE ISLAND**

AARP MEDICARE SUPPLEMENT PORTFOLIO  
GROUP POLICY NUMBER G-36000-4

<u>Plan</u>	<u>Current 2017 Monthly Rate</u>	<u>Proposed 2018 Monthly Rate</u>	<u>Proposed 2018 Monthly Rate Changes</u>
M1/J1/P1	\$137.00	\$137.00	0.0%
M2/J2/P2/MC/MH/MM/MS/DA/DB	\$165.25	\$165.25	0.0%
M3/J3/P3 (with drugs)	\$284.25	\$284.25	0.0%
M3/J3/P3 (without drugs)	\$249.50	\$249.50	0.0%
M4 (with drugs)	\$311.25	\$311.25	0.0%
M4 (without drugs)	\$276.50	\$276.50	0.0%
M5/J5/P5	\$161.50	\$161.50	0.0%
M6/J6/P6/DC/DE/DF	\$200.50	\$200.50	0.0%
M7/P7 (with drugs)	\$296.00	\$296.00	0.0%
M7/P7 (without drugs)	\$261.75	\$261.75	0.0%
MA/PA	\$135.75	\$135.75	0.0%
AD/DP	\$4.00	\$4.00	0.0%

*\* Discounts available for Multi-Insured, Electronic Funds Transfer, and Annual Pay.*

**State:** Rhode Island **Filing Company:** UnitedHealthcare Insurance Company  
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**Product Name:** GROUP MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS  
**Project Name/Number:** RATE/RERATE 2018 - PRE -STD

## Supporting Document Schedules

<b>Satisfied - Item:</b>	A&H Experience
<b>Comments:</b>	THE EXPERIENCE IS ATTACHED TO THE RATE/RULE SCHEDULE TAB.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Certification - Life & A&H
<b>Comments:</b>	THE ACTUARIAL CERTIFICATION IS INCLUDED IN THE ACTUARIAL MEMORANDUM.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum - A&H Rate Revision Filing
<b>Comments:</b>	
<b>Attachment(s):</b>	RI - 2018 Memorandum (Pre).pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	*Medicare Supplement-Group
<b>Comments:</b>	The form filing was a paper filing, with no tracking number, of assumption of prior carrier's business approved 6/13/1997. UnitedHealthcare assumed this risk effective January 1, 1998 from The Prudential Insurance Company of America, through an assumption reinsurance agreement.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Premium Rate Sheets - Life & A&H
<b>Comments:</b>	THE RATES ARE ATTACHED TO THE RATE/RULE SCHEDULE TAB.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	ATTACHMENTS (PRE)
<b>Comments:</b>	SEE ATTACHMENTS
<b>Attachment(s):</b>	RI - 2018 Attachments (Pre).pdf

**SERFF Tracking #:**

UHLC-131047938

**State Tracking #:**

**Company Tracking #:**

RERATE 2018 - PRE STD

**State:**

Rhode Island

**Filing Company:**

UnitedHealthcare Insurance Company

**TOI/Sub-TOI:**

MS02G Group Medicare Supplement - Pre-Standardized/MS02G.000 Medicare Supplement - Pre-Standardized

**Product Name:**

GROUP MEDICARE SUPPLEMENT PRE-STANDARDIZED PLANS

**Project Name/Number:**

RATE/RERATE 2018 - PRE -STD

<b>Item Status:</b>	
<b>Status Date:</b>	

**UnitedHealthcare Insurance Company**

**Annual Medicare Supplement Filing  
Actuarial Memorandum**

**AARP Medicare Supplement Portfolio  
Group Policy Number G-36000-4**

**Pre-Standardized Plans**

**Rhode Island**

**A. Purpose of Filing**

The purpose of this filing is to request approval of 2018 rates for Pre-Standardized Medicare Supplement plans offered to AARP members and to demonstrate compliance with loss ratio standards.

The rates included are a continuation of 2017 rates. We project an anticipated lifetime loss ratio of 85.5%.

**B. General Description**

1. Issuer Name – The Prudential Insurance Company of America. UnitedHealthcare assumed this risk effective January 1, 1998, through an assumption reinsurance agreement with Prudential.
2. Form Number – Group Policy Number G-36000-4  
Prescription Drug Elimination Rider: CRA 1664
3. Policy Type – Pre-Standardized Group Medicare Supplement.
4. Benefit Description – See Attachment 7 for plan specific benefit descriptions. These Medicare Supplement plans were sold prior to standardization and met Baucus requirements.
5. Renewal Provision – Guaranteed renewable. If the group policy is terminated by the group policyholder and not replaced by another group policy by the same policyholder, an individual policy will be offered.
6. Marketing Method – This is a closed block of business. Plans were marketed through the mail to members of AARP.
7. Underwriting Method – The Pre-Standardized Plans and Rider AD/DP were available on a guaranteed issue basis.



8. Pre-Existing Conditions Exclusion – This is a closed block of business; the maximum exclusion on any of these plans was 6 months/6 months.
9. Issue Age Limits – This is a closed block of business.
10. Premium Basis – Premium is earned on the first of the month for the entire month in which it is due. Premiums do not vary by age and contain no pre-funding components.

Discounts Available – The discounts currently available to AARP Medicare Supplement members will remain:

- a) Payment by Electronic Funds Transfer (\$2.00 per household per month).
- b) Annual Pay (\$24 per household for those that pay their entire calendar year premium in January).
- c) Multi-Insured - 5% when two or more insureds on one account each have at least one eligible plan of insurance issued under a group master policy between the Trustees of AARP and UnitedHealthcare Insurance Company.

11. Actuary's Name: Timothy A. Koenig, ASA, MAAA  
Director, Actuarial Services  
UnitedHealthcare Insurance Company  
680 Blair Mill Road  
Horsham, PA 19044  
(215) 902-8429

12. Domicile State Approval – UnitedHealthcare Insurance Company is domiciled in Connecticut. The Connecticut Department of Insurance does not require these rates to be filed for your state. We file Connecticut specific rates (i.e., rates charged to Connecticut residents) with the Connecticut Department of Insurance. Proposed 2018 Connecticut specific rates will be filed for approval with the Connecticut Department of Insurance in August 2017.

### **C. Rate Methodology/Assumptions**

1. General Method – Projections used in developing the 2018 rates are shown in Attachment 1. Based on historical claim patterns, per member per month claim costs are developed by benefit and trended to the end of the 2018 rating period (also see Attachment 3).

The rate increase percentage for these certificates represents the average increase needed for the plans when grouped together. This approach should result in more moderate increases for all of the insureds.

Rates are based on state of residence as approved by the state of residence. When notification of a change of residence is received, rates are adjusted accordingly.

2. Priced with Trend/Selection – Claim cost trends are projected for 2017 and 2018. The trend assumptions are based on historical AARP Medicare Supplement experience. These certificates have been in force since 1992 or prior; no explicit adjustment for selection is included in the pricing.
3. Priced with Rate Increases – We anticipate future annual rate increases similar to future medical trend levels.
4. Commission Rate – None.
5. Replacement Commissions – None.
6. Lapse Assumption – Lapse assumptions are based on historical AARP Medicare Supplement experience. For 2017 and 2018, the assumed annual lapse rates (including death) are 20.9% and 20.0%, respectively.
7. Morbidity Assumption – Morbidity assumptions are based on historical AARP Medicare Supplement experience and are incorporated into the trend projections and base claim costs.
8. Interest Assumptions – 5.0%.
9. Pre-Funding – These plans are community-rated. The rates are projected to be effective until December 31, 2018 and reflect no pre-funding.

#### **D. Scope/Reason for Request**

1. Overall Increase – The overall increase is 0.0%.
2. Variations by Cell – The requested rate increases represent the average increase needed for the plans when grouped together (see enclosed Rate Schedule).
3. Effective Date – January 1, 2018.
4. Timing – These plans are rated on a calendar year basis.

#### **E. Rates and Rating Factors**

1. Current – See Rate Schedule.
2. Proposed – See Rate Schedule.
3. Period Rates Apply – Effective January 1, 2018.

**F. Average Annualized Premium** - \$2,526. See Attachment 4 for 2018 annualized premiums by plan.

**G. Rate History** – See Attachment 5.

**H. Average Lives** – See Attachment 1.

**I. Historical Incurred Claims** – See Attachment 1.

**J. Historical Earned Premium** – See Attachment 1.

**K. Loss Ratio Projection**

1. Definition – Loss ratios are calculated as incurred claims divided by premium.
2. Base Period – Claim cost projections are based on claim data incurred through 2016.
3. Lapse Assumption – Lapse assumptions are based on historical AARP Medicare Supplement experience. For 2017 and 2018, the assumed annual lapse rates (including death) are 20.9% and 20.0%, respectively.
4. Claim Trend Assumption – Claim trend projections are based on historical AARP Medicare Supplement experience and reflect changes made to the Medicare program. See Attachment 3 for projected claim trends.
5. Attained Age/Selection Adjustments – These plans are community rated. Demographic and selection differences are built into the historical claim costs.
6. Future Rate Increases – We anticipate future annual rate increases similar to future medical trend levels.
7. Interest Assumption – 5.0%.
8. With and Without Rate Change
  - Without a change to the 2017 rates, the anticipated lifetime loss ratio is 85.5%.

**L. Loss Ratio Demonstration**

All Pre-Standardized plans have been in force at least three years. After proposed rate actions and considering the credibility of the business, anticipated lifetime loss ratios, projected

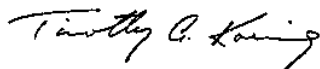
future loss ratios and expected third year loss ratios are greater than or equal to the applicable ratio.

### M. Actuarial Certification

I am a member of the Society of Actuaries and a member of the American Academy of Actuaries. I meet the Qualification Standards of Actuarial Opinion as adopted by the American Academy of Actuaries and am qualified to render this prescribed statement of actuarial opinion.

I hereby certify that to the best of my knowledge and judgment, the following items are true with respect to this Medicare Supplement rate filing:

- This entire filing is in compliance with your state’s applicable laws, regulations and rules.
- This filing complies with all applicable Actuarial Standards of Practice as promulgated by the Actuarial Standards Board, including Actuarial Standard of Practice No. 8 “Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits” and Actuarial Standard of Practice No. 23 “Data Quality”.
- Data provided by others were reviewed and determined to be of high quality and reliable.
- The assumptions within this filing present my best judgment as to the expected value for each assumption and are consistent with UnitedHealthcare’s business plan at the time of the filing.
- The filed rates maintain the proper relationship between policies which were originally filed with differing rating methodologies.
- The rates determined in this filing are reasonable in relation to the benefits provided and are not excessive, inadequate or unfairly discriminatory.
- The anticipated lifetime loss ratio, future loss ratios, and third-year loss ratios all meet or exceed the applicable ratio.



7/14/2017

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Timothy A. Koenig, ASA, MAAA  
Director, Actuarial Services  
UnitedHealthcare Insurance Company

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Date

# **UNITEDHEALTHCARE INSURANCE COMPANY**

## **PRE-STANDARDIZED MEDICARE SUPPLEMENT RATE FILING**

### **GROUP POLICY NUMBER G-36000-4**

#### **Rhode Island**

#### **EFFECTIVE 1/1/2018**

### **CONTENTS**

1. Rate Schedule (1 page)
2. Actuarial Memorandum (5 pages)
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4. Attachment 2 – Experience Exhibit (1 page)
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6. Attachment 4 – Average Annualized Premiums (1 page)
7. Attachment 5 – Rate History (1 page)
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11. Attachment 9 – Pre-Standardized Historical and Projected Loss Ratios (1 page)
12. Attachment 10 – Pre-Standardized Plans Paid and Incurred Experience (1 page)
13. Attachment 11 – Rates for Non Issued Plans (1 page)

**RHODE ISLAND - LOSS RATIO PROJECTIONS**

Company: UnitedHealthcare Insurance Company  
 Policy Form: G-36000-4 Pre-Standardized Plans\*

**TOTAL PRE-STANDARDIZED**

	<b>HISTORICAL EXPERIENCE</b>			
	<u>Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio</u>	<u>Average Lives</u>
1994	\$2,308,925	\$2,107,905	91.3%	3,422
1995	\$2,054,340	\$2,106,267	102.5%	3,132
1996	\$2,446,505	\$2,252,767	92.1%	2,730
1997	\$2,370,295	\$2,121,440	89.5%	2,301
1998	\$2,278,499	\$1,890,680	83.0%	1,725
1999	\$2,102,867	\$1,592,176	75.7%	1,380
2000	\$2,008,482	\$1,518,250	75.6%	1,237
2001	\$1,826,897	\$1,436,259	78.6%	1,128
2002	\$1,669,249	\$1,299,063	77.8%	990
2003	\$1,540,747	\$1,242,577	80.6%	900
2004	\$1,376,857	\$1,193,056	86.7%	801
2005	\$1,241,378	\$1,021,521	82.3%	701
2006	\$1,158,491	\$1,036,774	89.5%	615
2007	\$1,075,500	\$857,201	79.7%	536
2008	\$970,840	\$837,954	86.3%	464
2009	\$868,092	\$702,157	80.9%	401
2010	\$759,786	\$637,370	83.9%	338
2011	\$698,369	\$582,380	83.4%	301
2012	\$623,317	\$468,046	75.1%	263
2013	\$563,103	\$483,505	85.9%	229
2014	\$493,742	\$350,206	70.9%	199
2015	\$407,260	\$322,314	79.1%	165
2016	\$341,018	\$275,444	80.8%	137
2017	\$273,037	\$222,627	81.5%	108
<b>Total Historical</b>	<b>\$31,457,595</b>	<b>\$26,557,938</b>	<b>84.4%</b>	<b>n/a</b>
With Interest**	\$70,315,805	\$60,100,552	85.5%	n/a

**FUTURE EXPERIENCE - WITH 2018 RATE CHANGE**

	<u>Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio</u>	<u>Average Lives</u>
	2018	\$218,585	\$186,035	85.1%
2019	\$183,611	\$156,270	85.1%	69
2020	\$154,233	\$131,267	85.1%	55
2021	\$129,556	\$110,264	85.1%	44
2022	\$108,827	\$92,622	85.1%	35
2023	\$91,415	\$77,802	85.1%	28
2024	\$76,788	\$65,354	85.1%	23
2025	\$64,502	\$54,897	85.1%	18
2026	\$54,182	\$46,114	85.1%	15
2027	\$45,513	\$38,735	85.1%	12
<b>Total Future</b>	<b>\$1,127,212</b>	<b>\$959,360</b>	<b>85.1%</b>	<b>n/a</b>
Discounted with Interest**	\$952,061	\$810,290	85.1%	n/a

**LIFETIME EXPERIENCE\*\* - WITHOUT 2018 RATE CHANGE**

	<u>Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio</u>	<u>Average Lives</u>
Total Historical	\$70,315,805	\$60,100,552	85.5%	n/a
Total Future	\$952,061	\$810,290	85.1%	n/a
Total Lifetime	\$71,267,865	\$60,910,842	85.5%	n/a

**LIFETIME EXPERIENCE\*\* - WITH 2018 RATE CHANGE**

	<u>Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio</u>	<u>Average Lives</u>
Total Historical	\$70,315,805	\$60,100,552	85.5%	n/a
Total Future	\$952,061	\$810,290	85.1%	n/a
Total Lifetime	\$71,267,865	\$60,910,842	85.5%	n/a

\*Excludes AD/DP Experience.

\*\*Accumulated at 5% interest rate

**Rhode Island  
Pre-Standardized Medicare Supplement Exhibit**

**Total**

<b>Calendar Year</b>	<b>Incurred Claims</b>	<b>Earned Premiums</b>	<b>Loss Ratio</b>	<b>Average Lives</b>
<b>1994</b>	2,117,030	2,334,215	90.7%	3,422
<b>1995</b>	2,115,779	2,069,368	102.2%	3,132
<b>1996</b>	2,261,499	2,459,473	92.0%	2,730
<b>1997</b>	2,131,670	2,381,661	89.5%	2,301
<b>1998</b>	1,905,170	2,288,154	83.3%	1,725
<b>1999</b>	1,601,086	2,111,097	75.8%	1,380
<b>2000</b>	1,526,950	2,015,683	75.8%	1,237
<b>2001</b>	1,445,679	1,833,246	78.9%	1,128
<b>2002</b>	1,302,903	1,674,866	77.8%	990
<b>2003</b>	1,244,719	1,545,846	80.5%	900
<b>2004</b>	1,194,616	1,381,223	86.5%	801
<b>2005</b>	1,023,921	1,245,144	82.2%	701
<b>2006</b>	1,039,624	1,161,845	89.5%	615
<b>2007</b>	859,451	1,078,304	79.7%	536
<b>2008</b>	841,434	973,203	86.5%	464
<b>2009</b>	704,557	870,122	81.0%	401
<b>2010</b>	639,770	761,502	84.0%	338
<b>2011</b>	584,780	699,843	83.6%	301
<b>2012</b>	468,046	624,603	74.9%	263
<b>2013</b>	483,505	564,164	85.7%	229
<b>2014</b>	350,206	494,537	70.8%	199
<b>2015</b>	322,314	407,953	79.0%	165
<b>2016</b>	275,484	341,573	80.7%	137

*\*Pre-Standardized Plans in force on the SSAA-94 effective date are grouped together by type and treated as if they were issued on the SSAA-94 effective date.*

*\*\*Includes AD/DP experience.*

**PRE-STANDARDIZED PLANS  
RHODE ISLAND BENEFIT COSTS**

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	Per Member Per Month Costs*					
	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>Proj 2017</u>	<u>Proj 2018</u>
Part B Coinsurance	\$102.88	\$84.59	\$89.87	\$95.78	\$98.14	\$102.14
Part B Excess Charges	\$0.23	\$0.38	\$0.45	\$0.39	\$0.35	\$0.35
Part A Deductible	\$30.54	\$34.31	\$34.09	\$37.30	\$35.50	\$37.19
Long Hospital Stay	\$0.00	\$0.00	\$0.00	\$0.16	\$0.25	\$0.25
SNF Day 21-100	\$42.75	\$28.67	\$39.57	\$34.59	\$36.94	\$38.80
SNF Day 101-365	\$0.00	\$0.00	\$0.00	\$0.52	\$0.90	\$0.95
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.10	\$0.10
Prescription Drugs	\$30.30	\$21.15	\$26.20	\$32.81	\$25.30	\$25.38
<b>Total PMPM Cost</b>	<b>\$176.08</b>	<b>\$146.96</b>	<b>\$162.70</b>	<b>\$167.67</b>	<b>\$171.52</b>	<b>\$179.05</b>
<i>Trend</i>		<i>-16.5%</i>	<i>10.7%</i>	<i>3.1%</i>	<i>2.3%</i>	<i>4.4%</i>

*"Other" includes foreign care and/or private duty nursing benefits.*

*\* The per member per month cost is equal to the incurred claims divided by the number of lives with that specific benefit.*



### Rhode Island Average Annualized Premiums\*

<u>Plan</u>	<u>Proposed 2018</u>	<u>2017</u>
M1/J1/P1	\$1,615	\$1,616
M2/J2/P2/MC/MH/MM/MS/DA/DB	\$1,951	\$1,959
M3/J3/P3	\$2,994	\$2,993
M4	-	-
M5/J5/P5	-	-
M6/J6/P6/DC/DE/DF	\$2,371	\$2,371
M7/P7	\$3,168	\$3,168
MA/PA	\$1,600	\$1,602
AD/DP	\$48	\$48
 Total	 \$2,526	 \$2,526

*\*Average premiums are net of discounts.*

**Rhode Island  
Pre-Standardized Plans Rate History**

	<u>1/2013*</u>	<u>1/2014</u>	<u>1/2015*</u>	<u>1/2016</u>	<u>1/2017</u>	<b>Proposed</b> <u>1/2018</u>	<u>2014/2013</u>	<u>2015/2014*</u>	<u>2016/2015</u>	<u>2017/2016</u>	<b>Proposed</b> <u>2018/2017</u>
<b>M1/J1/P1</b>	\$136.25	\$136.25	\$137.00	\$137.00	\$137.00	\$137.00	0.0%	0.6%	0.0%	0.0%	0.0%
<b>M2/J2/P2/MC/MH/MM/MS/DA/DB</b>	\$164.25	\$164.25	\$165.25	\$165.25	\$165.25	\$165.25	0.0%	0.6%	0.0%	0.0%	0.0%
<b>M3/J3/P3 (with drugs)</b>	\$282.50	\$282.50	\$284.25	\$284.25	\$284.25	\$284.25	0.0%	0.6%	0.0%	0.0%	0.0%
<b>M3/J3/P3 (without drugs)</b>	\$248.00	\$248.00	\$249.50	\$249.50	\$249.50	\$249.50	0.0%	0.6%	0.0%	0.0%	0.0%
<b>M4 (with drugs)</b>	\$309.50	\$309.50	\$311.25	\$311.25	\$311.25	\$311.25	0.0%	0.6%	0.0%	0.0%	0.0%
<b>M4 (without drugs)</b>	\$274.75	\$274.75	\$276.50	\$276.50	\$276.50	\$276.50	0.0%	0.6%	0.0%	0.0%	0.0%
<b>M5/J5/P5</b>	\$160.50	\$160.50	\$161.50	\$161.50	\$161.50	\$161.50	0.0%	0.6%	0.0%	0.0%	0.0%
<b>M6/J6/P6/DC/DE/DF</b>	\$199.25	\$199.25	\$200.50	\$200.50	\$200.50	\$200.50	0.0%	0.6%	0.0%	0.0%	0.0%
<b>M7/P7 (with drugs)</b>	\$294.25	\$294.25	\$296.00	\$296.00	\$296.00	\$296.00	0.0%	0.6%	0.0%	0.0%	0.0%
<b>M7/P7 (without drugs)</b>	\$260.25	\$260.25	\$261.75	\$261.75	\$261.75	\$261.75	0.0%	0.6%	0.0%	0.0%	0.0%
<b>MA/PA</b>	\$135.00	\$135.00	\$135.75	\$135.75	\$135.75	\$135.75	0.0%	0.6%	0.0%	0.0%	0.0%
<b>AD/DP</b> (Recuperation Care Rider)	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	0.0%	0.0%	0.0%	0.0%	0.0%

\*The rate changes were deferred until April 1st.

**Rhode Island Average Lives**

<u>Plan</u>	<u>2018</u>	<u>2017</u>
M1/J1/P1	1	2
M2/J2/P2/MC/MH/MM/MS/DA/DB	1	1
M3/J3/P3	16	20
M4	-	-
M5/J5/P5	-	-
M6/J6/P6/DC/DE/DF	57	71
M7/P7	9	11
MA/PA	3	4
AD/DP	5	8
Total	87	108

### National Average Lives

<u>Plan</u>	<u>2018</u>	<u>2017</u>
M1/J1/P1	729	960
M2/J2/P2/MC/MH/MM/MS/DA/DB	1,431	1,962
M3/J3/P3	4,370	5,697
M4	20	23
M5/J5/P5	761	975
M6/J6/P6/DC/DE/DF	27,305	34,928
M7/P7	4,705	5,898
MA/PA	2,564	3,098
AD/DP	3,805	4,706
Total	41,884	53,541

Service	Benefit	AARP's Medicare Supplement (M1, P1, J1)	AARP's Medicare Supplement Plus (M2,P2,J2)
<b>HOSPITAL EXPENSES</b> (for covered expenses each benefit period*) semi-private room and board, general nursing and miscellaneous hospital services and supplies. Includes lab tests, diagnostic x-rays, meals, special care units, drugs, medical supplies, operating and recovery room, anesthesia and rehabilitation services.	Days 1 through 60	Actual charges up to \$339	Actual charges up to \$1356
	Days 61 through 90	to \$339/day	to \$339/day
	Days 91 and after when using a Lifetime Reserve Day	\$678/day	\$678/day
	Days 91 and after when LTR's are available but not used	\$678/day for up to 60 days	\$678/day for up to 60 days
	Days 91 and after when all 60 LTR's have been used	100% of Medicare eligible expenses (unlimited # of days)	100% of Medicare eligible expenses (unlimited # of days)
<b>SKILLED NURSING FACILITY STAYS</b> (for covered services each benefit period*) in a facility approved by Medicare. Insured must have been in a hospital for at least 3 days and enter SNF within 30 days after hospital discharge- same condition.	Days 1 through 20	No benefit	No benefit
	Days 21 through 100	\$169.50/day	\$169.50/day
	Days 101 through 365	\$339/day	\$339/day
<b>MEDICAL CARE</b> (for covered expenses each calendar year) Physician services, medical services and supplies, physical and speech therapy, ambulance, etc.	In-Hospital and Out of Hospital	20% of Medicare eligible expenses not paid in full by Medicare after a \$200 medical deductible**	20% of Medicare eligible expenses not paid in full by Medicare after a \$200 medical deductible**
<b>IN-HOSPITAL PRIVATE DUTY NURSING CARE</b>	In-Hospital Care by an RN or LPN	RN-actual charges up to \$30 per 8hr shift. LPN-actual charges up to \$25 per 8hr shift. MAX.- 3 shifts/day; 60 shifts/benefit pd.	RN-actual charges up to \$30 per 8hr shift. LPN-actual charges up to \$25 per 8hr shift. MAX.- 3 shifts/day; 60 shifts/benefit pd.
<b>BLOOD</b> - 1st 3 pints of blood or equivalent quantity of packed red blood cells.		The reasonable cost under Parts A and B	The reasonable cost under Parts A and B
<b>PRESCRIPTION DRUGS</b>	Purchased Out-of-Hospital and outside of a SNF (1)	No benefit	No benefit
<b>FOREIGN HOSPITAL &amp; MEDICAL CARE</b> Hospital, physician and medical services received in a foreign country which are of a type considered eligible when provided in the U.S.	Days 1 through 60 of each trip period (2)	80% of reasonable charges after first \$50 up to \$25,000 per trip period	80% of reasonable charges after first \$50 up to \$25,000 per trip period

\* A benefit period begins the first day of confinement in a hospital and ends when 60 consecutive days have passed without confinement.

\*\* Medical deductible- first \$200 (Plans M1 & M2) or first \$192 (Plans M3 to MA) each calendar year of Medicare eligible expenses not paid by Medicare.

(1) Prescription drug benefits will be discontinued for insureds covered by Plans M3, M4, and M7 who enroll in Medicare Part D. Prescription drug benefits will continue for insureds covered by Plans M3, M4, and M7 who do not enroll in Medicare Part D.

(2) A trip period begins on the day you leave the U.S. and ends on the day you return to the U.S.

Service	Benefit	AARP's Extended Medicare Supplement (M3,P3,J3)	AARP'S Comprehensive Medicare Supplement (M4)
<p><b>HOSPITAL EXPENSES</b> (for covered expenses each benefit period*) semi-private room and board, general nursing and miscellaneous hospital services and supplies. Includes lab tests, diagnostic x-rays, meals, special care units, drugs, medical supplies, operating and recovery room, anesthesia and rehabilitation services.</p>	Days 1 through 60	Actual charges up to \$1356	Actual charges up to \$1356
	Days 61 through 90	to \$339/day	to \$339/day
	Days 91 and after when using a Lifetime Reserve Day	\$678/day	\$678/day
	Days 91 and after when LTR's are available but not used	\$678/day for up to 60 days	\$678/day for up to 60 days
	Days 91 and after when all 60 LTR's have been used	100% of Medicare eligible expenses (unlimited # of days)	100% of Medicare eligible expenses (unlimited # of days)
<p><b>SKILLED NURSING FACILITY STAYS</b> (for covered services each benefit period*) in a facility approved by Medicare. Insured must have been in a hospital for at least 3 days and enter SNF within 30 days after hospital discharge- same condition.</p>	Days 1 through 20	No benefit	No benefit
	Days 21 through 100	\$169.50/day	\$169.50/day
	Days 101 through 365	\$339/day	\$339/day
<p><b>MEDICAL CARE</b> (for covered expenses each calendar year) Physician services, medical services and supplies, physical and speech therapy, ambulance, etc.</p>	In-Hospital and Out of Hospital	20% of Medicare eligible expenses not paid in full by Medicare after a \$192 medical deductible**	100% of Medicare eligible expenses not paid in full by Medicare, up to the limiting charge set by Medicare, after a \$192 medical deductible**
<p><b>IN-HOSPITAL PRIVATE DUTY NURSING CARE</b></p>	In-Hospital Care by an RN or LPN	80% of usual and prevailing charges	80% of usual and prevailing charges
<p><b>BLOOD</b> - 1st 3 pints of blood or equivalent quantity of packed red blood cells.</p>		The reasonable cost under Parts A and B	The reasonable cost under Parts A and B
<p><b>PRESCRIPTION DRUGS</b></p>	Purchased Out-of-Hospital and outside of a SNF (1)	50% of usual and prevailing charges after \$50 deductible; Max benefit of \$500/yr.	50% of usual and prevailing after \$50 deductible; Max benefit of \$500/yr.
<p><b>FOREIGN HOSPITAL &amp; MEDICAL CARE</b> Hospital, physician and medical services received in a foreign country which are of a type considered eligible when provided in the U.S.</p>	Days 1 through 60 of each trip period (2)	80% of reasonable charges after first \$50 up to \$25,000 per trip period	80% of reasonable charges after first \$50 up to \$25,000 per trip period

\* A benefit period begins the first day of confinement in a hospital and ends when 60 consecutive days have passed without confinement.

\*\* Medical deductible- first \$200 (Plans M1 & M2) or first \$192 (Plans M3 to MA) each calendar year of Medicare eligible expenses not paid by Medicare.

(1) Prescription drug benefits will be discontinued for insureds covered by Plans M3, M4, and M7 who enroll in Medicare Part D. Prescription drug benefits will continue for insureds covered by Plans M3, M4, and M7 who do not enroll in Medicare Part D.

(2) A trip period begins on the day you leave the U.S. and ends on the day you return to the U.S.

Service	Benefit	AARP's Medicare Supplement (M5,P5,J5)	AARP'S Medicare Supplement Plus (M6,P6,J6)
<b>HOSPITAL EXPENSES</b> (for covered expenses each benefit period*) semi-private room and board, general nursing and miscellaneous hospital services and supplies. Includes lab tests, diagnostic x-rays, meals, special care units, drugs, medical supplies, operating and recovery room, anesthesia and rehabilitation services.	Days 1 through 60	Actual charges up to \$339	Actual charges up to \$1356
	Days 61 through 90	to \$339/day	to \$339/day
	Days 91 and after when using a Lifetime Reserve Day	\$678/day	\$678/day
	Days 91 and after when LTR's are available but not used	\$678/day for up to 60 days	\$678/day for up to 60 days
	Days 91 and after when all 60 LTR's have been used	100% of Medicare eligible expenses (unlimited # of days)	100% of Medicare eligible expenses (unlimited # of days)
<b>SKILLED NURSING FACILITY STAYS</b> (for covered services each benefit period*) in a facility approved by Medicare. Insured must have been in a hospital for at least 3 days and enter SNF within 30 days after hospital discharge- same condition.	Days 1 through 20	No benefit	No benefit
	Days 21 through 100	\$169.50/day	\$169.50/day
	Days 101 through 365	\$339/day	\$339/day
<b>MEDICAL CARE</b> (for covered expenses each calendar year) Physician services, medical services and supplies, physical and speech therapy, ambulance, etc.	In-Hospital and Out of Hospital	20% of Medicare eligible expenses not paid in full by Medicare after a \$192 medical deductible**	20% of Medicare eligible expenses not paid in full by Medicare after a \$192 medical deductible**
<b>IN-HOSPITAL PRIVATE DUTY NURSING CARE</b>	In-Hospital Care by an RN or LPN	RN-actual charges up to \$30 per 8hr shift. LPN-actual charges up to \$25 per 8hr shift. MAX.- 3 shifts/day; 60 shifts/benefit pd.	RN-actual charges up to \$30 per 8hr shift. LPN-actual charges up to \$25 per 8hr shift. MAX.- 3 shifts/day; 60 shifts/benefit pd.
<b>BLOOD</b> - 1st 3 pints of blood or equivalent quantity of packed red blood cells.		The reasonable cost under Parts A and B	The reasonable cost under Parts A and B
<b>PRESCRIPTION DRUGS</b>	Purchased Out-of-Hospital and outside of a SNF (1)	No benefit	No benefit
<b>FOREIGN HOSPITAL &amp; MEDICAL CARE</b> Hospital, physician and medical services received in a foreign country which are of a type considered eligible when provided in the U.S.	Days 1 through 60 of each trip period (2)	80% of reasonable charges after first \$50 up to \$25,000 per trip period	80% of reasonable charges after first \$50 up to \$25,000 per trip period

\* A benefit period begins the first day of confinement in a hospital and ends when 60 consecutive days have passed without confinement.

\*\* Medical deductible- first \$200 (Plans M1 & M2) or first \$192 (Plans M3 to MA) each calendar year of Medicare eligible expenses not paid by Medicare.

(1) Prescription drug benefits will be discontinued for insureds covered by Plans M3, M4, and M7 who enroll in Medicare Part D. Prescription drug benefits will continue for insureds covered by Plans M3, M4, and M7 who do not enroll in Medicare Part D.

(2) A trip period begins on the day you leave the U.S. and ends on the day you return to the U.S.

Service	Benefit	AARP'S Comprehensive Medicare Supplement (M7,P7)	AARP's Medicare Supplement (MA, PA)
<p><b>HOSPITAL EXPENSES</b> (for covered expenses each benefit period*) semi-private room and board, general nursing and miscellaneous hospital services and supplies. Includes lab tests, diagnostic x-rays, meals, special care units, drugs, medical supplies, operating and recovery room, anesthesia and rehabilitation services.</p>	Days 1 through 60	Actual charges up to \$1356	No benefit
	Days 61 through 90	to \$339/day	to \$339/day
	Days 91 and after when using a Lifetime Reserve Day	\$678/day	\$678/day
	Days 91 and after when LTR's are available but not used	\$678/day for up to 60 days	\$678/day for up to 60 days
	Days 91 and after when all 60 LTR's have been used	100% of Medicare eligible expenses (unlimited # of days)	100% of Medicare eligible expenses (unlimited # of days)
<p><b>SKILLED NURSING FACILITY STAYS</b> (for covered services each benefit period*) in a facility approved by Medicare. Insured must have been in a hospital for at least 3 days and enter SNF within 30 days after hospital discharge- same condition.</p>	Days 1 through 20	No benefit	No benefit
	Days 21 through 100	\$169.50/day	\$169.50/day
	Days 101 through 365	\$339/day	\$339/day
<p><b>MEDICAL CARE</b> (for covered expenses each calendar year) Physician services, medical services and supplies, physical and speech therapy, ambulance, etc.</p>	In-Hospital and Out of Hospital	Medicare eligible expenses not paid in full by Medicare. Up to the usual & prevailing charge set by Medicare after a \$192 medical deductible**	20% of Medicare eligible expenses not paid in full by Medicare after a \$192 medical deductible**
<p><b>IN-HOSPITAL PRIVATE DUTY NURSING CARE</b></p>	In-Hospital Care by an RN or LPN	80% of the usual and prevailing charges	RN-actual charges up to \$30 per 8hr shift. LPN-actual charges up to \$25 per 8hr shift. MAX.- 3 shifts/day; 60 shifts/hospital stay
<p><b>BLOOD</b> - 1st 3 pints of blood or equivalent quantity of packed red blood cells.</p>		The reasonable cost under Parts A and B	100% of the cost not paid by Medicare
<p><b>PRESCRIPTION DRUGS</b></p>	Purchased Out-of-Hospital and outside of a SNF (1)	50% of usual and prevailing charges after \$50 deductible; Max benefit of \$500/yr.	No benefit
<p><b>FOREIGN HOSPITAL &amp; MEDICAL CARE</b> Hospital, physician and medical services received in a foreign country which are of a type considered eligible when provided in the U.S.</p>	Days 1 through 60 of each trip period (2)	80% of reasonable charges after first \$50 up to \$25,000 per trip period	80% of reasonable charges after first \$50 up to \$25,000 per trip period

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(1) Prescription drug benefits will be discontinued for insureds covered by Plans M3, M4, and M7 who enroll in Medicare Part D. Prescription drug benefits will continue for insureds covered by Plans M3, M4, and M7 who do not enroll in Medicare Part D.

(2) A trip period begins on the day you leave the U.S. and ends on the day you return to the U.S.



Service	Benefit	AD/DP
<i>Nursing Home Stays</i>	Days 1-20 per calendar year*	\$60/day
	Days 21 and after	No Benefit
<i>Home Health Care Visits</i>	Visits 1-40 per calendar year*	\$30/visit; 3 hr. minimum/visit
	Visits 41 and after	No Benefit

\* Days and visits which are covered (wholly or partly) by Medicare are days and visits not eligible for benefits under this rider.

## Rhode Island Medicare Supplement Pre-Standardized Plans Trends

The components of the composite trend are shown below.

### Part B Coinsurance

	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
Medicare Fee Update	0.2%	-1.4%	0.6%	0.8%
Utilization Trend	6.1%	8.1%	1.9%	3.2%
Composite Trend	6.2%	6.6%	2.5%	4.1%

The net change in the cost for Part B services in 2017 was 0.6%. For 2018, we assume a net change of 0.8%.

Utilization trend considers changes in the number of services used as well as the intensity of services. Our assumed utilization trends for 2017 and 2018 are 1.9% and 3.2%, respectively.

**Part B Excess** -- Projected claim costs for 2017 and 2018 are \$0.35 and \$0.35 respectively.

### Part A Deductible

	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
Medicare Part A Deductible	\$1,260	\$1,288	\$1,316	\$1,356
% Change in Part A Deductible	3.6%	2.2%	2.2%	3.0%
Utilization Trend	-4.1%	7.1%	-6.9%	1.7%
Composite Trend	-0.7%	9.4%	-4.8%	4.7%

**Hospital Co-Payments** -- Hospital Co-payments are paid for days 61 and after for long hospital stays. Projected claim costs for 2017 and 2018 are \$0.25 and \$0.25 respectively.

**Skilled Nursing** -- Medicare Supplement plans which have a skilled nursing facility stay benefit pay the Medicare cost sharing amount for days 21-100.

	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
Medicare Daily Coinsurance	\$158	\$161	\$165	\$170
% Change in Daily Coinsurance	3.6%	2.2%	2.2%	3.0%
Utilization/Length of Stay, days 21-100	33.2%	-14.5%	4.5%	1.9%
Trend/Length of Stay, days 21-100	38.0%	-12.6%	6.8%	5.0%

**Skilled Nursing (days 101-365)** -- Medicare Supplement plans which have a skilled nursing facility stay benefit also cover an additional 265 days. Projected Claim costs for 2017 and 2018 are \$0.90 and \$0.95, respectively.

**Foreign Care / Private Duty Nursing / Prescription Drugs** -- In aggregate, these benefits represent less than 1% of the total Rhode Island claim costs. Projected costs for these benefits were based on historical experience and actuarial judgment.

## RHODE ISLAND - HISTORICAL AND PROJECTED LOSS RATIOS

	<u>Premium</u>	Premium Accumulated	Incurred Claims	Incurred Claims Accumulated	Incurred Loss Ratio
	a	<u>12/17</u> b	c	<u>12/17</u> d	d/b
<b>TOTAL PRE-STANDARDIZED*</b>					
1990	\$1,694,000	\$6,480,658	\$1,644,749	\$6,292,241	97.1%
1991	\$2,061,167	\$7,509,821	\$1,741,043	\$6,343,457	84.5%
1992	\$2,277,300	\$7,902,188	\$2,257,282	\$7,832,726	99.1%
1993	\$2,367,460	\$7,823,849	\$2,195,875	\$7,256,805	92.8%
1994	\$2,308,925	\$7,267,053	\$2,107,905	\$6,634,369	91.3%
1995	\$2,054,340	\$6,157,885	\$2,106,267	\$6,313,536	102.5%
1996	\$2,446,505	\$6,984,191	\$2,252,767	\$6,431,115	92.1%
1997	\$2,370,295	\$6,444,407	\$2,121,440	\$5,767,816	89.5%
1998	\$2,278,499	\$5,899,839	\$1,890,680	\$4,895,638	83.0%
1999	\$2,102,867	\$5,185,778	\$1,592,176	\$3,926,386	75.7%
2000	\$2,008,482	\$4,717,160	\$1,518,250	\$3,565,792	75.6%
2001	\$1,826,897	\$4,086,369	\$1,436,259	\$3,212,598	78.6%
2002	\$1,669,249	\$3,555,946	\$1,299,063	\$2,767,351	77.8%
2003	\$1,540,747	\$3,125,908	\$1,242,577	\$2,520,973	80.6%
2004	\$1,376,857	\$2,660,385	\$1,193,056	\$2,305,241	86.7%
2005	\$1,241,378	\$2,284,389	\$1,021,521	\$1,879,808	82.3%
2006	\$1,158,491	\$2,030,345	\$1,036,774	\$1,817,025	89.5%
2007	\$1,075,500	\$1,795,139	\$857,201	\$1,430,772	79.7%
2008	\$970,840	\$1,543,285	\$837,954	\$1,332,043	86.3%
2009	\$868,092	\$1,314,240	\$702,157	\$1,063,025	80.9%
2010	\$759,786	\$1,095,497	\$637,370	\$918,991	83.9%
2011	\$698,369	\$958,993	\$582,380	\$799,718	83.4%
2012	\$623,317	\$815,173	\$468,046	\$612,110	75.1%
2013	\$563,103	\$701,357	\$483,505	\$602,216	85.9%
2014	\$493,742	\$585,683	\$350,206	\$415,419	70.9%
2015	\$407,260	\$460,093	\$322,314	\$364,127	79.1%
2016	\$341,018	\$366,911	\$275,444	\$296,358	80.8%
2017	\$273,037	\$279,779	\$222,627	\$228,124	81.5%
Total Historical	\$39,857,522	\$100,032,322	\$34,396,888	\$87,825,781	87.8%
2018	\$218,585	\$213,317	\$186,035	\$181,552	85.1%
2019	\$183,611	\$170,653	\$156,270	\$145,242	85.1%
2020	\$154,233	\$136,523	\$131,267	\$116,193	85.1%
2021	\$129,556	\$109,218	\$110,264	\$92,955	85.1%
2022	\$108,827	\$87,375	\$92,622	\$74,364	85.1%
2023	\$91,415	\$69,900	\$77,802	\$59,491	85.1%
2024	\$76,788	\$55,920	\$65,354	\$47,593	85.1%
2025	\$64,502	\$44,736	\$54,897	\$38,074	85.1%
2026	\$54,182	\$35,789	\$46,114	\$30,459	85.1%
2027	\$45,513	\$28,631	\$38,735	\$24,367	85.1%
Total Future	\$1,127,212	\$952,061	\$959,360	\$810,290	85.1%
Aggregate (1990-2027)	\$40,984,734	\$100,984,382	\$35,356,247	\$88,636,071	87.8%

Assumption: Interest rate is 5%.

\* Excludes AD/DP experience.

**Rhode Island Pre-Standardized  
Paid and Incurred Experience**  
*(Most recent 5 years shown)*

<b>Pre-Standardized *</b>	<u>Paid Premium</u>	<u>Earned Premium</u>	<u>Paid Claims</u>	<u>Incurred Claims</u>	<u>Incurred Expenses</u>	<u>Paid Loss Ratios</u>	<u>Incurred Loss Ratios</u>
2012	623,317	623,317	479,199	468,046	100,101	76.9%	75.1%
2013	563,103	563,103	484,460	483,505	87,989	86.0%	85.9%
2014	493,742	493,742	379,682	350,206	76,407	76.9%	70.9%
2015	407,260	407,260	296,355	322,314	63,490	72.8%	79.1%
2016	341,018	341,018	311,164	275,444	52,576	91.2%	80.8%

\* Excludes AD/DP experience.

**2018 RATES FOR PLANS NOT ISSUED IN  
RHODE ISLAND**

<u>Plan</u>	<u>Monthly Rate</u>
S1	\$137.00
S2	\$165.25
S3 (with drugs)	\$284.25
S3 (without drugs)	\$249.50
S4 (with drugs)	\$311.25
S4 (without drugs)	\$276.50
S6	\$200.50
S7 (with drugs)	\$296.00
S7 (without drugs)	\$261.75
SA	\$135.75
TA/XA/HA/YA	\$135.75
NA/QA	\$133.00
N6/Q6	\$193.25
N3/Q3 (with drugs)	\$91.00
N3/Q3 (without drugs)	\$56.75
N7/Q7 (with drugs)	\$103.75
N7/Q7 (without drugs)	\$69.00
M8/P8	\$158.50
M9/P9	\$198.25
D6/D7/D8/D9	\$14.75

**2018 Rates for Pre-Baucus Coverages**

AG	\$55.75
W (with drugs)	\$250.50
W (without drugs)	\$227.75
X	\$160.50
Y	\$105.25