



# STATE OF CONNECTICUT

## INSURANCE DEPARTMENT

### Notice of Public Hearing/Medicare Supplement Insurance Rate Increase Request Docket Number LH 16-79

Notice is hereby given that, pursuant to Section 38a-474 of the Connecticut General Statutes, a public hearing will be held before the Insurance Commissioner of the State of Connecticut on Thursday, September 22, 2016 at 10:00 a.m. 153 Market Street, (6<sup>th</sup> Floor, Conference Room 601), Hartford, Connecticut.

This hearing will be held to consider the rate increase filings made by Anthem Health Plans, Inc. dba Anthem Blue Cross and Blue Shield of Connecticut on its Medicare supplement insurance policy forms. The hearing will be held in accordance with the authority granted to the Insurance Commissioner under Sections 38a-474 and 38a-495a of the Connecticut General Statutes and Sections 38a-474-2 and 38a-495a-10 of the Regulations of Connecticut State Agencies.

The rate increase filing that will be considered at the public hearing concerns the company’s individual Standardized Medicare supplement insurance policy forms.

#### Group and Individual Pre-Standardized Medicare Supplement Insurance Plans

<u>Plans</u>	<u>Rate Increase Requested</u>
<b><u>BC-65</u></b>	
High Option Group	0.00%
High Option Direct Pay	0.00%
High Option Alternative Group	0.00%
High Option Alternative Direct Pay	0.00%
Low Option Group	0.00%
Low Option Direct Pay	0.00%
Low Option Alternative Group	0.00%
Low Option Alternative Direct Pay	0.00%
<b><u>BS-65</u></b>	
Plan 81 Group	9.90%
Plan 81 Direct Pay	9.90%
Plan 82 Group	0.00%
Plan 82 Direct Pay	0.00%
Plan 83 Group	0.00%
Plan 83 Direct Pay	0.00%
<b><u>CarePlus Hospital</u></b>	<b>0.00%</b>
<b><u>CarePlus Medical</u></b>	<b>9.90%</b>

**CarePlus Drug Riders**

P1	0.00%
P3	0.00%
P5	0.00%
\$0 Copay, 80% Coins., \$2k max Direct Pay	0.00%
\$0 Copay, 80% Coins., \$2k max Group	0.00%

**Individual Standardized Medicare Supplement Insurance Plans**

<u>Plans</u>	<u>Rate Increase Requested</u>
A	20.00%
B	9.90%
C	3.40%
D	7.00%
F	0.60%
High Deductible F	20.00%
G	0.00%
H (w/Rx)	9.90%
H (w/o Rx)	9.90%
J (w/Rx)	9.90%
J (w/o Rx)	9.90%
N	0.00%
CHCP Plan J (w/Rx)	1.30%
CHCP Plan J (w/o Rx)	0.00%

A copy of the rate filing may be examined at the Insurance Department or remotely by clicking on the following link: <https://filingaccess.serff.com/sfa/home/ct>. Individuals requiring additional information or interested in obtaining a copy of the filing may contact the Life and Health Division of the Insurance Department, telephone number (860) 297-3863, fax number (860) 297-3941.

Those wishing to testify at the public hearing will be given an opportunity to do so.

Those unable to attend the hearing may submit written comment on or before the hearing date. Comments should be mailed to the Connecticut Insurance Department, Post Office Box 816, Hartford, CT 06142-0816.

The Insurance Department does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services or activities, in accordance with Title II of the Americans with Disabilities Act of 1990. Individuals who require auxiliary aids for effective communication or other accommodation are invited to make their needs and preferences known to Patricia Tiberio Tel: (860) 297-3932.

Dated at Hartford this 31<sup>st</sup> day of August, 2016



Katharine L. Wade  
Commissioner