



State of Missouri

John Ashcroft, Governor

Department of Economic Development

Carl M. Koupal, Jr., Director


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Lewis E. Melahn
Director

BULLETIN NO. 90-05

BULLETIN

TO: ALL INSURANCE COMPANIES WRITING MEDICARE SUPPLEMENT INSURANCE
IN THE STATE OF MISSOURI

FROM: LEWIS E. MELAHN, DIRECTOR 

RE: MEDICARE SUPPLEMENT RATE FILINGS

DATE: FEBRUARY 23, 1990

The Missouri Division of Insurance is charged with the responsibility to monitor the rates for Medicare Supplement coverage and assure that they comply with minimum loss ratio standards. Missouri regulation 4CSR 190-14.113 outlines this responsibility and authorize me to request any supporting documentation necessary to maintain these minimum standards.

RESCINDED AND INOPERATIVE

The attached "Medicare Supplement Rate Filings" form provides a format for this Division to fulfill this responsibility. This form must be completed for each rate change request. Please complete this form for each policy when requesting a rate revision. Separate policy information is necessary even when policies providing similar benefits are pooled for rating purposes. Please also include an actuarial memorandum in support of the rate change.

You may duplicate this form whenever necessary. Your use of this form will allow continued consistent regulation and a more timely response. If you should have any questions, please contact James W. Casey, Supervisor, Life and Health Section at (314) 751-4363.

Thank you for your cooperation.

LEM/JC/trp



STATE OF MISSOURI
 DIVISION OF INSURANCE
MEDICARE SUPPLEMENT RATE FILINGS

1. COMPANY NAME	NAIC COMPANY CODE
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2. POLICY TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP	3. POLICY FORM NUMBER THIS FILING	4. PERCENTAGE INCREASE OR DECREASE REQUESTED %
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5. COUNTRY WIDE EXPERIENCE BY YEAR OF ISSUE				
DURATION (POLICY YEAR)	CALENDAR YEAR	EARNED PREMIUMS	LOSSES INCURRED	LOSS RATIO
3 +		\$	\$	%
2				
1				
0				

6. MISSOURI EXPERIENCE BY YEAR OF ISSUE				
DURATION (POLICY YEAR)	CALENDAR YEAR	EARNED PREMIUMS	LOSSES INCURRED	LOSS RATIO
3 +		\$	\$	%
2				
1				
0				

RESCINDED AND INOPERATIVE

7. EXPENSE RATIO %	8. REASON FOR INCREASE ◀	(A) HEALTH CARE INFLATION (AVERAGE CLAIM COST)	(C) POOR PAST PREDICTION BY COMPANY	(B) GREATER FREQUENCY OF USE BY POLICYHOLDERS	(D) OTHER - GIVE REASON
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9. ACTUAL FACTOR USED FOR TRENDING	10. NUMBER OF MISSOURI INSUREDS	11. NUMBER OF INSUREDS COUNTRYWIDE
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12. DEGREE OF CREDIBILITY GIVEN TO EXPERIENCE IN MISSOURI %	13. DATE POLICY FIRST ISSUED IN MO.	14. SAME RATE CHARGED COUNTRYWIDE <input type="checkbox"/> YES <input type="checkbox"/> NO
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15. LIST ALL PREVIOUS RATE CHANGES IN MISSOURI			
DATE	PERCENT OF CHANGE	DATE	PERCENT OF CHANGE

16. ESTIMATED TOTAL DOLLAR IMPACT ON MISSOURI INSUREDS \$	17. DATE OF THIS FILING
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18. REMARKS
