



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Notice of Public Hearing/Medicare Supplement Insurance Rate Increase Request Docket Number LH 10-131

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 Tuesday, September 28 at 9:00 a.m., 153 Market Street, Hartford, Connecticut, 6th Floor, Conference room 601.

This hearing will be held to consider the rate increase filings made by Anthem Blue Cross and Blue Shield 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 filings that will be considered at this public hearing concern the company's Pre-standardized and Standardized Medicare supplement insurance products. The proposed rate changes for the company's plans are as follows:

Pre-Standard Medicare Supplement Policy Forms

<u>Plans</u>	<u>Proposed Rate Changes</u>
BC-65	
High Option Group	0.8%
High Option Direct Pay	0.8%
High Option Alternative Group	0.8%
High Option Alternative Direct Pay	0.8%
Low Option Group	0.0%
Low Option Direct Pay	0.0%
Low Option Alternative Group	0.0%
Low Option Alternative Direct Pay	0.0%
BS-65	
Plan 81 Group	4.0%
Plan 81 Direct Pay	4.0%
Plan 82 Group	10.4%
Plan 82 Direct Pay	10.4%
Plan 83 Group	15.9%
Plan 83 Direct Pay	15.9%
Careplus Hospital	0.8%
Careplus Medical	4.0%

Careplus Drug Riders

P1	0.0%
P3	0.0%
P5	0.0%
\$0 Copay, 80% Coins, \$2k max. Direct Pay	0.0%
\$0 Copay, 80% Coins, \$2k max, Group	0.0%

Standardized Medicare Supplement Policy Forms

Anthem

<u>Plans</u>	<u>Proposed Rate Changes</u>
Plan A	15.78%
Plan B	19.00%
Plan C	19.00%
Plan D	9.40%
Plan F	3.50%
High Deductible Plan F	0.00%
Plan G	3.50%
Plan H (w/rx)	9.40%
Plan H (w/o rx)	9.40%
Plan J (w/rx)	9.40%
Plan J (w/o rx)	9.40%
Plan N	3.50%
CHCP Plan J (w/rx)	9.40%
CHCP Plan J (w/o rx)	9.40%

Copies of the rate filings may be examined at the Insurance Department. Individuals requiring additional information or interested in obtaining a copy of the filings may contact the Life and Health Division of the Insurance Department, telephone numbers (860) 297-3901, 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 10th day of September, 2010.



Thomas R. Sullivan
Insurance Commissioner