State: *Virginia* ***Filing Company:*** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-1 Re-Rate/5I-2015*

Filing at a Glance

Company:	The Prudential Insurance Company of America
Product Name:	Individual Long Term Care Insurance
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Form/Rate
Date Submitted:	06/08/2016
SERFF Tr Num:	PRUD-130596260
SERFF Status:	Closed-Approved and Filed
State Tr Num:	PRUD-130596260
State Status:	Approved & Filed
Co Tr Num:	IIGHILTC1(PRE)RERATE-RP-VA
Implementation Date Requested:	On Approval
Author(s):	Laura Hughes, Raenonna Prince, Hina Ahmad, Ritu Jain, Karen Keller
Reviewer(s):	Bobby Toone (primary), Elsie Andy
Disposition Date:	02/10/2020
Disposition Status:	Approved and Filed
Implementation Date:	

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

General Information

Project Name: ILTC-1 Re-Rate
Project Number: 5I-2015
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 68.3%

Deemer Date: 03/07/2020
Submitted By: Raenonna Prince

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Filed Concurrently.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 02/10/2020
State Status Changed: 02/10/2020
Created By: Raenonna Prince
Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:
Please refer to the Filing Cover Letter attached to the Supporting Documentation Tab of this filing.

Company and Contact

Filing Contact Information

Keith Burns, Vice President and Actuary
Long Term Care Unit
100 Mulberry Street
Gateway Center 2, 11th Floor
Newark, NJ 07102

keith.burns@prudential.com
402-715-4861 [Phone]

Filing Company Information

The Prudential Insurance Company of America
751 Broad Street
Newark, NJ 07102-3777
(973) 802-6000 ext. [Phone]

CoCode: 68241
Group Code: 304
Group Name:
FEIN Number: 22-1211670

State of Domicile: New Jersey
Company Type: Life
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Bobby Toone	02/10/2020	02/10/2020

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Elsie Andy	02/05/2020	02/05/2020
Info has been requested from company	Bobby Toone	11/20/2019	11/20/2019
Info has been requested from company	Bobby Toone	10/24/2019	10/24/2019
Info has been requested from company	Bobby Toone	10/15/2019	10/15/2019
Info has been requested from company	Bobby Toone	09/05/2019	09/05/2019
Info has been requested from company	Bobby Toone	07/08/2019	07/08/2019
Info has been requested from company	Bobby Toone	07/03/2019	07/03/2019
Info has been requested from company	Bobby Toone	05/21/2019	05/21/2019
Info has been requested from company	Bobby Toone	02/25/2019	02/25/2019
Info has been requested from company	Bobby Toone	02/05/2019	02/05/2019

Response Letters

Responded By	Created On	Date Submitted
Raenonna Prince	02/06/2020	02/06/2020
Raenonna Prince	11/26/2019	11/26/2019
Raenonna Prince	10/25/2019	10/25/2019
Raenonna Prince	10/31/2019	10/31/2019
Raenonna Prince	09/27/2019	09/27/2019
Raenonna Prince	08/21/2019	08/21/2019
Raenonna Prince	07/17/2019	07/17/2019
Raenonna Prince	06/20/2019	06/20/2019
Raenonna Prince	05/10/2019	05/10/2019
Raenonna Prince	03/21/2019	03/21/2019

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Greg Smith	10/30/2018	10/30/2018
Info has been requested from company	Janet Houser	12/27/2017	12/27/2017
Info has been requested from company	Janet Houser	08/21/2017	08/21/2017
Info has been requested from company	Janet Houser	07/07/2017	07/07/2017
Disapproved	Elsie Andy	06/29/2017	06/29/2017
Info has been requested from company	Janet Houser	06/14/2017	06/15/2017
Info has been requested from company	Janet Houser	03/31/2017	03/31/2017
Info has been requested from company	Janet Houser	02/28/2017	03/01/2017
Info has been requested from company	Janet Houser	01/04/2017	01/04/2017
Info has been requested from company	Janet Houser	12/21/2016	12/21/2016
Disapproved	Janet Houser	06/14/2016	06/14/2016

Response Letters

Responded By	Created On	Date Submitted
Raenonna Prince	01/18/2019	01/18/2019
Raenonna Prince	01/18/2018	01/18/2018
Raenonna Prince	10/13/2017	10/13/2017
Raenonna Prince	08/17/2017	08/17/2017
Raenonna Prince	08/15/2017	08/16/2017
Raenonna Prince	08/03/2017	08/03/2017
Raenonna Prince	05/31/2017	05/31/2017
Raenonna Prince	04/24/2017	04/24/2017
Raenonna Prince	02/25/2017	02/25/2017
Raenonna Prince	02/03/2017	02/03/2017
Raenonna Prince	12/05/2016	12/05/2016

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Cash Indemnity Rider	Raenonna Prince	01/24/2018	01/24/2018
Supporting Document	L&H Readability - Health	Raenonna Prince	08/21/2017	08/21/2017

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Manual of Variable Language (ILTC-1)	Raenonna Prince	08/17/2017	08/17/2017
Rate	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation	Raenonna Prince	02/03/2017	02/03/2017
Rate	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation	Raenonna Prince	02/03/2017	02/03/2017
Rate	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation	Raenonna Prince	02/03/2017	02/03/2017

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Extension Request	Note To Filer	Bobby Toone	07/18/2019	07/18/2019
Request for Extension	Note To Reviewer	Raenonna Prince	07/18/2019	07/18/2019
Request for Extension	Note To Filer	Bobby Toone	04/01/2019	04/01/2019
Re: Request for Extension	Note To Reviewer	Raenonna Prince	04/01/2019	04/01/2019
Extension Request	Note To Filer	Bobby Toone	02/25/2019	02/25/2019
Re: Request for Extension	Note To Reviewer	Raenonna Prince	02/22/2019	02/22/2019
12/27/17 objection letter	Note To Filer	Janet Houser	12/28/2017	12/28/2017
Re: Expanded Explanation for Objection #1 - Issue 3	Note To Reviewer	Raenonna Prince	02/25/2017	02/25/2017
Additional Objection	Note To Filer	Janet Houser	06/14/2016	06/14/2016
RRS	Reviewer Note	Bobby Toone	10/15/2018	

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Disposition

Disposition Date: 02/10/2020

Implementation Date:

Status: Approved and Filed

Comment:

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):
The Prudential Insurance Company of America	68.300%	68.300%	$745,205	521	$1,091,441	94.100%	50.400%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Readability - Health	Received & Acknowledged	Yes
Supporting Document (revised)	Policyholder Notification Letter Package - GRP 115131	Received & Acknowledged	Yes
Supporting Document (revised)	Appendix C - Description of Experience Anlaysis and Assumption Setting	Received & Acknowledged	Yes
Supporting Document (revised)	Appendix C - Exhibit 1 - Mortality Details - ILTC-1	Received & Acknowledged	Yes
Supporting Document (revised)	Appendix C - Exhibit 2 - Lapse Analysis Details	Received & Acknowledged	Yes
Supporting Document (revised)	Appendix C - Exhibit 3 - Morbidity Details - ILTC-1	Received & Acknowledged	Yes
Supporting Document	Appendix D - Persistency - ILTC-1	Received & Acknowledged	Yes
Supporting Document	Appendix E - DOB - ILTC-1	Received & Acknowledged	Yes
Supporting Document	Rate Increase History - ILTC-1	Received & Acknowledged	Yes
Supporting Document	Filing Cover Letter	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 12-2-2016	Received & Acknowledged	Yes
Supporting Document	Objection 3.1 - VA Appendices - ILTC-1 pre RS - Proposed Rate Basis	Received & Acknowledged	Yes
Supporting Document	Objection 3.2 - ILTC-1 - Pre-RS	Received & Acknowledged	Yes
Supporting Document	Objection 3.4 - AE LR	Received & Acknowledged	Yes

SERFF Tracking #: PRUD-130596260 **State Tracking #:** PRUD-130596260 **Company Tracking #:** IIGHILTC1(PRE)RERATE-RP-VA

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Frequently Asked Questions Enclosure - GRP 115280	Received & Acknowledged	Yes
Supporting Document (revised)	Manual of Variable Language (ILTC-1)	Received & Acknowledged	Yes
Supporting Document	Shock Lapse Assumption Support	Received & Acknowledged	Yes
Supporting Document	VA State Rate Basis Template & Appendices - ILTC-1 (Pre)	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 2-2-2017	Received & Acknowledged	Yes
Supporting Document (revised)	VA ILTC-1 Schedule of Benefits	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 4-21-2017	Received & Acknowledged	Yes
Supporting Document	Assumption Comparison ILTC-1	Received & Acknowledged	Yes
Supporting Document	Attachment 4.1 - Rate Increase History	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 8-3-2017	Received & Acknowledged	Yes
Supporting Document	Copies of Policies - GRP 98545, GRP 98546 and GRP 98547	Received & Acknowledged	Yes
Supporting Document	Contingent Nonforfeiture Benefit Rider	Received & Acknowledged	Yes
Supporting Document (revised)	VA - Change Request Form	Received & Acknowledged	Yes
Supporting Document	Redline Versions of the Cash Benefit Rider and Cash Indemnity Rider	Received & Acknowledged	Yes
Supporting Document (revised)	Policyholder Notification Letter - John Doe Version	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 5-10-2019	Received & Acknowledged	Yes
Supporting Document (revised)	VA Pre RS - ILTC-1 Rate Increase	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 6-20-2019	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 8-19-2019	Received & Acknowledged	Yes
Supporting Document	ILTC-1 Pre RS Prior Rate	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 9-27-2019	Received & Acknowledged	Yes
Supporting Document	VA - ILTC-1 Pre RS 2019.09.05 Objection Attachments	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 10-31-2019	Received & Acknowledged	Yes
Supporting Document	VA ILTC1 PreRS 2019.10.15 Objection Attachments	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 11-26-2019	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No

SERFF Tracking #: PRUD-130596260 **State Tracking #:** PRUD-130596260 **Company Tracking #:** IIGHILTC1(PRE)RERATE-RP-VA

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	L&H Readability - Health	Withdrawn	No
Supporting Document	L&H Readability - Health	Withdrawn	No
Supporting Document	Policyholder Notification Letter	Withdrawn	No
Supporting Document	Policyholder Notification Letter	Withdrawn	No
Supporting Document	Appendix C - Description of Experience Anlaysis and Assumption Setting	Withdrawn	No
Supporting Document	Appendix C - Exhibit 1 - Mortality Details - ILTC-1	Withdrawn	No
Supporting Document	Appendix C - Exhibit 2 - Lapse Analysis Details	Withdrawn	No
Supporting Document	Appendix C - Exhibit 3 - Morbidity Details - ILTC-1	Withdrawn	No
Supporting Document	Appendix C - Exhibit 3 - Morbidity Details - ILTC-1	Withdrawn	No
Supporting Document	Frequently Asked Questions Enclosure (ILTC-1)	Withdrawn	No
Supporting Document	Frequently Asked Questions Enclosure (ILTC-1)	Withdrawn	No
Supporting Document	Frequently Asked Questions Enclosure (ILTC-1)	Withdrawn	No
Supporting Document	Manual of Variable Language (ILTC-1)	Withdrawn	No
Supporting Document	Manual of Variable Language (ILTC-1)	Withdrawn	No
Supporting Document	Manual of Variable Language (ILTC-1)	Withdrawn	No
Supporting Document	Manual of Variable Language (ILTC-1)	Withdrawn	No
Supporting Document	Manual of Variable Language (ILTC-1)	Withdrawn	No
Supporting Document	Manual of Variable Language (ILTC-1)	Withdrawn	No
Supporting Document	Manual of Variable Language (ILTC-1)	Withdrawn	No
Supporting Document	Manual of Variable Language (ILTC-1)	Withdrawn	No
Supporting Document	Manual of Variable Language (ILTC-1)	Withdrawn	No
Supporting Document	VA ILTC-1 Schedule of Benefits	Withdrawn	No
Supporting Document	VA ILTC-1 Schedule of Benefits	Withdrawn	No
Supporting Document	VA ILTC-1 Schedule of Benefits	Withdrawn	No
Supporting Document	VA - Change Request Form	Withdrawn	No
Supporting Document	VA - Change Request Form	Withdrawn	No
Supporting Document	Policyholder Notification Letter - John Doe Version	Withdrawn	No
Supporting Document	VA Pre RS - ILTC-1 Rate Increase	Withdrawn	No
Form (revised)	Cash Indemnity Rider	Approved	Yes
Form (revised)	Policyholder Notification Letter (ILTC-1)	Withdrawn	No

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Form (revised)	Change Request Form	Withdrawn	No
Form (revised)	Frequently Asked Questions	Withdrawn	No
Form	Schedule of Benefits ILTC-1	Filed	Yes
Form	Schedule of Benefits ILTC-1	Filed	Yes
Form	Schedule of Benefits ILTC-1	Filed	Yes
Form	Cash Indemnity Rider	Withdrawn	No
Form	Cash Indemnity Rider	Withdrawn	No
Form	Policyholder Notification Letter (ILTC-1)	Withdrawn	No
Form	Policyholder Notification Letter (ILTC-1)	Withdrawn	No
Form	Policyholder Notification Letter (ILTC-1)	Withdrawn	No
Form	Policyholder Notification Letter (ILTC-1)	Withdrawn	No
Form	Policyholder Notification Letter (ILTC-1)	Withdrawn	No
Form	Policyholder Notification Letter (ILTC-1)	Withdrawn	No
Form	Policyholder Notification Letter (ILTC-1)	Withdrawn	No
Form	Change Request Form	Withdrawn	No
Form	Change Request Form	Withdrawn	No
Form	Change Request Form	Withdrawn	No
Form	Frequently Asked Questions	Withdrawn	No
Form	Frequently Asked Questions	Withdrawn	No
Rate (revised)	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider	Approved	Yes
Rate (revised)	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation	Approved	Yes
Rate (revised)	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation	Approved	Yes
Rate (revised)	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation	Approved	Yes
Rate (revised)	Apprendix F - Rate Pages (ILTC-1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider	Approved	Yes
Rate (revised)	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98180 Monthly Benefit Rider	Approved	Yes
Rate (revised)	Appendix F - Rate Pages (ILTC-1 Pre-RS)	Approved	Yes
Rate	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider	Withdrawn	No

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation	Withdrawn	No
Rate	Apprendix F - Rate Pages (ILTC-1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider	Withdrawn	No
Rate	Apprendix F - Rate Pages (ILTC-1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider	Withdrawn	No
Rate	Apprendix F - Rate Pages (ILTC-1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98180 Monthly Benefit Rider	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-1 Pre-RS)	Withdrawn	No

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/05/2020
Submitted Date	02/05/2020
Respond By Date	03/06/2020

Dear Keith Burns,

Introduction:

The Prudential Insurance Company of America
SERFF Tracking No: PRUD-130596260
Form Nos.: GRP 115282, et al.

We continued our review of the forms and need some additional information.

Objection 1

- Manual of Variable Language (ILTC-1) (Supporting Document)

Comments: The Manual of Variable Language contains references to forms that have been withdrawn from the filing. Please revise the manual to only reference the applicable forms attached to the submission.

Objection 2

- Cash Indemnity Rider, GRP 115282 (Form)

Comments: Please advise if the company address, signature of officer, and office are intended to be variable. If so, these fields should be bracketed and explained in the Manual of Variability.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Elsie Andy
Manager, Forms and Rates
Life and Health Division
(804) 371-9072

Sincerely,
Elsie Andy

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/20/2019
Submitted Date	11/20/2019
Respond By Date	12/20/2019

Dear Keith Burns,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Per our phone conversation on 11/20/2019, please provide the current national cumulative average increase, and what that average would be if all outstanding rate increase requests were approved for the full amount.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/24/2019
Submitted Date	10/24/2019
Respond By Date	11/23/2019

Dear Keith Burns,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Schedule of Benefits ILTC-1, GRP 98544REV (Form)

- Schedule of Benefits ILTC-1, GRP 98545REV (Form)

- Schedule of Benefits ILTC-1, GRP 98546REV (Form)

Comments: As the Schedules of Benefit were originally approved with the policy, please move these forms to Supporting Documentation.

Objection 2

- Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)

Comments: Please withdraw GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy -1-2019.pdf from the filing, since the Policyholder Notification Letter from filing PRUD-130596305 is intended to be used as a template the current and future individual LTC filings.

Also, please submit a statement to Supporting Documentation that the Policyholder Notification letter can be located in filing PRUD-130596305. In future filings this notification should appear either in the General Information section, or the Actuarial Memorandum.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/15/2019
Submitted Date	10/15/2019
Respond By Date	11/14/2019

Dear Keith Burns,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Letter of Response - 9-27-2019 (Supporting Document)

Comments: 1. The following questions pertain to the attachment provided in response to objection 3 from the objection responses dated September 27, 2019.

a. Please explain why the future cash flows under the original pricing do not appear to align with the projected experience for 2019 and beyond for the experience projections provided in response to objection 3 from the objection responses dated August 16, 2019. While we would expect there to be differences with how the experience has evolved, the future cash flows under the original pricing show the block of business is projected to contract more quickly than the November 2009 projection. If necessary, please revise the demonstration of the prospective present value calculation so that the projected experience is based on all November 2009 assumptions.

b. Please confirm the projected future cash flows under the original pricing are based on the insured population as of June 30, 2018.

c. Please confirm no shock lapses, benefit buydowns, or adverse selection as a result of the rate increase were reflected in either set of future cash flows. If necessary, please revise the cash flows to exclude the impact of these items.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/05/2019
Submitted Date	09/05/2019
Respond By Date	10/05/2019

Dear Keith Burns,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Please revise Appendix C to only include the experience of the policy forms associated with this filing so we may evaluate the appropriateness of the assumptions relative to the experience associated with this filing. Additionally, please revise Appendix C to include an actual-to-expected comparison by policy duration for the mortality assumptions.

2. Please provide quantitative support for the shock lapse and benefit buydown assumptions underlying the most recent experience projections.

3. Please provide the maximum justifiable rate increase for each policyholder cohort for which the proposed rate increase varies (e.g., policies with a cash rider and limited benefit period) under the prospective present value method. Please ensure waiver of premium benefits, inclusion of margin for adverse deviation, etc., are presented in a manner that is consistent with how they were presented in Appendix B from the objection responses dated August 16, 2019. Additionally, please provide sufficient quantitative support so that we are able to assess the reasonableness of the calculation.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/08/2019
Submitted Date	07/08/2019
Respond By Date	08/23/2019

Dear Keith Burns,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. In the objection responses dated June 20, 2019, the Company stated that the experience projections were updated to reflect the impact of benefit reductions due to the requested rate increase. Please state the assumed proportion of policyholders expected to reduce benefits and the average premium offset that benefit reductions are expected to have for policyholders reducing benefits, as well as the average premium offset that benefit reductions are expected to have across all policyholders. Please provide quantitative support for the assumptions underlying the experience projections.

2. The projected incurred claims underlying the experience projections submitted with the objection responses dated May 10, 2019 are significantly higher relative to the experience projections submitted with the objection responses dated February 2, 2017. For example, for calendar year 2025, the May 10, 2019 exhibit shows projected incurred claims of approximately $162.4 million without the rate increase, whereas the February 2, 2017 exhibit shows projected incurred claims of approximately $104.8 million. This difference produces significantly higher loss ratios by calendar year than previously projected. Please confirm that the assumptions used to project the future experience are consistent with the assumptions described in the actuarial memorandum unless previously noted (i.e., incorporating benefit reductions into the projections). If not, please explain all assumptions that were revised and provide quantitative support for the assumptions that were revised. If the assumptions are consistent with those described in the actuarial memorandum, please explain why the projected incurred claims have increased significantly. If necessary, please revise the experience projections.

3. Please provide an exhibit similar to Appendix B summarizing the projected experience using the assumptions associated with the most recently approved rate filing so that we may understand how the projected premium and claims differ as a result of changes in the underlying assumptions. Please provide this information separately for each policyholder cohort for which the proposed rate increase varies (e.g., policies with a cash rider and limited benefit period). Please ensure waiver of premium benefits, inclusion of margin for adverse deviation, etc., are presented in a manner that is consistent with how they were presented in Appendix B from the objection responses dated May 10, 2019.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/03/2019
Submitted Date	07/03/2019
Respond By Date	07/17/2019

Dear Keith Burns,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Policyholder Notification Letter (Supporting Document)

- Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)

Comments: Since the Policyholder Notification Letter from PRUD-130596305 is intended to be used as a template for current and future individual filings, please withdraw letter
GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy -1-2019.pdf

Also, please submit a statement denoting that the policyholder letter being used can be found in filing PRUD-130596305.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/21/2019
Submitted Date	05/21/2019
Respond By Date	06/20/2019

Dear Keith Burns,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. The experience projections submitted with the objection responses dated May 10, 2019, are inconsistent with our expectations relative to the experience projections submitted with the objection responses dated February 2, 2017. In particular, the historical experience for the initial years has changed (e.g., the aggregate earned premium amounts are not the same and aggregate paid claims do not match where no claim reserve was previously noted) and the relativity of the present value of future claims with the rate increase and the present value of future claims without the rate increase has changed materially. Please confirm that the assumptions used to project the future experience are consistent with the assumptions described in the actuarial memorandum. Please explain why the historical experience does not align where we would reasonably expect it to. If necessary, please revise the experience projections.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised information necessary to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/25/2019
Submitted Date	02/25/2019
Respond By Date	03/27/2019

Dear Keith Burns,

Introduction:

One or more items included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. The proposed rate increase varies based on whether the policyholder has a limited benefit period or an unlimited benefit period and whether the policyholder has reimbursement benefits or a cash rider. Please demonstrate using the most recently available nationwide experience that for each of the four policyholder cohorts for which the proposed rate increase varies (e.g., limited benefit periods with reimbursement benefits), 14VAC5-200-150 is satisfied independently for each policyholder cohort. The demonstration of whether 14VAC5-200-150 has been satisfied should be consistent with the manner in which the experience was presented in the version of Appendix B and Appendix G associated with the objection responses dated February 2, 2017. Additionally, if more recent experience is used to demonstrate 14VAC5-200-150 is satisfied for each policyholder cohort, please revise Appendix B and Appendix G to reflect the same experience basis.

2. If the proposed rate increase is implemented, what percentage of policyholders for each policyholder cohort (e.g., limited benefit periods with reimbursement benefits) are expected to be offered a contingent benefit upon lapse?

3. Please provide the policy reserves, both nationwide and for Virginia policies only, for each of the four policyholder cohorts independently (e.g., limited benefit periods with reimbursement benefits), calculated at the interest rate used in the experience projections. The valuation date used for the policy reserves should be consistent with the date through which historical experience is provided in response to objection 1 above.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised information necessary to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/05/2019
Submitted Date	02/05/2019
Respond By Date	02/19/2019

Dear Keith Burns,

Introduction:

One or more items included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Policyholder Notification Letter (Supporting Document)

Comments: 14VAC5-100-50 3 requires that a copy of the letter in, "John Doe" fashion, be submitted to indicate how it is intended to be used.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised information necessary to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/30/2018
Submitted Date	10/30/2018
Respond By Date	

Dear Keith Burns,

Introduction:

During our review, we noted the following issues and/or need addition information to continue.

Note, any revisions, modifications, or changes of any type to the filing not specifically requested by us should be brought to our attention upon resubmission and explained in detail.

Objection 1

- Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)

Comments: In our mutual efforts to use a template approach on LTC policyholder letters, please reference SERFF filing # PRUD-129708969 and evaluate using approved and appropriate language from form GRP 115128 Policyholder Advance Notification Letter. Your thoughts on this approach are welcome.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Should you need clarification, please contact me.

Thank you for your courtesy and prompt response.

Greg Smith, Principal Insurance Market Examiner

Sincerely,
Greg Smith

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/27/2017
Submitted Date	12/27/2017
Respond By Date	

Dear Keith Burns,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

Objection 1

- Change Request Form, GRP 115131A (Form)

Comments: According to your response to objection one, this form was moved to Supporting Documentation. Unfortunately, we are unable to locate it. Please re-attach.

Objection 2

- VA ILTC-1 Schedule of Benefits (Supporting Document)

Comments: According to your response to objection 2, the Company has attached three Schedule of Benefits (SOB) to Supporting Documentation indicating a unique form number may not be assigned to the form since it is part of the policy. Unless the originally SOB was approved with both an "Original Effective Date" and a "Change Effective Date" to add this information would mean a revision to the SOB. And to do a revision the Company would need to submit a separate form with a unique form number for review and approval that would replace the currently approved SOB. Existing forms may not be altered. This would also be case if an optional rider were added after approval of the policy form.

As a result, please move the SOBs provided to the Form Schedule for review with a unique form number for review and approval.

Objection 3

- Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)

Comments: We are unclear as to your response to objection 4 regarding the paragraph that addresses if the insured is already at the lowest level of benefits. We understand there would be no options to reduce benefits further that would affect the rate increase; however, the insured could qualify for the contingent benefit upon lapse or exercise a non-forfeiture benefit, correct? And if that is the case, how will the insured be so advised?

Objection 4

- Frequently Asked Questions Enclosure (ILTC-1) (Supporting Document)

Comments: We are unable to locate this form on the Form Schedule. Please re-attach.

Objection 5

- Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)

Comments: Through an oversight on our part, the language regarding the Contingent Benefit Upon Lapse should be clarified to state the paid up value will be the greater of 100% of the sum of all premiums paid or 30 times the daily nursing home benefit at the

time of lapse; in no event will the paid up value exceed the maximum benefits which would have been payable if the policy had remained in a premium paying status.

Objection 6

- Cash Indemnity Rider, GRP 114973 (Form)

Comments: The Cash Indemnity Rider states that capitalized terms are defined in the policies with which the rider will be used. However, the term caregiver is not defined in the policy. Rather it is defined on Page 2 of the rider, and after its initial use on Page 1. In order to avoid confusion, we recommend that the first use of the term caregiver be expanded to point to the definition on Page 2, or that the term be defined where it is first used.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/21/2017
Submitted Date	08/21/2017
Respond By Date	

Dear Keith Burns,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

Objection 1

- Manual of Variable Language (ILTC-1) (Supporting Document)

- Change Request Form, GRP 115131A (Form)

Comments: Thank you for removing the red text language in the final form and revising the Manual of Variable Language. Unfortunately, the manual refers to the red text language making it difficult to understand. I apologize for the confusion and the additional work this has caused. So that the manual is clear, the red text needs to be replaced and provide at least the beginning of the paragraph to which it applies. For example:

Depending upon policyholder's current policy design, the following language will or will not appear:

Cash Benefit rider: [Drop my cash benefit rider....] or [Replace my cash benefit rider...].

Cash indemnity rider: [Drop my cash indemnity rider...]

Monthly Benefit rider: [Drop my monthly benefit rider...]

Non-Forfeiture option: [I wish to exercise the non-forfeiture option...]

Contingent Benefit Upon Lapse: [I wish to exercise the contingent non-forfeiture benefit upon lapse option...]

Since this form will not be attached to the policy, it may be moved to Supporting Documentation.

Objection 2

- VA ILTC-1 Schedule of Benefits (Supporting Document)

Comments: Thank you for providing an updated Schedule of Policy Benefits and Manual of Variable Language. Please attach this form to the Form Schedule for review and approval. Because this is a form, it must contain a form number in the lower left hand corner and may not be variable. Please assign the form its own unique form number so that it may be used with multiple policies.

In regards to the Manual of Variable Language,

1) amend the explanation for the following:

Original Effective Date: Will reflect original policy issue date

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Change Effective Date: Will reflect the effective date of a policy change

2) Add Cash Indemnity Rider to Optional Benefits with explanation

3) Total Initial Annual Premium Before Discounts is listed twice. The second listing we believe should be Total Initial Premium After Discounts.

4) Add explanation for Modal Premiums will provide premium amount for each modal option.

Objection 3

- Manual of Variable Language (ILTC-1) (Supporting Document)

- Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)

Comments: We have a similar problem with the manual and the policyholder letter as noted in objection one. Please clarify the following in the manual:

1) For clarification purposes please indicate in the General References that X's reflects the current premium , percentage or benefit and Y's represents the reduced premium, percentage or benefits wherever it may appear.

2) Depending upon policyholder's billing type only one of the following sentences will appear:

If Direct Bill or Payroll deduction: "You will seen this change ...."

If EFT: "Since you pay premiums via electronic funds transfer..."

3) Depending upon the policy levels only one or the other following sentences will appear:

"Because your policy benefits are already at the

If benefits are at the minimum level: "Because your policy coverage...]

If benefits are not at a minimum level: "If you continue to pay your premium...]

4) Depending upon policyholder's current policy design, the following language will or will not appear:

Cash Benefit rider: [You may drop your cash benefit rider....] or [You may elect to replace your cash benefit rider...].

Cash indemnity rider: [You may drop my your cash indemnity rider...]

Monthly Benefit rider: [You may drop your monthly benefit rider...]

Non-Forfeiture option: [As an alternative to options described above you may exercise a right under your non-forfeiture rider...]

Contingent Benefit Upon Lapse:[As an alternative to options described above you may exercise wish to exercise a contingent non-forfeiture benefit upon lapse right ...]

5) Will the insurance producer name always appear or only if there is one? Please add an explanation for the bracketed information at the end of the letter.

Objection 4

- Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)

Comments: Please remove "Or, if NFO is not an option", from the letter on page 4.

On page 2 there is a statement that if the benefits are already at the lowest level, the Company is unable to offer the option of reducing your coverage in order to offset the amount of the premium increase. Please confirm this sentence will not appear if the insured may qualify for the contingent upon lapse benefit even though all other benefits are at the lowest level.

Objection 5

- Frequently Asked Questions Enclosure (ILTC-1) (Supporting Document)

Comments: We are unable to locate the Frequently Asked Questions which your correspondence indicated it had been attached to the Form Schedule. Please re-attach.

Objection 6

- Contingent Nonforfeiture Benefit Rider (Supporting Document)

Comments: Please confirm the Contingent Nonforfeiture Rider will be administered according to 14VAC5-200-185 as revised and at least a 75 day notice prior to implementation of a rate increase will be provided pursuant to 14VAC5-200-75 D.

Objection 7

- Copies of Policies - GRP 98545, GRP 98546 and GRP 98547 (Supporting Document)

- Cash Indemnity Rider, GRP 114973 (Form)

Comments: Thank you for providing copies of the policies. The endorsement indicates the following section in the endorsement replaces the provisions in the Policy relating to benefits for Home and Community-Based Care. Please be more specific and identify the language that is being removed and replaced in the policy. A redlined version would be helpful for our review.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/07/2017
Submitted Date	07/07/2017
Respond By Date	

Dear Keith Burns,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

Objection 1

- Manual of Variable Language (ILTC-1) (Supporting Document)

- Change Request Form, GRP 115131A (Form)

Comments: Thank you for updating the Manual of Variable Language to refer to GRP 115131A. It does not appear, however, the manual contains explanations for all of the bracketed information in the form as noted below. Please update the manual accordingly for the following:

If insured under cash indemnity rider

If NFO

If CNFO

The Company may wish to simply indicate the bracketed paragraphs in the form will appear based on the specific design of the policyholder's current policy.

Please advise if the change form is attached and becomes a part of the policy.

Objection 2

- VA ILTC-1 Schedule of Benefits (Supporting Document)

Comments: Thank you for your response to our questions concerning the Schedule of Benefits. Unfortunately, the original Schedule of Benefits is not designed in a manner that in can be used as a replacement schedule when updating benefits and lacks the variability to be flexible to accommodate the changes the insured may request. We realize this was not a requirement when the policy was originally issued; however, the policy must be amended or endorsed by an approved form such as a rider, endorsement, application or schedule of benefits that has been reviewed and approved by the Virginia Bureau of Insurance. The document must be dated or have an indication of the effective date of change in the policy benefits, state that a change is being made to the policy and this new document will be made a part of the contract. The Company may wish to review the Schedule of Benefits provided under SERFF filing PRUD-130596304 which satisfies these requirements and submit a similar form and statement of variability for this filing.

If the policy is converted to a paid up policy either due to the contingent benefit upon lapse benefit or nonforfeiture benefit, how will

the Schedule of Benefits read?

Objection 3

- Policyholder Notification Letter (Supporting Document)

- Manual of Variable Language (ILTC-1) (Supporting Document)

Comments: 1) The notification letter attached to the form schedule should be in its final version form. Please indicate in the Manual of Variable Language for form GRP 115131 all text appearing in red in the final version of the policyholder letter will not appear in the letter when sent to the insured. Such language has been included to provide clarification for the reviewer. Please bracket the red language accordingly in the letter or , if the company so desires, remove all red text in the letter.

2) According to your response, the company amended item 6 by removing the term "OR" and adding a separate statement for the Cash Indemnity Benefit Rider. The letter continues to have the word "OR" between the [If Insured under cash benefit rider] and the second paragraph that states the insured may elect to replace your Cash Benefit Rider with the Cash Indemnity Rider. It would seem this word should be removed and the beginning of the paragraph bracketed. We could not find where the Manual of Variable Language was amended to include the paragraph [If insured under cash indemnity benefit rider]. Please add.

3) Please add to the manual an explanation for the first paragraph on page two [If state approved increases over two years] and [If state approved increases over three years].

4) At the end of the second paragraph on page 1 the letter refers to two subsequent rate increases. Since the increase may only be implemented over two years, should there not be brackets beginning at the next to last sentence in the paragraph and another at the end of the last sentence of that paragraph? ([Another subsequent rate increase will be .....two years from the current rate increase effective date.]] The second and third letters, if necessary, need to include the reason for the rate increase for compliance with 14VAC5-200-75 D. Please add that wording to the Subsequent Increases paragraph.

5) Please replace the word "attached" with enclosed in regards to the reference to the Long-Term Care Insurance Change Request Form on page 3 (second paragraph from bottom of page).

6) In regards to the nonforfeiture benefit and the contingent benefit upon lapse, please confirm the insured will be sent a lapse notice prior to the conversion to a paid up policy.

Objection 4

- Frequently Asked Questions Enclosure (ILTC-1) (Supporting Document)

Comments: Thank you for your explanation indicating letters for those on waiver will be notified of the impending increase 75 days in advance. We do not have an issue with this; however, since information regarding the waiver is addressed in the Frequently Asked Questions Enclosure rather than the letter, please add a form number to the lower left hand corner and attach a copy to the Form Schedule for review.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	06/29/2017
Submitted Date	06/29/2017
Respond By Date	

Dear Keith Burns,

Introduction:

The Prudential Insurance Company of America
SERFF Tracking No: PRUD-130596260
Form Nos.: GRP 114973, et al.

We are continuing our review of the filing and have the following concerns regarding the forms. Additional concerns may be addressed separately.

Objection 1

- Cash Indemnity Rider, GRP 114973 (Form)

Comments: In order for us to continue our review of rider form GRP 114973 please provide us with a copy of the policy or policies to which it is intended to be attached.

Objection 2

- Cash Indemnity Rider, GRP 114973 (Form)

Comments: 14 VAC 5-200-70 B provides that where a separate additional premium is charged for benefits provided in connection with riders or endorsements, such premium charge shall be set forth in the policy, rider or endorsement. Please advise where the premium for the rider is expressed as required.

Objection 3

- Cash Indemnity Rider, GRP 114973 (Form)

Comments: Please provide us with a copy of the schedule of benefits that demonstrates how the rider will appear.

Objection 4

- VA ILTC-1 Schedule of Benefits (Supporting Document)

Comments: Thank you for providing us with a copy of the Schedule of Policy Benefits. We note that the variable form numbers appearing at the lower left-hand corner of the form are inflation protection riders. Please advise how these form numbers apply to the schedule. Also, please advise where the premium for the inflation protection riders is expressed as required.

Objection 5

- Cash Indemnity Rider, GRP 114973 (Form)

Comments: The rider states that the effective date is expressed in the Schedule of Policy Benefits. We note that the rider is available after the effective date of the policy. Please advise where the rider effective date is presented in the event that the rider is purchased after the policy.

Objection 6

- Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)

- Change Request Form, GRP 115131A (Form)

Comments: Forms GRP 115131 and GRP 115131A refer to contingent benefit upon lapse. Please provide us with a copy of the rider or endorsement that provides this benefit.

Objection 7

- Change Request Form, GRP 115131A (Form)

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Comments: Form GRP 115131A contains red text that appears to be explanatory language in relation to the variable text. While the marked up version of the form is helpful to our review, only the text subject to change should appear in brackets in the final version of the form attached to the Form Schedule. As required by 14 VAC 5-100-50 3, please attach the form in the format in which it is intended to be marketed to the Form Schedule, and attach the marked up form to the description of variability attached as supporting documentation.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Elsie Andy
Principal Insurance Market Examiner

Sincerely,
Elsie Andy

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/14/2017
Submitted Date	06/15/2017
Respond By Date	

Dear Keith Burns,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

1) Attachment 4.1 indicates the Company intended previously to request both a second and a third rate increase. Please advise why the company decided to not pursue the referenced additional requests. The Company is now requesting those increases to bring Virginia to the same rate basis as states that approved the increases in full. Please advise why the company decided to not pursue the referenced additional requests previously and how such increases now bring Virginia to the same rate basis as other states.

2) It appears that if the proposed rate increase is implemented, the Virginia cumulative increase will be significantly higher than the percentage approved nationwide and raises a number of concerns. Please address this apparent inequity and advise why the company is not revising the requested rate accordingly.

3) It is entirely the Company's decision if it wishes to implement increases over 3 or 4 years. Based on your response, the Company would prefer a 3 year implementation period. If so, the Company will need to attach rate tables for each implementation period to the Rate/Rule Schedule. The Company, however, may wish to submit these closer to the time the filing is approvable.

The forms and letter are currently under review and any objections will be sent under a separate cover.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/31/2017
Submitted Date	03/31/2017
Respond By Date	

Dear Keith Burns,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Thank you for your recent reply to our request for additional information regarding the policyholder communication. Before further consideration may be given, this new information presents the following concerns and /or questions.

Objection 1

- Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)

Comments: Although the Company indicated this change had been made, we are unable to find in the letter where the overall percentage increase if implemented over a series has been added as requested. Please advise.

Objection 2

- Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)

Comments: According to your response, a person on waiver will receive the same letter as someone who is not on waiver and the last question on the Frequently Asked Questions document will address the waiver issue. There is a concern the policyholder will be receiving a letter that is potentially misleading and the waiver issue should be addressed earlier in the policyholder letter. The insured should understand a rate increase has been approved; however, the increase is not applicable until such time premiums are no longer being waived. The Company should either provide a separate waiver letter for review or amend the current letter to include sufficient variability to address this issue.

Objection 3

- Manual of Variable Language (ILTC-1) (Supporting Document)

- Change Request Form, GRP 15131A (Form)

Comments: The change form references the full corporate name of the insurer and later as only Prudential. While we do not have a concern regarding this format, the form should explain that the corporate name may be referred to as Prudential only. Our concern would be resolved if in the first instance using the company name were stated The Prudential Insurance Company of America (Prudential).

The Manual of Variable Language refers to Change Form GRP 115277A rather than GRP 15131A on page 2. Please include an explanation in the manual for NFO and CNFO variability on the Change Form.

Objection 4

- Manual of Variable Language (ILTC-1) (Supporting Document)

- VA ILTC-1 Schedule of Benefits (Supporting Document)

Comments: Thank you for providing a copy of the Schedule of Benefits and including this in the Manual of Variable Language. Please forward a copy of the original statement of variability that was provided when this form was initially approved to address the following concerns:

- If a new Schedule of Benefits is provided when benefits are revised, how would the insured know what the original benefits were and when the new benefits were effective?

- The Institutional Care will reflect the maximum daily benefit amount according to the Manual of Variable Language. Is there a

maximum limit? If so, the variability statement should indicate the minimum and maximum range.

- The current explanation for Respite Care indicates bracketed information will reflect the selected Maximum Daily Benefit Amount for the Calendar Year and Lifetime Benefit. If this to represent a calendar year, would the maximum daily benefit be multiplied by 20 days to establish the dollar amount that appears on the schedule?

- According to the Schedule a dollar mount would appear for the Home and Community- Base Care which would be calculated by multiplying the appropriate percentage to the maximum daily amount, correct? Would same procedure be followed to determine the dollar amount of the Independence Support and Care Consultation benefits?

- The Schedule refers to Optional Benefits; however, this has not been bracketed. Since such is optional, please bracket this and include all potential riders that may be available to the insured with appropriate explanations for such. This information should also be included for any other discounts such as the affiliation or married discounts.

-Although certain information is self explanatory (such as name & address, policy number, premium rate, mode), all bracketed information should be included in the statement of variability and indicate such information will be specific based on the individual policyholders information and policy selections.

If the original Schedule of Benefits was not approved with such variability, the Company will need to attach a schedule with a different form number to the Form Schedule for review and approval in addition to a statement of variability.

Objection 5

- Manual of Variable Language (ILTC-1) (Supporting Document)

- Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)

Comments: Please amend the Manual of Variable Language for form GRP 115131 to include that paragraph one will appear if this is a single rate increase or paragraph two if the increase in implemented in a series. Any bracketed percentages or dollar amounts will be specific to the individual policyholder.

Please explain when the Subsequent increases language will used. Please be aware, those letters must meet the same requirements pursuant to 14VAC5-200-75 D that were satisfied in the original letter. The information would need to be restated or a copy of the original letter included and referenced in the subsequent letters.

Items 5 and 6 under the Manual of Variable Language for Form GRP 115131 refers to If insured under Cash Benefit Rider form or You May Elect to Replace your Cash Benefit Rider with the Cash Indemnity Rider. The explanation states this is dependent upon the policyholder benefit configuration and either paragraph may be presented or omitted. If that is the case, brackets should be at the beginning of each paragraph. It should seem too, the word OR should be bracketed if it is possible both paragraphs could be included in the same letter. It would seem only item 5 is unnecessary and is covered under item 6.

There does not appear to be explanation for the option "If Insured Under Cash Indemnity Benefit Rider."

Please expand the explanation regarding if an increase is certain or if it possible. According to the Company's explanation the term certain is used when the initial rate increase percentage is not approved or only partially approved. The term possible is used if the initial rate increase percentage is approved in its entirety.

Please expand the response to the question "Will you raise premium on these policies again" to include the following statement:

"In the event that a future increase becomes necessary, you will receive another advance notification of the effective date of any such increase. We will continue to monitor the factors that impact premiums to determine if our assumptions are consistent with actual experience."

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/01/2017
Submitted Date	03/01/2017
Respond By Date	

Dear Keith Burns,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Thank you for your recent reply dated 2/3/2017 to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions regarding the rates. The letters and forms are currently under review and any concerns will be addressed under a separate letter:

Objection 1

- Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider, [GRP 98179] (Rate)

- Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98180 Monthly Benefit Rider, [GRP 98180] (Rate)

- Appendix F - Rate Pages (ILTC-1 Pre-RS) , [GRP 98181] (Rate)

Comments: It appears our objection one was not clear. The rate attachments need to be more specific in regards to what rates apply to which forms by form number.

For forms GRP 98179, 98180, and 98181 please expand the heading for each set of adjustment factors to include the form number to which it applies. For example, the automatic simple interest inflation protection factors attached to form 98180 apply to GRP 98544, the automatic compound factor interest factors apply to GRP 98545 and the periodic inflation protection offers apply to GRP 98546.

Objection 2

- Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider, [GRP 98179] (Rate)

Comments: Your response to our objection 1, item 2 is unclear in regards to the benefit periods listed in the rate schedule for this form. The rates for this form were previously approved under PRUD-125955126. The rates pages in that filing for GRP 98179 provided adjustment factors when added to GRP 98544, GRP 98545 and GRP 98546. The rate pages, however, did not provide factors based on benefit period. Was that reflected on another rate schedule page that was approved? Please clarify why this additional information is being added now.

Objection 3

- Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation , [GRP 98544] (Rate)

- Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation , [GRP 98545] (Rate)

- Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation, [GRP 98546] (Rate)

Comments: Our objection 3 remains unresolved. The rates for these forms were previously approved under PRUD-125955126.

A review of that filing indicates rates for these forms provided the base rates before adjustments, adjustment factors for the lifetime maximum (benefit period), adjustments factors for the benefit waiting period, adjustment factors for the Home & Community-based care daily benefit, adjustment factors for the monthly benefit rider (rider only), the adjustment factors for the case benefit rider (rider only), adjustment factors for shortened benefit period nonforfeiture (rider only), adjustment factor (underwriting class) adjustment factors for the premium payment mode, and adjustment factors for the marital status. What is not appearing on the new rates schedules are adjustment factors for the monthly benefit rider (rider only), the cash benefit rider (rider only), and the shortened benefit period nonforfeiture (rider only). Why do these not appear?

Lastly, we note the unlimited benefit period for the adjustment factor - lifetime maximum (benefit period) is missing. Please clarify why it was removed.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: As we continue our review of the rate filing, please provide the following:

1) An Excel spreadsheet demonstrating the nationwide cumulative increase and the Virginia cumulative increase with updated status of rate increases nationwide. In reviewing the Rate History Chart, it appears as though the second rate increase was not approved in Virginia, and the Company is now filing for the second and third increases combined, with an adjustment to account for a delayed implementation of the second increase. In other words, the 50.4% and the 94.1% increase being requested on the limited reimbursement and unlimited reimbursement policies, respectively, may be equivalent of the originally requested rate increases at the time. Based on our records, SERFF tracking #PRUD-129224714 was submitted on 9/27/2013 and rejected as the Company had indicated it would not seek an increases for at least 36 months after the implementation of a second increase that was to be effective January 1, 2012. Based on the history of rate adjustments on Appendix A, the approved rate increase was implemented in two stages on 5/1/2010 and 5/1/2011. It does not appear the Company filed for a second full increase and it is unclear why the company may be adjusting the increase for the delayed implementation. Please clarify.

2) An Excel spreadsheet demonstrating the premium earned to date.

3) The specific percentage rate increases the company is requesting and when each will be implemented according to the Company's intention is to implement increases as a series of 20% each year that is multiplicatively equivalent to the full increase amount. According to the Actuarial Memorandum, the company was willing to implement the increase over three years.

4) According to the Company's letter dated 12/7/2009 under SERFF tracking # PRUD-125955126, the Company was willing to manage these forms to a 96% lifetime loss ratio. According to Appendix A, the Lifetime loss ratio with the increase is 143%. What has changed since the prior rate increase that results in this higher lifetime loss ratio? Is the Company intending to manage tot this loss ratio in the future?

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned at 804-371-9390.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/04/2017
Submitted Date	01/04/2017
Respond By Date	

Dear Keith Burns,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia. As we continue our review, we have the following concerns:

Objection 1

- Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)

Comments: An initial review of the policyholder notification letter has been completed and the following concerns should be addressed:

1) The reason for the rate increase is explained at the end of the letter. It would seem this information would be more appropriate at the beginning of the letter and before stating what the increase will be. Although the letter contains the basis for the explanation, it appears incomplete. The Company states that after evaluating the factors that impact premiums, including the assumptions regarding claims, life expectancy, lapse rates and interest rates, and a review of the company's actual experience, a rate increase was needed in order to continue providing quality insurance coverage. For clarity, it would seem the explanation should indicate actual experience was higher than what those original pricing assumptions indicated; and that as a result, an increase was necessary to ensure sufficient funds would be available to pay all expected claims or something to that effect.

2) In the paragraph regarding multiple years, the overall percentage increase that has been approved should be clearly stated and then indicate it will be implemented in a series of increases and include specific dates and percentages. Notifications regarding the subsequent rate increases must be sent no later than 75 days prior to implementation and must contain the same information as the original letter for compliance with 14VAC5-200-75 D. Appropriate variation may be added to this letter to resolve this objection. or additional letters may be attached for review.

3) In regards to the variable paragraph "IF AT MINIMUM", please confirm any policyholders at a minimum level may still be offered if the Contingent Benefit Upon Lapse option if qualified. Is it possible a policyholder could be at the minimum of the Daily Maximum Benefit but not the Lifetime Maximum Benefit and vice-versa? Can the term of coverage be decreased, for example, from 4 years to 1 year or less? The Statement of Variability should be expanded to indicate what these minimum values are.

4) What notification will be sent to any policyholders currently on waiver? The Company may wish to add such variability to this notification for that purpose.

5) The language in the NFO states the paid up value is based on premiums paid less claims paid which is not in compliance with 14VAC5-200-185 E 3. For compliance with the regulation, please remove the language "less the sum of all benefits paid on your behalf while you were covered under this insurance". Claims paid come into play when determining the remaining maximum benefit and is covered by the statement that "in no event will the paid up value exceed the Lifetime Maximum which would have been payable if the policy remained in the premium paying status."

6) The letter states the insured will receive a new schedule of benefit page if benefits are changed. Please provide us with a coy of the Schedule of Benefits which was approved with the policy and its corresponding statement of variability for review.

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

7) Please clarify what on basis will the company indicate a rate increase is certain or possible. What will the Company use to determine the future plans for rate increases?.

Objection 2

- Frequently Asked Questions Enclosure (ILTC-1) (Supporting Document)

Comments: 1. Please update this document to reflect the reason for the rate increase that is consistent with the policyholder letter.

2. Since this will be a separate document, please add the full and proper name to the document.

3. Please expand the response to the question "When will this premium increase become effective" to state that at least a 75 day notice will be provided before implementation.

4. Please expand the response to the question "What will happen to my premium if I am currently on Waiver of Premium" to state at least a 75 day notice will be provided before implementation of any increase and such notice will include options available to reduce the impact of such. As stated in a previous objection, individuals on waiver must receive the same or similar notification regarding the rate increase.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/21/2016
Submitted Date	12/21/2016
Respond By Date	

Dear Keith Burns,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider, [GRP 98179] (Rate)
- Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation , [GRP 98544] (Rate)
- Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation , [GRP 98545] (Rate)
- Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation, [GRP 98546] (Rate)
- Apprendix F - Rate Pages (ILTC-1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider, [GRP 114973] (Rate)
- Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98180 Monthly Benefit Rider, [GRP 98180] (Rate)
- Appendix F - Rate Pages (ILTC-1 Pre-RS) , [GRP 98181] (Rate)

Comments: Thank you for updating the Rate/Rule Schedule with the rider form numbers. In trying to match the proposed rate schedules with those approved under PRUD-125955126, there are a few discrepancies to be resolved as follows:

1. GRP 98180 and GRP 98181 were approved with adjustment factors based on the policy to which each was attached: GRP 98544, GRP 98545 and GRP 98546. The attached rate schedules in this filing do not provide that policy form identification. Please resolve.

2. GRP 98179 was approved with adjustment factors based on the policy to which it was attached: GRP98544, GRP 98545 and GRP-98546. The attached rate schedule in this filing does not provide that policy form identification. In addition, the new schedule includes benefit periods (3,4, 5 Unlimited) that were not included when the rates were approved. Please resolve.

3. GRP 98544, GRP 98546, and GRP 98545 were approved with monthly or cash benefit riders and a shortened benefit period nonforfeiture rider. Those rates are not in the new rate attachments for these forms. Please resolve.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)
- Long Term Care Insurance Rate Request Summary (Supporting Document)
Comments: Please include all the policy form numbers affected by this rate increase in the summary and memorandum.

Objection 3

Comments: Please refer to Administrative Letter 2012-03, copy attached, which requires all submissions to include certain specific information in the Filing Description section. Please note that a transmittal letter attached as supporting documentation no longer fulfills this requirement. This change will need to be made in future filings or they will be rejected.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Comments: 1. The voluntary lapse assumptions utilized in the experience projections and shown in Exhibit 2 appear to be lower than actual lapse rates for later durations. Please explain how the voluntary lapse assumptions were developed for later durations under this policy form given the lack of experience. Additionally, please specify whether shock lapses have been included in the voluntary lapse experience shown in Exhibit 2 given multiple rate increases have been implemented for this policy form? If shock lapses are included in Exhibit 2, please quantify the impact of shock lapses by duration.

2. Please explain how the shock lapse assumption was developed.

3. The following questions relate to the experience projections provided in Appendix B and Appendix G:
a. Please revise Appendix C, Exhibit 3 to only include experience associated with policies issued prior to when Virginias rate stabilization regulations were in effect, consistent with the experience shown in Appendix B. Additionally, we would expect the incurred claim estimates shown in Appendix C, Exhibit 3 to be consistent with the incurred claim estimates shown in Appendix B. If there are differences in the incurred claim estimates shown in the revised Appendix C, Exhibit 3 and Appendix B, please explain.
b. Please revise Appendix B and Appendix G so that waiver of premium benefits are treated as a reduction to premium instead of a claims expense. If necessary, please revise the experience projections to reflect any other items noted in response to item 3a, the prior item. Please provide any revised experience projections in an Excel file.

4.The Company has stated the premium rates associated with this filing are not adequate in relation to the benefits provided. What rate increase would be needed to certify that the proposed rates are adequate? Additionally, please describe under what circumstances rate increases will be filed in the future.

5. Please provide the policy reserves as of July 31, 2015, both nationwide and for Virginia policies only, calculated at the interest rate used in the current experience projections for policies issued under this policy form prior to rate stabilization regulations being adopted in Virginia so that we may calculate the future loss ratio as the present value of future claims less active life reserves, divided by the present value of future premium.

Objection 5

- Frequently Asked Questions Enclosure (ILTC-1) (Supporting Document)
- Manual of Variable Language (ILTC-1) (Supporting Document)
- Cash Indemnity Rider, GRP 114973 (Form)
- Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)
- Change Request Form, GRP 15131A (Form)
Comments: These forms are currently under review.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

JACQUELINE K. CUNNINGHAM
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE

COMMONWEALTH OF VIRGINIA

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TDD/VOICE: (804) 371-9206
www.scc.virginia.gov/boi

March 28, 2012

Administrative Letter 2012-03

To: All Insurers Licensed in Virginia and Other Interested Parties

Re: Implementation of Search Options for Rate and Form Submissions and Establishment of Additional Filing Requirements

In accordance with our ongoing efforts to educate and inform Virginia's insurance consumers, we will soon launch a new website function for viewing information about rate and form submissions on file with the Bureau of Insurance (the Bureau). The purpose of this administrative letter is to apprise all carriers and interested parties of the availability of this new function, and to notify carriers of additional filing requirements that will be necessary in order to display clear and succinct information through this new website application. We anticipate this new functionality, which will consist of two separate search options described below, to be available on or around May 1, 2012. **Additional filing requirements described further in this letter are effective immediately.**

The following two search options, which will be accessed through the link also shown below, will be provided to users of this new website function:

www.scc.virginia.gov/boi/SERFFInquiry/

Search Option 1 - Public Access to General Information about Rate and Form Submissions:

General information about submissions filed with the Bureau will be available through this search option, but direct access to the rates or forms will not be included. It will still be necessary to contact the Bureau for copies of publicly available rates and forms.

Search Option 2 - Public Access to PPACA Forms and Rates and Associated Supporting Documentation:

Rates and forms associated with accident and sickness insurance products that are subject to the requirements of the federal Patient Protection Affordable Care Act (PPACA), along with related supporting documentation, will be available for viewing through this option.

Additional Filing Requirements

In order to ensure that there is meaningful information available to the public, additional filing requirements have been established for the Filing Description section in SERFF. Any SERFF submission that does not include a properly completed Filing Description will be ***rejected***. Filings submitted via mail must also contain this information or the submission will be ***rejected***. The required information is listed below:

- *All submissions* filed with the Life and Health Division or the Property and Casualty Division must provide a brief summary of the filing, including a statement describing whether the materials in the filing are new, revisions of existing materials or are additional materials that will be used with previously filed or approved rates or forms in Virginia.

- *All rate submissions* filed with the Life and Health Division involving a rate change must include (i) a statement regarding whether the change is an increase, decrease, or revision of former rates, (ii) the percentage amount(s) of the change(s), (iii) the number of affected policyholders, and (iv) the reason for the proposed change(s).

- *All form submissions* filed with the Life and Health Division must include (i) a description of each form (i.e., form name, title, and edition date) and the intended use of the form, (ii) identification of any change in benefits and premiums which occurs while the form is in force with a reference to the contract provisions which describe the benefit change, (iii) to the extent practicable, the SERFF or State Tracking number of the approved form that the new form revises or replaces, or the SERFF or State Tracking number of the approved form(s) with which the new forms will be used, and (iv) a statement as to whether any other regulatory body has withdrawn approval of the form because the form contains one or more provisions that were deemed to be misleading, deceptive or contrary to public policy.

Questions regarding this letter and the filing requirements for submissions to the Life and Health Division may be directed to:

Bob Grissom
Chief Insurance Market Examiner
Life and Health Division
(804) 371-9152
bob.grissom@scc.virginia.gov

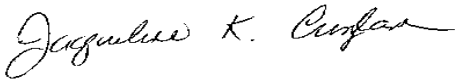
Questions regarding this letter and the filing requirements for submissions to the Property and Casualty Division may be directed to:

Rebecca Nichols, CPCU, CIC, CIE, AIC, CCP, ALMI
Principal Insurance Market Examiner
Property and Casualty Division
(804) 371-9331
rebecca.nichols@scc.virginia.gov

Questions regarding the functionality of the search options may be directed to:

Trish Todd, CPCU, AIE, AIC
Senior Insurance Market Examiner
Automated Systems
(804) 371-9195
trish.todd@scc.virginia.gov

Sincerely,



Jacqueline K. Cunningham
Commissioner of Insurance

jkc/tt

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	06/14/2016
Submitted Date	06/14/2016
Respond By Date	

Dear Keith Burns,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

A preliminary review of the submitted filing indicates the following concerns and questions. We'll continue our review of the submitted filing upon receipt of the following information.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)
- Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider, [GRP 98179] (Rate)
- Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation , [GRP 98544] (Rate)
- Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation , [GRP 98545] (Rate)
- Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation, [GRP 98546] (Rate)
- Apprendix F - Rate Pages (ILTC-1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider, [GRP 114973] (Rate)

Comments: According to the Actuarial Memorandum, the rate increase applies to three long term care policies (GRP 98544, GRP 98545, and GRP 98546) and their associated riders. According to Section 5 of the memorandum, the revised rates are applicable to these policy forms and all future periodic inflation protection offers.

The three policy forms noted above were approved under SERFF tracking # PRUD-125955126. Included in that filing were premium adjustment factors for forms GRP 98179, GRP 98180 and GRP 98181. Although the factors may not be changing, the premiums for such would increase when applied as a percentage to revised rates for the base policies. As such, these riders including the new form number GRP 114973 should be included in the "Affected Form Numbers" in the Rate/Rule Schedule and noted in the Actuarial Memorandum.

Please confirm these are all the form numbers and riders that would be affected by this proposed rate increase.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Since all policies in Virginia were issued prior to October 1, 2003, the rate increase will be reviewed in accordance with the requirements of 14VAC5-200-150. And as such, the certification language should more closely mirror the language as set forth in 14VAC5-130-70 B 14.

For premiums to be deemed reasonable in relation to premiums provided the expected loss ratio is greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule plus 80% applied to any premium rate increase for individual policy forms.

Please amend the certification language accordingly.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the following:

1.A separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms introduction.

2.A loss ratio projection reflecting the actual historical experience during the historical experience period and then, utilizing the actual inforce as of the projection date, projecting forward the expected earned premiums and incurred claims using the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale with no increases.

3. The reserve basis and justification for the reserve levels provided.

4. An exhibit illustrating an actual to expected analysis based on the original assumptions.

5. Confirmation in your response that support has been provided for all assumptions in sufficient detail to withstand peer review and that all calculations can be recreated. Where appropriate, please provide excel worksheets which will help to expedite our review.

6. The original targeted pricing loss ratio when the policy(ies) was originally approved.

7. The anticipated loss ratio where the numerator is equal to the anticipated incurred claims less policy reserves, and the denominator is equal to the anticipated earned premium.

8. A loss ratio projection (both past and future) which reflects all of the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix of business.

9. According to your cover letter, these policies were sold nationwide from 1998 through 2004. Since this filing is subject to 14VAC5-200-150 for policies prior to October 1, 2003, please confirm there is no post-stability nationwide experience included in the exhibits. If so, please revise accordingly.

10. As a reminder, as set forth in 14VAC5-200-150 B, notwithstanding the provision of 14VAC5-130-50 with regard to interest, demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for all Individual and Certain Group Accident and Sickness Insurance Policy Forms (14VAC5-130). All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia.

Objection 4

- Policyholder Notification Letter (Supporting Document)

Comments: The Virginia State Corporation Commission adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. Except as specifically provided in the regulation, the changes were effective September 1, 2015. As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases as stated in 14 VAC5-200-75 D.

For compliance with the requirements as set forth in the regulation, please amend the letter as follows:

1) Since this form must be reviewed and filed with the state, please move the letter to the Form Schedule in SERFF. Please add a

policy form number to the lower left hand corner for compliance with 14VAC5-100-50 1. The full and proper corporate name of the insured must appear prominently in accordance with 14VAC5-100-50 2 and use a type size of at least 10 point as set forth in 14VAC5-100-50 5. The attachment should be a final version of the form rather than a draft copy.

2) For compliance with 14VAC5-200-75 D 1 and 14VAC5-200-75 A 2 and A 4 b:

a) Clearly state the policy may be subject to future increases; and if there are such increases, options similar to those being offered now will be available and that changes in benefits may be done at any time upon the insured's request. We note this information is currently bracketed in the letter; the brackets should be removed.

b) Include a statement the insured has a right to a revised premium rate or rate schedule upon request.

3) For compliance with 14VAC5-200-75 D 2 a,

a) Provide a clear explanation of the options available to the policyholder as alternative to paying the increased premium amount. Currently, the letter offers to reduce the daily maximum amount and/or Lifetime maximum amount, drop the Cash Benefit Rider, and exercise the nonforfeiture benefit or elect a contingent non-forfeiture right. The letter and change request form do not include the options of extending the elimination period, reducing any inflation riders, or removing other available riders. The letter states there may be additional options and should include what those may be.

b) For consistency with the regulation, please refer to the CNFO as Contingent Benefit Upon Lapse rather than the contingent non-forfeiture option. In regards to the benefit, will this only be offered to those who meet the triggers or will be offered to everyone regardless of the triggers?

c) It should be clear to the insured what the paid-up value would be for both the non-forefeiture and contingent benefit upon lapse options as set forth in 14VAC5-200-185 E 3 and F. Please include such in the letter.

4. For compliance with 14VAC5-200-75 D 2 b and c, the letter must include a disclosure that all options available may not be of equal value; and, in the case of a partnership policy, include a disclosure that some benefit reduction options may result in a loss of partnership status that may reduce policyholder protections. Because both of these are disclosures, the information should be emphasized in some manner to bring attention to it such as bolding, highlighting or using larger print.

5. For compliance with 14VAC5-200-75 D 3, the Frequently Asked Questions rather than letter does not explain why rates are being increased. This information must be contained in the letter or the Frequently Asked Questions should either be a separate form for review which would require a form number and company name and address and be attached to the Form Schedule in SERFF or become a part of the letter itself. The response to the question is not clear as to what is driving the rate increase. What assumptions and other factors were not accurate and why. Below is an example of a clearer explanation of a rate increase:

"Rates are being raised on all policies like yours to pay for anticipated claims that are higher than expected. This is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than we anticipated when this policy was originally priced. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims. This premium increase is designed to offset some of these anticipated costs and in no way reflects on the integrity of your policy, nor is it based on your individual claims history, age, health status, or any other personal factor."

6. Please include the required statement as set forth in 14VAC5-200-75 D 4. Please refer to Virginia's State Corporation Commission rather than just "commission".

7. Please confirm that at least a 75 day notice will be provided to all policyholders prior to implementation of a rate increase in compliance with 14VAC5-200-75 D. This would mean the insured must receive a 75 day notification prior to each of the three implementations. Please include variability in the policyholder letter to address this or provide copies of those letters that will be sent at the second and third implementation. It is unclear what is meant by the following statement in the cover letter: "The earliest increase, once approval is provided, will be no earlier than 75 days from the date of approval, so that Prudential can provide sixty days advance notice of the rate increase to insureds."

8. Please provide a Statement of Variability for the policyholder letter, Change Form, and Frequently Asked Questions for review.

9. There are two answers provided for the question "Will you raise premiums on these policies again?" What will be the basis to determine if a rate increase is "certain" versus being "possible"? The response should also state that rate increases will not be implemented until the request is reviewed and approve by Virginia's State Corporation Commission.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Actuarial Memorandum states this increase applies to all future periodic inflation protection offers. In regards to an inflation rider, will the policyholder only be able to reduce the inflation protection to a lower percentage based on those percentages currently offered or has the company determined actuarially a percentage reduction that would allow the rate increase to be zeroed out if accepted which would result in no rate increase, commonly referred to as a landing spot?

Objection 6

- Policyholder Notification Letter (Supporting Document)

Comments: The letter includes the Long-Term Care Insurance Change Request Form. Will this become attached and made part of the policy if the insured returns this to the company?

If no, the form should not be included with the policyholder letter on the Form Schedule. Please attach the policyholder letter to the Form Schedule and attach the change form to Supporting Documentation.

If yes, a unique form number should be assigned to the change form and should be attached to the Form Schedule separately from the policyholder letter.

Objection 7

- Policyholder Notification Letter (Supporting Document)

Comments: The letter references the full corporate name of the insurer and later as only Prudential. While we do not have a concern regarding this format, the letter should explain that the corporate name may be referred to as Prudential only. Our concern would be resolved if the reference in the letter was stated as The Prudential Insurance Company of America (Prudential) Long-Term Care Insurance Policy."

Objection 8

- Policyholder Notification Letter (Supporting Document)

Comments: Please advise how the policy is updated for such benefit changes. If the policy is revised or changed in any way, the policyowner must first agree to the changes and the policy must be amended or endorsed by an approved form such as a rider, endorsement, application or schedule of benefits that has been reviewed and approved by the Virginia Bureau of Insurance. The document must be dated or have an indication of the effective date of change in the policy benefits, state that a change is being made to the policy and this new document will be made a part of the contract. If the company has such forms available for this purpose, please provide a copy of the form, the SERFF tracking number and date of approval. If the company does not have any

available documents to effectuate such changes, a form will need to be submitted for review and approval. It can be attached to this filing if desired. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form or forms including the contingent benefit upon lapse and/or optional nonforfeiture benefit. If the company chooses to include variability in the form, please provide a statement of variability. A Certification of Compliance would be required in accordance with 14VAC5-100-40 3 as well as Readability Certification in accordance with 14VAC5-110-60.

Objection 9

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: The Long Term Care Rate Request Summary Part 1 will eventually be available our website for consumers to review. Please make the following changes in the form:

1) Rather than refer the consumer to Appendix A which may not be easily located by the consumer, please state the average annual premium as $3525 and the average requested increase of 68.3% as stated in Section 15 of the memorandum.

2) Please attach a second page that provides a brief narrative to summary the key information used to develop the rates including the main drivers of the revised rates in consumer friendly language. This should be fairly high level but provide a sufficient explanation as to the assumptions used and why those assumptions under estimated premiums when the policy was originally priced.

3) Please include all policy forms that will be affected by this rate increase.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/06/2020
Submitted Date	02/06/2020

Dear Bobby Toone,

Introduction:

Thank you for your review of the above referenced filing material.

Response 1

Comments:

Please refer to the revised Manual of Variability attached to the Supporting Documentation Tab of this filing.

Related Objection 1

Applies To:

- Manual of Variable Language (ILTC-1) (Supporting Document)

Comments: The Manual of Variable Language contains references to forms that have been withdrawn from the filing. Please revise the manual to only reference the applicable forms attached to the submission.

Changed Items:

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	Manual of Variable Language - 2-2020.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*Manual of Variable Language File Copy - 1-2019.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 10-11-2017.pdf* *GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 1-2018.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 10-11-2017.pdf* *GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 10-12-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf* *VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) - 8-2017.pdf* *GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf* *GRP 115131A - Change Request Form (ILTC1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 12-2016.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please refer to the revised Cash Indemnity Rider attached the Forms Schedule Tab of this filing.

Related Objection 2

Applies To:

- Cash Indemnity Rider, GRP 115282 (Form)

Comments: Please advise if the company address, signature of officer, and office are intended to be variable. If so, these fields should be bracketed and explained in the Manual of Variability.

Changed Items:

No Supporting Documents changed.

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Cash Indemnity Rider	GRP 115282	POLA	Initial		46.900	GRP 115282 - VA (ILTC-1) Cash Indemnity Rider - File Copy - 2-5-2020.pdf	Date Submitted: 02/06/2020 By: Raenonna Prince
Previous Version								
1	*Cash Indemnity Rider*	*GRP 115282*	*POLA*	*Initial*		*46.900*	*GRP 115282 - VA (ILTC-1) Cash Indemnity Rider File Copy.pdf*	*Date Submitted: 01/24/2018 By:*
Previous Version								
1	*Cash Indemnity Rider*	*GRP 114973*	*POLA*	*Initial*		*46.900*	*GRP 114973 - (ILTC-1) Cash Indemnity Rider.pdf*	*Date Submitted: 06/08/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Conclusion:

We trust this information satisfies the Department's concerns. Should you be in need of any additional information, please do not hesitate to contact me. Thank you. - Rae

Raenonna L. Prince, CLTC, LTCP
Lead Analyst
The Prudential Insurance Company of America
2101 Welsh Road, LTC Unit
Dresher, PA 19025
Voice: 215-658-6281| Cell: 215-990-7186
Fax: 888-294-6332
E-Mail: Raenonna.prince@ prudential.com

Sincerely,
Raenonna Prince

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/26/2019
Submitted Date	11/26/2019

Dear Bobby Toone,

Introduction:

Thank you for your review of the above referenced filing material.

Response 1

Comments:

Please refer to our letter of response attached to the Supporting Documentation Tab of this filing.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Per our phone conversation on 11/20/2019, please provide the current national cumulative average increase, and what that average would be if all outstanding rate increase requests were approved for the full amount.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 11-26-2019
Comments:	
Attachment(s):	VA (Pre RS) - Letter of Response (ILTC1) - 11-26-2019.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

We trust this information satisfies the Department's concerns. Should you be in need of any additional information, please do not hesitate to contact me. Thank you. - Rae

Raenonna L. Prince, CLTC, LTCP
Lead Analyst
The Prudential Insurance Company of America
2101 Welsh Road, LTC Unit
Dresher, PA 19025
Voice: 215-658-6281| Cell: 215-990-7186
Fax: 888-294-6332
E-Mail: Raenonna.prince@ prudential.com

Sincerely,
Raenonna Prince

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/25/2019
Submitted Date	10/25/2019

Dear Bobby Toone,

Introduction:

Thank you for your review of the above referenced filing material.

Response 1

Comments:

Please be advised that during an objection and response exchange with Jan Houser on December 27, 2017, we were advised to revise the form numbers and relocate the Schedule of Benefits documents to the Forms Schedule.

The reason for this activity is because the Department required a revision to the exiting Schedule of Benefits. The revision, which was the addition of the "Change Effective Date" field was added to the Schedule of Benefits documents. This initiated the need to re-review and approve the forms.

Related Objection 1

Applies To:

- *Schedule of Benefits ILTC-1, GRP 98544REV (Form)*
- *Schedule of Benefits ILTC-1, GRP 98545REV (Form)*
- *Schedule of Benefits ILTC-1, GRP 98546REV (Form)*

Comments: As the Schedules of Benefit were originally approved with the policy, please move these forms to Supporting Documentation.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Please be advised that we have removed the Policyholder Notification Letter Package material from the Forms Schedule and Supporting Documentation Tabs of this filing.

The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.

Related Objection 2

Applies To:

- Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)

Comments: Please withdraw GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy -1-2019.pdf from the filing, since the Policyholder Notification Letter from filing PRUD-130596305 is intended to be used as a template the current and future individual LTC filings.

Also, please submit a statement to Supporting Documentation that the Policyholder Notification letter can be located in filing PRUD-130596305. In future filings this notification should appear either in the General Information section, or the Actuarial Memorandum.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter Package - GRP 115131
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from the Forms Schedule Tab of this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Please refer to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC1) - Round 5 - 3-4-2016.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter Package - GRP 115131
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from the Forms Schedule Tab of this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Please refer to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC1) - Round 5 - 3-4-2016.pdf*

Satisfied - Item:	Frequently Asked Questions Enclosure - GRP 115280
Comments:	Please be advised that we have removed the Frequently Asked Questions Enclose from the Forms Schedule Tab of this filing. The Policyholder Notification Letter Package, which includes the Frequently Asked Questions, is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure (ILTC-1)*
Comments:	*This document has been relocated to the Form Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure (ILTC-1)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure (ILTC-1)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 12-2016.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter Package - GRP 115131
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from the Forms Schedule Tab of this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Please refer to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC1) - Round 5 - 3-4-2016.pdf*

Satisfied - Item:	Frequently Asked Questions Enclosure - GRP 115280
Comments:	Please be advised that we have removed the Frequently Asked Questions Enclose from the Forms Schedule Tab of this filing. The Policyholder Notification Letter Package, which includes the Frequently Asked Questions, is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure (ILTC-1)*
Comments:	*This document has been relocated to the Form Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure (ILTC-1)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure (ILTC-1)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 12-2016.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Satisfied - Item:	VA - Change Request Form
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA - Change Request Form*
Comments:	
Attachment(s):	*VA - Change Request Form (ILTC1) File Copy - 1-2019.pdf*
Previous Version	
Satisfied - Item:	*VA - Change Request Form*
Comments:	
Attachment(s):	*VA - Change Request Form (ILTC1) File Copy - 10-2017.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter Package - GRP 115131
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from the Forms Schedule Tab of this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Please refer to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC1) - Round 5 - 3-4-2016.pdf*

Satisfied - Item:	Frequently Asked Questions Enclosure - GRP 115280
Comments:	Please be advised that we have removed the Frequently Asked Questions Enclose from the Forms Schedule Tab of this filing. The Policyholder Notification Letter Package, which includes the Frequently Asked Questions, is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure (ILTC-1)*
Comments:	*This document has been relocated to the Form Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure (ILTC-1)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure (ILTC-1)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 12-2016.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Satisfied - Item:	VA - Change Request Form
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA - Change Request Form*
Comments:	
Attachment(s):	*VA - Change Request Form (ILTC1) File Copy - 1-2019.pdf*
Previous Version	
Satisfied - Item:	*VA - Change Request Form*
Comments:	
Attachment(s):	*VA - Change Request Form (ILTC1) File Copy - 10-2017.pdf*

Satisfied - Item:	Policyholder Notification Letter - John Doe Version
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter - John Doe Version*
Comments:	
Attachment(s):	*GRP 115131 - Policyholder Notification Letter (ILTC1) -3-2019.pdf*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter (ILTC-1)	GRP 115131	OTH	Initial				Date Submitted: 10/25/2019 By: Raenonna Prince
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy -1-2019.pdf*	*Date Submitted: 01/18/2019 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) Marketing Format File Copy - 1-2018.pdf*	*Date Submitted: 01/18/2018 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) Marketing Format F - 10-11-2017.pdf*	*Date Submitted: 10/13/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) Marketing Format F- 8-2017.pdf*	*Date Submitted: 08/17/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 5-2017.pdf*	*Date Submitted: 05/31/2017 By: Raenonna Prince*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter (ILTC-1)	GRP 115131	OTH	Initial				Date Submitted: 10/25/2019 By: Raenonna Prince
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy- 12-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*
2	Frequently Asked Questions	GRP 115280	OTH	Initial				Date Submitted: 10/25/2019 By: Raenonna Prince
Previous Version								
2	*Frequently Asked Questions*	*GRP 115280*	*OTH*	*Initial*		*40.400*	*GRP 115280 - VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 1-2019.pdf*	*Date Submitted: 01/18/2019 By: Raenonna Prince*
Previous Version								
2	*Frequently Asked Questions*	*GRP 115280*	*OTH*	*Initial*		*40.400*	*GRP 115280 - VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 8-2017.pdf*	*Date Submitted: 01/18/2018 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

We trust this information satisfies the Department's concerns. Should you be in need of any additional information, please do not hesitate to contact me. Thank you. - Rae

Raenonna L. Prince, CLTC, LTCP
Lead Analyst
The Prudential Insurance Company of America
2101 Welsh Road, LTC Unit
Dresher, PA 19025
Voice: 215-658-6281| Cell: 215-990-7186
Fax: 888-294-6332
E-Mail: Raenonna.prince@ prudential.com

Sincerely,
Raenonna Prince

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/31/2019
Submitted Date	10/31/2019

Dear Bobby Toone,

Introduction:

Thank you for your review of the above referenced filing material.

Response 1

Comments:

Please refer to the letter of response and additional response material from our Actuary, Mr. Meong Kwak. The response material can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 1

Applies To:

- Letter of Response - 9-27-2019 (Supporting Document)

Comments: 1. The following questions pertain to the attachment provided in response to objection 3 from the objection responses dated September 27, 2019.

a. Please explain why the future cash flows under the original pricing do not appear to align with the projected experience for 2019 and beyond for the experience projections provided in response to objection 3 from the objection responses dated August 16, 2019. While we would expect there to be differences with how the experience has evolved, the future cash flows under the original pricing show the block of business is projected to contract more quickly than the November 2009 projection. If necessary, please revise the demonstration of the prospective present value calculation so that the projected experience is based on all November 2009 assumptions.

b. Please confirm the projected future cash flows under the original pricing are based on the insured population as of June 30, 2018.

c. Please confirm no shock lapses, benefit buydowns, or adverse selection as a result of the rate increase were reflected in either set of future cash flows. If necessary, please revise the cash flows to exclude the impact of these items.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 10-31-2019
Comments:	
Attachment(s):	VA (Pre RS) - Letter of Response (ILTC1) - 10-31-2019.pdf

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 10-31-2019
Comments:	
Attachment(s):	VA (Pre RS) - Letter of Response (ILTC1) - 10-31-2019.pdf

Satisfied - Item:	VA ILTC1 PreRS 2019.10.15 Objection Attachments
Comments:	
Attachment(s):	VA ILTC1 PreRS 2019.10.15 Objection Attachments.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We trust this information satisfies the Department's concerns. Should you be in need of any additional information, please do not hesitate to contact me. Thank you. - Rae

Raenonna L. Prince, CLTC, LTCP
Lead Analyst
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Voice: 215-658-6281| Cell: 215-990-7186
Fax: 888-294-6332
E-Mail: Raenonna.prince@ prudential.com

Sincerely,
Raenonna Prince

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/27/2019
Submitted Date	09/27/2019

Dear Bobby Toone,

Introduction:

Thank you for your review of the above referenced filing material.

Response 1

Comments:

Please refer to the letter of response and additional response material from our Actuary, Mr. Meong Kwak. The response material can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Please revise Appendix C to only include the experience of the policy forms associated with this filing so we may evaluate the appropriateness of the assumptions relative to the experience associated with this filing. Additionally, please revise Appendix C to include an actual-to-expected comparison by policy duration for the mortality assumptions.

2. Please provide quantitative support for the shock lapse and benefit buydown assumptions underlying the most recent experience projections.

3. Please provide the maximum justifiable rate increase for each policyholder cohort for which the proposed rate increase varies (e.g., policies with a cash rider and limited benefit period) under the prospective present value method. Please ensure waiver of premium benefits, inclusion of margin for adverse deviation, etc., are presented in a manner that is consistent with how they were presented in Appendix B from the objection responses dated August 16, 2019. Additionally, please provide sufficient quantitative support so that we are able to assess the reasonableness of the calculation.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 9-27-2019
Comments:	
Attachment(s):	VA (Pre RS) - Letter of Response (ILTC-1) - 9-27-2019.pdf

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 9-27-2019
Comments:	
Attachment(s):	VA (Pre RS) - Letter of Response (ILTC-1) - 9-27-2019.pdf

Satisfied - Item:	VA - ILTC-1 Pre RS 2019.09.05 Objection Attachments
Comments:	
Attachment(s):	VA ILTC1 PreRS 2019.09.05 Objection Attachments.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We trust this information satisfies the Department's concerns. Should you be in need of any additional information, please do not hesitate to reach out to me. Thank you. -Rae

Raenonna L. Prince, CLTC, LTCP
Lead Analyst
The Prudential Insurance Company of America
2101 Welsh Road, LTC Unit
Dresher, PA 19025
Voice: 215-658-6281| Cell: 215-990-7186
Fax: 888-294-6332
E-Mail: Raenonna.prince@ prudential.com

Sincerely,
Raenonna Prince

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/21/2019
Submitted Date	08/21/2019

Dear Bobby Toone,

Introduction:

Thank you for your review of the above referenced filing material.

Response 1

Comments:

Please refer to the letter of response and additional response material from our Actuary, Ms. Ritu Jain.

This information can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. In the objection responses dated June 20, 2019, the Company stated that the experience projections were updated to reflect the impact of benefit reductions due to the requested rate increase. Please state the assumed proportion of policyholders expected to reduce benefits and the average premium offset that benefit reductions are expected to have for policyholders reducing benefits, as well as the average premium offset that benefit reductions are expected to have across all policyholders. Please provide quantitative support for the assumptions underlying the experience projections.

2. The projected incurred claims underlying the experience projections submitted with the objection responses dated May 10, 2019 are significantly higher relative to the experience projections submitted with the objection responses dated February 2, 2017. For example, for calendar year 2025, the May 10, 2019 exhibit shows projected incurred claims of approximately $162.4 million without the rate increase, whereas the February 2, 2017 exhibit shows projected incurred claims of approximately $104.8 million. This difference produces significantly higher loss ratios by calendar year than previously projected. Please confirm that the assumptions used to project the future experience are consistent with the assumptions described in the actuarial memorandum unless previously noted (i.e., incorporating benefit reductions into the projections). If not, please explain all assumptions that were revised and provide quantitative support for the assumptions that were revised. If the assumptions are consistent with those described in the actuarial memorandum, please explain why the projected incurred claims have increased significantly. If necessary, please revise the experience projections.

3. Please provide an exhibit similar to Appendix B summarizing the projected experience using the assumptions associated with the most recently approved rate filing so that we may understand how the projected premium and claims differ as a result of changes in the underlying assumptions. Please provide this information separately for each policyholder cohort for which the proposed rate increase varies (e.g., policies with a cash rider and limited benefit period). Please ensure waiver of premium benefits, inclusion of margin for adverse deviation, etc., are presented in a manner that is consistent with how they were presented in Appendix B from the objection responses dated May 10, 2019.

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Appendix C - Description of Experience Anlaysis and Assumption Setting
Comments:	
Attachment(s):	Appendix C - Description of Experience Analysis and Assumption Setting.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Description of Experience Anlaysis and Assumption Setting*
Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Description of Experience Analysis and Assumption Setting - 6-2016.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Appendix C - Description of Experience Anlaysis and Assumption Setting
Comments:	
Attachment(s):	Appendix C - Description of Experience Analysis and Assumption Setting.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Description of Experience Anlaysis and Assumption Setting*
Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Description of Experience Analysis and Assumption Setting - 6-2016.pdf*

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - ILTC-1
Comments:	
Attachment(s):	Appendix C - Exhibit 2 - Lapse Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 1 - Mortality Details - ILTC-1*
Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Exhibit 1 - Mortality Details - ILTC-1 - 6-2016.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Appendix C - Description of Experience Anlaysis and Assumption Setting
Comments:	
Attachment(s):	Appendix C - Description of Experience Analysis and Assumption Setting.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Description of Experience Anlaysis and Assumption Setting*
Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Description of Experience Analysis and Assumption Setting - 6-2016.pdf*

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - ILTC-1
Comments:	
Attachment(s):	Appendix C - Exhibit 2 - Lapse Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 1 - Mortality Details - ILTC-1*
Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Exhibit 1 - Mortality Details - ILTC-1 - 6-2016.pdf*

Satisfied - Item:	Appendix C - Exhibit 2 - Lapse Analysis Details
Comments:	
Attachment(s):	Appendix C - Exhibit 2 - Lapse Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 2 - Lapse Analysis Details*
Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Exhibit 2 - Lapse Analysis Details - ILTC-1 - 6-2016.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Appendix C - Description of Experience Anlaysis and Assumption Setting
Comments:	
Attachment(s):	Appendix C - Description of Experience Analysis and Assumption Setting.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Description of Experience Anlaysis and Assumption Setting*
Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Description of Experience Analysis and Assumption Setting - 6-2016.pdf*

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - ILTC-1
Comments:	
Attachment(s):	Appendix C - Exhibit 2 - Lapse Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 1 - Mortality Details - ILTC-1*
Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Exhibit 1 - Mortality Details - ILTC-1 - 6-2016.pdf*

Satisfied - Item:	Appendix C - Exhibit 2 - Lapse Analysis Details
Comments:	
Attachment(s):	Appendix C - Exhibit 2 - Lapse Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 2 - Lapse Analysis Details*
Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Exhibit 2 - Lapse Analysis Details - ILTC-1 - 6-2016.pdf*

Satisfied - Item:	Appendix C - Exhibit 3 - Morbidity Details - ILTC-1
Comments:	
Attachment(s):	Appendix C - Exhibit 3 - Morbidity Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 3 - Morbidity Details - ILTC-1*
Comments:	
Attachment(s):	*Appendix C - Exhibit 3 - Morbidity Details - ILTC1pre.pdf*
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 3 - Morbidity Details - ILTC-1*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Exhibit 3 - Morbidity Details - ILTC-1 - 6-2016.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Appendix C - Description of Experience Anlaysis and Assumption Setting
Comments:	
Attachment(s):	Appendix C - Description of Experience Analysis and Assumption Setting.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Description of Experience Anlaysis and Assumption Setting*
Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Description of Experience Analysis and Assumption Setting - 6-2016.pdf*

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - ILTC-1
Comments:	
Attachment(s):	Appendix C - Exhibit 2 - Lapse Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 1 - Mortality Details - ILTC-1*
Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Exhibit 1 - Mortality Details - ILTC-1 - 6-2016.pdf*

Satisfied - Item:	Appendix C - Exhibit 2 - Lapse Analysis Details
Comments:	
Attachment(s):	Appendix C - Exhibit 2 - Lapse Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 2 - Lapse Analysis Details*
Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Exhibit 2 - Lapse Analysis Details - ILTC-1 - 6-2016.pdf*

Satisfied - Item:	Appendix C - Exhibit 3 - Morbidity Details - ILTC-1
Comments:	
Attachment(s):	Appendix C - Exhibit 3 - Morbidity Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 3 - Morbidity Details - ILTC-1*
Comments:	
Attachment(s):	*Appendix C - Exhibit 3 - Morbidity Details - ILTC1pre.pdf*
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 3 - Morbidity Details - ILTC-1*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Exhibit 3 - Morbidity Details - ILTC-1 - 6-2016.pdf*

Satisfied - Item:	VA Pre RS - ILTC-1 Rate Increase
Comments:	
Attachment(s):	VA - Pre-RS ILTC1 Rate Increase.pdf
Previous Version	
Satisfied - Item:	*VA Pre RS - ILTC-1 Rate Increase*
Comments:	
Attachment(s):	*VA - Pre-RS ILTC1 Rate Increase.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Appendix C - Description of Experience Anlaysis and Assumption Setting
Comments:	
Attachment(s):	Appendix C - Description of Experience Analysis and Assumption Setting.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Description of Experience Anlaysis and Assumption Setting*
Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Description of Experience Analysis and Assumption Setting - 6-2016.pdf*

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - ILTC-1
Comments:	
Attachment(s):	Appendix C - Exhibit 2 - Lapse Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 1 - Mortality Details - ILTC-1*
Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Exhibit 1 - Mortality Details - ILTC-1 - 6-2016.pdf*

Satisfied - Item:	Appendix C - Exhibit 2 - Lapse Analysis Details
Comments:	
Attachment(s):	Appendix C - Exhibit 2 - Lapse Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 2 - Lapse Analysis Details*
Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Exhibit 2 - Lapse Analysis Details - ILTC-1 - 6-2016.pdf*

Satisfied - Item:	Appendix C - Exhibit 3 - Morbidity Details - ILTC-1
Comments:	
Attachment(s):	Appendix C - Exhibit 3 - Morbidity Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 3 - Morbidity Details - ILTC-1*
Comments:	
Attachment(s):	*Appendix C - Exhibit 3 - Morbidity Details - ILTC1pre.pdf*
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 3 - Morbidity Details - ILTC-1*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Exhibit 3 - Morbidity Details - ILTC-1 - 6-2016.pdf*

Satisfied - Item:	VA Pre RS - ILTC-1 Rate Increase
Comments:	
Attachment(s):	VA - Pre-RS ILTC1 Rate Increase.pdf
Previous Version	
Satisfied - Item:	*VA Pre RS - ILTC-1 Rate Increase*
Comments:	
Attachment(s):	*VA - Pre-RS ILTC1 Rate Increase.pdf*

Satisfied - Item:	Letter of Response - 8-19-2019
Comments:	
Attachment(s):	VA (Pre RS) - Letter of Response (ILTC-1) - 8-16-2019.pdf

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Appendix C - Description of Experience Anlaysis and Assumption Setting
Comments:	
Attachment(s):	Appendix C - Description of Experience Analysis and Assumption Setting.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Description of Experience Anlaysis and Assumption Setting*
Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Description of Experience Analysis and Assumption Setting - 6-2016.pdf*

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - ILTC-1
Comments:	
Attachment(s):	Appendix C - Exhibit 2 - Lapse Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 1 - Mortality Details - ILTC-1*
Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Exhibit 1 - Mortality Details - ILTC-1 - 6-2016.pdf*

Satisfied - Item:	Appendix C - Exhibit 2 - Lapse Analysis Details
Comments:	
Attachment(s):	Appendix C - Exhibit 2 - Lapse Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 2 - Lapse Analysis Details*
Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Exhibit 2 - Lapse Analysis Details - ILTC-1 - 6-2016.pdf*

Satisfied - Item:	Appendix C - Exhibit 3 - Morbidity Details - ILTC-1
Comments:	
Attachment(s):	Appendix C - Exhibit 3 - Morbidity Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 3 - Morbidity Details - ILTC-1*
Comments:	
Attachment(s):	*Appendix C - Exhibit 3 - Morbidity Details - ILTC1pre.pdf*
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 3 - Morbidity Details - ILTC-1*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Exhibit 3 - Morbidity Details - ILTC-1 - 6-2016.pdf*

Satisfied - Item:	VA Pre RS - ILTC-1 Rate Increase
Comments:	
Attachment(s):	VA - Pre-RS ILTC1 Rate Increase.pdf
Previous Version	
Satisfied - Item:	*VA Pre RS - ILTC-1 Rate Increase*
Comments:	
Attachment(s):	*VA - Pre-RS ILTC1 Rate Increase.pdf*

Satisfied - Item:	Letter of Response - 8-19-2019
Comments:	
Attachment(s):	VA (Pre RS) - Letter of Response (ILTC-1) - 8-16-2019.pdf

Satisfied - Item:	ILTC-1 Pre RS Prior Rate
Comments:	
Attachment(s):	VA - ILTC1 Pre-RS Prior Rate Appendix (Nov 2009).xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We trust this information satisfies the Department's concerns. Should you be in need of any additional information, please do not hesitate to contact me. Thank you. - Rae

Raenonna L. Prince, CLTC, LTCP
Lead Analyst
The Prudential Insurance Company of America
2101 Welsh Road, LTC Unit
Dresher, PA 19025
Voice: 215-658-6281| Cell: 215-990-7186
Fax: 888-294-6332
E-Mail: Raenonna.prince@ prudential.com

Sincerely,

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Raenonna Prince

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/17/2019
Submitted Date	07/17/2019

Dear Bobby Toone,

Introduction:

Thank you for your review of the above referenced filing material.

Response 1

Comments:

Please be advised that the Policyholder Notification Template material has been submitted to the Department for review under SERFF Filing Number PRUD-130596305.

Related Objection 1

Applies To:

- *Policyholder Notification Letter (Supporting Document)*
- *Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)*

Comments: Since the Policyholder Notification Letter from PRUD-130596305 is intended to be used as a template for current and future individual filings, please withdraw letter
GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy -1-2019.pdf

Also, please submit a statement denoting that the policyholder letter being used can be found in filing PRUD-130596305.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We trust this information satisfies the Department's concerns. Should you be in need of any additional information please do not hesitate to contact me. Thank you. -Rae

Raenonna L. Prince, CLTC, LTCP
Lead Analyst
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Dresher, PA 19025
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Fax: 888-294-6332
E-Mail: Raenonna.prince@ prudential.com

Sincerely,
Raenonna Prince

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/20/2019
Submitted Date	06/20/2019

Dear Bobby Toone,

Introduction:

Thank you for your review of the above referenced filing material.

Response 1

Comments:

Please refer to the letter of response from our Actuary, Mr. Keith Burns. The letter of response can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. The experience projections submitted with the objection responses dated May 10, 2019, are inconsistent with our expectations relative to the experience projections submitted with the objection responses dated February 2, 2017. In particular, the historical experience for the initial years has changed (e.g., the aggregate earned premium amounts are not the same and aggregate paid claims do not match where no claim reserve was previously noted) and the relativity of the present value of future claims with the rate increase and the present value of future claims without the rate increase has changed materially. Please confirm that the assumptions used to project the future experience are consistent with the assumptions described in the actuarial memorandum. Please explain why the historical experience does not align where we would reasonably expect it to. If necessary, please revise the experience projections.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 6-20-2019
Comments:	
Attachment(s):	VA - Letter of Response (ILTC-1 Pre RS) - 6-20-2019.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Should you be in need of any additional information, please do not hesitate to contact me. Thank you. -Rae

Raenonna L. Prince, CLTC, LTCP
Lead Analyst
The Prudential Insurance Company of America
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Dresher, PA 19025
Voice: 215-658-6281| Cell: 215-990-7186
Fax: 888-294-6332
E-Mail: Raenonna.prince@ prudential.com

Sincerely,
Raenonna Prince

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/10/2019
Submitted Date	05/10/2019

Dear Bobby Toone,

Introduction:

Thank you for your review of the above referenced filing material.

Response 1

Comments:

Please refer to the letter of response and additional response material from our Actuary, Mr. Meong Kwak.

The response material can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. The proposed rate increase varies based on whether the policyholder has a limited benefit period or an unlimited benefit period and whether the policyholder has reimbursement benefits or a cash rider. Please demonstrate using the most recently available nationwide experience that for each of the four policyholder cohorts for which the proposed rate increase varies (e.g., limited benefit periods with reimbursement benefits), 14VAC5-200-150 is satisfied independently for each policyholder cohort. The demonstration of whether 14VAC5-200-150 has been satisfied should be consistent with the manner in which the experience was presented in the version of Appendix B and Appendix G associated with the objection responses dated February 2, 2017. Additionally, if more recent experience is used to demonstrate 14VAC5-200-150 is satisfied for each policyholder cohort, please revise Appendix B and Appendix G to reflect the same experience basis.

2. If the proposed rate increase is implemented, what percentage of policyholders for each policyholder cohort (e.g., limited benefit periods with reimbursement benefits) are expected to be offered a contingent benefit upon lapse?

3. Please provide the policy reserves, both nationwide and for Virginia policies only, for each of the four policyholder cohorts independently (e.g., limited benefit periods with reimbursement benefits), calculated at the interest rate used in the experience projections. The valuation date used for the policy reserves should be consistent with the date through which historical experience is provided in response to objection 1 above.

Changed Items:

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 5-10-2019
Comments:	
Attachment(s):	VA (Pre RS) - Letter of Response (ILTC-1) - 5-10-2019.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 5-10-2019
Comments:	
Attachment(s):	VA (Pre RS) - Letter of Response (ILTC-1) - 5-10-2019.pdf

Satisfied - Item:	VA Pre RS - ILTC-1 Rate Increase
Comments:	
Attachment(s):	VA - Pre-RS ILTC1 Rate Increase.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Should you be in need of any additional information, please do not hesitate to contact me. Thank you. -Rae

Raenonna L. Prince, CLTC, LTCP
Lead Analyst
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Voice: 215-658-6281| Cell: 215-990-7186
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Sincerely,

Raenonna Prince

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/21/2019
Submitted Date	03/21/2019

Dear Bobby Toone,

Introduction:

Thank you for your review of the above referenced filing material.

Response 1

Comments:

Pursuant to section 14VAC5-100-50 3, we have enclosed a copy of the ILTC-1 Policyholder Notification Letter in "John Doe" format. This letter can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 1

Applies To:

- Policyholder Notification Letter (Supporting Document)

Comments: 14VAC5-100-50 3 requires that a copy of the letter in, "John Doe" fashion, be submitted to indicate how it is intended to be used.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter - John Doe Version
Comments:	
Attachment(s):	GRP 115131 - Policyholder Notification Letter (ILTC1) -3-2019.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

We trust this information satisfies the Department's concerns. Should you be in need of any additional information, please do not hesitate to contact me. Thank you. - Rae

Raenonna L. Prince, CLTC, LTCP
Lead Analyst
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2101 Welsh Road, LTC Unit
Dresher, PA 19044
Voice: 215-658-6281| Cell: 215-990-7186
Fax: 888-294-6332
E-Mail: Raenonna.prince@ prudential.com

Sincerely,
Raenonna Prince

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/18/2019
Submitted Date	01/18/2019

Dear Bobby Toone,

Introduction:

Thank you for your review of the above referenced filing material.

Response 1

Comments:

At the Department's request, we have revised the ILTC-1 Policyholder Notification Package and Manual of Variability to closely mirror our separate Group LTC Rate Filing; SERFF filing number PRUD-129708969.

The revised material can be referenced on the Forms and Supporting Documentation Tabs.

Related Objection 1

Applies To:

- Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)

Comments: In our mutual efforts to use a template approach on LTC policyholder letters, please reference SERFF filing # PRUD-129708969 and evaluate using approved and appropriate language from form GRP 115128 Policyholder Advance Notification Letter. Your thoughts on this approach are welcome.

Changed Items:

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	Manual of Variable Language File Copy - 1-2019.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 10-11-2017.pdf* *GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 1-2018.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 10-11-2017.pdf* *GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 10-12-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf* *VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) - 8-2017.pdf* *GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf* *GRP 115131A - Change Request Form (ILTC1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 12-2016.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	Manual of Variable Language File Copy - 1-2019.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 10-11-2017.pdf* *GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 1-2018.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 10-11-2017.pdf* *GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 10-12-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf* *VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) - 8-2017.pdf* *GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf* *GRP 115131A - Change Request Form (ILTC1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 12-2016.pdf*

Satisfied - Item:	VA - Change Request Form
Comments:	
Attachment(s):	VA - Change Request Form (ILTC1) File Copy - 1-2019.pdf
Previous Version	
Satisfied - Item:	*VA - Change Request Form*
Comments:	
Attachment(s):	*VA - Change Request Form (ILTC1) File Copy - 10-2017.pdf*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter (ILTC-1)	GRP 115131	OTH	Initial			GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy -1-2019.pdf	Date Submitted: 01/18/2019 By: Raenonna Prince
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) Marketing Format File Copy - 1-2018.pdf*	*Date Submitted: 01/18/2018 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) Marketing Format F - 10-11-2017.pdf*	*Date Submitted: 10/13/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) Marketing Format F- 8-2017.pdf*	*Date Submitted: 08/17/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 5-2017.pdf*	*Date Submitted: 05/31/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy*	*Date Submitted: 02/25/2017 By: Raenonna Prince*

SERFF Tracking #: PRUD-130596260 **State Tracking #:** PRUD-130596260 **Company Tracking #:** IIGHILTC1(PRE)RERATE-RP-VA

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter (ILTC-1)	GRP 115131	OTH	Initial			GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy -1-2019.pdf	Date Submitted: 01/18/2019 By: Raenonna Prince
							- 2-2017.pdf	
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy- 12-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*
2	Frequently Asked Questions	GRP 115280	OTH	Initial		40.400	GRP 115280 - VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 1-2019.pdf	Date Submitted: 01/18/2019 By: Raenonna Prince
Previous Version								
2	*Frequently Asked Questions*	*GRP 115280*	*OTH*	*Initial*		*40.400*	*GRP 115280 - VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 8-2017.pdf*	*Date Submitted: 01/18/2018 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Should you be in need of any additional information, please do not hesitate to contact me. Thank you. -Rae

Raenonna L. Prince, CLTC, LTCP
Lead Analyst
The Prudential Insurance Company of America
2101 Welsh Road, LTC Unit
Dresher, PA 19044
Voice: 215-658-6281| Cell: 215-990-7186
Fax: 888-294-6332
E-Mail: Raenonna.prince@ prudential.com

Sincerely,
Raenonna Prince

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/18/2018
Submitted Date	01/18/2018

Dear Bobby Toone,

Introduction:

Thank you for your review of the above referenced filing material.

Response 1

Comments:

At the Department's request, we have reattached the Change Request Form to the Supporting Documentation Tab of this fili8ng.

Related Objection 1

Applies To:

- Change Request Form, GRP 115131A (Form)

Comments: According to your response to objection one, this form was moved to Supporting Documentation. Unfortunately, we are unable to locate it. Please re-attach.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA - Change Request Form
Comments:	
Attachment(s):	VA - Change Request Form (ILTC1) File Copy - 10-2017.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

At the Department's request, we have added a form number to the Schedule of Benefits and attached the forms to the Forms Schedule Tab of this filing.

The Form number assignments are as follows:

GRP 98544REV - ILTC-1 - Simple Inflation Policy
GRP 98545REV - ILTC-1 - Compound Inflation Policy
GRP 98546REV - ILTC-1- Periodic Inflation Policy

Related Objection 2

Applies To:

- VA ILTC-1 Schedule of Benefits (Supporting Document)

Comments: According to your response to objection 2, the Company has attached three Schedule of Benefits (SOB) to Supporting Documentation indicating a unique form number may not be assigned to the form since it is part of the policy. Unless the originally SOB was approved with both an "Original Effective Date" and a "Change Effective Date" to add this information would mean a revision to the SOB. And to do a revision the Company would need to submit a separate form with a unique form number for review and approval that would replace the currently approved SOB. Existing forms may not be altered. This would also be case if an optional rider were added after approval of the policy form.

As a result, please move the SOBs provided to the Form Schedule for review with a unique form number for review and approval.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Schedule of Benefits ILTC-1	GRP 98544REV	OTH	Initial			VA - ILTC-1 Schedule of Benefits (GRP 98544REV) - 1-2018.pdf	Date Submitted: 01/18/2018 By: Raenonna Prince
2	Schedule of Benefits ILTC-1	GRP 98545REV	OTH	Initial			VA - ILTC-1 Schedule of Benefits (GRP 98545REV) - 1-2018.pdf	Date Submitted: 01/18/2018 By: Raenonna Prince
3	Schedule of Benefits ILTC-1	GRP 98546REV	OTH	Initial			VA - ILTC-1 Schedule of Benefits (GRP 98546REV) - 1-2018.pdf	Date Submitted: 01/18/2018 By: Raenonna Prince

No Rate/Rule Schedule items changed.

Response 3

Comments:

At the Department's request, and as specified, we have revised the language in the Non-forfeiture Benefit and Contingent Non-Forfeiture sections, by removing the phrase "...to the options described above...".

This information can be referenced on page 4 of the revised Policyholder Notification Letter.

Related Objection 3

Applies To:

- Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)

Comments: We are unclear as to your response to objection 4 regarding the paragraph that addresses if the insured is already at the lowest level of benefits. We understand there would be no options to reduce benefits further that would affect the rate increase; however, the insured could qualify for the contingent benefit upon lapse or exercise a non-forfeiture benefit, correct? And if that is the case, how will the insured be so advised?

Changed Items:

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-1) File Copy - 10-11-2017.pdf GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 1-2018.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 10-11-2017.pdf* *GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 10-12-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf* *VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) - 8-2017.pdf* *GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf* *GRP 115131A - Change Request Form (ILTC1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 12-2016.pdf*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter (ILTC-1)	GRP 115131	OTH	Initial			GRP 115131 - Policyholder Notification Letter (ILTC1) Marketing Format File Copy - 1-2018.pdf	Date Submitted: 01/18/2018 By: Raenonna Prince
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) Marketing Format F - 10-11-2017.pdf*	*Date Submitted: 10/13/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) Marketing Format F- 8-2017.pdf*	*Date Submitted: 08/17/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 5-2017.pdf*	*Date Submitted: 05/31/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter (ILTC-1)	GRP 115131	OTH	Initial			GRP 115131 - Policyholder Notification Letter (ILTC1) Marketing Format File Copy - 1-2018.pdf	Date Submitted: 01/18/2018 By: Raenonna Prince
							Copy- 12-2016.pdf	

No Rate/Rule Schedule items changed.

Response 4

Comments:

At the Department's request, we have reattached the Frequently Asked Questions (GRP 115280) document to the Forms Schedule Tab of this filing.

Related Objection 4

Applies To:

- Frequently Asked Questions Enclosure (ILTC-1) (Supporting Document)

Comments: We are unable to locate this form on the Form Schedule. Please re-attach.

Changed Items:

No Supporting Documents changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

At the Department's request we have amended the Non-Forfeiture and Contingent Non-Forfeiture Benefit option sections as requested. Both sections reflect the Department's suggested revised language.

This information can be referenced on pages 3 and 4 of the Policyholder Notification Letter located on the Forms Schedule Tab of this filing.

Related Objection 5

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Applies To:

- Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)

Comments: Through an oversight on our part, the language regarding the Contingent Benefit Upon Lapse should be clarified to state the paid up value will be the greater of 100% of the sum of all premiums paid or 30 times the daily nursing home benefit at the time of lapse; in no event will the paid up value exceed the maximum benefits which would have been payable if the policy had remained in a premium paying status.

Changed Items:

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-1) File Copy - 10-11-2017.pdf GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 1-2018.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 10-11-2017.pdf* *GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 10-12-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf* *VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) - 8-2017.pdf* *GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf* *GRP 115131A - Change Request Form (ILTC1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 12-2016.pdf*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter (ILTC-1)	GRP 115131	OTH	Initial			GRP 115131 - Policyholder Notification Letter (ILTC1) Marketing Format File Copy - 1-2018.pdf	Date Submitted: 01/18/2018 By: Raenonna Prince
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) Marketing Format F - 10-11-2017.pdf*	*Date Submitted: 10/13/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) Marketing Format F- 8-2017.pdf*	*Date Submitted: 08/17/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 5-2017.pdf*	*Date Submitted: 05/31/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter (ILTC-1)	GRP 115131	OTH	Initial			GRP 115131 - Policyholder Notification Letter (ILTC1) Marketing Format File Copy - 1-2018.pdf	Date Submitted: 01/18/2018 By: Raenonna Prince
							Copy- 12-2016.pdf	

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please be advised that the Caregiver definition was added to the Policy by means of amendatory Rider GRP 113925. This rider was previously reviewed and approved by the Department on June 13, 2008 - SERFF Number PRUD-125555680 - State Tracking Number 7/29640.

In view of the above, this is not the first time the Caregiver has been defined as it is already part of the Policy.

Related Objection 6

Applies To:

- Cash Indemnity Rider, GRP 114973 (Form)

Comments: The Cash Indemnity Rider states that capitalized terms are defined in the policies with which the rider will be used. However, the term caregiver is not defined in the policy. Rather it is defined on Page 2 of the rider, and after its initial use on Page 1. In order to avoid confusion, we recommend that the first use of the term caregiver be expanded to point to the definition on Page 2, or that the term be defined where it is first used.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

We trust this information satisfies the Department's concerns. Should you be in need of any additional information, please do not hesitate to contact me. Thank you. - Rae

Raenonna L. Prince, CLTC, LTCP
Lead Analyst
The Prudential Insurance Company of America
2101 Welsh Road, LTC Unit
Dresher, PA 19044
Voice: 215-658-6281| Cell: 215-990-7186
Fax: 888-294-6332
E-Mail: Raenonna.prince@ prudential.com

Sincerely,
Raenonna Prince

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/13/2017
Submitted Date	10/13/2017

Dear Bobby Toone,

Introduction:

Thank you for your review of the above referenced filing material.

Response 1

Comments:

At the Department's request, we have revised the Change Request Form section of the Manual of Variable Language with the Department's suggested language.

Additionally, at the Department's we have relocated the Change Request Form (GRP 115131A), to the Supporting Documentation Tab of this filing.

Related Objection 1

Applies To:

- *Change Request Form, GRP 115131A (Form)*
- *Manual of Variable Language (ILTC-1) (Supporting Document)*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments: Thank you for removing the red text language in the final form and revising the Manual of Variable Language. Unfortunately, the manual refers to the red text language making it difficult to understand. I apologize for the confusion and the additional work this has caused. So that the manual is clear, the red text needs to be replaced and provide at least the beginning of the paragraph to which it applies. For example:

Depending upon policyholder's current policy design, the following language will or will not appear:

Cash Benefit rider: [Drop my cash benefit rider....] or [Replace my cash benefit rider...].

Cash indemnity rider: [Drop my cash indemnity rider...]

Monthly Benefit rider: [Drop my monthly benefit rider...]

Non-Forfeiture option: [I wish to exercise the non-forfeiture option...]

Contingent Benefit Upon Lapse: [I wish to exercise the contingent non-forfeiture benefit upon lapse option...]

Since this form will not be attached to the policy, it may be moved to Supporting Documentation.

Changed Items:

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-1) File Copy - 10-11-2017.pdf GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 10-12-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf* *VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) - 8-2017.pdf* *GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf* *GRP 115131A - Change Request Form (ILTC1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 12-2016.pdf*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Change Request Form	GRP 115131A	OTH	Initial				Date Submitted: 10/13/2017 By: Raenonna Prince
Previous Version								
1	*Change Request Form*	*GRP 115131A*	*OTH*	*Initial*			*GRP 115131A - Change Request Form (ILTC1) Final - 8-2017.pdf*	*Date Submitted: 08/16/2017 By: Raenonna Prince*
Previous Version								
1	*Change Request Form*	*GRP 115131A*	*OTH*	*Initial*			*GRP 115131A - Change Request Form (ILTC1) File Copy - 5-2017.pdf*	*Date Submitted: 05/31/2017 By: Raenonna Prince*
Previous Version								
1	*Change Request Form*	*GRP 15131A*	*OTH*	*Initial*			*GRP 115131A - Change Request Form (ILTC1) File Copy - 12-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please be advised that we have amended the Schedule of Benefits as requested.

In addition to the above, we would like to point out that the Schedule of Benefits document is part of the Policy, in view of this, we cannot change or issue a new and unique form number. As a work around, we have revised the Scheduled of Benefits Page as mentioned above, and included a revised edition date of 10/2017 in the lower right-hand corner of the form.

Additionally, since the Form Number cannot be listed as a variable field, we have created three separate Schedule of Benefit statements to support the three separate ILTC-1 policies; GRP 98544, GRP 98545, GRP 98546.

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Related Objection 2

Applies To:

- VA ILTC-1 Schedule of Benefits (Supporting Document)

Comments: Thank you for providing an updated Schedule of Policy Benefits and Manual of Variable Language. Please attach this form to the Form Schedule for review and approval. Because this is a form, it must contain a form number in the lower left hand corner and may not be variable. Please assign the form its own unique form number so that it may be used with multiple policies.

In regards to the Manual of Variable Language,

1) amend the explanation for the following:

Original Effective Date: Will reflect original policy issue date

Change Effective Date: Will reflect the effective date of a policy change

2) Add Cash Indemnity Rider to Optional Benefits with explanation

3) Total Initial Annual Premium Before Discounts is listed twice. The second listing we believe should be Total Initial Premium After Discounts.

4) Add explanation for Modal Premiums will provide premium amount for each modal option.

Changed Items:

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA ILTC-1 Schedule of Benefits
Comments:	
Attachment(s):	VA - ILTC-1 Schedule of Benefits (GRP 98544) - 10-2017.pdf VA - ILTC-1 Schedule of Benefits (GRP 98545) - 10-2017.pdf VA - ILTC-1 Schedule of Benefits (GRP 98546) - 10-2017.pdf
Previous Version	
Satisfied - Item:	*VA ILTC-1 Schedule of Benefits*
Comments:	
Attachment(s):	*ILTC-1 Schedule of Benefits - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*VA ILTC-1 Schedule of Benefits*
Comments:	
Attachment(s):	*Schedule of Benefits - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*VA ILTC-1 Schedule of Benefits*
Comments:	
Attachment(s):	*SCHEDULE OF POLICY BENEFITS.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA ILTC-1 Schedule of Benefits
Comments:	
Attachment(s):	VA - ILTC-1 Schedule of Benefits (GRP 98544) - 10-2017.pdf VA - ILTC-1 Schedule of Benefits (GRP 98545) - 10-2017.pdf VA - ILTC-1 Schedule of Benefits (GRP 98546) - 10-2017.pdf
Previous Version	
Satisfied - Item:	*VA ILTC-1 Schedule of Benefits*
Comments:	
Attachment(s):	*ILTC-1 Schedule of Benefits - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*VA ILTC-1 Schedule of Benefits*
Comments:	
Attachment(s):	*Schedule of Benefits - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*VA ILTC-1 Schedule of Benefits*
Comments:	
Attachment(s):	*SCHEDULE OF POLICY BENEFITS.pdf*

Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-1) File Copy - 10-11-2017.pdf GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 10-12-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf* *VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) - 8-2017.pdf* *GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf*
Previous Version	

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf* *GRP 115131A - Change Request Form (ILTC1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 12-2016.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please be advised that we have revised the Manual of Variable Language as requested.

Related Objection 3

Applies To:

- *Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)*
- *Manual of Variable Language (ILTC-1) (Supporting Document)*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Comments: We have a similar problem with the manual and the policyholder letter as noted in objection one. Please clarify the following in the manual:

1) For clarification purposes please indicate in the General References that X's reflects the current premium , percentage or benefit and Y's represents the reduced premium, percentage or benefits wherever it may appear.

2) Depending upon policyholder's billing type only one of the following sentences will appear:

If Direct Bill or Payroll deduction: "You will seen this change ...."

If EFT: "Since you pay premiums via electronic funds transfer..."

3) Depending upon the policy levels only one or the other following sentences will appear:

"Because your policy benefits are already at the

If benefits are at the minimum level: "Because your policy coverage...]

If benefits are not at a minimum level: "If you continue to pay your premium...]

4) Depending upon policyholder's current policy design, the following language will or will not appear:

Cash Benefit rider: [You may drop your cash benefit rider....] or [You may elect to replace your cash benefit rider...].

Cash indemnity rider: [You may drop my your cash indemnity rider...]

Monthly Benefit rider: [You may drop your monthly benefit rider...]

Non-Forfeiture option: [As an alternative to options described above you may exercise a right under your non-forfeiture rider...]

Contingent Benefit Upon Lapse:[As an alternative to options described above you may exercise wish to exercise a contingent non-forfeiture benefit upon lapse right ...]

5) Will the insurance producer name always appear or only if there is one? Please add an explanation for the bracketed information at the end of the letter.

Changed Items:

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-1) File Copy - 10-11-2017.pdf GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 10-12-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf* *VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) - 8-2017.pdf* *GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf* *GRP 115131A - Change Request Form (ILTC1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 12-2016.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please be advised that we have removed the phrase "Or, if NFO is not a option", from page 4 of the letter.

In addition to the above, we confirm that the statement indicating that if an insured is already at their lowest level, Prudential is unable to offer the option to reduce their coverage if they qualify for the Contingent Non Forfeiture Benefit option.

Related Objection 4

Applies To:

- Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)

Comments: Please remove "Or, if NFO is not an option", from the letter on page 4.

On page 2 there is a statement that if the benefits are already at the lowest level, the Company is unable to offer the option of reducing your coverage in order to offset the amount of the premium increase. Please confirm this sentence will not appear if the insured may qualify for the contingent upon lapse benefit even though all other benefits are at the lowest level.

Changed Items:

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-1) File Copy - 10-11-2017.pdf GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 10-12-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf* *VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) - 8-2017.pdf* *GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf* *GRP 115131A - Change Request Form (ILTC1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 12-2016.pdf*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter (ILTC-1)	GRP 115131	OTH	Initial			GRP 115131 - Policyholder Notification Letter (ILTC1) Marketing Format F - 10-11-2017.pdf	Date Submitted: 10/13/2017 By: Raenonna Prince
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) Marketing Format F- 8-2017.pdf*	*Date Submitted: 08/17/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 5-2017.pdf*	*Date Submitted: 05/31/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy- 12-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Response 5

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Comments:

Please be advised, at the direction of the Department, the Frequently Asked Questions document was assigned a form number, (GRP 115280), and attached to the Forms Schedule Tab of this filing. This change with captured with our 8/17/2017 response.

We ask the Department to please refer to the Forms Schedule Tab of this filing for this form. If you are still unable to locate the document, please advise and we will reapply the document to the Forms Schedule Tab.

Related Objection 5

Applies To:

- Frequently Asked Questions Enclosure (ILTC-1) (Supporting Document)

Comments: We are unable to locate the Frequently Asked Questions which your correspondence indicated it had been attached to the Form Schedule. Please re-attach.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

Pursuant to 14VAC5-200-185, we confirm that Prudential complies with the requirements set forth with the requirements of this regulation.

Related Objection 6

Applies To:

- Contingent Nonforfeiture Benefit Rider (Supporting Document)

Comments: Please confirm the Contingent Nonforfeiture Rider will be administered according to 14VAC5-200-185 as revised and at least a 75 day notice prior to implementation of a rate increase will be provided pursuant to 14VAC5-200-75 D.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Comments:

At the Department's request, we have provided relined versions of the Policy and Cash Benefit Rider.

The Cash Benefit Rider Redline version demonstrates changes within the Policy's Home and Community Base Care Section should the insured elect to exercise the provisions of the Cash Benefit Rider.

The Cash Indemnity Benefit Rider Redline version demonstrates the changes between the Cash Benefit Rider and the changes within the Policy's Home Community Base Care section should the provisions of the Cash Indemnity Benefit Rider be selected.

Related Objection 7

Applies To:

- *Cash Indemnity Rider, GRP 114973 (Form)*
- *Copies of Policies - GRP 98545, GRP 98546 and GRP 98547 (Supporting Document)*

Comments: Thank you for providing copies of the policies. The endorsement indicates the following section in the endorsement replaces the provisions in the Policy relating to benefits for Home and Community-Based Care. Please be more specific and identify the language that is being removed and replaced in the policy. A redlined version would be helpful for our review.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline Versions of the Cash Benefit Rider and Cash Indemnity Rider
Comments:	The Cash Benefit Rider Redline version demonstrates changes within the Policy's Home and Community Base Care Section should the insured elect to exercise the provisions of the Cash Benefit Rider. The Cash Indemnity Benefit Rider Redline version demonstrates the changes between the Cash Benefit Rider and the changes within the Policy's Home Community Base Care section should the provisions of the Cash Indemnity Benefit Rider be selected.
Attachment(s):	Policy Redline Language (Cash Benefit Rider Replaces) - 10-11-2017.pdf GRP 98179 - Cash Benefit Rider (Redline Language Cash Indemnity Rider Replaces).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

We trust this information satisfied the Department's concerns. Should you be in need of any additional information, please do not hesitate to contact me. Thank you. - Rae

Raenonna L. Prince, CLTC, LTCP
Lead Analyst
The Prudential Insurance Company of America
2101 Welsh Road, LTC Unit
Dresher, PA 19044
Voice: 215-658-6281| Cell: 215-990-7186
Fax: 888-294-6332
E-Mail: Raenonna.prince@ prudential.com

Sincerely,
Raenonna Prince

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/17/2017
Submitted Date	08/17/2017

Dear Bobby Toone,

Introduction:

Thank you for your review of the above referenced filing material.

Response 1

Comments:

At the Department's request we have updated the Manual of Variable Language to include descriptions for the Non-Forfeiture Benefit, the Contingent Non-Forfeiture Benefit and the Cash Indemnity Rider. We thank the Department for brining this matter to our attention and apologize for the oversight.

Additionally, please be advised that the Change Request Form does not become part of the policy.

Related Objection 1

Applies To:

- *Change Request Form, GRP 115131A (Form)*
- *Manual of Variable Language (ILTC-1) (Supporting Document)*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments: Thank you for updating the Manual of Variable Language to refer to GRP 115131A. It does not appear, however, the manual contains explanations for all of the bracketed information in the form as noted below. Please update the manual accordingly for the following:

If insured under cash indemnity rider

If NFO

If CNFO

The Company may wish to simply indicate the bracketed paragraphs in the form will appear based on the specific design of the policyholder's current policy.

Please advise if the change form is attached and becomes a part of the policy.

Changed Items:

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-1) - 8-2017.pdf GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf* *GRP 115131A - Change Request Form (ILTC1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 12-2016.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

At the Department's request, we have revised the Schedule of Benefits.

Additionally, if the policyholder elects to exercise the provisions of the Non-Forfeiture Benefit or the Contingent Non-Forfeiture Benefit, the Schedule of Benefits will reflect the reduced Lifetime Maximum. The policyholder will have their full Daily Maximum Benefit, but for a shorter period of time.

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Related Objection 2

Applies To:

- VA ILTC-1 Schedule of Benefits (Supporting Document)

Comments: Thank you for your response to our questions concerning the Schedule of Benefits. Unfortunately, the original Schedule of Benefits is not designed in a manner that in can be used as a replacement schedule when updating benefits and lacks the variability to be flexible to accommodate the changes the insured may request. We realize this was not a requirement when the policy was originally issued; however, the policy must be amended or endorsed by an approved form such as a rider, endorsement, application or schedule of benefits that has been reviewed and approved by the Virginia Bureau of Insurance. The document must be dated or have an indication of the effective date of change in the policy benefits, state that a change is being made to the policy and this new document will be made a part of the contract. The Company may wish to review the Schedule of Benefits provided under SERFF filing PRUD-130596304 which satisfies these requirements and submit a similar form and statement of variability for this filing.

If the policy is converted to a paid up policy either due to the contingent benefit upon lapse benefit or nonforfeiture benefit, how will the Schedule of Benefits read?

Changed Items:

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-1) - 8-2017.pdf GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf* *GRP 115131A - Change Request Form (ILTC1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 12-2016.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-1) - 8-2017.pdf GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf* *GRP 115131A - Change Request Form (ILTC1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 12-2016.pdf*

Satisfied - Item:	VA ILTC-1 Schedule of Benefits
Comments:	
Attachment(s):	ILTC-1 Schedule of Benefits - 8-2017.pdf
Previous Version	
Satisfied - Item:	*VA ILTC-1 Schedule of Benefits*
Comments:	
Attachment(s):	*Schedule of Benefits - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*VA ILTC-1 Schedule of Benefits*
Comments:	

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Attachment(s):	SCHEDULE OF POLICY BENEFITS.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

1) Please be advised that we have elected to remove the red explanatory language and have included a final marketing version of the letter to the Form Schedule Tab of this filing. The version of the letter containing the explanatory language has been relocated to the Supporting Documentation tab of the filing and can be referenced with the Manual of Variable Language.

2) Please be advised that we have removed the term "OR" as requested. Additionally, we have updated the Manual of Variable Language to include a description for the Cash Indemnity Rider.

3) Please be advised that we have amended the Manual of Variable Language to include references to "If state approved increases over two years" and "If state approved increases over three years."

4) Please be advised that the Subsequent Increases paragraph only represents the first paragraph in our second and third increase letters. The body of the letters contain the explanatory language concerning the need for the rate increase.

5) At the Departments direction, we have replaced the term attached with enclosed.

6) Prudential confirms that if the Non-Forfeiture Benefit or Contingent Non-Forfeiture Benefit are elected, the insured will receive a lapse notice prior to conversion.

Related Objection 3

Applies To:

- Policyholder Notification Letter (Supporting Document)
- Manual of Variable Language (ILTC-1) (Supporting Document)

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments: 1) The notification letter attached to the form schedule should be in its final version form. Please indicate in the Manual of Variable Language for form GRP 115131 all text appearing in red in the final version of the policyholder letter will not appear in the letter when sent to the insured. Such language has been included to provide clarification for the reviewer. Please bracket the red language accordingly in the letter or , if the company so desires, remove all red text in the letter.

2) According to your response, the company amended item 6 by removing the term "OR" and adding a separate statement for the Cash Indemnity Benefit Rider. The letter continues to have the word "OR" between the [If Insured under cash benefit rider] and the second paragraph that states the insured may elect to replace your Cash Benefit Rider with the Cash Indemnity Rider. It would seem this word should be removed and the beginning of the paragraph bracketed. We could not find where the Manual of Variable Language was amended to include the paragraph [If insured under cash indemnity benefit rider]. Please add.

3) Please add to the manual an explanation for the first paragraph on page two [If state approved increases over two years] and [If state approved increases over three years].

4) At the end of the second paragraph on page 1 the letter refers to two subsequent rate increases. Since the increase may only be implemented over two years, should there not be brackets beginning at the next to last sentence in the paragraph and another at the end of the last sentence of that paragraph? ([Another subsequent rate increase will be .....two years from the current rate increase effective date.]] The second and third letters, if necessary, need to include the reason for the rate increase for compliance with 14VAC5-200-75 D. Please add that wording to the Subsequent Increases paragraph.

5) Please replace the word "attached" with enclosed in regards to the reference to the Long-Term Care Insurance Change Request Form on page 3 (second paragraph from bottom of page).

6) In regards to the nonforfeiture benefit and the contingent benefit upon lapse, please confirm the insured will be sent a lapse notice prior to the conversion to a paid up policy.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 6-8-2016.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115280).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115131).pdf
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA - Readability Certification Form - 6-8-2016.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 6-8-2016.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115280).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115131).pdf
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA - Readability Certification Form - 6-8-2016.pdf*

Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-1) - 8-2017.pdf GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf* *GRP 115131A - Change Request Form (ILTC1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 12-2016.pdf*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter (ILTC-1)	GRP 115131	OTH	Initial			GRP 115131 - Policyholder Notification Letter (ILTC1) Marketing Format F- 8-2017.pdf	Date Submitted: 08/17/2017 By: Raenonna Prince
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 5-2017.pdf*	*Date Submitted: 05/31/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy- 12-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Response 4

Comments:

At the Departments direction, we have added a Form Number to the Frequently Asked Questions Enclosure and attached it to the Forms Schedule Tab of this filing. The assigned form number is GRP 115280. A Certification of Readability has also been included.

Related Objection 4

Applies To:

- *Frequently Asked Questions Enclosure (ILTC-1) (Supporting Document)*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments: Thank you for your explanation indicating letters for those on waiver will be notified of the impending increase 75 days in advance. We do not have an issue with this; however, since information regarding the waiver is addressed in the Frequently Asked Questions Enclosure rather than the letter, please add a form number to the lower left hand corner and attach a copy to the Form Schedule for review.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 6-8-2016.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115280).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115131).pdf
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA - Readability Certification Form - 6-8-2016.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 6-8-2016.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115280).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115131).pdf
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA - Readability Certification Form - 6-8-2016.pdf*

Satisfied - Item:	Frequently Asked Questions Enclosure (ILTC-1)
Comments:	This document has been relocated to the Form Schedule Tab of this filing.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure (ILTC-1)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure (ILTC-1)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 12-2016.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

We trust this information satisfies the Department's concerns. Should you be in need of any additional information, please do not hesitate to contact me. Thank you. - Rae

Raenonna L. Prince, CLTC, LTCP
Lead Analyst
The Prudential Insurance Company of America
2101 Welsh Road, LTC Unit
Dresher, PA 19044
Voice: 215-658-6281| Cell: 215-990-7186
Fax: 888-294-6332
E-Mail: Raenonna.prince@ prudential.com

Sincerely,
Raenonna Prince

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/15/2017
Submitted Date	08/16/2017

Dear Bobby Toone,

Introduction:

Thank you for your review of the above referenced filing material.

Response 1

Comments:

At the Department's request, we have provided copies of the ILTC-1 Policies the Cash Indemnity Rider is intended to be attached to. The Policies, GRP 98545 (Compound Inflation), GRP 98546 (Periodic Inflation) and GRP 98547 (Simple Inflation), can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 1

Applies To:

- Cash Indemnity Rider, GRP 114973 (Form)

Comments: In order for us to continue our review of rider form GRP 114973 please provide us with a copy of the policy or policies to which it is intended to be attached.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Copies of Policies - GRP 98545, GRP 98546 and GRP 98547
Comments:	
Attachment(s):	VA-CI-(GRP 98545).pdf VA-PI-(GRP 98546).pdf VA-SI-(GRP 98544).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please be advised that if elected, the Cash Indemnity Rider, along with its corresponding premium, will be added to the Schedule of Benefits. The Schedule of Benefits becomes part of the Policy.

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Related Objection 2

Applies To:

- Cash Indemnity Rider, GRP 114973 (Form)

Comments: 14 VAC 5-200-70 B provides that where a separate additional premium is charged for benefits provided in connection with riders or endorsements, such premium charge shall be set forth in the policy, rider or endorsement. Please advise where the premium for the rider is expressed as required.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA ILTC-1 Schedule of Benefits
Comments:	
Attachment(s):	Schedule of Benefits - 8-2017.pdf
Previous Version	
Satisfied - Item:	*VA ILTC-1 Schedule of Benefits*
Comments:	
Attachment(s):	*SCHEDULE OF POLICY BENEFITS.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please be advised that the Cash Indemnity Rider has been added to the Schedule of Benefit. The revised version of the Schedule of Benefits can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 3

Applies To:

- Cash Indemnity Rider, GRP 114973 (Form)

Comments: Please provide us with a copy of the schedule of benefits that demonstrates how the rider will appear.

Changed Items:

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA ILTC-1 Schedule of Benefits
Comments:	
Attachment(s):	Schedule of Benefits - 8-2017.pdf
Previous Version	
Satisfied - Item:	*VA ILTC-1 Schedule of Benefits*
Comments:	
Attachment(s):	*SCHEDULE OF POLICY BENEFITS.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please be advised that the Form numbers in question actually represent the three separate Individual Long Term Care Insurance Policies associated with Prudential's ILTC-1 coverage. Additionally, there are no separate optional inflation riders associated with the ILTC-1 coverage. The reason for this is because the inflation provisions are built into the base Policy.

GRP 98545 - Compound Inflation Policy
GRP 98546 - Periodic Inflation Policy
GRP 98547 - Simple Inflation Policy

The form numbers have been bracketed to denote variability. To better clarify the variability, we have added this information to the Manual of Variable Language. (GRP 98545 - Compound Inflation, GRP 98546 - Periodic Inflation and GRP 98547 - Simple Inflation.)

Related Objection 4

Applies To:

- VA ILTC-1 Schedule of Benefits (Supporting Document)

Comments: Thank you for providing us with a copy of the Schedule of Policy Benefits. We note that the variable form numbers appearing at the lower left-hand corner of the form are inflation protection riders. Please advise how these form numbers apply to the schedule. Also, please advise where the premium for the inflation protection riders is expressed as required.

Changed Items:

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	Copies of Policies - GRP 98545, GRP 98546 and GRP 98547
Comments:	
Attachment(s):	VA-CI-(GRP 98545).pdf VA-PI-(GRP 98546).pdf VA-SI-(GRP 98544).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

If elected, the insured will received a revised Schedule of Benefits that will contain the new effective date of coverage.

Related Objection 5

Applies To:

- Cash Indemnity Rider, GRP 114973 (Form)

Comments: The rider states that the effective date is expressed in the Schedule of Policy Benefits. We note that the rider is available after the effective date of the policy. Please advise where the rider effective date is presented in the event that the rider is purchased after the policy.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA ILTC-1 Schedule of Benefits
Comments:	
Attachment(s):	Schedule of Benefits - 8-2017.pdf
Previous Version	
Satisfied - Item:	*VA ILTC-1 Schedule of Benefits*
Comments:	
Attachment(s):	*SCHEDULE OF POLICY BENEFITS.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Response 6

Comments:

At the Department's request, we have enclosed copies of the Contingent Non-forfeiture Benefit Rider (GRP 99622), along with a copy of the Department's stamped letter of approval, dated June 20, 2000. This information can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 6

Applies To:

- Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)

- Change Request Form, GRP 115131A (Form)

Comments: Forms GRP 115131 and GRP 115131A refer to contingent benefit upon lapse. Please provide us with a copy of the rider or endorsement that provides this benefit.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Contingent Nonforfeiture Benefit Rider
Comments:	
Attachment(s):	VA - GRP 99622 -Cont. Non-Forf. Rider.pdf VA - Cont Non-For Rider (GRP 99622) Letter of Approval - 6-20-2000.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

At the Department's request, we have revised the Change Request Form (GRP 115131A), to appear in its final marketing version. Additionally, we have attached a copy of the explanatory version to the Supporting Documentation Tab of this filing. The form can be referenced with the Manual of Variable Language.

Related Objection 7

Applies To:

- Change Request Form, GRP 115131A (Form)

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments: Form GRP 115131A contains red text that appears to be explanatory language in relation to the variable text. While the marked up version of the form is helpful to our review, only the text subject to change should appear in brackets in the final version of the form attached to the Form Schedule. As required by 14 VAC 5-100-50 3, please attach the form in the format in which it is intended to be marketed to the Form Schedule, and attach the marked up form to the description of variability attached as supporting documentation.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf GRP 115131A - Change Request Form (ILTC1) File Copy - 5-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 12-2016.pdf*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Change Request Form	GRP 115131A	OTH	Initial			GRP 115131A - Change Request Form (ILTC1) Final - 8-2017.pdf	Date Submitted: 08/16/2017 By: Raenonna Prince
Previous Version								
1	*Change Request Form*	*GRP 115131A*	*OTH*	*Initial*			*GRP 115131A - Change Request Form (ILTC1) File Copy - 5-2017.pdf*	*Date Submitted: 05/31/2017 By: Raenonna Prince*
Previous Version								
1	*Change Request Form*	*GRP 15131A*	*OTH*	*Initial*			*GRP 115131A - Change Request Form (ILTC1) File Copy - 12-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Conclusion:

We trust this information satisfies the Department's concerns. Should you be in need of any additional information, please do not hesitate to contact me. Thank you. - Rae

Raenonna L. Prince, CLTC, LTCP
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Fax: 888-294-6332
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Sincerely,
Raenonna Prince

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/03/2017
Submitted Date	08/03/2017

Dear Bobby Toone,

Introduction:

Thank you for your review of the above referenced filing material.

Response 1

Comments:

Please refer to the letter of response from our Actuary, Ms. Ritu Jain. The letter can be referenced on the Supporting Documentation Tab of this filing.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 8-3-2017
Comments:	
Attachment(s):	VA - rLetter of Response - 8-3-2017.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Should you be in need of any additional information, please do not hesitate to contact me. Thank you.

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SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Sincerely,

Raenonna Prince

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/31/2017
Submitted Date	05/31/2017

Dear Bobby Toone,

Introduction:

Thank you for your review of the above referenced filing material.

Response 1

Comments:

We would like to direct the Departments attention to the second paragraph of the letter. There in the second sentence we share the total rate increase percentage. Later in that same paragraph the remaining sentences disclose the actual rate increase percentages intended to be implemented over multiple years.

Related Objection 1

Applies To:

- Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)

Comments: Although the Company indicated this change had been made, we are unable to find in the letter where the overall percentage increase if implemented over a series has been added as requested. Please advise.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter (ILTC-1)	GRP 115131	OTH	Initial			GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 5-2017.pdf	Date Submitted: 05/31/2017 By: Raenonna Prince
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy- 12-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please be advised that insureds who are currently on waiver are not subject to the impending rate increase. In view of this, they will not receive formal notice of the rate increase and therefore, the language is not included in the policyholder notification letter.

Once an insured comes off waiver, they will then be notified of the impending rate increase including receiving the policyholder notification letter at least 75 days in advance.

You may then question why information is included in the Frequently Asked Questions document. The reasoning behind this is that this question could possibly be asked from someone who may anticipate going on waiver prior to implementation of the rate increase, or it could just be a general question from someone who is curious.

Related Objection 2

Applies To:

- *Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Comments: According to your response, a person on waiver will receive the same letter as someone who is not on waiver and the last question on the Frequently Asked Questions document will address the waiver issue. There is a concern the policyholder will be receiving a letter that is potentially misleading and the waiver issue should be addressed earlier in the policyholder letter. The insured should understand a rate increase has been approved; however, the increase is not applicable until such time premiums are no longer being waived. The Company should either provide a separate waiver letter for review or amend the current letter to include sufficient variability to address this issue.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter (ILTC-1)	GRP 115131	OTH	Initial			GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 5-2017.pdf	Date Submitted: 05/31/2017 By: Raenonna Prince
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy- 12-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please be advised that we have completed the requested changes as described by the Department.

Related Objection 3

Applies To:

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

- *Change Request Form, GRP 15131A (Form)*
- *Manual of Variable Language (ILTC-1) (Supporting Document)*

Comments: The change form references the full corporate name of the insurer and later as only Prudential. While we do not have a concern regarding this format, the form should explain that the corporate name may be referred to as Prudential only. Our concern would be resolved if in the first instance using the company name were stated The Prudential Insurance Company of America (Prudential).

The Manual of Variable Language refers to Change Form GRP 115277A rather than GRP 15131A on page 2. Please include an explanation in the manual for NFO and CNFO variability on the Change Form.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-1) File Copy - 5-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 12-2016.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Change Request Form	GRP 115131A	OTH	Initial			GRP 115131A - Change Request Form (ILTC1) File Copy - 5-2017.pdf	Date Submitted: 05/31/2017 By: Raenonna Prince
Previous Version								
1	*Change Request Form*	*GRP 15131A*	*OTH*	*Initial*			*GRP 115131A - Change Request Form (ILTC1) File Copy - 12-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Response 4

Comments:

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

4a) Please be advised that when the ILTC-1 Polices were originally filed and approved by the Department on December 8, 1998, Prudential was not required to include a Manual of Variable Language document. In view of this, we do not have a previously approved Manual of Variable Language document to provide for the Departments review.

4b) If an insured elects to revise their coverage, they will receive a revised Schedule of Benefits accompanied by a cover letter. The cover letter explains that the Schedule of Benefits contains information about the Benefit Options the insured has selected, their coverage Effective Date and Premium Information. Additional direction is provided, requesting the insured make sure the revised Schedule of Benefits reflects their coverage selections and to keep the documents with their insurance policy.

4c) Please be advised that the Institutional Care field will reflect the maximum daily benefit amount selected by the insured. The Maximum Daily Benefit amounts for Instuitional Care range between $50 - $350. This information is already captured in the Manual of Variable Language.

4d) Your understanding is correct. For example, if the insured has a Maximum Daily Benefit amount of $100.00, their maximum benefit for Respite Care would be $2000 for that calendar year.

4e) The Independence Support and Care Consultant provisions are based upon the selected Maximum Daily Benefit for Institutional Care, not Home Community Base Care. Therefore, if the Maximum Daily Benefit is $100 for Institutional Care, the Independence Support benefit would have a maximum benefit amount of $5000. The Care Consultation benefit would have a calendar year maximum benefit of $2000.

4f) As requested, we have bracketed the optional benefits on the Schedule of Benefits and added this information to the Manual of Variability.

4g) Please be advised that we have revised the Manual of Variable Language as requested.

4h) The Schedule of Benefits, including variability, was included with the original filing material and approved by the Department on December 8, 1998. As mentioned in an earlier response, a statement of variability was not a required document by the state when the filing material was originally submitted to the Department for review.

Related Objection 4

Applies To:

- *Manual of Variable Language (ILTC-1) (Supporting Document)*
- *VA ILTC-1 Schedule of Benefits (Supporting Document)*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments: Thank you for providing a copy of the Schedule of Benefits and including this in the Manual of Variable Language. Please forward a copy of the original statement of variability that was provided when this form was initially approved to address the following concerns:

- If a new Schedule of Benefits is provided when benefits are revised, how would the insured know what the original benefits were and when the new benefits were effective?
- The Institutional Care will reflect the maximum daily benefit amount according to the Manual of Variable Language. Is there a maximum limit? If so, the variability statement should indicate the minimum and maximum range.
- The current explanation for Respite Care indicates bracketed information will reflect the selected Maximum Daily Benefit Amount for the Calendar Year and Lifetime Benefit. If this to represent a calendar year, would the maximum daily benefit be multiplied by 20 days to establish the dollar amount that appears on the schedule?
- According to the Schedule a dollar mount would appear for the Home and Community- Base Care which would be calculated by multiplying the appropriate percentage to the maximum daily amount, correct? Would same procedure be followed to determine the dollar amount of the Independence Support and Care Consultation benefits?
- The Schedule refers to Optional Benefits; however, this has not been bracketed. Since such is optional, please bracket this and include all potential riders that may be available to the insured with appropriate explanations for such. This information should also be included for any other discounts such as the affiliation or married discounts.
-Although certain information is self explanatory (such as name & address, policy number, premium rate, mode), all bracketed information should be included in the statement of variability and indicate such information will be specific based on the individual policyholders information and policy selections.

If the original Schedule of Benefits was not approved with such variability, the Company will need to attach a schedule with a different form number to the Form Schedule for review and approval in addition to a statement of variability.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-1) File Copy - 5-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 12-2016.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

5a) We have amended the Manual of Variable Language as requested.

5b) We have amended the Manual of Variable Language as requested.

5c) We have amended item 6 by removing the term OR and added a separate statement for the Cash Indemnity Benefit Rider. Additionally, we have elected to keep the benefit options separate, as the Department has not yet approved the Cash Indemnity Benefit Rider.

5d) The Cash Indemnity Benefit Rider does not appear in this section because it has not yet been approved by the Department. In view of this, it cannot be part of the insureds benefit configuration.

5e) We have amended the Manual of Variable Language as requested.

5f) As this information already exists in the Frequently Asked Questions document, we assumed you were referring to the Manual of Variable Language document and have amended it to include this information.

Related Objection 5

Applies To:

- Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)
- Manual of Variable Language (ILTC-1) (Supporting Document)

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Comments: Please amend the Manual of Variable Language for form GRP 115131 to include that paragraph one will appear if this is a single rate increase or paragraph two if the increase in implemented in a series. Any bracketed percentages or dollar amounts will be specific to the individual policyholder.

Please explain when the Subsequent increases language will used. Please be aware, those letters must meet the same requirements pursuant to 14VAC5-200-75 D that were satisfied in the original letter. The information would need to be restated or a copy of the original letter included and referenced in the subsequent letters.

Items 5 and 6 under the Manual of Variable Language for Form GRP 115131 refers to If insured under Cash Benefit Rider form or You May Elect to Replace your Cash Benefit Rider with the Cash Indemnity Rider. The explanation states this is dependent upon the policyholder benefit configuration and either paragraph may be presented or omitted. If that is the case, brackets should be at the beginning of each paragraph. It should seem too, the word OR should be bracketed if it is possible both paragraphs could be included in the same letter. It would seem only item 5 is unnecessary and is covered under item 6.

There does not appear to be explanation for the option "If Insured Under Cash Indemnity Benefit Rider."

Please expand the explanation regarding if an increase is certain or if it possible. According to the Company's explanation the term certain is used when the initial rate increase percentage is not approved or only partially approved. The term possible is used if the initial rate increase percentage is approved in its entirety.

Please expand the response to the question "Will you raise premium on these policies again" to include the following statement:

"In the event that a future increase becomes necessary, you will receive another advance notification of the effective date of any such increase. We will continue to monitor the factors that impact premiums to determine if our assumptions are consistent with actual experience."

Changed Items:

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-1) File Copy - 5-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 12-2016.pdf*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter (ILTC-1)	GRP 115131	OTH	Initial			GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 5-2017.pdf	Date Submitted: 05/31/2017 By: Raenonna Prince
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy- 12-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Conclusion:

We trust this information satisfies the Department's concerns. Please do not hesitate to contact me with any additional questions. Thank you. -Rae

Raenonna L. Prince, CLTC, LTCP
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Sincerely,
Raenonna Prince

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/24/2017
Submitted Date	04/24/2017

Dear Bobby Toone,

Introduction:

Thank you for your review of the above referenced filing material.

Response 1

Comments:

Please refer to the letter of response and revised material from our Actuary, Mr. Michael Zilberman. This information can be referenced on the Rate Schedule Tab and Supporting Documentation Tab of this filing.

Related Objection 1

Applies To:

- *Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98180 Monthly Benefit Rider, [GRP 98180] (Rate)*
- *Appendix F - Rate Pages (ILTC-1 Pre-RS) , [GRP 98181] (Rate)*
- *Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider, [GRP 98179] (Rate)*

Comments: It appears our objection one was not clear. The rate attachments need to be more specific in regards to what rates apply to which forms by form number.

For forms GRP 98179, 98180, and 98181 please expand the heading for each set of adjustment factors to include the form number to which it applies. For example, the automatic simple interest inflation protection factors attached to form 98180 apply to GRP 98544, the automatic compound factor interest factors apply to GRP 98545 and the periodic inflation protection offers apply to GRP 98546.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 4-21-2017
Comments:	
Attachment(s):	VA (Pre) - Letter of Response - 4-21-2017.pdf

No Form Schedule items changed.

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider	GRP 98179	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98179 - Cash Benefit Rider.pdf,	04/24/2017 By: Raenonna Prince
Previous Version						
1	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider*	*GRP 98179*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98179 - Cash Benefit Rider.pdf,*	*02/03/2017 By: Raenonna Prince*
Previous Version						
1	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider*	*GRP 98179*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98179 - Cash Benefit Rider.pdf,*	*12/05/2016 By: Raenonna Prince*
Previous Version						
1	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider*	*GRP 98179*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) - GRP 98179 - Cash Benefit Rider.pdf,*	*06/08/2016 By: Raenonna Prince*
2	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98180 Monthly Benefit Rider	GRP 98180	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98180 - Monthly Benefit Rider.pdf,	04/24/2017 By: Raenonna Prince
Previous Version						
2	*Appendix F - Rate Pages (ILTC-1 Pre-RS)*	*GRP 98180*	*Revised*	*Previous State Filing Number:*	*Appendix F - Rate Pages (VA ILTC1 Pre-*	*12/05/2016 By: Raenonna Prince*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Rate/Rule Schedule Item Changes

	GRP 98180 Monthly Benefit Rider			*PRUD-125955126 Percent Rate Change Request: 68.3*	*RS) - GRP 98180 - Monthly Benefit Rider.pdf,*	
3	Appendix F - Rate Pages (ILTC-1 Pre-RS)	GRP 98181	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98181 - Nonforfeiture Benefit Rider.pdf,	04/24/2017 By: Raenonna Prince
Previous Version						
3	*Appendix F - Rate Pages (ILTC-1 Pre-RS)*	*GRP 98181*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98181 - Nonforfeiture Benefit Rider.pdf,*	*12/05/2016 By: Raenonna Prince*

Response 2

Comments:

Please refer to the letter of response from our Actuary, Mr. Michael Zilberman. The letter can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 2

Applies To:

- Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider, [GRP 98179] (Rate)

Comments: Your response to our objection 1, item 2 is unclear in regards to the benefit periods listed in the rate schedule for this form. The rates for this form were previously approved under PRUD-125955126. The rates pages in that filing for GRP 98179 provided adjustment factors when added to GRP 98544, GRP 98545 and GRP 98546. The rate pages, however, did not provide factors based on benefit period. Was that reflected on another rate schedule page that was approved? Please clarify why this additional information is being added now.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied - Item:	Letter of Response - 4-21-2017
Comments:	
Attachment(s):	VA (Pre) - Letter of Response - 4-21-2017.pdf

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider	GRP 98179	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98179 - Cash Benefit Rider.pdf,	04/24/2017 By: Raenonna Prince
Previous Version						
1	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider*	*GRP 98179*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98179 - Cash Benefit Rider.pdf,*	*02/03/2017 By: Raenonna Prince*
Previous Version						
1	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider*	*GRP 98179*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98179 - Cash Benefit Rider.pdf,*	*12/05/2016 By: Raenonna Prince*
Previous Version						
1	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider*	*GRP 98179*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) - GRP 98179 - Cash Benefit Rider.pdf,*	*06/08/2016 By: Raenonna Prince*

Response 3

Comments:

Please refer to the letter of response and revised material from our Actuary, Mr. Michael Zilberman. This information can be referenced on the Rate Schedule Tab and Supporting Documentation Tab of this filing.

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Related Objection 3

Applies To:

- *Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation , [GRP 98544] (Rate)*
- *Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation , [GRP 98545] (Rate)*
- *Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation, [GRP 98546] (Rate)*

Comments: Our objection 3 remains unresolved. The rates for these forms were previously approved under PRUD-125955126.

A review of that filing indicates rates for these forms provided the base rates before adjustments, adjustment factors for the lifetime maximum (benefit period), adjustments factors for the benefit waiting period, adjustment factors for the Home & Community-based care daily benefit, adjustment factors for the monthly benefit rider (rider only), the adjustment factors for the case benefit rider (rider only), adjustment factors for shortened benefit period nonforfeiture (rider only), adjustment factor (underwriting class) adjustment factors for the premium payment mode, and adjustment factors for the marital status. What is not appearing on the new rates schedules are adjustment factors for the monthly benefit rider (rider only), the cash benefit rider (rider only), and the shortened benefit period nonforfeiture (rider only). Why do these not appear?

Lastly, we note the unlimited benefit period for the adjustment factor - lifetime maximum (benefit period) is missing. Please clarify why it was removed.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 4-21-2017
Comments:	
Attachment(s):	VA (Pre) - Letter of Response - 4-21-2017.pdf

No Form Schedule items changed.

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation	GRP 98544	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98544 - Simple Inflation.pdf,	04/24/2017 By: Raenonna Prince
Previous Version						
1	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation*	*GRP 98544*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98544 - Simple Inflation.pdf,*	*02/03/2017 By:*
Previous Version						
1	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation*	*GRP 98544*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98544 - Simple Inflation.pdf,*	*02/03/2017 By: Raenonna Prince*
Previous Version						
1	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation*	*GRP 98544*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98544 - Simple Inflation.pdf,*	*12/05/2016 By: Raenonna Prince*
Previous Version						
1	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation*	*GRP 98544*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) - GRP 98544 - Simple Inflation - 6-2016.pdf,*	*06/08/2016 By: Raenonna Prince*
2	Appendix F - Rate Pages (ILTC-1 Pre-RS)	GRP 98545	Revised	Previous State Filing Number:	Appendix F - Rate Pages (VA ILTC1 Pre-	04/24/2017 By: Raenonna Prince

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Rate/Rule Schedule Item Changes

	GRP 98545 Auto Compound Inflation			PRUD-125955126 Percent Rate Change Request: 68.3	RS) - GRP 98545 - Automatic Compound Inflation.pdf,	
Previous Version						
2	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation*	*GRP 98545*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98545 - Automatic Compound Inflation.pdf,*	*02/03/2017 By:*
Previous Version						
2	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation*	*GRP 98545*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98545 - Automatic Compound Inflation.pdf,*	*02/03/2017 By: Raenonna Prince*
Previous Version						
2	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation*	*GRP 98545*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98545 - Automatic Compound Inflation.pdf,*	*12/05/2016 By: Raenonna Prince*
Previous Version						
2	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation*	*GRP 98545*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) - GRP 98545 - Auto Compound Inflation .pdf,*	*06/08/2016 By: Raenonna Prince*
3	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation	GRP 98546	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98546 - Periodic Inflation.pdf,	04/24/2017 By: Raenonna Prince
Previous Version						
3	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic*	*GRP 98546*	*Revised*	*Previous State Filing Number: PRUD-125955126*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98546 -*	*02/03/2017 By:*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Rate/Rule Schedule Item Changes

	Inflation			*Percent Rate Change Request: 68.3*	*Periodic Inflation.pdf,*	
Previous Version						
3	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation*	*GRP 98546*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98546 - Periodic Inflation.pdf,*	*02/03/2017 By: Raenonna Prince*
Previous Version						
3	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation*	*GRP 98546*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98546 - Periodic Inflation.pdf,*	*12/05/2016 By: Raenonna Prince*
Previous Version						
3	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation*	*GRP 98546*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) - GRP 98546 - Periodic Inflation.pdf,*	*06/08/2016 By: Raenonna Prince*
4	Apprendix F - Rate Pages (ILTC-1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider	GRP 114973	New		Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 114973 - Cash Indemnity Benefit Rider.pdf,	04/24/2017 By: Raenonna Prince
Previous Version						
4	*Apprendix F - Rate Pages (ILTC-1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider*	*GRP 114973*	*New*		*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 114973 - Cash Indemnity Benefit Rider.pdf,*	*02/03/2017 By: Raenonna Prince*
Previous Version						
4	*Apprendix F - Rate Pages (ILTC-1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider*	*GRP 114973*	*New*		*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 114973 - Cash Indemnity Benefit Rider.pdf,*	*12/05/2016 By: Raenonna Prince*
Previous Version						

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Rate/Rule Schedule Item Changes

4	Apprendix F - Rate Pages (ILTC-1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider	GRP 114973	New		VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider.pdf,	06/08/2016 By: Raenonna Prince

Response 4

Comments:

Please refer to the letter of response and additional response material from our Actuary, Mr. Michael Zilberman. This information can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: As we continue our review of the rate filing, please provide the following:

1) An Excel spreadsheet demonstrating the nationwide cumulative increase and the Virginia cumulative increase with updated status of rate increases nationwide. In reviewing the Rate History Chart, it appears as though the second rate increase was not approved in Virginia, and the Company is now filing for the second and third increases combined, with an adjustment to account for a delayed implementation of the second increase. In other words, the 50.4% and the 94.1% increase being requested on the limited reimbursement and unlimited reimbursement policies, respectively, may be equivalent of the originally requested rate increases at the time. Based on our records, SERFF tracking #PRUD-129224714 was submitted on 9/27/2013 and rejected as the Company had indicated it would not seek an increases for at least 36 months after the implementation of a second increase that was to be effective January 1, 2012. Based on the history of rate adjustments on Appendix A, the approved rate increase was implemented in two stages on 5/1/2010 and 5/1/2011. It does not appear the Company filed for a second full increase and it is unclear why the company may be adjusting the increase for the delayed implementation. Please clarify.

2) An Excel spreadsheet demonstrating the premium earned to date.

3) The specific percentage rate increases the company is requesting and when each will be implemented according to the Company's intention is to implement increases as a series of 20% each year that is multiplicatively equivalent to the full increase amount. According to the Actuarial Memorandum, the company was willing to implement the increase over three years.

4) According to the Company's letter dated 12/7/2009 under SERFF tracking # PRUD-125955126, the Company was willing to manage these forms to a 96% lifetime loss ratio. According to Appendix A, the Lifetime loss ratio with the increase is 143%. What has changed since the prior rate increase that results in this higher lifetime loss ratio? Is the Company intending to manage tot this loss ratio in the future?

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 4-21-2017
Comments:	
Attachment(s):	VA (Pre) - Letter of Response - 4-21-2017.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 4-21-2017
Comments:	
Attachment(s):	VA (Pre) - Letter of Response - 4-21-2017.pdf

Satisfied - Item:	Assumption Comparison ILTC-1
Comments:	
Attachment(s):	Assumption Comparison ILTC1.pdf Assumption Comparison ILTC1.xlsx

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 4-21-2017
Comments:	
Attachment(s):	VA (Pre) - Letter of Response - 4-21-2017.pdf

Satisfied - Item:	Assumption Comparison ILTC-1
Comments:	
Attachment(s):	Assumption Comparison ILTC1.pdf Assumption Comparison ILTC1.xlsx

Satisfied - Item:	Attachment 4.1 - Rate Increase History
Comments:	
Attachment(s):	Attachment 4.1 - Rate Increase History.pdf Attachment 4.1 - Rate Increase History.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

We trust this information satisfies the Department's concerns. Should you be in need of any additional information, please do not hesitate to contact me. Thank you. - Rae

Raenonna L. Prince, CLTC, LTCP
Lead Analyst
The Prudential Insurance Company of America
2101 Welsh Road, LTC Unit
Dresher, PA 19044
Voice: 215-658-6281| Cell: 215-990-7186
Fax: 888-294-6332
E-Mail: Raenonna.prince@ prudential.com

Sincerely,
Raenonna Prince

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/25/2017
Submitted Date	02/25/2017

Dear Bobby Toone,

Introduction:

Thank you for your review of the above referenced filing material.

Response 1

Comments:

Issue 1, 2 & 3: Please be advised that we have made the suggested revisions as requested by the Department. These revisions can be referenced in the revised letter located on the Forms Schedule Tab of this filing.

Issue 4: Please be advised that any policyholder currently on waiver will still receive the same letter. This question is addressed as the last question in the Frequently Asked Questions document located on the Supporting Documentation Tab of this filing.

Issue 5: Pursuant to section 14VAC5-200-185 E 3, we have revised this section of the letter as requested by the Department. The revisions can be referenced in the revised letter located on the Forms Schedule Tab of this filing.

Issue 6: At the Department's request we have attached a copy of the previously approved Schedule of Benefits to the Supporting Documentation Tab of this filing. The Schedule of Benefits variable fields information has also been included in the Manual of Variable Language.

Issue 7: Please be advised that the term certain is used when the initial rate increase percentage is not approved or only partially approved. The term possible is used if the initial rate increase percentage is approved in its entirety.

Related Objection 1

Applies To:

- *Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Comments: An initial review of the policyholder notification letter has been completed and the following concerns should be addressed:

1) The reason for the rate increase is explained at the end of the letter. It would seem this information would be more appropriate at the beginning of the letter and before stating what the increase will be. Although the letter contains the basis for the explanation, it appears incomplete. The Company states that after evaluating the factors that impact premiums, including the assumptions regarding claims, life expectancy, lapse rates and interest rates, and a review of the company's actual experience, a rate increase was needed in order to continue providing quality insurance coverage. For clarity, it would seem the explanation should indicate actual experience was higher than what those original pricing assumptions indicated; and that as a result, an increase was necessary to ensure sufficient funds would be available to pay all expected claims or something to that effect.

2) In the paragraph regarding multiple years, the overall percentage increase that has been approved should be clearly stated and then indicate it will be implemented in a series of increases and include specific dates and percentages. Notifications regarding the subsequent rate increases must be sent no later than 75 days prior to implementation and must contain the same information as the original letter for compliance with 14VAC5-200-75 D. Appropriate variation may be added to this letter to resolve this objection. or additional letters may be attached for review.

3) In regards to the variable paragraph "IF AT MINIMUM", please confirm any policyholders at a minimum level may still be offered if the Contingent Benefit Upon Lapse option if qualified. Is it possible a policyholder could be at the minimum of the Daily Maximum Benefit but not the Lifetime Maximum Benefit and vice-versa? Can the term of coverage be decreased, for example, from 4 years to 1 year or less? The Statement of Variability should be expanded to indicate what these minimum values are.

4) What notification will be sent to any policyholders currently on waiver? The Company may wish to add such variability to this notification for that purpose.

5) The language in the NFO states the paid up value is based on premiums paid less claims paid which is not in compliance with 14VAC5-200-185 E 3. For compliance with the regulation, please remove the language "less the sum of all benefits paid on your behalf while you were covered under this insurance". Claims paid come into play when determining the remaining maximum benefit and is covered by the statement that "in no event will the paid up value exceed the Lifetime Maximum which would have been payable if the policy remained in the premium paying status."

6) The letter states the insured will receive a new schedule of benefit page if benefits are changed. Please provide us with a coy of the Schedule of Benefits which was approved with the policy and its corresponding statement of variability for review.

7) Please clarify what on basis will the company indicate a rate increase is certain or possible. What will the Company use to determine the future plans for rate increases?.

Changed Items:

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Frequently Asked Questions Enclosure (ILTC-1)
Comments:	
Attachment(s):	VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 2-2017.pdf
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure (ILTC-1)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 12-2016.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Frequently Asked Questions Enclosure (ILTC-1)
Comments:	
Attachment(s):	VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 2-2017.pdf
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure (ILTC-1)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 12-2016.pdf*

Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-1) File Copy - 2-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 12-2016.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Frequently Asked Questions Enclosure (ILTC-1)
Comments:	
Attachment(s):	VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 2-2017.pdf
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure (ILTC-1)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 12-2016.pdf*

Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-1) File Copy - 2-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 12-2016.pdf*

Satisfied - Item:	VA ILTC-1 Schedule of Benefits
Comments:	
Attachment(s):	SCHEDULE OF POLICY BENEFITS.pdf

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter (ILTC-1)	GRP 115131	OTH	Initial			GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 2-2017.pdf	Date Submitted: 02/25/2017 By: Raenonna Prince
Previous Version								
1	*Policyholder Notification Letter (ILTC-1)*	*GRP 115131*	*OTH*	*Initial*			*GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy- 12-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

No Rate/Rule Schedule items changed.

Response 2

Comments:

Issues 1, 2, 3 &4: Please be advised that we have made the suggested revisions as requested by the Department. These revisions can be referenced in the revised Frequently Asked Questions document located on the Supporting DocumentationTab of this filing.

Related Objection 2

Applies To:

- Frequently Asked Questions Enclosure (ILTC-1) (Supporting Document)

Comments: 1. Please update this document to reflect the reason for the rate increase that is consistent with the policyholder letter.

2. Since this will be a separate document, please add the full and proper name to the document.

3. Please expand the response to the question "When will this premium increase become effective" to state that at least a 75 day notice will be provided before implementation.

4. Please expand the response to the question "What will happen to my premium if I am currently on Waiver of Premium" to state at least a 75 day notice will be provided before implementation of any increase and such notice will include options available to reduce the impact of such. As stated in a previous objection, individuals on waiver must receive the same or similar notification regarding the rate increase.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Frequently Asked Questions Enclosure (ILTC-1)
Comments:	
Attachment(s):	VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 2-2017.pdf
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure (ILTC-1)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 12-2016.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Should you be in need of any additional information, please do not hesitate to contact me. Thank you. -Rae

Raenonna L. Prince, CLTC, LTCP
Lead Analyst
The Prudential Insurance Company of America
2101 Welsh Road, LTC Unit
Dresher, PA 19044
Voice: 215-658-6281| Cell: 215-990-7186
Fax: 888-294-6332
E-Mail: Raenonna.prince@ prudential.com

Sincerely,
Raenonna Prince

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/03/2017
Submitted Date	02/03/2017

Dear Bobby Toone,

Introduction:

Thank you for your review of the above referenced filing material.

Response 1

Comments:

Please refer to the letter of response from our Actuary, Ms. Ritu Jain, and revised Appendices F. These documents can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 1

Applies To:

- *Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider, [GRP 98179] (Rate)*
- *Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation , [GRP 98544] (Rate)*
- *Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation , [GRP 98545] (Rate)*
- *Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation, [GRP 98546] (Rate)*
- *Apprendix F - Rate Pages (ILTC-1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider, [GRP 114973] (Rate)*
- *Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98180 Monthly Benefit Rider, [GRP 98180] (Rate)*
- *Appendix F - Rate Pages (ILTC-1 Pre-RS) , [GRP 98181] (Rate)*

Comments: Thank you for updating the Rate/Rule Schedule with the rider form numbers. In trying to match the proposed rate schedules with those approved under PRUD-125955126, there are a few discrepancies to be resolved as follows:

1. GRP 98180 and GRP 98181 were approved with adjustment factors based on the policy to which each was attached: GRP 98544, GRP 98545 and GRP 98546. The attached rate schedules in this filing do not provide that policy form identification. Please resolve.

2. GRP 98179 was approved with adjustment factors based on the policy to which it was attached: GRP98544, GRP 98545 and GRP-98546. The attached rate schedule in this filing does not provide that policy form identification. In addition, the new schedule includes benefit periods (3,4, 5 Unlimited) that were not included when the rates were approved. Please resolve.

3. GRP 98544, GRP 98546, and GRP 98545 were approved with monthly or cash benefit riders and a shortened benefit period nonforfeiture rider. Those rates are not in the new rate attachments for these forms. Please resolve.

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 2-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 2-2-2017.pdf

No Form Schedule items changed.

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider	GRP 98179	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98179 - Cash Benefit Rider.pdf,	02/03/2017 By: Raenonna Prince
Previous Version						
1	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider*	*GRP 98179*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98179 - Cash Benefit Rider.pdf,*	*12/05/2016 By: Raenonna Prince*
Previous Version						
1	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider*	*GRP 98179*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) - GRP 98179 - Cash Benefit Rider.pdf,*	*06/08/2016 By: Raenonna Prince*
2	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation	GRP 98544	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98544 - Simple Inflation.pdf,	02/03/2017 By: Raenonna Prince
Previous Version						
2	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation*	*GRP 98544*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98544 - Simple Inflation.pdf,*	*12/05/2016 By: Raenonna Prince*
Previous Version						
2	*Appendix F - Rate Pages (ILTC-1 Pre-RS)*	*GRP 98544*	*Revised*	*Previous State Filing Number:*	*VA (Pre) - Appendix F - Rate Pages (ILTC1*	*06/08/2016 By: Raenonna Prince*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Rate/Rule Schedule Item Changes

	GRP 98544 Simple Inflation			*PRUD-125955126 Percent Rate Change Request: 68.3*	*Pre-RS) - GRP 98544 - Simple Inflation - 6-2016.pdf,*	
3	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation	GRP 98545	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98545 - Automatic Compound Inflation.pdf,	02/03/2017 By: Raenonna Prince
Previous Version						
3	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation*	*GRP 98545*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98545 - Automatic Compound Inflation.pdf,*	*12/05/2016 By: Raenonna Prince*
Previous Version						
3	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation*	*GRP 98545*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) - GRP 98545 - Auto Compound Inflation .pdf,*	*06/08/2016 By: Raenonna Prince*
4	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation	GRP 98546	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98546 - Periodic Inflation.pdf,	02/03/2017 By: Raenonna Prince
Previous Version						
4	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation*	*GRP 98546*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98546 - Periodic Inflation.pdf,*	*12/05/2016 By: Raenonna Prince*
Previous Version						
4	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation*	*GRP 98546*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change*	*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) - GRP 98546 - Periodic Inflation.pdf,*	*06/08/2016 By: Raenonna Prince*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Rate/Rule Schedule Item Changes

				Request: 68.3		
5	Apprendix F - Rate Pages (ILTC-1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider	GRP 114973	New		Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 114973 - Cash Indemnity Benefit Rider.pdf,	02/03/2017 By: Raenonna Prince
Previous Version						
5	*Apprendix F - Rate Pages (ILTC-1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider*	*GRP 114973*	*New*		*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 114973 - Cash Indemnity Benefit Rider.pdf,*	*12/05/2016 By: Raenonna Prince*
Previous Version						
5	*Apprendix F - Rate Pages (ILTC-1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider*	*GRP 114973*	*New*		*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider.pdf,*	*06/08/2016 By: Raenonna Prince*

Response 2

Comments:

Please refer to the letter of response from our Actuary, Ms. Ritu Jain, and the revised Actuarial Memorandum and LTC rate Request Summary. These documents can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 2

Applies To:

- *L&H Actuarial Memorandum (Supporting Document)*
- *Long Term Care Insurance Rate Request Summary (Supporting Document)*

Comments: Please include all the policy form numbers affected by this rate increase in the summary and memorandum.

Changed Items:

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf* *Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Actuarial Memorandum - Revised Rates ILTC-1 - 6-2016.pdf* *VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf* *Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Actuarial Memorandum - Revised Rates ILTC-1 - 6-2016.pdf* *VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Rate Summary Insert Page.pdf VA (Pre) - LTC Rate Summary Request 2-2-2017.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA (Pre) - LTC Rate Summary Request 12-2-2016.pdf* *Rate Summary Insert Page.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA (Pre) - LTC Rate Summary Request 6-8-2016.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf* *Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Actuarial Memorandum - Revised Rates ILTC-1 - 6-2016.pdf* *VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Rate Summary Insert Page.pdf VA (Pre) - LTC Rate Summary Request 2-2-2017.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA (Pre) - LTC Rate Summary Request 12-2-2016.pdf* *Rate Summary Insert Page.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA (Pre) - LTC Rate Summary Request 6-8-2016.pdf*

Satisfied - Item:	Letter of Response - 2-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 2-2-2017.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please refer to the letter of response from our Actuary, Ms. Ritu Jain, attached to the Supporting Documentation Tab of this filing.

Related Objection 3

Comments: Please refer to Administrative Letter 2012-03, copy attached, which requires all submissions to include certain specific information in the Filing Description section. Please note that a transmittal letter attached as supporting documentation no longer fulfills this requirement. This change will need to be made in future filings or they will be rejected.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 2-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 2-2-2017.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please refer to the letter of response from our Actuary, Ms. Ritu Jain, and additional response material. These documents can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 4

Applies To:

- *L&H Actuarial Memorandum (Supporting Document)*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Comments: 1. The voluntary lapse assumptions utilized in the experience projections and shown in Exhibit 2 appear to be lower than actual lapse rates for later durations. Please explain how the voluntary lapse assumptions were developed for later durations under this policy form given the lack of experience. Additionally, please specify whether shock lapses have been included in the voluntary lapse experience shown in Exhibit 2 given multiple rate increases have been implemented for this policy form? If shock lapses are included in Exhibit 2, please quantify the impact of shock lapses by duration.

2. Please explain how the shock lapse assumption was developed.

3. The following questions relate to the experience projections provided in Appendix B and Appendix G:
a. Please revise Appendix C, Exhibit 3 to only include experience associated with policies issued prior to when Virginias rate stabilization regulations were in effect, consistent with the experience shown in Appendix B. Additionally, we would expect the incurred claim estimates shown in Appendix C, Exhibit 3 to be consistent with the incurred claim estimates shown in Appendix B. If there are differences in the incurred claim estimates shown in the revised Appendix C, Exhibit 3 and Appendix B, please explain.
b. Please revise Appendix B and Appendix G so that waiver of premium benefits are treated as a reduction to premium instead of a claims expense. If necessary, please revise the experience projections to reflect any other items noted in response to item 3a, the prior item. Please provide any revised experience projections in an Excel file.

4.The Company has stated the premium rates associated with this filing are not adequate in relation to the benefits provided. What rate increase would be needed to certify that the proposed rates are adequate? Additionally, please describe under what circumstances rate increases will be filed in the future.

5. Please provide the policy reserves as of July 31, 2015, both nationwide and for Virginia policies only, calculated at the interest rate used in the current experience projections for policies issued under this policy form prior to rate stabilization regulations being adopted in Virginia so that we may calculate the future loss ratio as the present value of future claims less active life reserves, divided by the present value of future premium.

Changed Items:

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf* *Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Actuarial Memorandum - Revised Rates ILTC-1 - 6-2016.pdf* *VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf* *Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Actuarial Memorandum - Revised Rates ILTC-1 - 6-2016.pdf* *VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf*

Satisfied - Item:	Shock Lapse Assumption Support
Comments:	
Attachment(s):	Shock Lapse Assumption Support.pdf

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf* *Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Actuarial Memorandum - Revised Rates ILTC-1 - 6-2016.pdf* *VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf*

Satisfied - Item:	Shock Lapse Assumption Support
Comments:	
Attachment(s):	Shock Lapse Assumption Support.pdf

Satisfied - Item:	VA State Rate Basis Template & Appendices - ILTC-1 (Pre)
Comments:	
Attachment(s):	VA State Rate Basis Template & Appendices - ILTC1 - pre.pdf VA State Rate Basis Template & Appendices - ILTC1 - pre.xlsx

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf* *Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Actuarial Memorandum - Revised Rates ILTC-1 - 6-2016.pdf* *VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf*

Satisfied - Item:	Shock Lapse Assumption Support
Comments:	
Attachment(s):	Shock Lapse Assumption Support.pdf

Satisfied - Item:	VA State Rate Basis Template & Appendices - ILTC-1 (Pre)
Comments:	
Attachment(s):	VA State Rate Basis Template & Appendices - ILTC1 - pre.pdf VA State Rate Basis Template & Appendices - ILTC1 - pre.xlsx

Satisfied - Item:	Letter of Response - 2-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 2-2-2017.pdf

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf* *Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Actuarial Memorandum - Revised Rates ILTC-1 - 6-2016.pdf* *VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf*

Satisfied - Item:	Shock Lapse Assumption Support
Comments:	
Attachment(s):	Shock Lapse Assumption Support.pdf

Satisfied - Item:	VA State Rate Basis Template & Appendices - ILTC-1 (Pre)
Comments:	
Attachment(s):	VA State Rate Basis Template & Appendices - ILTC1 - pre.pdf VA State Rate Basis Template & Appendices - ILTC1 - pre.xlsx

Satisfied - Item:	Letter of Response - 2-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 2-2-2017.pdf

Satisfied - Item:	Appendix C - Exhibit 3 - Morbidity Details - ILTC-1
Comments:	
Attachment(s):	Appendix C - Exhibit 3 - Morbidity Details - ILTC1pre.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 3 - Morbidity Details - ILTC-1*
Comments:	
Attachment(s):	*VA (Pre) - Appendix C - Exhibit 3 - Morbidity Details - ILTC-1 - 6-2016.pdf*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

We are in receipt of the Departments separate letter of objection dated January 4, 2017 concerning the above reference forms. We are currently addressing these issues and hope to have a response to the Department shortly.

Related Objection 5

Applies To:

- *Cash Indemnity Rider, GRP 114973 (Form)*
- *Policyholder Notification Letter (ILTC-1), GRP 115131 (Form)*
- *Change Request Form, GRP 15131A (Form)*
- *Frequently Asked Questions Enclosure (ILTC-1) (Supporting Document)*
- *Manual of Variable Language (ILTC-1) (Supporting Document)*

Comments: These forms are currently under review.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

We trust this information satisfies the Department's concerns. Please do not hesitate to contact me with any additional questions you may have. Thank you. -Rae

Raenonna L. Prince, CLTC, LTCP
Lead Analyst
The Prudential Insurance Company of America
2101 Welsh Road, LTC Unit
Dresher, PA 19044
Voice: 215-658-6281| Cell: 215-990-7186
Fax: 888-294-6332
E-Mail: Raenonna.prince@ prudential.com

Sincerely,
Raenonna Prince

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/05/2016
Submitted Date	12/05/2016

Dear Bobby Toone,

Introduction:

Thank you for your review of the above referenced filing material.

Response 1

Comments:

Please refer to the letter of response and additional response material from our Actuary, Ms. Ritu Jain. The response material can be referenced on the Forms, Rate and Supporting Documentation Tabs of this filing.

Related Objection 1

Applies To:

- *L&H Actuarial Memorandum (Supporting Document)*
- *Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider, [GRP 98179] (Rate)*
- *Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation , [GRP 98544] (Rate)*
- *Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation , [GRP 98545] (Rate)*
- *Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation, [GRP 98546] (Rate)*
- *Apprendix F - Rate Pages (ILTC-1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider, [GRP 114973] (Rate)*

Comments: According to the Actuarial Memorandum, the rate increase applies to three long term care policies (GRP 98544, GRP 98545, and GRP 98546) and their associated riders. According to Section 5 of the memorandum, the revised rates are applicable to these policy forms and all future periodic inflation protection offers.

The three policy forms noted above were approved under SERFF tracking # PRUD-125955126. Included in that filing were premium adjustment factors for forms GRP 98179, GRP 98180 and GRP 98181. Although the factors may not be changing, the premiums for such would increase when applied as a percentage to revised rates for the base policies. As such, these riders including the new form number GRP 114973 should be included in the "Affected Form Numbers" in the Rate/Rule Schedule and noted in the Actuarial Memorandum.

Please confirm these are all the form numbers and riders that would be affected by this proposed rate increase.

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Actuarial Memorandum - Revised Rates ILTC-1 - 6-2016.pdf* *VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf*

No Form Schedule items changed.

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider	GRP 98179	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98179 - Cash Benefit Rider.pdf,	12/05/2016 By: Raenonna Prince
Previous Version						
1	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider*	*GRP 98179*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) - GRP 98179 - Cash Benefit Rider.pdf,*	*06/08/2016 By: Raenonna Prince*
2	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation	GRP 98544	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98544 - Simple Inflation.pdf,	12/05/2016 By: Raenonna Prince
Previous Version						
2	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation*	*GRP 98544*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) - GRP 98544 - Simple Inflation - 6-2016.pdf,*	*06/08/2016 By: Raenonna Prince*
3	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation	GRP 98545	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98545 - Automatic Compound Inflation.pdf,	12/05/2016 By: Raenonna Prince
Previous Version						
3	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation*	*GRP 98545*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change*	*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) - GRP 98545 - Auto Compound*	*06/08/2016 By: Raenonna Prince*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Rate/Rule Schedule Item Changes

				Request: 68.3	*Inflation .pdf,*	
4	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation	GRP 98546	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98546 - Periodic Inflation.pdf,	12/05/2016 By: Raenonna Prince
Previous Version						
4	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation*	*GRP 98546*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) - GRP 98546 - Periodic Inflation.pdf,*	*06/08/2016 By: Raenonna Prince*
5	Apprendix F - Rate Pages (ILTC-1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider	GRP 114973	New		Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 114973 - Cash Indemnity Benefit Rider.pdf,	12/05/2016 By: Raenonna Prince
Previous Version						
5	*Apprendix F - Rate Pages (ILTC-1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider*	*GRP 114973*	*New*		*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider.pdf,*	*06/08/2016 By: Raenonna Prince*

Response 2

Comments:

Please refer to the letter of response and additional response material from our Actuary, Ms. Ritu Jain. The response material can be referenced on the Forms, Rate and Supporting Documentation Tabs of this filing.

Related Objection 2

Applies To:

- *L&H Actuarial Memorandum (Supporting Document)*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments: Since all policies in Virginia were issued prior to October 1, 2003, the rate increase will be reviewed in accordance with the requirements of 14VAC5-200-150. And as such, the certification language should more closely mirror the language as set forth in 14VAC5-130-70 B 14.

For premiums to be deemed reasonable in relation to premiums provided the expected loss ratio is greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule plus 80% applied to any premium rate increase for individual policy forms.

Please amend the certification language accordingly.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Actuarial Memorandum - Revised Rates ILTC-1 - 6-2016.pdf* *VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please refer to the letter of response and additional response material from our Actuary, Ms. Ritu Jain. The response material can be referenced on the Forms, Rate and Supporting Documentation Tabs of this filing.

Related Objection 3

Applies To:

- *L&H Actuarial Memorandum (Supporting Document)*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Comments: Please provide the following:

1.A separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms introduction.

2.A loss ratio projection reflecting the actual historical experience during the historical experience period and then, utilizing the actual inforce as of the projection date, projecting forward the expected earned premiums and incurred claims using the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale with no increases.

3. The reserve basis and justification for the reserve levels provided.

4. An exhibit illustrating an actual to expected analysis based on the original assumptions.

5. Confirmation in your response that support has been provided for all assumptions in sufficient detail to withstand peer review and that all calculations can be recreated. Where appropriate, please provide excel worksheets which will help to expedite our review.

6. The original targeted pricing loss ratio when the policy(ies) was originally approved.

7. The anticipated loss ratio where the numerator is equal to the anticipated incurred claims less policy reserves, and the denominator is equal to the anticipated earned premium.

8. A loss ratio projection (both past and future) which reflects all of the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix of business.

9. According to your cover letter, these policies were sold nationwide from 1998 through 2004. Since this filing is subject to 14VAC5-200-150 for policies prior to October 1, 2003, please confirm there is no post-stability nationwide experience included in the exhibits. If so, please revise accordingly.

10. As a reminder, as set forth in 14VAC5-200-150 B, notwithstanding the provision of 14VAC5-130-50 with regard to interest, demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for all Individual and Certain Group Accident and Sickness Insurance Policy Forms (14VAC5-130). All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia.

Changed Items:

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Actuarial Memorandum - Revised Rates ILTC-1 - 6-2016.pdf* *VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please refer to the letter of response and additional response material from our Actuary, Ms. Ritu Jain. The response material can be referenced on the Forms, Rate and Supporting Documentation Tabs of this filing.

Related Objection 4

Applies To:

- *Policyholder Notification Letter (Supporting Document)*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Comments: The Virginia State Corporation Commission adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. Except as specifically provided in the regulation, the changes were effective September 1, 2015. As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases as stated in 14 VAC5-200-75 D.

For compliance with the requirements as set forth in the regulation, please amend the letter as follows:

1) Since this form must be reviewed and filed with the state, please move the letter to the Form Schedule in SERFF. Please add a policy form number to the lower left hand corner for compliance with 14VAC5-100-50 1. The full and proper corporate name of the insured must appear prominently in accordance with 14VAC5-100-50 2 and use a type size of at least 10 point as set forth in 14VAC5-100-50 5. The attachment should be a final version of the form rather than a draft copy.

2) For compliance with 14VAC5-200-75 D 1 and 14VAC5-200-75 A 2 and A 4 b:

a) Clearly state the policy may be subject to future increases; and if there are such increases, options similar to those being offered now will be available and that changes in benefits may be done at any time upon the insured's request. We note this information is currently bracketed in the letter; the brackets should be removed.

b) Include a statement the insured has a right to a revised premium rate or rate schedule upon request.

3) For compliance with 14VAC5-200-75 D 2 a,

a) Provide a clear explanation of the options available to the policyholder as alternative to paying the increased premium amount. Currently, the letter offers to reduce the daily maximum amount and/or Lifetime maximum amount, drop the Cash Benefit Rider, and exercise the nonforfeiture benefit or elect a contingent non-forfeiture right. The letter and change request form do not include the options of extending the elimination period, reducing any inflation riders, or removing other available riders. The letter states there may be additional options and should include what those may be.

b) For consistency with the regulation, please refer to the CNFO as Contingent Benefit Upon Lapse rather than the contingent non-forfeiture option. In regards to the benefit, will this only be offered to those who meet the triggers or will be offered to everyone regardless of the triggers?

c) It should be clear to the insured what the paid-up value would be for both the non-forefeiture and contingent benefit upon lapse options as set forth in 14VAC5-200-185 E 3 and F. Please include such in the letter.

4. For compliance with 14VAC5-200-75 D 2 b and c, the letter must include a disclosure that all options available may not be of equal value; and, in the case of a partnership policy, include a disclosure that some benefit reduction options may result in a loss of partnership status that may reduce policyholder protections. Because both of these are disclosures, the information should be emphasized in some manner to bring attention to it such as bolding, highlighting or using larger print.

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

5. For compliance with 14VAC5-200-75 D 3, the Frequently Asked Questions rather than letter does not explain why rates are being increased. This information must be contained in the letter or the Frequently Asked Questions should either be a separate form for review which would require a form number and company name and address and be attached to the Form Schedule in SERFF or become a part of the letter itself. The response to the question is not clear as to what is driving the rate increase. What assumptions and other factors were not accurate and why. Below is an example of a clearer explanation of a rate increase:

"Rates are being raised on all policies like yours to pay for anticipated claims that are higher than expected. This is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than we anticipated when this policy was originally priced. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims. This premium increase is designed to offset some of these anticipated costs and in no way reflects on the integrity of your policy, nor is it based on your individual claims history, age, health status, or any other personal factor."

6. Please include the required statement as set forth in 14VAC5-200-75 D 4. Please refer to Virginia's State Corporation Commission rather than just "commission".

7. Please confirm that at least a 75 day notice will be provided to all policyholders prior to implementation of a rate increase in compliance with 14VAC5-200-75 D. This would mean the insured must receive a 75 day notification prior to each of the three implementations. Please include variability in the policyholder letter to address this or provide copies of those letters that will be sent at the second and third implementation. It is unclear what is meant by the following statement in the cover letter: "The earliest increase, once approval is provided, will be no earlier than 75 days from the date of approval, so that Prudential can provide sixty days advance notice of the rate increase to insureds."

8. Please provide a Statement of Variability for the policyholder letter, Change Form, and Frequently Asked Questions for review.

9. There are two answers provided for the question "Will you raise premiums on these policies again?" What will be the basis to determine if a rate increase is "certain" versus being "possible"? The response should also state that rate increases will not be implemented until the request is reviewed and approve by Virginia's State Corporation Commission.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter
Comments:	Please refer to the Forms Schedule Tab of this filing.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC1) - Round 5 - 3-4-2016.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please refer to the letter of response and additional response material from our Actuary, Ms. Ritu Jain. The response material can be referenced on the Forms, Rate and Supporting Documentation Tabs of this filing.

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Actuarial Memorandum states this increase applies to all future periodic inflation protection offers. In regards to an inflation rider, will the policyholder only be able to reduce the inflation protection to a lower percentage based on those percentages currently offered or has the company determined actuarially a percentage reduction that would allow the rate increase to be zeroed out if accepted which would result in no rate increase, commonly referred to as a landing spot?

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Actuarial Memorandum - Revised Rates ILTC-1 - 6-2016.pdf* *VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please refer to the letter of response and additional response material from our Actuary, Ms. Ritu Jain. The response material can be referenced on the Forms, Rate and Supporting Documentation Tabs of this filing.

Related Objection 6

Applies To:

- Policyholder Notification Letter (Supporting Document)

Comments: The letter includes the Long-Term Care Insurance Change Request Form. Will this become attached and made part of the policy if the insured returns this to the company?

If no, the form should not be included with the policyholder letter on the Form Schedule. Please attach the policyholder letter to the Form Schedule and attach the change form to Supporting Documentation.

If yes, a unique form number should be assigned to the change form and should be attached to the Form Schedule separately from the policyholder letter.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter
Comments:	Please refer to the Forms Schedule Tab of this filing.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC1) - Round 5 - 3-4-2016.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

Please refer to the letter of response and additional response material from our Actuary, Ms. Ritu Jain. The response material can be referenced on the Forms, Rate and Supporting Documentation Tabs of this filing.

Related Objection 7

Applies To:

- Policyholder Notification Letter (Supporting Document)

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Comments: The letter references the full corporate name of the insurer and later as only Prudential. While we do not have a concern regarding this format, the letter should explain that the corporate name may be referred to as Prudential only. Our concern would be resolved if the reference in the letter was stated as The Prudential Insurance Company of America (Prudential) Long-Term Care Insurance Policy."

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter
Comments:	Please refer to the Forms Schedule Tab of this filing.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC1) - Round 5 - 3-4-2016.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 8

Comments:

Please refer to the letter of response and additional response material from our Actuary, Ms. Ritu Jain. The response material can be referenced on the Forms, Rate and Supporting Documentation Tabs of this filing.

Related Objection 8

Applies To:

- *Policyholder Notification Letter (Supporting Document)*

Comments: Please advise how the policy is updated for such benefit changes. If the policy is revised or changed in any way, the policyowner must first agree to the changes and the policy must be amended or endorsed by an approved form such as a rider, endorsement, application or schedule of benefits that has been reviewed and approved by the Virginia Bureau of Insurance. The document must be dated or have an indication of the effective date of change in the policy benefits, state that a change is being made to the policy and this new document will be made a part of the contract. If the company has such forms available for this purpose, please provide a copy of the form, the SERFF tracking number and date of approval. If the company does not have any available documents to effectuate such changes, a form will need to be submitted for review and approval. It can be attached to this filing if desired. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form or forms including the contingent benefit upon lapse and/or optional nonforfeiture benefit. If the company chooses to include variability in the form, please provide a statement of variability. A Certification of Compliance would be required in accordance with 14VAC5-100-40 3 as well as Readability Certification in accordance with 14VAC5-110-60.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter
Comments:	Please refer to the Forms Schedule Tab of this filing.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC1) - Round 5 - 3-4-2016.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 9

Comments:

Please refer to the letter of response and additional response material from our Actuary, Ms. Ritu Jain. The response material can be referenced on the Forms, Rate and Supporting Documentation Tabs of this filing.

Related Objection 9

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments: The Long Term Care Rate Request Summary Part 1 will eventually be available our website for consumers to review. Please make the following changes in the form:

1) Rather than refer the consumer to Appendix A which may not be easily located by the consumer, please state the average annual premium as $3525 and the average requested increase of 68.3% as stated in Section 15 of the memorandum.

2) Please attach a second page that provides a brief narrative to summary the key information used to develop the rates including the main drivers of the revised rates in consumer friendly language. This should be fairly high level but provide a sufficient explanation as to the assumptions used and why those assumptions under estimated premiums when the policy was originally priced.

3) Please include all policy forms that will be affected by this rate increase.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA - Certification of Compliance -12-2-2016.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA - Certification of Compliance - 6-8-2016.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA - Certification of Compliance -12-2-2016.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA - Certification of Compliance - 6-8-2016.pdf*

Satisfied - Item:	Letter of Response - 12-2-2016
Comments:	
Attachment(s):	VA (Pre) - Letter of Response - 12-2-2016.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA - Certification of Compliance -12-2-2016.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA - Certification of Compliance - 6-8-2016.pdf*

Satisfied - Item:	Letter of Response - 12-2-2016
Comments:	
Attachment(s):	VA (Pre) - Letter of Response - 12-2-2016.pdf

Satisfied - Item:	Objection 3.1 - VA Appendices - ILTC-1 pre RS - Proposed Rate Basis
Comments:	
Attachment(s):	Objection 3.1 - VA Appendices - ILTC1 Pre-RS - Proposed Rate Basis.pdf

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA - Certification of Compliance -12-2-2016.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA - Certification of Compliance - 6-8-2016.pdf*

Satisfied - Item:	Letter of Response - 12-2-2016
Comments:	
Attachment(s):	VA (Pre) - Letter of Response - 12-2-2016.pdf

Satisfied - Item:	Objection 3.1 - VA Appendices - ILTC-1 pre RS - Proposed Rate Basis
Comments:	
Attachment(s):	Objection 3.1 - VA Appendices - ILTC1 Pre-RS - Proposed Rate Basis.pdf

Satisfied - Item:	Objection 3.2 - ILTC-1 - Pre-RS
Comments:	
Attachment(s):	Objection 3.2 - ILTC1 - Pre-RS.pdf

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA - Certification of Compliance -12-2-2016.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA - Certification of Compliance - 6-8-2016.pdf*

Satisfied - Item:	Letter of Response - 12-2-2016
Comments:	
Attachment(s):	VA (Pre) - Letter of Response - 12-2-2016.pdf

Satisfied - Item:	Objection 3.1 - VA Appendices - ILTC-1 pre RS - Proposed Rate Basis
Comments:	
Attachment(s):	Objection 3.1 - VA Appendices - ILTC1 Pre-RS - Proposed Rate Basis.pdf

Satisfied - Item:	Objection 3.2 - ILTC-1 - Pre-RS
Comments:	
Attachment(s):	Objection 3.2 - ILTC1 - Pre-RS.pdf

Satisfied - Item:	Objection 3.4 - AE LR
Comments:	
Attachment(s):	Objection 3.4 - AE LR.pdf

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA - Certification of Compliance -12-2-2016.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA - Certification of Compliance - 6-8-2016.pdf*

Satisfied - Item:	Letter of Response - 12-2-2016
Comments:	
Attachment(s):	VA (Pre) - Letter of Response - 12-2-2016.pdf

Satisfied - Item:	Objection 3.1 - VA Appendices - ILTC-1 pre RS - Proposed Rate Basis
Comments:	
Attachment(s):	Objection 3.1 - VA Appendices - ILTC1 Pre-RS - Proposed Rate Basis.pdf

Satisfied - Item:	Objection 3.2 - ILTC-1 - Pre-RS
Comments:	
Attachment(s):	Objection 3.2 - ILTC1 - Pre-RS.pdf

Satisfied - Item:	Objection 3.4 - AE LR
Comments:	
Attachment(s):	Objection 3.4 - AE LR.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Actuarial Memorandum - Revised Rates ILTC-1 - 6-2016.pdf* *VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA - Certification of Compliance -12-2-2016.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA - Certification of Compliance - 6-8-2016.pdf*

Satisfied - Item:	Letter of Response - 12-2-2016
Comments:	
Attachment(s):	VA (Pre) - Letter of Response - 12-2-2016.pdf

Satisfied - Item:	Objection 3.1 - VA Appendices - ILTC-1 pre RS - Proposed Rate Basis
Comments:	
Attachment(s):	Objection 3.1 - VA Appendices - ILTC1 Pre-RS - Proposed Rate Basis.pdf

Satisfied - Item:	Objection 3.2 - ILTC-1 - Pre-RS
Comments:	
Attachment(s):	Objection 3.2 - ILTC1 - Pre-RS.pdf

Satisfied - Item:	Objection 3.4 - AE LR
Comments:	
Attachment(s):	Objection 3.4 - AE LR.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Actuarial Memorandum - Revised Rates ILTC-1 - 6-2016.pdf* *VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments:	
Attachment(s):	VA (Pre) - LTC Rate Summary Request 12-2-2016.pdf Rate Summary Insert Page.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA (Pre) - LTC Rate Summary Request 6-8-2016.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA - Certification of Compliance -12-2-2016.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA - Certification of Compliance - 6-8-2016.pdf*

Satisfied - Item:	Letter of Response - 12-2-2016
Comments:	
Attachment(s):	VA (Pre) - Letter of Response - 12-2-2016.pdf

Satisfied - Item:	Objection 3.1 - VA Appendices - ILTC-1 pre RS - Proposed Rate Basis
Comments:	
Attachment(s):	Objection 3.1 - VA Appendices - ILTC1 Pre-RS - Proposed Rate Basis.pdf

Satisfied - Item:	Objection 3.2 - ILTC-1 - Pre-RS
Comments:	
Attachment(s):	Objection 3.2 - ILTC1 - Pre-RS.pdf

Satisfied - Item:	Objection 3.4 - AE LR
Comments:	
Attachment(s):	Objection 3.4 - AE LR.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Actuarial Memorandum - Revised Rates ILTC-1 - 6-2016.pdf* *VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments:	
Attachment(s):	VA (Pre) - LTC Rate Summary Request 12-2-2016.pdf Rate Summary Insert Page.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA (Pre) - LTC Rate Summary Request 6-8-2016.pdf*

Satisfied - Item:	Policyholder Notification Letter
Comments:	Please refer to the Forms Schedule Tab of this filing.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC1) - Round 5 - 3-4-2016.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA - Certification of Compliance -12-2-2016.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA - Certification of Compliance - 6-8-2016.pdf*

Satisfied - Item:	Letter of Response - 12-2-2016
Comments:	
Attachment(s):	VA (Pre) - Letter of Response - 12-2-2016.pdf

Satisfied - Item:	Objection 3.1 - VA Appendices - ILTC-1 pre RS - Proposed Rate Basis
Comments:	
Attachment(s):	Objection 3.1 - VA Appendices - ILTC1 Pre-RS - Proposed Rate Basis.pdf

Satisfied - Item:	Objection 3.2 - ILTC-1 - Pre-RS
Comments:	
Attachment(s):	Objection 3.2 - ILTC1 - Pre-RS.pdf

Satisfied - Item:	Objection 3.4 - AE LR
Comments:	
Attachment(s):	Objection 3.4 - AE LR.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Actuarial Memorandum - Revised Rates ILTC-1 - 6-2016.pdf* *VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments:	
Attachment(s):	VA (Pre) - LTC Rate Summary Request 12-2-2016.pdf Rate Summary Insert Page.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA (Pre) - LTC Rate Summary Request 6-8-2016.pdf*

Satisfied - Item:	Policyholder Notification Letter
Comments:	Please refer to the Forms Schedule Tab of this filing.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC1) - Round 5 - 3-4-2016.pdf*

Satisfied - Item:	Frequently Asked Questions Enclosure (ILTC-1)
Comments:	
Attachment(s):	VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 12-2016.pdf

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA - Certification of Compliance -12-2-2016.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA - Certification of Compliance - 6-8-2016.pdf*

Satisfied - Item:	Letter of Response - 12-2-2016
Comments:	
Attachment(s):	VA (Pre) - Letter of Response - 12-2-2016.pdf

Satisfied - Item:	Objection 3.1 - VA Appendices - ILTC-1 pre RS - Proposed Rate Basis
Comments:	
Attachment(s):	Objection 3.1 - VA Appendices - ILTC1 Pre-RS - Proposed Rate Basis.pdf

Satisfied - Item:	Objection 3.2 - ILTC-1 - Pre-RS
Comments:	
Attachment(s):	Objection 3.2 - ILTC1 - Pre-RS.pdf

Satisfied - Item:	Objection 3.4 - AE LR
Comments:	
Attachment(s):	Objection 3.4 - AE LR.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA (Pre) - Actuarial Memorandum - Revised Rates ILTC-1 - 6-2016.pdf* *VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments:	
Attachment(s):	VA (Pre) - LTC Rate Summary Request 12-2-2016.pdf Rate Summary Insert Page.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA (Pre) - LTC Rate Summary Request 6-8-2016.pdf*

Satisfied - Item:	Policyholder Notification Letter
Comments:	Please refer to the Forms Schedule Tab of this filing.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC1) - Round 5 - 3-4-2016.pdf*

Satisfied - Item:	Frequently Asked Questions Enclosure (ILTC-1)
Comments:	
Attachment(s):	VA - Frequently Asked Questions Enclosure (ILTC-1) File Copy - 12-2016.pdf

Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-1) File Copy - 12-2016.pdf

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Letter (ILTC-1)	GRP 115131	OTH	Initial			GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy- 12-2016.pdf	Date Submitted: 12/05/2016 By: Raenonna Prince
2	Change Request Form	GRP 15131A	OTH	Initial			GRP 115131A - Change Request Form (ILTC1) File Copy - 12-2016.pdf	Date Submitted: 12/05/2016 By: Raenonna Prince

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider	GRP 98179	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98179 - Cash Benefit Rider.pdf,	12/05/2016 By: Raenonna Prince
Previous Version						
1	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider*	*GRP 98179*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) - GRP 98179 - Cash Benefit Rider.pdf,*	*06/08/2016 By: Raenonna Prince*
2	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation	GRP 98544	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98544 - Simple Inflation.pdf,	12/05/2016 By: Raenonna Prince
Previous Version						
2	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation*	*GRP 98544*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) - GRP 98544 - Simple Inflation - 6-2016.pdf,*	*06/08/2016 By: Raenonna Prince*
3	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation	GRP 98545	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98545 - Automatic Compound Inflation.pdf,	12/05/2016 By: Raenonna Prince
Previous Version						
3	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation*	*GRP 98545*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change*	*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) - GRP 98545 - Auto Compound*	*06/08/2016 By: Raenonna Prince*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA	

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Rate/Rule Schedule Item Changes

				Request: 68.3	*Inflation .pdf,*	
4	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation	GRP 98546	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98546 - Periodic Inflation.pdf,	12/05/2016 By: Raenonna Prince
Previous Version						
4	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation*	*GRP 98546*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) - GRP 98546 - Periodic Inflation.pdf,*	*06/08/2016 By: Raenonna Prince*
5	Apprendix F - Rate Pages (ILTC-1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider	GRP 114973	New		Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 114973 - Cash Indemnity Benefit Rider.pdf,	12/05/2016 By: Raenonna Prince
Previous Version						
5	*Apprendix F - Rate Pages (ILTC-1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider*	*GRP 114973*	*New*		*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider.pdf,*	*06/08/2016 By: Raenonna Prince*
6	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98180 Monthly Benefit Rider	GRP 98180	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98180 - Monthly Benefit Rider.pdf,	12/05/2016 By: Raenonna Prince
7	Appendix F - Rate Pages (ILTC-1 Pre-RS)	GRP 98181	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98181 - Nonforfeiture Benefit Rider.pdf,	12/05/2016 By: Raenonna Prince

Conclusion:

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Should you be in need of any additional information, please do not hesitate to contact me. Thank you. -Rae

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Sincerely,
Raenonna Prince

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Amendment Letter

Submitted Date: 01/24/2018

Comments:

Mr. Smith:

In our response letter of January 18, 2018, we misspoke concerning the Caregiver definition being part of the policy by means of Amendatory Rider GRP 113925.

In view of this and at the Department's request, we have amended the Cash Indemnity Rider by adding the following language "(defined on page 2 of this Rider)", to where the term "Caregiver" is first disclosed. As result of this revision, we assigned a new form number (GRP 115282), to the Rider.

The revised Rider can be referenced on the Forms Schedule Tab of this filing.

We apologize for this oversight and for any confusion our original response may have caused.

Should you be in need of any additional information, please do not hesitate to contact me. Thank you. -Rae

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Changed Items:

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Cash Indemnity Rider	GRP 115282	POLA	Initial		46.900	GRP 115282 - VA (ILTC-1) Cash Indemnity Rider File Copy.pdf	Date Submitted: 01/24/2018 By:
Previous Version								
1	*Cash Indemnity Rider*	*GRP 114973*	*POLA*	*Initial*		*46.900*	*GRP 114973 - (ILTC-1) Cash Indemnity Rider.pdf*	*Date Submitted: 06/08/2016 By: Raenonna Prince*

No Rate Schedule Items Changed.

No Supporting Documents Changed.

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Amendment Letter

Submitted Date: 08/21/2017

Comments:

Please refer to the revised Readability Certification for form GRP 115131.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 6-8-2016.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115280).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115131).pdf
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA - Readability Certification Form - 6-8-2016.pdf* *VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115280).pdf* *VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115131).pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA - Readability Certification Form - 6-8-2016.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Amendment Letter

Submitted Date: 08/17/2017

Comments:

Please refer to the attached version of the Manual of Variable Language.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) - 8-2017.pdf* *GRP 115131 - Policyholder Notification Letter (ILTC1) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 8-2017.pdf* *GRP 115131A - Change Request Form (ILTC1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-1)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-1) File Copy - 12-2016.pdf*

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Amendment Letter

Submitted Date: 02/03/2017

Comments:

We ask that you please refer to the attached Appendices (F) Rate Pages, which replaced those included with our initial response material submitted earlier today, February 3, 2017.

Should you have any questions, please do not hesitate to contact me. Thank you. -Rae

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Changed Items:

No Form Schedule Items Changed.

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation	GRP 98544	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98544 - Simple Inflation.pdf,	02/03/2017 By:
Previous Version						
1	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation*	*GRP 98544*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98544 - Simple Inflation.pdf,*	*02/03/2017 By: Raenonna Prince*
Previous Version						
1	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation*	*GRP 98544*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98544 - Simple Inflation.pdf,*	*12/05/2016 By: Raenonna Prince*
Previous Version						
1	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation*	*GRP 98544*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) - GRP 98544 - Simple Inflation - 6-2016.pdf,*	*06/08/2016 By: Raenonna Prince*
2	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation	GRP 98545	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98545 - Automatic Compound Inflation.pdf,	02/03/2017 By:
Previous Version						
2	*Appendix F - Rate Pages (ILTC-1 Pre-RS)*	*GRP 98545*	*Revised*	*Previous State Filing Number:*	*Appendix F - Rate Pages (VA ILTC1 Pre-*	*02/03/2017 By: Raenonna Prince*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA	

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Rate/Rule Schedule Item Changes

	GRP 98545 Auto Compound Inflation			*PRUD-125955126 Percent Rate Change Request: 68.3*	*RS) - GRP 98545 - Automatic Compound Inflation.pdf,*	
Previous Version						
2	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation*	*GRP 98545*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98545 - Automatic Compound Inflation.pdf,*	*12/05/2016 By: Raenonna Prince*
Previous Version						
2	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation*	*GRP 98545*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) - GRP 98545 - Auto Compound Inflation .pdf,*	*06/08/2016 By: Raenonna Prince*
3	Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation	GRP 98546	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98546 - Periodic Inflation.pdf,	02/03/2017 By:
Previous Version						
3	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation*	*GRP 98546*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98546 - Periodic Inflation.pdf,*	*02/03/2017 By: Raenonna Prince*
Previous Version						
3	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation*	*GRP 98546*	*Revised*	*Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3*	*Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98546 - Periodic Inflation.pdf,*	*12/05/2016 By: Raenonna Prince*
Previous Version						
3	*Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic*	*GRP 98546*	*Revised*	*Previous State Filing Number: PRUD-125955126*	*VA (Pre) - Appendix F - Rate Pages (ILTC1 Pre-RS) - GRP 98546 -*	*06/08/2016 By: Raenonna Prince*

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Rate/Rule Schedule Item Changes

	Inflation			*Percent Rate Change Request: 68.3*	*Periodic Inflation.pdf,*	

No Supporting Documents Changed.

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Note To Filer

Created By:

Bobby Toone on 07/18/2019 01:56 PM

Last Edited By:

Bobby Toone

Submitted On:

05/21/2020 09:19 AM

Subject:

Extension Request

Comments:

An extension to 8/23/2019 is granted.

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Note To Reviewer

Created By:

Raenonna Prince on 07/18/2019 01:12 PM

Last Edited By:

Bobby Toone

Submitted On:

05/21/2020 09:19 AM

Subject:

Request for Extension

Comments:

Mr. Toone:

To complete the response material associated with the Department's letter of objection dated July 8, 2019, we are requesting an extension date of August 23, 2019.

Please advise is this request for an extension is possible. Should you be in need of any additional information, please do not hesitate to contact me. Thank you. -Rae

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State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Note To Filer

Created By:

Bobby Toone on 04/01/2019 02:58 PM

Last Edited By:

Bobby Toone

Submitted On:

06/27/2019 08:01 AM

Subject:

Request for Extension

Comments:

An extension until 06/21/2019 is fine.

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Note To Reviewer

Created By:

Raenonna Prince on 04/01/2019 11:00 AM

Last Edited By:

Bobby Toone

Submitted On:

06/27/2019 08:01 AM

Subject:

Re: Request for Extension

Comments:

Mr. Toone,

In view of the Department's upcoming Public Hearing scheduled for May 21, 2019, our Actuarial Department would like to suspend the activity on this filing until after the hearing. The reasoning behind this is we hope to gain more insight on the Department's needs for approving rate increase filings and perhaps adjust our filings to better align with those needs.

Please advise if this is possible and if so, we would like to request an extension date of June 21, 2019.

Should you be in need of any additional information, please do not hesitate to contact me. Thank you. -Rae

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State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Note To Filer

Created By:

Bobby Toone on 02/25/2019 10:25 AM

Last Edited By:

Bobby Toone

Submitted On:

06/27/2019 08:01 AM

Subject:

Extension Request

Comments:

The request for an extension until 03/22/2019 is granted.

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Note To Reviewer

Created By:

Raenonna Prince on 02/22/2019 11:11 AM

Last Edited By:

Bobby Toone

Submitted On:

06/27/2019 08:01 AM

Subject:

Re: Request for Extension

Comments:

Mr. Toone:

To complete the response material associated with the Department's letter of We are requesting an extension date of 2/5/2019, we are requesting an extension date of March 22, 2019.

Please advise is this request for an extension is possible. Should you be in need of any additional information, please do not hesitate to contact me. Thank you. -Rae

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Note To Filer

Created By:

Janet Houser on 12/28/2017 08:55 AM

Last Edited By:

Bobby Toone

Submitted On:

06/27/2019 08:01 AM

Subject:

12/27/17 objection letter

Comments:

In reviewing our 12/27/17 objection letter, we realized there is information that needs clarification as follows:

1) In regards to objection 3, please disregard our comment as to how the insured is advised of the contingent benefit upon lapse option (CBUL) or the nonforfeiture option (NFO). Assuming the insured may be eligible for a paid up policy under the CBUL or the NFO options, our concern is as follows:

The language in the CBUL paragraph should be rephrased. It begins with "As an alternative to the options described above....". If no options are described because the policy is at the minimum levels, that language would be confusing. Please address this in both the CBUL and NFO paragraphs.

2) Our objection letter dated 12/27/17 Our objection 5 would also apply to the nonforfeiture option language in the letter. We apologize this was not included in our letter.

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Note To Reviewer

Created By:

Raenonna Prince on 02/25/2017 08:50 PM

Last Edited By:

Bobby Toone

Submitted On:

06/27/2019 08:01 AM

Subject:

Re: Expanded Explanation for Objection #1 - Issue 3

Comments:

Issue 3: Please be advised policyholders whose plan design does not include a Non-Forfeiture - Shortened Benefit option, the Contingent Non-forfeiture benefit will be made available regardless of age or rate increase amount. Additionally, the Manual of Variable Language has been updated to reflect the optional range of coverage by means of the addition of the Schedule of Benefits Page.

Should you be in need of any additional information, please do not hesitate to contact me. Thank you. -Rae

Raenonna L. Prince, CLTC, LTCP
Lead Analyst
The Prudential Insurance Company of America
2101 Welsh Road, LTC Unit
Dresher, PA 19044
Voice: 215-658-6281| Cell: 215-990-7186
Fax: 888-294-6332
E-Mail: Raenonna.prince@ prudential.com

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-1 Re-Rate/5I-2015

Note To Filer

Created By:

Janet Houser on 06/14/2016 02:24 PM

Last Edited By:

Bobby Toone

Submitted On:

06/27/2019 08:01 AM

Subject:

Additional Objection

Comments:

Through an oversight on our part, the following should have been included in our objection letter dated today:

According to the submission, the company is willing to implement the increase over a period of 3 years. As a result, the company should attach a rate schedule that reflects the rates for each period to the Rate/Rule Schedule. The company may wish to wait until closer to the approval date, however, to update the filing. Please advise, however, what the percentage rate increase would be for each period.

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Reviewer Note

Created By:

Bobby Toone on 10/15/2018 04:29 PM

Last Edited By:

Bobby Toone

Submitted On:

05/21/2020 09:19 AM

Subject:

RRS

Comments:

RRS1
RRS1-Narrative
RRS2

Reset Form

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number:	The Prudential Insurance Company of America - 304-68241
SERFF Tracking Number:	PRUD-130596260
Effective Date:	Upon Approval

Revised Rates

Average Annual Premium Per Member:	$3525
Average Requested Percentage Rate Change Per Member:	68.3%
Minimum Requested Percentage Rate Change Per Member:	50.4%
Maximum Requested Percentage Rate Change Per Member:	94.1%
Number of Policy Holders Affected :	521

Plans Affected
(The Form Number and "Product Name")

Form#	**"Product Name"(if applicable)**
GRP 98544	Simple Inflation Policy
GRP 98545	Automatic Compound Inflation Policy
GRP 98546	Periodic Inflation Policy
GRP 98179	Cash Benefit Rider
GRP 98180	Monthly Benefit Rider
GRP 98181	Non-forfeiture Benefit Rider
GRP 114973	Cash Indemnity Benefit Rider
GRP 115131	Policyholder Notification Letter
GRP 115131A	Change Request Form

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

There are many factors that were assumed at the time of original pricing. Some of these factors can include, but are not limited to;

1. **The number of policy holders that will voluntarily or involuntarily drop their coverage.**
2. **The length and number of claims expected to be paid in the future.**
3. **The interest rates needed for investments to reach sufficient levels of reserves.**

This rate increase in needed mainly due to the underestimated percent of policyholders who drop their coverage. Due to the lower than expected lapse and mortality rates assumed at original pricing, much higher amounts of claims will need to be paid out than initially foreseen. These premium increases will ensure that Prudential remains solvent and capable of paying all future claims for all policyholders.

Long Term Care Insurance Rate Request Summary
Part 2 –To Be Completed by Bureau of Insurance

Company Name and NAIC Number: The Prudential Ins. Co. of America – 68241

SERFF Tracking Number: PRUD-130596260

Disposition: Approved

Approval Date: 2/10/2020

Revised Rates

Average Annual Premium Per Member*:* $3,525 after increase

Average Requested Percentage Rate Change Per Member: 68.3%

Minimum Requested Percentage Rate Change Per Member: 50.4%

Maximum Requested Percentage Rate Change Per Member: 94.1%

Number of Policy Holders Affected: 521

Prudential (the Company) requested a: (1) 50.4% increase for Limited Benefit Period and Reimbursement Benefits, (2) 81.6% for Limited Benefit Period and Cash Rider, (3) 67.1% for Unlimited Benefit Period and Reimbursement Benefits, and (4) 94.1% for Unlimited Benefit Period and Cash Rider. As the forms were issued in Virginia from 6/1999 to 9/2003, the experience was reviewed based on the rules in effect at the time of issue. For policies issued before 10/1/2003, they were reviewed according to the requirements of 14VAC5-200-150 (pre-rate stability).

The Bureau of Insurance's (the Bureau) consulting actuary reviewed the filing and indicated that the rate increase will result in lifetime loss ratios more than the original target for this block (60%vs 143%). Therefore, the requested rate increase was approved.

This increase will impact approximately 521 policyholders. 253 with Unlimited Benefit Period and 268 with Limited Benefit Period. The primary reasons for the rate increase are that policyholders are living longer and keeping their policies in force longer, which has resulted in more claims being filed than the Company anticipated when the policy

This document is intended to explain the decision made by the Bureau of Insurance and it is only a summary of the Bureau's review. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

was originally priced. The Company determined that a premium increase is necessary to reflect that future claims are expected to be significantly higher on these policies than originally expected or priced and to ensure that sufficient funds are available to pay claims.

The Company has stated that they may need to file for additional in-force premium increases in the future.

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions, or a paid-up policy equal to the sum of premiums paid. Specific options are included in the letter sent to all policyholders notifying them of the rate increase and may be discussed directly with the company by calling its customer service department.

The filing can be reviewed on the Bureau's webpage under the Rate/Policy Form Search at: http://www.scc.virginia.gov/boi/SERFFInquiry/default.asp

This document is intended to explain the decision made by the Bureau of Insurance and it is only a summary of the Bureau's review. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 02/10/2020	Cash Indemnity Rider	GRP 115282	POLA	Initial		46.900	GRP 115282 - VA (ILTC-1) Cash Indemnity Rider - File Copy - 2-5-2020.pdf
2	Filed 02/10/2020	Schedule of Benefits ILTC-1	GRP 98544REV	OTH	Initial			VA - ILTC-1 Schedule of Benefits (GRP 98544REV) - 1-2018.pdf
3	Filed 02/10/2020	Schedule of Benefits ILTC-1	GRP 98545REV	OTH	Initial			VA - ILTC-1 Schedule of Benefits (GRP 98545REV) - 1-2018.pdf
4	Filed 02/10/2020	Schedule of Benefits ILTC-1	GRP 98546REV	OTH	Initial			VA - ILTC-1 Schedule of Benefits (GRP 98546REV) - 1-2018.pdf

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NAP**	Network Access Plan
NOC	Notice of Coverage	**OTH**	Other
OUT	Outline of Coverage	**PJK**	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	**POLA**	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	**PRD**	Provider Directory

Prudential

The Prudential Insurance Company of America
[751 Broad Street, Newark, New Jersey 07102-3777]

Long Term Care Insurance Rider
CASH INDEMNITY RIDER

This certifies that the following benefit has been added to your Long Term Care Insurance Policy. This Rider applies to you on the Effective Date shown on your **Schedule of Policy Benefits** as long as you pay premiums when due for the Policy and the Rider, and provided the coverage is not otherwise terminated. The benefits provided under this Rider are subject to all the provisions, definitions, exclusions and limitations of the Policy to which it is attached.

Certain capitalized terms used in this Rider have been defined to make it easier for you to understand. Please refer to the **Glossary** section in your Policy for an explanation.

These provisions change your Long Term Care Insurance Policy to provide a cash indemnity benefit in lieu of the **Home and Community-Based Care** benefit. No other benefit for Home and Community Based Care will be paid while this Rider is in force.

Changes Made in the Policy

The following section replaces the provisions in the Policy relating to benefits for **Home and Community-Based Care**.

Home and Community-Based Care:

- **Home Health Care**
- **Personal Care**
- **Adult Day Care**

Standard Care Benefits - Your Policy provides a daily indemnity benefit for each day you incur Eligible Charges for Home Health Care, Homemaker Services or Personal Care Services. Such services must be received from a **Caregiver,** (defined on page 2 of this Rider). This Policy also provides a daily indemnity benefit for each day you incur Eligible Charges for Adult Day Care.

For each day that you incur Eligible Charges from a **Caregiver** for Home Health Care, Homemaker Services or Personal Care Services, Prudential will pay you an amount equal to the Daily Maximum benefit for Home and Community-Based Care. For each day that you incur Eligible Charges from an **Adult Day Care Facility**, Prudential will pay you an amount equal to the Daily Maximum benefit for Home and Community-Based Care. You will receive the Daily Maximum benefit for Home and Community-Based Care only on days you incur Eligible Charges for these services. Benefits paid for any given day will not exceed the Daily Maximum benefit for Home and Community-Based Care.

You must submit proper proof of loss as identified in the **Proof of Loss** section of your Policy in order to receive the daily indemnity benefit.

These benefits are subject to the Benefit Waiting Period and reduce your Lifetime Maximum.

Benefits will not be paid for Institutional Care and Home and Community-Based Care incurred on the same day.

Caregiver means any provider of Home Health Care, Homemaker Services or Personal Care Services who satisfies one of the following.

1) Is licensed, certified or otherwise authorized by the state where the services are performed to perform Home Health Care, Homemaker Services or Personal Care Services.
2) Meets the alternative criteria below if licensure, certification or other authorization to perform Home Health Care, Homemaker Services or Personal Care Services is not required by the state where the services are to be performed.

Caregiver includes, without limitation, a Home Health Care Agency, Home Health Aide, Referral Agency, Nurse Registry, Independent Health Care Professional and Personal Care Agency.

Caregiver also includes an entity that satisfies the **Agencies as Caregivers** requirements below, or an individual that satisfies the **Independent Caregiver** requirements below.

1) **Agencies as Caregivers**. If the Home Health Care, Homemaker Services or Personal Care Services are furnished through an agency but the state in which the services are provided does not require the agency to be licensed, certified or otherwise authorized by the state to provide Home Health Care, Homemaker Services or Personal Care Services, then the agency must satisfy all of the following criteria, to be a Caregiver.
    a) The agency must employ a full-time agency administrator responsible for the following.
        i) Developing and maintaining care standards for Home Health Care, Homemaker Services or Personal Care Services provided to individuals.
        ii) Ensuring that care providers receive adequate training in medical and non-medical home care protocols, as appropriate, to effectively perform Home Health Care, Homemaker Services or Personal Care Services.
    b) The agency must employ or contract with a Registered Nurse to direct and supervise care providers who provide Home Health Care, Homemaker Services or Personal Care Services.
    c) The agency must create a customized care plan to meet the needs of each individual to whom it provides Home Health Care, Homemaker Services or Personal Care Services.

d) The agency must maintain written records of services provided during each home care visit.

e) The agency must employ or contract with care providers who are appropriately licensed, certified or otherwise authorized by the state to provide medical and/or non-medical Home Health Care, Homemaker Services or Personal Care Services, if the state in which services are provided requires care providers to be licensed, certified or otherwise authorized to provide such services. If the state does not require care providers to be licensed, certified or otherwise authorized to provide such services, then the agency must employ or contract with care providers who satisfy the Independent Caregivers requirements below, or are otherwise adequately and appropriately trained to provide medical and/or non-medical Home Health Care, Homemaker Services or Personal Care Services.

f) The agency must hold a current business license from the state in which Home Health Care, Homemaker Services or Personal Care Services are provided.

2) **Independent Caregivers**. If a care provider works independently and is not an agency or affiliated with an agency, and the state in which Home Health Care, Homemaker Services or Personal Care Services are provided does not require the independent Home Health Care provider to be certified, licensed or otherwise authorized to provide such services, then the independent Home Health Care provider must satisfy all of the following criteria to be a Caregiver.

a) The independent care provider must submit documentation to Prudential confirming that he or she successfully completed a formal training program providing instruction and/or classroom training in topics relating to the provision of assistance with Activities of Daily Living or the provision of other Qualified Long-Term Care Services, such as body mechanics, nutrition, infection control, and safe transfer techniques. The training must be obtained from one of the following.

i) community college.

ii) similar accredited educational institution or vocational school.

iii) an agency that meets the **Agencies as Caregiver** definition above.

iv) a state-approved training program for home care workers.

v) another school, organization or individual that is authorized to provide such training by the state in which Home Health Care, Homemaker Services or Personal Care Services are provided.

b) The independent care provider must submit to Prudential proof of identity, such as a valid state issued driver's license.

c) Upon request, the independent care provider must submit to Prudential written records documenting the Home Health Care, Homemaker Services or Personal Care Services provided during each home care visit.

Canceling this Rider

If you cancel this rider, benefits for Home and Community-Based Care will be paid according to the provisions in the Policy. Your premium will be adjusted.

NOTICE: Since benefits paid under this Rider are made without regard to costs incurred by you, part of the benefits could be considered taxable income. If the benefits paid under this Rider are in excess of the per diem limit as prescribed by law, they could be considered taxable income. This per diem limit is indexed for inflation. You should consult with a tax advisor for more information concerning the tax implications.

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

[Margaret M. Foran]
Secretary

SCHEDULE OF POLICY BENEFITS

Prudential Long Term Care℠ Insurance

POLICY NUMBER: [XXXXXXXXXX]

ORIGINAL EFFECTIVE DATE: [MM/DD/YYYY]
CHANGE EFFECTIVE DATE: [MM/DD/YYYY]
PREMIUM AGE: [XXX]
POLICY ANNIVERSARY DATE:
[MM/DD/YYYY and each mm/dd]
thereafter

INSURED: [First Name, Last Name]
[Address Line 1]
[Address Line 2]
[City, State ZIP Code]

BENEFIT WAITING PERIOD [XX days]

BASIC BENEFITS

INSTITUTIONAL CARE	
Daily Maximum for Nursing Home Care, care in an Assisted Living Facility, Hospice Care, Bed Reservation and Respite Care	up to $[X,XXX]
Daily Maximum per Hospital Stay for Bed Reservation	up to $[XXX]
Hospital Stay limit for Bed Reservation	20 days
RESPITE CARE	
Calendar Year Benefit Limit for Respite Care	up to $[X,XXX]
Lifetime Benefit Limit for Respite Care	up to $[XX,XXX]
HOME AND COMMUNITY-BASED CARE	
Daily Maximum for all Home Health Care, Personal Care and Adult Day Care	up to $[XX]
INDEPENDENCE SUPPORT	
Lifetime Benefit for Personal Emergency Response Systems, Home Modifications, and Caregiver Training	up to $[X,XXX]
CARE CONSULTATION	
Information and Referral by Prudential	No charge
Private Care Management Consultations	up to $[XXX]
Calendar Year Limit	20 consultations
LIFETIME MAXIMUM	
For all Long Term Care During Your Lifetime	$[XXX,XXX]

THIS POLICY INCLUDES THE FOLLOWING OPTIONAL BENEFIT RIDERS

OPTIONAL RIDER	**EFFECTIVE DATE OF RIDER**
[CASH BENEFIT RIDER]	
[CASH INDEMNITY RIDER]	
[MONTHLY BENEFIT RIDER]	
[SHORTENED BENEFIT PERIOD RIDER]	

See next page for Premium Information.

SCHEDULE OF POLICY BENEFITS (Continued)

Prudential Long Term Care℠ Insurance

POLICY NUMBER: [XXXXXXXXXX]

INSURED: [First Name, Last Name]

PREMIUM INFORMATION

Basic Benefits Annual Premium		$ [XX, XXX.XX]
Optional Benefit Riders Premium		$[XX, XXX.XX]
Monthly Benefit Rider	$ [X, XXX.XX]	
Cash Benefit Rider	$ [X, XXX.XX]	
Cash Indemnity Rider	$ [X, XXX.XX]	
Shortened Benefit Rider	$[X, XXX.XX]	
Annual Premium Including All Optional Riders		$ [XX, XXX.XX]
Total of Available Discounts	[XX]%	
(List discounts applied here: Affiliation Discount, Married, Couple)		
Total Annual Premium Including Optional Riders and Less Discounts		**$ [XX, XXX.XX]**
Modal Premiums		
Annual		$[XX,XXX.XX]
Semi-Annual*		$[XX,XXX.XX]
Quarterly		$[XX,XXX.XX]
Monthly – EFT		$[XX,XXX.XX]
*This is the modal premium you have elected.		

Agent: [First Name, Last Name
Address
City, State, ZIP Code]

Telephone Number: [XXX-XXX-XXXX]

SCHEDULE OF POLICY BENEFITS

Prudential Long Term Care℠ Insurance

POLICY NUMBER: [XXXXXXXXXX]

ORIGINAL EFFECTIVE DATE: [MM/DD/YYYY]
CHANGE EFFECTIVE DATE: [MM/DD/YYYY]
PREMIUM AGE: [XXX]
POLICY ANNIVERSARY DATE:
[MM/DD/YYYY and each mm/dd]
thereafter

INSURED: [First Name, Last Name]
[Address Line 1]
[Address Line 2]
[City, State ZIP Code]

BENEFIT WAITING PERIOD [XX days]

BASIC BENEFITS

INSTITUTIONAL CARE	
Daily Maximum for Nursing Home Care, care in an Assisted Living Facility, Hospice Care, Bed Reservation and Respite Care	up to $[X,XXX]
Daily Maximum per Hospital Stay for Bed Reservation	up to $[XXX]
Hospital Stay limit for Bed Reservation	20 days
RESPITE CARE	
Calendar Year Benefit Limit for Respite Care	up to $[X,XXX]
Lifetime Benefit Limit for Respite Care	up to $[XX,XXX]
HOME AND COMMUNITY-BASED CARE	
Daily Maximum for all Home Health Care, Personal Care and Adult Day Care	up to $[XX]
INDEPENDENCE SUPPORT	
Lifetime Benefit for Personal Emergency Response Systems, Home Modifications, and Caregiver Training	up to $[X,XXX]
CARE CONSULTATION	
Information and Referral by Prudential	No charge
Private Care Management Consultations	up to $[XXX]
Calendar Year Limit	20 consultations
LIFETIME MAXIMUM	
For all Long Term Care During Your Lifetime	$[XXX,XXX]

THIS POLICY INCLUDES THE FOLLOWING OPTIONAL BENEFIT RIDERS

OPTIONAL RIDER	**EFFECTIVE DATE OF RIDER**
[CASH BENEFIT RIDER]	
[CASH INDEMNITY RIDER]	
[MONTHLY BENEFIT RIDER]	
[SHORTENED BENEFIT PERIOD RIDER]	

See next page for Premium Information.

SCHEDULE OF POLICY BENEFITS (Continued)

Prudential Long Term Care℠ Insurance

POLICY NUMBER: [XXXXXXXXXX]

INSURED: [First Name, Last Name]

PREMIUM INFORMATION

Basic Benefits Annual Premium		$ [XX, XXX.XX]
Optional Benefit Riders Premium		$[XX, XXX.XX]
Monthly Benefit Rider	$ [X, XXX.XX]	
Cash Benefit Rider	$ [X, XXX.XX]	
Cash Indemnity Rider	$ [X, XXX.XX]	
Shortened Benefit Rider	$[X, XXX.XX]	
Annual Premium Including All Optional Riders		$ [XX, XXX.XX]
Total of Available Discounts	[XX]%	
(List discounts applied here: Affiliation Discount, Married, Couple)		
Total Annual Premium Including Optional Riders and Less Discounts		**$ [XX, XXX.XX]**
Modal Premiums		
Annual		$[XX,XXX.XX]
Semi-Annual*		$[XX,XXX.XX]
Quarterly		$[XX,XXX.XX]
Monthly – EFT		$[XX,XXX.XX]
*This is the modal premium you have elected.		

Agent: [First Name, Last Name
Address
City, State, ZIP Code]

Telephone Number: [XXX-XXX-XXXX]

SCHEDULE OF POLICY BENEFITS

Prudential Long Term Care℠ Insurance

POLICY NUMBER: [XXXXXXXXXX]

ORIGINAL EFFECTIVE DATE: [MM/DD/YYYY]
CHANGE EFFECTIVE DATE: [MM/DD/YYYY]
PREMIUM AGE: [XXX]
POLICY ANNIVERSARY DATE:
[MM/DD/YYYY and each mm/dd]
thereafter

INSURED: [First Name, Last Name]
[Address Line 1]
[Address Line 2]
[City, State ZIP Code]

BENEFIT WAITING PERIOD [XX days]

BASIC BENEFITS

INSTITUTIONAL CARE	
Daily Maximum for Nursing Home Care, care in an Assisted Living Facility, Hospice Care, Bed Reservation and Respite Care	up to $[X,XXX]
Daily Maximum per Hospital Stay for Bed Reservation	up to $[XXX]
Hospital Stay limit for Bed Reservation	20 days
RESPITE CARE	
Calendar Year Benefit Limit for Respite Care	up to $[X,XXX]
Lifetime Benefit Limit for Respite Care	up to $[XX,XXX]
HOME AND COMMUNITY-BASED CARE	
Daily Maximum for all Home Health Care, Personal Care and Adult Day Care	up to $[XX]
INDEPENDENCE SUPPORT	
Lifetime Benefit for Personal Emergency Response Systems, Home Modifications, and Caregiver Training	up to $[X,XXX]
CARE CONSULTATION	
Information and Referral by Prudential	No charge
Private Care Management Consultations	up to $[XXX]
Calendar Year Limit	20 consultations
LIFETIME MAXIMUM	
For all Long Term Care During Your Lifetime	$[XXX,XXX]

THIS POLICY INCLUDES THE FOLLOWING OPTIONAL BENEFIT RIDERS

OPTIONAL RIDER	**EFFECTIVE DATE OF RIDER**
[CASH BENEFIT RIDER]	
[CASH INDEMNITY RIDER]	
[MONTHLY BENEFIT RIDER]	
[SHORTENED BENEFIT PERIOD RIDER]	

See next page for Premium Information.

SCHEDULE OF POLICY BENEFITS (Continued)

Prudential Long Term Care℠ Insurance

POLICY NUMBER: [XXXXXXXXXX]

INSURED: [First Name, Last Name]

PREMIUM INFORMATION

Basic Benefits Annual Premium		$ [XX, XXX.XX]
Optional Benefit Riders Premium		$[XX, XXX.XX]
Monthly Benefit Rider	$ [X, XXX.XX]	
Cash Benefit Rider	$ [X, XXX.XX]	
Cash Indemnity Rider	$ [X, XXX.XX]	
Shortened Benefit Rider	$[X, XXX.XX]	
Annual Premium Including All Optional Riders		$ [XX, XXX.XX]
Total of Available Discounts	[XX]%	
(List discounts applied here: Affiliation Discount, Married, Couple)		
Total Annual Premium Including Optional Riders and Less Discounts		**$ [XX, XXX.XX]**
Modal Premiums		
Annual		$[XX,XXX.XX]
Semi-Annual*		$[XX,XXX.XX]
Quarterly		$[XX,XXX.XX]
Monthly – EFT		$[XX,XXX.XX]
*This is the modal premium you have elected.		

Agent: [First Name, Last Name
Address
City, State, ZIP Code]

Telephone Number: [XXX-XXX-XXXX]

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	28.600%
Effective Date of Last Rate Revision:	05/01/2011
Filing Method of Last Filing:	SERFF
SERFF Tracking Number of Last Filing:	

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):
The Prudential Insurance Company of America	68.300%	68.300%	$745,205	521	$1,091,441	94.100%	50.400%

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98179 Cash Benefit Rider	GRP 98179	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98179 - Cash Benefit Rider.pdf,
2		Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98544 Simple Inflation	GRP 98544	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98544 - Simple Inflation.pdf,
3		Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98545 Auto Compound Inflation	GRP 98545	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98545 - Automatic Compound Inflation.pdf,
4		Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98546 Periodic Inflation	GRP 98546	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98546 - Periodic Inflation.pdf,
5		Apprendix F - Rate Pages (ILTC-1 Pre-RS) GRP 114973 Cash Indemnity Benefit Rider	GRP 114973	New		Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 114973 - Cash Indemnity Benefit Rider.pdf,
6		Appendix F - Rate Pages (ILTC-1 Pre-RS) GRP 98180 Monthly Benefit Rider	GRP 98180	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98180 - Monthly Benefit Rider.pdf,
7		Appendix F - Rate Pages (ILTC-1 Pre-RS)	GRP 98181	Revised	Previous State Filing Number: PRUD-125955126 Percent Rate Change Request: 68.3	Appendix F - Rate Pages (VA ILTC1 Pre-RS) - GRP 98181 - Nonforfeiture Benefit Rider.pdf,

Appendix F
The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors

GRP 98179

Automatic Simple Interest Inflation Protection - GRP 98544

ADJUSTMENT FACTORS – CASH BENEFIT RIDER (RIDER ONLY)							
HHC % of Institutional Benefit	Benefit Period	Ages					
		18-39	40-49	50-59	60-69	70-79	80+
75%	3 YEAR	0.677	0.677	0.642	0.582	0.553	0.539
	4 YEAR	0.677	0.677	0.642	0.582	0.553	0.539
	5 YEAR	0.677	0.677	0.642	0.582	0.553	0.539
	Unlimited	0.613	0.613	0.580	0.522	0.494	0.481
50%	3 YEAR	0.617	0.607	0.568	0.507	0.477	0.459
	4 YEAR	0.617	0.607	0.568	0.507	0.477	0.459
	5 YEAR	0.617	0.607	0.568	0.507	0.477	0.459
	Unlimited	0.555	0.546	0.509	0.450	0.421	0.403
100%	3 YEAR	0.710	0.716	0.684	0.632	0.630	0.641
	4 YEAR	0.710	0.716	0.684	0.632	0.630	0.641
	5 YEAR	0.710	0.716	0.684	0.632	0.630	0.641
	Unlimited	0.645	0.651	0.620	0.570	0.568	0.579

Automatic Compound Interest Inflation Protection - GRP 98545

ADJUSTMENT FACTORS – CASH BENEFIT RIDER (RIDER ONLY)							
HHC % of Institutional Benefit	Benefit Period	Ages					
		18-39	40-49	50-59	60-69	70-79	80+
75%	3 YEAR	0.652	0.666	0.626	0.571	0.552	0.542
	4 YEAR	0.652	0.666	0.626	0.571	0.552	0.542
	5 YEAR	0.652	0.666	0.626	0.571	0.552	0.542
	Unlimited	0.589	0.603	0.565	0.511	0.493	0.483
50%	3 YEAR	0.588	0.595	0.553	0.497	0.474	0.457
	4 YEAR	0.588	0.595	0.553	0.497	0.474	0.457
	5 YEAR	0.588	0.595	0.553	0.497	0.474	0.457
	Unlimited	0.527	0.534	0.494	0.440	0.418	0.402
100%	3 YEAR	0.689	0.716	0.681	0.636	0.639	0.649
	4 YEAR	0.689	0.716	0.681	0.636	0.639	0.649
	5 YEAR	0.689	0.716	0.681	0.636	0.639	0.649
	Unlimited	0.625	0.651	0.617	0.574	0.576	0.587

Periodic Inflation Protection Offers - GRP 98546

ADJUSTMENT FACTORS – CASH BENEFIT RIDER (RIDER ONLY)							
HHC % of Institutional Benefit	Benefit Period	Ages					
		18-39	40-49	50-59	60-69	70-79	80+
75%	3 YEAR	0.624	0.645	0.630	0.576	0.543	0.521
	4 YEAR	0.624	0.645	0.630	0.576	0.543	0.521
	5 YEAR	0.624	0.645	0.630	0.576	0.543	0.521
	Unlimited	0.562	0.582	0.568	0.516	0.484	0.464
50%	3 YEAR	0.561	0.573	0.552	0.501	0.467	0.442
	4 YEAR	0.561	0.573	0.552	0.501	0.467	0.442
	5 YEAR	0.561	0.573	0.552	0.501	0.467	0.442
	Unlimited	0.502	0.514	0.493	0.444	0.411	0.387
100%	3 YEAR	0.643	0.670	0.659	0.614	0.602	0.605
	4 YEAR	0.643	0.670	0.659	0.614	0.602	0.605
	5 YEAR	0.643	0.670	0.659	0.614	0.602	0.605
	Unlimited	0.581	0.606	0.596	0.553	0.541	0.544

Appendix F
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Base Rates and Adjustment Factors

VIRGINIA PRE-RS BASE RATES BEFORE ADJUSTMENTS Gross Annual Preferred Single Premium Per $10.00 of Institutional Care Daily Benefit Home & Community-Based Care Daily Benefit: 75% of Institutional Care Daily Benefit $1,825 x Daily Benefit Lifetime Maximum Benefit (5 Year Benefit Period) 100-Day Calendar Day Benefit Waiting Period	
Age	Automatic Simple Inflation GRP 98544
18-30	54.01
31	56.78
32	59.68
33	62.72
34	65.94
35	69.29
36	72.82
37	76.55
38	80.46
39	84.57
40	88.90
41	92.14
42	95.49
43	98.96
44	102.57
45	106.32
46	110.20
47	114.21
48	118.38
49	122.70
50	127.16
51	134.77
52	142.85
53	151.42
54	160.51
55	170.10
56	180.31
57	191.11
58	202.56
59	214.71
60	227.59
61	241.75
62	256.81
63	272.80
64	289.81
65	307.85
66	336.66
67	368.16
68	402.61
69	440.28
70	481.48
71	531.45
72	586.61
73	647.49
74	714.67
75	788.85
76	874.64
77	969.75
78	1,075.21
79	1,192.12
80	1,321.76
81	1,427.07
82	1,540.77
83	1,663.51
84	1,796.06
85	1,939.15

ADJUSTMENT FACTORS – UNDERWRITING CLASS	
Underwriting Class	**All Ages**
Preferred	1.000
Standard	1.250

ADJUSTMENT FACTORS – PREMIUM PAYMENT MODE	
Premium Payment Mode	**All Ages**
Annual	1.000
Semi-Annual	0.510
Quarterly	0.265
Monthly	0.090
Auto-Monthly	0.085

ADJUSTMENT FACTORS – MARITAL STATUS			
Marital Status	**All Ages**		
	Without Good Health Discount	**With Good Health Discount**	**Minimum Factor for all Discounts combined**
Married Joint	0.80	0.70	0.70
Married Single	0.90	0.75	0.75
Single (Not Married)	1.00	0.85	0.75

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Individual Long Term Care Insurance Plan
Automatic Simple Interest Inflation Protection
Base Rates and Adjustment Factors

GRP 98544

ADJUSTMENT FACTORS – LIFETIME MAXIMUM (BENEFIT PERIOD)						
Benefit Period	**Ages**					
	18-39	**40-49**	**50-59**	**60-69**	**70-79**	**80+**
3 YEAR	0.856	0.840	0.833	0.831	0.824	0.813
4 YEAR	0.940	0.934	0.931	0.930	0.927	0.922
5 YEAR	1.000	1.000	1.000	1.000	1.000	1.000
Unlimited	1.478	1.512	1.510	1.492	1.495	1.520

ADJUSTMENT FACTORS – BENEFIT WAITING PERIOD						
Benefit Waiting Period	**Ages**					
	18-39	**40-49**	**50-59**	**60-69**	**70-79**	**80+**
0 DAY	1.105	1.134	1.165	1.191	1.225	1.269
30 DAY	1.078	1.101	1.126	1.145	1.165	1.187
60 DAY	1.045	1.058	1.071	1.080	1.092	1.105
100 DAY	1.000	1.000	1.000	1.000	1.000	1.000

ADJUSTMENT FACTORS – HOME & COMMUNITY-BASED CARE DAILY BENEFIT						
% of	**Ages**					
Institutional Benefit	**18-39**	**40-49**	**50-59**	**60-69**	**70-79**	**80+**
75%	1.000	1.000	1.000	1.000	1.000	1.000
50%	0.926	0.924	0.926	0.935	0.941	0.941
100%	1.057	1.062	1.065	1.058	1.042	1.033

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Age	Automatic Compound Inflation GRP 98545
18-30	71.21
31	74.54
32	78.03
33	81.70
34	85.52
35	89.52
36	93.71
37	98.11
38	102.69
39	107.51
40	112.54
41	116.15
42	119.87
43	123.70
44	127.64
45	131.75
46	135.96
47	140.32
48	144.81
49	149.44
50	154.22
51	163.29
52	172.88
53	183.05
54	193.82
55	205.22
56	217.28
57	230.07
58	243.57
59	257.89
60	273.07
61	287.23
62	302.14
63	317.81
64	334.31
65	351.67
66	382.24
67	415.45
68	451.58
69	490.83
70	533.50
71	584.80
72	641.08
73	702.74
74	770.32
75	844.42
76	930.46
77	1,025.29
78	1,129.74
79	1,244.86
80	1,371.71
81	1,475.35
82	1,586.86
83	1,706.77
84	1,835.75
85	1,974.47

ADJUSTMENT FACTORS – UNDERWRITING CLASS	
Underwriting Class	**All Ages**
Preferred	1.000
Standard	1.250

ADJUSTMENT FACTORS – PREMIUM PAYMENT MODE	
Premium Payment Mode	**All Ages**
Annual	1.000
Semi-Annual	0.510
Quarterly	0.265
Monthly	0.090
Auto-Monthly	0.085

ADJUSTMENT FACTORS – MARITAL STATUS			
Marital Status	**All Ages**		
	Without Good Health Discount	**With Good Health Discount**	**Minimum Factor for all Discounts combined**
Married Joint	0.80	0.70	0.70
Married Single	0.90	0.75	0.75
Single (Not Married)	1.00	0.85	0.75

Appendix F
The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Automatic Compound Interest Inflation Protection
Base Rates and Adjustment Factors

GRP 98545

ADJUSTMENT FACTORS – LIFETIME MAXIMUM (BENEFIT PERIOD)						
Benefit Period	**Ages**					
	18-39	**40-49**	**50-59**	**60-69**	**70-79**	**80+**
3 YEAR	0.844	0.837	0.832	0.832	0.825	0.815
4 YEAR	0.935	0.933	0.931	0.931	0.928	0.923
5 YEAR	1.000	1.000	1.000	1.000	1.000	1.000
Unlimited	1.491	1.510	1.504	1.487	1.490	1.515

ADJUSTMENT FACTORS – BENEFIT WAITING PERIOD						
Benefit Waiting Period	**Ages**					
	18-39	**40-49**	**50-59**	**60-69**	**70-79**	**80+**
0 DAY	1.137	1.144	1.171	1.196	1.226	1.270
30 DAY	1.102	1.109	1.130	1.147	1.166	1.187
60 DAY	1.057	1.063	1.073	1.081	1.092	1.105
100 DAY	1.000	1.000	1.000	1.000	1.000	1.000

ADJUSTMENT FACTORS – HOME & COMMUNITY-BASED CARE DAILY BENEFIT						
% of	**Ages**					
Institutional Benefit	**18-39**	**40-49**	**50-59**	**60-69**	**70-79**	**80+**
75%	1.000	1.000	1.000	1.000	1.000	1.000
50%	0.927	0.925	0.928	0.936	0.942	
100%	1.057	1.056	1.057	1.049	1.034	

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Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors

VIRGINIA PRE-RS BASE RATES BEFORE ADJUSTMENTS Gross Annual Preferred Single Premium Per $10.00 of Institutional Care Daily Benefit Home & Community-Based Care Daily Benefit: 75% of Institutional Care Daily Benefit $1,825 x Daily Benefit Lifetime Maximum Benefit (5 Year Benefit Period) 100-Day Calendar Day Benefit Waiting Period	
Age	Periodic Inflation GRP 98546
18-30	36.73
31	38.35
32	40.05
33	41.84
34	43.68
35	45.62
36	47.65
37	49.75
38	51.95
39	54.26
40	56.67
41	58.49
42	60.36
43	62.28
44	64.28
45	66.34
46	68.46
47	70.67
48	72.93
49	75.28
50	77.68
51	82.19
52	86.96
53	92.00
54	97.34
55	102.99
56	108.96
57	115.28
58	121.97
59	129.06
60	136.53
61	146.28
62	156.69
63	167.88
64	179.82
65	192.65
66	213.24
67	236.05
68	261.29
69	289.25
70	320.19
71	357.64
72	399.45
73	446.18
74	498.37
75	556.65
76	624.49
77	700.59
78	785.98
79	881.75
80	989.21
81	1,075.80
82	1,169.98
83	1,272.40
84	1,383.79
85	1,504.92

ADJUSTMENT FACTORS – UNDERWRITING CLASS	
Underwriting Class	**All Ages**
Preferred	1.000
Standard	1.250

ADJUSTMENT FACTORS – PREMIUM PAYMENT MODE	
Premium Payment Mode	**All Ages**
Annual	1.000
Semi-Annual	0.510
Quarterly	0.265
Monthly	0.090
Auto-Monthly	0.085

ADJUSTMENT FACTORS – MARITAL STATUS			
Marital Status	**All Ages**		
	Without Good Health Discount	**With Good Health Discount**	**Minimum Factor for all Discounts combined**
Married Joint	0.80	0.70	0.70
Married Single	0.90	0.75	0.75
Single (Not Married)	1.00	0.85	0.75

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Individual Long Term Care Insurance Plan
Periodic Inflation Protection Offers
Base Rates and Adjustment Factors

GRP 98546

ADJUSTMENT FACTORS – LIFETIME MAXIMUM (BENEFIT PERIOD)						
Benefit Period	**Ages**					
	18-39	**40-49**	**50-59**	**60-69**	**70-79**	**80+**
3 YEAR	0.896	0.875	0.863	0.857	0.845	0.835
4 YEAR	0.959	0.950	0.945	0.942	0.938	0.934
5 YEAR	1.000	1.000	1.000	1.000	1.000	1.000
Unlimited	1.352	1.402	1.425	1.429	1.450	1.477

ADJUSTMENT FACTORS – BENEFIT WAITING PERIOD						
Benefit Waiting Period	**Ages**					
	18-39	**40-49**	**50-59**	**60-69**	**70-79**	**80+**
0 DAY	1.085	1.118	1.156	1.190	1.231	1.277
30 DAY	1.063	1.090	1.121	1.147	1.172	1.193
60 DAY	1.037	1.053	1.069	1.081	1.096	1.108
100 DAY	1.000	1.000	1.000	1.000	1.000	1.000

ADJUSTMENT FACTORS – HOME & COMMUNITY-BASED CARE DAILY BENEFIT						
% of	**Ages**					
Institutional Benefit	**18-39**	**40-49**	**50-59**	**60-69**	**70-79**	**80+**
75%	1.000	1.000	1.000	1.000	1.000	1.000
50%	0.928	0.921	0.922	0.930	0.936	0.937
100%	1.067	1.076	1.081	1.074	1.059	1.048

Appendix F
The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors

GRP 114973

Automatic Simple Interest Inflation Protection

ADJUSTMENT FACTORS – CASH INDEMNITY RIDER (RIDER ONLY)							
HHC % of Institutional Benefit	Benefit Period	Ages					
		18-39	40-49	50-59	60-69	70-79	80+
75%	3 YEAR	0.372	0.372	0.353	0.320	0.304	0.296
	4 YEAR	0.372	0.372	0.353	0.320	0.304	0.296
	5 YEAR	0.372	0.372	0.353	0.320	0.304	0.296
	Unlimited	0.337	0.337	0.319	0.287	0.272	0.265
50%	3 YEAR	0.339	0.334	0.312	0.279	0.262	0.252
	4 YEAR	0.339	0.334	0.312	0.279	0.262	0.252
	5 YEAR	0.339	0.334	0.312	0.279	0.262	0.252
	Unlimited	0.305	0.300	0.280	0.248	0.232	0.222
100%	3 YEAR	0.391	0.394	0.376	0.348	0.347	0.353
	4 YEAR	0.391	0.394	0.376	0.348	0.347	0.353
	5 YEAR	0.391	0.394	0.376	0.348	0.347	0.353
	Unlimited	0.355	0.358	0.341	0.314	0.312	0.318

Automatic Compound Interest Inflation Protection

ADJUSTMENT FACTORS – CASH INDEMNITY RIDER (RIDER ONLY)							
HHC % of Institutional Benefit	Benefit Period	Ages					
		18-39	40-49	50-59	60-69	70-79	80+
75%	3 YEAR	0.359	0.366	0.344	0.314	0.304	0.298
	4 YEAR	0.359	0.366	0.344	0.314	0.304	0.298
	5 YEAR	0.359	0.366	0.344	0.314	0.304	0.298
	Unlimited	0.324	0.332	0.311	0.281	0.271	0.266
50%	3 YEAR	0.323	0.327	0.304	0.273	0.261	0.251
	4 YEAR	0.323	0.327	0.304	0.273	0.261	0.251
	5 YEAR	0.323	0.327	0.304	0.273	0.261	0.251
	Unlimited	0.290	0.294	0.272	0.242	0.230	0.221
100%	3 YEAR	0.379	0.394	0.375	0.350	0.351	0.357
	4 YEAR	0.379	0.394	0.375	0.350	0.351	0.357
	5 YEAR	0.379	0.394	0.375	0.350	0.351	0.357
	Unlimited	0.344	0.358	0.339	0.316	0.317	0.323

Periodic Inflation Protection Offers

ADJUSTMENT FACTORS – CASH INDEMNITY RIDER (RIDER ONLY)							
HHC % of Institutional Benefit	Benefit Period	Ages					
		18-39	40-49	50-59	60-69	70-79	80+
75%	3 YEAR	0.343	0.355	0.347	0.317	0.299	0.287
	4 YEAR	0.343	0.355	0.347	0.317	0.299	0.287
	5 YEAR	0.343	0.355	0.347	0.317	0.299	0.287
	Unlimited	0.309	0.320	0.312	0.284	0.266	0.255
50%	3 YEAR	0.309	0.315	0.304	0.276	0.257	0.243
	4 YEAR	0.309	0.315	0.304	0.276	0.257	0.243
	5 YEAR	0.309	0.315	0.304	0.276	0.257	0.243
	Unlimited	0.276	0.283	0.271	0.244	0.226	0.213
100%	3 YEAR	0.354	0.369	0.362	0.338	0.331	0.333
	4 YEAR	0.354	0.369	0.362	0.338	0.331	0.333
	5 YEAR	0.354	0.369	0.362	0.338	0.331	0.333
	Unlimited	0.320	0.333	0.328	0.304	0.298	0.299

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Base Rates and Adjustment Factors
GRP 98180

Automatic Simple Interest Inflation Protection - GRP 98544

Select only one (if any) of the following three Home & Community Based Care Options: Monthly, Cash, or Cash Indemnity Rider						
ADJUSTMENT FACTORS – MONTHLY BENEFIT RIDER (RIDER ONLY)						
HHC % of Institutional Benefit	Ages					
	18-39	40-49	50-59	60-69	70-79	80+
75%	0.060	0.071	0.082	0.077	0.057	0.051
50%	0.094	0.100	0.100	0.090	0.082	0.082
100%	0.034	0.047	0.059	0.056	0.045	0.051

Automatic Compound Interest Inflation Protection - GRP 98545

Select only one (if any) of the following three Home & Community Based Care Options: Monthly, Cash, or Cash Indemnity Rider						
ADJUSTMENT FACTORS – MONTHLY BENEFIT RIDER (RIDER ONLY)						
HHC % of Institutional Benefit	Ages					
	18-39	40-49	50-59	60-69	70-79	80+
75%	0.065	0.062	0.069	0.062	0.046	0.046
50%	0.094	0.099	0.097	0.089	0.082	0.080
100%	0.042	0.033	0.039	0.040	0.041	0.052

Periodic Inflation Protection Offers - GRP 98546

Select only one (if any) of the following three Home & Community Based Care Options: Monthly, Cash, or Cash Indemnity Rider						
ADJUSTMENT FACTORS – MONTHLY BENEFIT RIDER (RIDER ONLY)						
HHC % of Institutional Benefit	Ages					
	18-39	40-49	50-59	60-69	70-79	80+
75%	0.077	0.092	0.107	0.108	0.084	0.071
50%	0.089	0.101	0.104	0.097	0.089	0.088
100%	0.053	0.069	0.088	0.092	0.071	0.062

Appendix F
The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors
GRP 98181

Automatic Simple Interest Inflation Protection - GRP 98544

ADJUSTMENT FACTORS - SHORTENED BENEFIT PERIOD NONFORFEITURE (RIDER ONLY) (applies to base plan and rider premiums)						
Included	**Ages**					
	18-39	**40-49**	**50-59**	**60-69**	**70-79**	**80+**
NO	0.000	0.000	0.000	0.000	0.000	0.000
YES	0.197	0.185	0.161	0.152	0.180	0.190

Automatic Compound Interest Inflation Protection - GRP 98545

ADJUSTMENT FACTORS - SHORTENED BENEFIT PERIOD NONFORFEITURE (RIDER ONLY) (applies to base plan and rider premiums)						
Included	**Ages**					
	18-39	**40-49**	**50-59**	**60-69**	**70-79**	**80+**
NO	0.000	0.000	0.000	0.000	0.000	0.000
YES	0.266	0.230	0.183	0.164	0.176	0.186

Periodic Inflation Protection Offers - GRP 98546

ADJUSTMENT FACTORS - SHORTENED BENEFIT PERIOD NONFORFEITURE (RIDER ONLY) (applies to base plan and rider premiums)						
Included	**Ages**					
	18-39	**40-49**	**50-59**	**60-69**	**70-79**	**80+**
NO	0.000	0.000	0.000	0.000	0.000	0.000
YES	0.172	0.181	0.173	0.168	0.200	0.203

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA - Certification of Compliance -12-2-2016.pdf
Item Status:	Received & Acknowledged
Status Date:	12/21/2016

Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	VA Checklist - 6-8-2016.pdf
Item Status:	Received & Acknowledged
Status Date:	12/21/2016

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA (Pre) - Appendices - ILTC-1 Pre-RS.pdf Act Memo - Revised Rates ILTC1 Pre-RS - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	02/07/2017

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Rate Summary Insert Page.pdf VA (Pre) - LTC Rate Summary Request 2-2-2017.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 6-8-2016.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115280).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115131).pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Policyholder Notification Letter Package - GRP 115131

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from the Forms Schedule Tab of this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Appendix C - Description of Experience Anlaysis and Assumption Setting
Comments:	
Attachment(s):	Appendix C - Description of Experience Analysis and Assumption Setting.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - ILTC-1
Comments:	
Attachment(s):	Appendix C - Exhibit 2 - Lapse Details - ILTC.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Appendix C - Exhibit 2 - Lapse Analysis Details
Comments:	
Attachment(s):	Appendix C - Exhibit 2 - Lapse Details - ILTC.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Appendix C - Exhibit 3 - Morbidity Details - ILTC-1
Comments:	
Attachment(s):	Appendix C - Exhibit 3 - Morbidity Details - ILTC.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Appendix D - Persistency - ILTC-1
Comments:	
Attachment(s):	VA (Pre) - Appendix D - Persistency - ILTC-1 - 6-2016.pdf
Item Status:	Received & Acknowledged
Status Date:	06/14/2016

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Satisfied - Item:	Appendix E - DOB - ILTC-1
Comments:	
Attachment(s):	VA (Pre) - Appendix E - DOB - ILTC-1 - 6-2016.pdf
Item Status:	Received & Acknowledged
Status Date:	06/14/2016

Satisfied - Item:	Rate Increase History - ILTC-1
Comments:	
Attachment(s):	VA (Pre) - Rate Increase History - ILTC-1.pdf VA (Pre) - Rate Increase History - ILTC-1.xls
Item Status:	Received & Acknowledged
Status Date:	06/14/2016

Satisfied - Item:	Filing Cover Letter
Comments:	
Attachment(s):	VA (Pre) - Filing Cover Letter - 6-8-2016.pdf
Item Status:	Received & Acknowledged
Status Date:	06/14/2016

Satisfied - Item:	Letter of Response - 12-2-2016
Comments:	
Attachment(s):	VA (Pre) - Letter of Response - 12-2-2016.pdf
Item Status:	Received & Acknowledged
Status Date:	12/21/2016

Satisfied - Item:	Objection 3.1 - VA Appendices - ILTC-1 pre RS - Proposed Rate Basis
Comments:	
Attachment(s):	Objection 3.1 - VA Appendices - ILTC1 Pre-RS - Proposed Rate Basis.pdf
Item Status:	Received & Acknowledged
Status Date:	12/21/2016

Satisfied - Item:	Objection 3.2 - ILTC-1 - Pre-RS
Comments:	
Attachment(s):	Objection 3.2 - ILTC1 - Pre-RS.pdf
Item Status:	Received & Acknowledged
Status Date:	12/21/2016

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Satisfied - Item:	Objection 3.4 - AE LR
Comments:	
Attachment(s):	Objection 3.4 - AE LR.pdf
Item Status:	Received & Acknowledged
Status Date:	12/21/2016

Satisfied - Item:	Frequently Asked Questions Enclosure - GRP 115280
Comments:	Please be advised that we have removed the Frequently Asked Questions Enclose from the Forms Schedule Tab of this filing. The Policyholder Notification Letter Package, which includes the Frequently Asked Questions, is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Manual of Variable Language (ILTC-1)
Comments:	
Attachment(s):	Manual of Variable Language - 2-2020.pdf
Item Status:	Received & Acknowledged
Status Date:	02/06/2020

Satisfied - Item:	Shock Lapse Assumption Support
Comments:	
Attachment(s):	Shock Lapse Assumption Support.pdf
Item Status:	Received & Acknowledged
Status Date:	02/07/2017

Satisfied - Item:	VA State Rate Basis Template & Appendices - ILTC-1 (Pre)
Comments:	
Attachment(s):	VA State Rate Basis Template & Appendices - ILTC1 - pre.pdf VA State Rate Basis Template & Appendices - ILTC1 - pre.xlsx
Item Status:	Received & Acknowledged
Status Date:	02/07/2017

Satisfied - Item:	Letter of Response - 2-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 2-2-2017.pdf

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Item Status:	Received & Acknowledged
Status Date:	02/07/2017

Satisfied - Item:	VA ILTC-1 Schedule of Benefits
Comments:	
Attachment(s):	VA - ILTC-1 Schedule of Benefits (GRP 98544) - 10-2017.pdf VA - ILTC-1 Schedule of Benefits (GRP 98545) - 10-2017.pdf VA - ILTC-1 Schedule of Benefits (GRP 98546) - 10-2017.pdf
Item Status:	Received & Acknowledged
Status Date:	02/05/2020

Satisfied - Item:	Letter of Response - 4-21-2017
Comments:	
Attachment(s):	VA (Pre) - Letter of Response - 4-21-2017.pdf
Item Status:	Received & Acknowledged
Status Date:	06/15/2017

Satisfied - Item:	Assumption Comparison ILTC-1
Comments:	
Attachment(s):	Assumption Comparison ILTC1.pdf Assumption Comparison ILTC1.xlsx
Item Status:	Received & Acknowledged
Status Date:	06/15/2017

Satisfied - Item:	Attachment 4.1 - Rate Increase History
Comments:	
Attachment(s):	Attachment 4.1 - Rate Increase History.pdf Attachment 4.1 - Rate Increase History.xlsx
Item Status:	Received & Acknowledged
Status Date:	06/15/2017

Satisfied - Item:	Letter of Response - 8-3-2017
Comments:	
Attachment(s):	VA - rLetter of Response - 8-3-2017.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Copies of Policies - GRP 98545, GRP 98546 and GRP 98547

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Comments:	
Attachment(s):	VA-CI-(GRP 98545).pdf VA-PI-(GRP 98546).pdf VA-SI-(GRP 98544).pdf
Item Status:	Received & Acknowledged
Status Date:	02/05/2020

Satisfied - Item:	Contingent Nonforfeiture Benefit Rider
Comments:	
Attachment(s):	VA - GRP 99622 -Cont. Non-Forf. Rider.pdf VA - Cont Non-For Rider (GRP 99622) Letter of Approval - 6-20-2000.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	VA - Change Request Form
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Redline Versions of the Cash Benefit Rider and Cash Indemnity Rider
Comments:	The Cash Benefit Rider Redline version demonstrates changes within the Policy's Home and Community Base Care Section should the insured elect to exercise the provisions of the Cash Benefit Rider. The Cash Indemnity Benefit Rider Redline version demonstrates the changes between the Cash Benefit Rider and the changes within the Policy's Home Community Base Care section should the provisions of the Cash Indemnity Benefit Rider be selected.
Attachment(s):	Policy Redline Language (Cash Benefit Rider Replaces) - 10-11-2017.pdf GRP 98179 - Cash Benefit Rider (Redline Language Cash Indemnity Rider Replaces).pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Policyholder Notification Letter - John Doe Version
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Letter of Response - 5-10-2019
Comments:	
Attachment(s):	VA (Pre RS) - Letter of Response (ILTC-1) - 5-10-2019.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	VA Pre RS - ILTC-1 Rate Increase
Comments:	
Attachment(s):	VA - Pre-RS ILTC1 Rate Increase.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Letter of Response - 6-20-2019
Comments:	
Attachment(s):	VA - Letter of Response (ILTC-1 Pre RS) - 6-20-2019.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Letter of Response - 8-19-2019
Comments:	
Attachment(s):	VA (Pre RS) - Letter of Response (ILTC-1) - 8-16-2019.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	ILTC-1 Pre RS Prior Rate
Comments:	
Attachment(s):	VA - ILTC1 Pre-RS Prior Rate Appendix (Nov 2009).xlsx
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Letter of Response - 9-27-2019
Comments:	
Attachment(s):	VA (Pre RS) - Letter of Response (ILTC-1) - 9-27-2019.pdf
Item Status:	Received & Acknowledged

SERFF Tracking #:	*PRUD-130596260*	***State Tracking #:***	*PRUD-130596260*	***Company Tracking #:***	*IIGHILTC1(PRE)RERATE-RP-VA*

State:	*Virginia*	***Filing Company:***	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-1 Re-Rate/5I-2015*		

Status Date:	02/10/2020

Satisfied - Item:	VA - ILTC-1 Pre RS 2019.09.05 Objection Attachments
Comments:	
Attachment(s):	VA ILTC1 PreRS 2019.09.05 Objection Attachments.xlsx
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Letter of Response - 10-31-2019
Comments:	
Attachment(s):	VA (Pre RS) - Letter of Response (ILTC1) - 10-31-2019.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	VA ILTC1 PreRS 2019.10.15 Objection Attachments
Comments:	
Attachment(s):	VA ILTC1 PreRS 2019.10.15 Objection Attachments.xlsx
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Letter of Response - 11-26-2019
Comments:	
Attachment(s):	VA (Pre RS) - Letter of Response (ILTC1) - 11-26-2019.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

SERFF Tracking #:	PRUD-130596260	**State Tracking #:**	PRUD-130596260	**Company Tracking #:**	IIGHILTC1(PRE)RERATE-RP-VA

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-1 Re-Rate/5I-2015		

Attachment VA (Pre) - Rate Increase History - ILTC-1.xls is not a PDF document and cannot be reproduced here.

Attachment VA State Rate Basis Template & Appendices - ILTC1 - pre.xlsx is not a PDF document and cannot be reproduced here.

Attachment Assumption Comparison ILTC1.xlsx is not a PDF document and cannot be reproduced here.

Attachment Attachment 4.1 - Rate Increase History.xlsx is not a PDF document and cannot be reproduced here.

Attachment VA - ILTC1 Pre-RS Prior Rate Appendix (Nov 2009).xlsx is not a PDF document and cannot be reproduced here.

Attachment VA ILTC1 PreRS 2019.09.05 Objection Attachments.xlsx is not a PDF document and cannot be reproduced here.

Attachment VA ILTC1 PreRS 2019.10.15 Objection Attachments.xlsx is not a PDF document and cannot be reproduced here.

Virginia Certification of Compliance

The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Signature

Keith Burns

Print Name

December 2, 2016

Date

Vice President and Actuary

Title

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
General Filing Requirements		
Transmittal Letter	14 VAC 5-100-40	**For Paper Filings:** Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both.
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which the form is intended.
	14 VAC 5-100-40 6	**For Paper Filings:** At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to: State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	Administrative Letter 1983-7	Must include the name and NAIC number of the company for which the filing is made.
Additional SERFF Filing Requirements	***Administrative Letter 2012-03***	***Additional SERFF filing requirements must be met as specified below for life and health forms and rate filings. Failure to provide the applicable information will result in a "rejected" filing.***
General Information – Filing Description		(i) Description of each form by name, title, edition date, other; and intended use.
		(ii) Identification of changes in benefits and premiums (previously approved or filed forms). [Place changed contract provisions (red-lined or highlighted) in Supporting Documentation].
		(iii) Identification of SERFF or state tracking number for the previously approved or filed form for which the new form revises, replaces, or is intended to be used.
		(iv) A statement as to whether any other regulatory body has withdrawn approval of the form because the form contains one or more provisions that were deemed to be misleading, deceptive or contrary to public policy.
HELP TIP:		If a form or rate filing is submitted as new in Virginia, but was previously disapproved or withdrawn in Virginia, please provide details such as the tracking information, form number, and the date that the form or rate filing was disapproved or withdrawn, if available.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Rate Changes		(i) Specify the number of affected policyholders.
		(ii) Provide the reason(s) for the proposed change(s).
		(iii) Include a statement regarding an increase, decrease, revision of former rates.
		(iv) Specify the percentage amount(s) of the change(s).
Forms		
Form number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company name & address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any form, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5	Individual Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Insurance Code does not define "Insurance Fraud." Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply in Virginia or may disclose states where applicable.
Readability Certification	14 VAC 5-110-60	Readability certification is required as described in the regulation.
Entire Consideration	§ 38.2-3500 A 1	The entire consideration is expressed in the policy.
Effective-Termination Time	§ 38.2-3500 A 2	The time (clock time) the policy becomes effective and terminates is expressed in the policy.
DMAS Payor of Last Resort	§ 38.2-3500 A 7	Every accident and health policy must contain a statement indicating the Department of Medical Assistance Services as the payor of last resort.
Definition of Eligible Family members	§ 38.2-3500 C	The definition establishes that eligible dependent children may not be required to live in the household as the policyowner.
Handicapped Child Coverage	§ 38.2-3409	Upon termination due to age, coverage will be continued for: (1) persons incapable of self-sustaining employment by reason of intellectual disability or physical handicap; and (2) chiefly dependent on the insured for support and maintenance. Additional premium may be charged based upon class of risks.
Renewal Provision	14 VAC 200-70 A & 14 VAC 5-200-60 A	The regulation specifies the content of the renewability provision. The renewal provision must be either guaranteed renewable or noncancellable.
LTC Caution Notice	14 VAC 5-200-80 C 2	Required language **in bold print**.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
30-Day Free Look	§ 38.2-5208 A	
Notice to Buyer	14 VAC 5-200-170 A 3	Required language.
General Provisions		
Contents of Policy	38.2-305 A	Parties to policy named; subject of insurance; risks insured against; time insurance takes effect; statement of the premium.
Entire Contract	§ 38.2-3503 1	The provision defines the contents of the entire contract.
Grace Period	§ 38.2-3503 3	The provision defines the grace period and length of the various acceptable grace periods.
	14 VAC 5-200-65 A 3	The policy must specify an additional 30 days for an unintentional lapse of coverage.
Reinstatement	§ 38.2-3503 4	
	14 VAC 5-200-65 B	The regulation provides for an extended reinstatement period in the event of policy lapse due to cognitive impairment.
Notice of Claim	§ 38.2-3503 5	
Claim Forms	§ 38.2-3503 6	
Proof of Loss	§ 38.2-3503 7	
Time Payment of Claims	§ 38.2-3503 8	The provision specifies **when** benefits will be paid.
Payment of Claims	§ 38.2-3503 9	The provision specifies **to whom** benefits will be paid
Physical Examinations and Autopsy	§ 38.2-3503 10	
Legal Actions	§ 38.2-3503 11	
Change of Beneficiary	§ 38.2-3503 12	(For payment to beneficiaries, see Payment of Claims provision-§ 38.2-3503 9.)
Incontestability	§ 38.2-5209	The provision contains specific incontestability language for long-term care insurance.
Age Limit	§ 38.2-3513 A	If the policy establishes an age-limit after which coverage will no longer be effective, and if the date falls within a period for which a premium is accepted by the insurer or the insurer accepts a premium after the date, the coverage provided by the policy will continue in force until the end of the period for which the premium has been accepted.
	§ 38.2-3513 B	If the age of the insured has been misstated and the policy would not have been issued according to the correct age of the insured, the policy would not have become effective or would have ceased prior to the acceptance of the premium, then the liability of the insurer shall be limited to the refund of the premium paid for the period not covered by the policy.
Optional Provisions		
Change of Occupation	§ 38.2-3504 1	
Misstatement of Age	§ 38.2-3504 2	
Other Insurance in this Company	§ 38.2-3504 3	
Insurance with Other Company	§ 38.2-3504 4	
Insurance with Other Company	§ 38.2-3504 5	
Unpaid Premiums	§ 38.2-3504 7	
Conformity with State Statutes	§ 38.2-3504 9	Must use “resides” language

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Illegal Occupation	§ 38.2-3504 10	
Intoxicants and Narcotics	§ 38.2-3504 11	
Prohibited Provisions		
	§ 38.2-5203	Specified provisions prohibited in a long-term care policy.
	§ 38.2-5205 A	Prior institutionalization may not be a requirement to receive benefits.
	14 VAC 5-200-190	Preexisting conditions and waiting periods may not be used in replacement policies.
Subrogation	§ 38.2-3405 A	No policy shall contain a provision regarding subrogation of any person's right to recovery for personal injuries from a third person.
Liability Insurance	§ 38.2-3405 B	Benefits may not be reduced due to benefits payable due to benefits provided by a liability insurance contract.
Workers' Compensation	§ 38.2-3405 D	The statute discusses exceptions to exclusions due to benefits payable under workers' compensation.
Minimum Standards for Home Health Care	14 VAC 5-200-90	The minimum standards include prohibited exclusions and restrictions regarding home health care benefits.
LTC Policy Requirements		
Duration of Benefits	§ 38.2-5200	Coverage must be provided for a minimum of 12 months.
Refund of Premium for Cancellation or Termination of Policy	§ 38.2-5202.1	Provides for the termination of the policy by the **insured** and for cancellation of the policy by the **insurer**, except when coverage is for the duration of life and premium is a single installment payment.
Preexisting Condition	§ 38.2-5204	Defines look-back period and limitation period for preexisting conditions.
	14 VAC 5-200-70 D	If policy includes limitations due to a preexisting condition, such limitations must be included labeled as "Preexisting Condition Limitations."
Limitations or Conditions on Eligibility for Benefits	§ 38.2-5205 B 14 VAC 5-200-187	Permissible benefit triggers and requirements.
Definitions	14 VAC 5-200-50	Certain terms defined.
UCR defined	14 VAC 5-200-70 C	The term must be defined If benefits are based on usual, reasonable and customary charges.
Limitations and Exclusions	14 VAC 5-200-60 B	
	§ 38.2-3504 11	Intoxicants and narcotics
Extension of benefits	14 VAC 5-200-60 C	
Right to Reduce Coverage and Lower Premiums	14 VAC 5-200-183	The policy shall include a provision that allows the policyholder to reduce coverage and lower the premium.
Nonforfeiture Benefit Requirement	14 VAC 5-200-185 B	Offer made to the policyholder. Refer to the regulation for specifics.
Contingent Benefit Upon Lapse	14 VAC 5-200-185 C	If the offer of the nonforfeiture benefit is declined, the contingent benefit upon lapse shall be provided.
Required to Offer Inflation Protection	14 VAC 5-200-100 A	

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Signed Acceptance for Riders and Amendments	14 VAC 5-200-70 B	All riders and/or endorsements that added to a policy after the date of issue that reduces, restricts, or eliminates benefits in the policy will require signed acceptance. Also, where a separate premium is charged for a rider or endorsement, the premium will be set forth in the policy, rider, or endorsement.
LTC Personal Suitability Worksheet	14 VAC 5-200-175-C 2	The LTC personal suitability worksheet must be submitted with the policy.
Disclosures		
	§ 38.2-5207 1; 14 VAC 5-200-200	The statute requires that an outline of coverage be provided to the insured. The statute also specifies the information that should be included in the outline.
	§ 38.2-5207 4; 14 VAC 5-200-70 H	A tax-qualified plan must be definitively identified as such.
	14 VAC 5-200-70 I	A non-tax-qualified plan must be identified as such.
	14 VAC 5-200-75 D	Any reference to a premium increase shall disclose that notice of premium increase shall be at least 60 days prior to the increase.
Policies that include issue ages of 65 or higher	14 VAC 5-170-150 E 1	Any policy marketed to persons age 65 or older must contain a notice that discloses that the policy is not a Medicare supplement policy or certificate.
Rates		
	§ 38.2-5206	
	14 VAC 5-200-150	The regulation specifies the expected loss ratio.
	14 VAC 5-130-60 A and 130-60 B; 14 VAC 5-200-77	The regulation specifies rate filing and actuarial memorandum requirements.

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
http://www.scc.virginia.gov/boi/laws.aspx

The Life and Health Division, Forms and Rates Section reviews individual long-term care insurance. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

I hereby certify that I have reviewed the attached individual long-term care filing and determined that it is in compliance with the individual long-term care checklist.

Digitally signed by Keith Burns, ASA, MAA, Vice President and Actuary
DN: cn=Keith Burns, ASA, MAA, Vice President and Actuary, o=The Prudential Insurance Company of America, ou=Long Term Care, email=keith.burns@prudential.com, c=US
Date: 2016.06.08 20:56:47 -04'00'

Signed: _____

Name (please print): Keith Burns, ASA, MAAA

Company Name: The Prudential Insurance Company of America

Date: June 8, 2016 Phone No: ( ) 402-715-4861 FAX No: ( ) 888-294-6332

E-Mail Address: keith.burns@prudential.com

Appendix A
The Prudential Insurance Company of America
ILTC1
Policies issued prior to 10/01/2003

Virginia

Requested Rate Increase for Cash / Unlimited BP Policies = 94.1%
Requested Rate Increase for Cash / Limited BP Policies = 81.6%
Requested Rate Increase for Reimbursement / Unlimited BP Policies = 67.1%
Requested Rate Increase for Reimbursement / Limited BP Policies = 50.4%

10 Average Annual Premium

	Virginia	Nationwide
Without Increase	$2,095	$2,500
With Increase	$3,525	$4,254

15 Satisfaction of Loss Ratio Requirements

Pre-Rate Stability Requirement - Loss Ratio Test:

1) Expected Lifetime Loss Ratio with Rate Increase		143%
2) Minimum Required Loss Ratio		60%
Is 1 greater than 2?		Yes

Pre-Rate Stability Requirement - 60/80 Test:

1) Total Incurred Claims		2,661,752,387
60% of initial premium	821,413,180	
80% of increased premium	398,141,770	
2) Sum of 60%/80% Premium		1,219,554,950
Is 1 greater than 2?		Yes

18 Lifetime Loss Ratio

Policy type	Without Increase	With Increase
All	173%	143%
Cash / Unlimited	298%	225%
Cash / Limited	168%	137%
Reimbursement / Unlimited	146%	121%
Reimbursement / Limited	100%	89%

19 History of Rate Adjustments

Cash Policies:
28% Implemented on 5/1/2010
5.4% Implemented on 5/1/2011
Reimbursement Policies:
18% Implemented on 5/1/2010
5.9% Implemented on 5/1/2011

20 Number of Policyholders and Annualized Premium as of June 30, 2015

Policy Type	Virginia	Nationwide
All	521	22,843
Cash / Unlimited	89	4,893
Cash / Limited	56	2,985
Reimbursement / Unlimited	164	5,760
Reimbursement / Limited	212	9,205

Policy Type	Virginia	Nationwide
All	$1,091,441	$57,101,015
Cash / Unlimited	$222,448	$14,786,113
Cash / Limited	$114,829	$7,712,547
Reimbursement / Unlimited	$371,747	$14,518,837
Reimbursement / Limited	$382,417	$20,083,518

Appendix B
The Prudential Insurance Company of America
Historical and Projected Experience
Nationwide Experience - Policies issued prior to 10/01/2003
Virginia Rate Basis
ILTC1

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
1999	475,419	0	0	0	0%
2000	7,398,762	53,641	0	53,641	1%
2001	19,078,637	1,001,183	0	1,001,183	5%
2002	36,819,195	3,915,058	484,056	4,399,114	12%
2003	57,807,632	6,054,623	577,091	6,631,714	11%
2004	61,846,553	8,606,212	249,135	8,855,348	14%
2005	59,129,767	10,354,942	1,152,157	11,507,099	19%
2006	57,570,919	13,095,097	509,798	13,604,895	24%
2007	56,267,079	19,428,786	2,531,335	21,960,121	39%
2008	54,581,420	24,154,553	3,206,868	27,361,421	50%
2009	52,368,433	24,633,321	3,721,534	28,354,855	54%
2010	61,157,965	20,439,179	6,288,853	26,728,032	44%
2011	62,281,882	21,584,803	10,243,200	31,828,003	51%
2012	58,833,874	22,204,114	19,819,208	42,023,323	71%
2013	54,478,788	15,788,209	19,646,811	35,435,020	65%
2014	52,739,143	7,906,545	36,202,840	44,109,385	84%
2015*	24,940,925	348,664	26,521,281	26,869,945	108%

Projections without Requested Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015**	24,814,520	25,235,311	102%
2016	48,252,759	53,126,910	110%
2017	46,389,260	57,870,497	125%
2018	44,504,564	63,080,437	142%
2019	42,609,585	68,599,295	161%
2020	40,712,838	74,413,913	183%
2021	38,828,582	80,511,058	207%
2022	36,967,170	86,866,927	235%
2023	35,145,952	93,610,604	266%
2024	33,368,139	100,726,068	302%
2025	31,609,605	107,984,922	342%
2026	29,870,920	115,219,063	386%
2027	28,157,200	122,374,602	435%
2028	26,473,563	129,465,224	489%
2029	24,824,044	136,452,771	550%
2030	23,212,865	143,146,895	617%
2031	21,643,818	149,342,377	690%
2032	20,120,230	154,939,396	770%
2033	18,645,226	160,088,358	859%
2034	17,222,102	164,950,465	958%
2035	15,854,395	169,298,086	1068%
2036	14,541,819	173,466,019	1193%
2037	13,284,142	177,011,011	1332%
2038	12,084,043	179,317,746	1484%
2039	10,944,316	180,511,471	1649%
2040	9,867,875	180,601,232	1830%
2041	8,856,648	179,292,914	2024%
2042	7,911,699	176,497,214	2231%
2043	7,033,220	172,313,064	2450%
2044	6,221,216	167,188,257	2687%
2045	5,475,687	161,301,583	2946%
2046	4,795,608	154,709,807	3226%
2047	4,179,046	147,415,486	3527%
2048	3,623,350	139,558,465	3852%
2049	3,125,640	131,492,520	4207%
2050	2,682,988	123,456,565	4601%
2051	2,291,990	115,776,760	5051%
2052	1,948,911	108,928,861	5589%
2053	1,649,877	103,831,189	6293%
2054 and later	8,021,926	1,141,295,081	14227%

Projections with Requested Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015**	24,814,520	25,235,311	102%
2016	59,011,948	53,106,041	90%
2017	74,928,680	57,615,711	77%
2018	73,026,945	62,649,031	86%
2019	69,992,178	67,986,914	97%
2020	66,950,633	73,602,395	110%
2021	63,924,791	79,481,964	124%
2022	60,931,589	85,601,738	140%
2023	58,000,241	92,089,221	159%
2024	55,135,962	98,929,098	179%
2025	52,297,799	105,897,995	202%
2026	49,486,612	112,831,640	228%
2027	46,710,836	119,678,259	256%
2028	43,978,853	126,453,674	288%
2029	41,297,300	133,122,203	322%
2030	38,673,081	139,498,871	361%
2031	36,112,528	145,386,196	403%
2032	33,621,305	150,688,712	448%
2033	31,204,727	155,554,962	498%
2034	28,868,483	160,143,886	555%
2035	26,618,573	164,235,977	617%
2036	24,454,823	168,156,352	688%
2037	22,377,175	171,476,059	766%
2038	20,390,363	173,600,048	851%
2039	18,499,401	174,652,024	944%
2040	16,709,444	174,642,695	1045%
2041	15,024,141	173,289,179	1153%
2042	13,445,743	170,506,136	1268%
2043	11,975,044	166,390,180	1389%
2044	10,612,572	161,374,353	1521%
2045	9,358,758	155,631,521	1663%
2046	8,212,369	149,216,713	1817%
2047	7,170,653	142,132,504	1982%
2048	6,229,595	134,513,902	2159%
2049	5,384,799	126,701,398	2353%
2050	4,631,686	118,924,595	2568%
2051	3,964,850	111,496,850	2812%
2052	3,378,301	104,875,365	3104%
2053	2,865,766	99,942,991	3487%
2054 and later	14,073,441	1,097,115,615	7796%

* Historical 2015 Experience - 1/1/2015 through 6/30/2015

** Projected 2015 Experience - 7/1/2015 through 12/31/2015

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2015	1,071,588,444	410,026,485	38%	1,071,588,444	410,026,485	38%
Present Value of Future to 6/30/2015	502,661,771	2,310,587,214	460%	795,110,736	2,251,725,902	283%
Total Values	1,574,250,215	2,720,613,699	173%	1,866,699,180	2,661,752,387	143%
(Discounted at 4.5%)						

Projected Loss Ratio without Rate Increase		Projected Loss Ratio with Rate Increase	
Overall	173%	Overall	143%
Cash / Unlimited BP Policies	298%	Cash / Unlimited BP Policies	225%
Cash / Limited BP Policies	168%	Cash / Limited BP Policies	137%
Reimbursement / Unlimited BP Policies	146%	Reimbursement / Unlimited BP Policies	121%
Reimbursement / Limited BP Policies	100%	Reimbursement / Limited BP Policies	89%
Minimum Lifetime Loss Ratio	60%		

Appendix G
The Prudential Insurance Company of America
Historical and Projected Experience
Virginia Experience - Policies issued prior to 10/01/2003
ILTC1

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
1999	8,382	0	0	0	0%
2000	130,293	0	0	0	0%
2001	328,355	0	0	0	0%
2002	555,889	0	0	0	0%
2003	1,064,740	803	0	803	0%
2004	1,259,454	0	0	0	0%
2005	1,207,096	1,590,081	885,377	2,475,458	205%
2006	1,181,116	162,269	0	162,269	14%
2007	1,165,222	203,331	0	203,331	17%
2008	1,141,089	460,507	211,425	671,932	59%
2009	1,097,598	33,258	0	33,258	3%
2010	1,094,008	530,267	74,038	604,305	55%
2011	1,175,440	581,049	353,150	934,199	79%
2012	1,185,337	75,691	0	75,691	6%
2013	1,156,057	165,815	124,538	290,353	25%
2014	1,153,383	120,842	530,725	651,567	56%
2015*	557,094	0	465,970	465,970	84%

Projections without Requested Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015**	530,813	414,973	78%
2016	1,037,952	876,349	84%
2017	1,005,394	963,560	96%
2018	971,923	1,062,648	109%
2019	937,697	1,172,229	125%
2020	902,894	1,290,344	143%
2021	867,778	1,419,458	164%
2022	832,465	1,557,406	187%
2023	797,278	1,708,119	214%
2024	762,617	1,873,752	246%
2025	727,895	2,050,726	282%
2026	693,046	2,233,660	322%
2027	658,189	2,420,964	368%
2028	623,435	2,615,261	419%
2029	588,889	2,813,332	478%
2030	554,644	3,008,208	542%
2031	520,819	3,200,512	615%
2032	487,513	3,381,323	694%
2033	454,824	3,550,227	781%
2034	422,861	3,709,612	877%
2035	391,741	3,849,031	983%
2036	361,504	3,988,547	1103%
2037	332,197	4,116,633	1239%
2038	303,941	4,218,759	1388%
2039	276,825	4,296,104	1552%
2040	250,960	4,347,829	1732%
2041	226,437	4,365,558	1928%
2042	203,315	4,334,480	2132%
2043	181,649	4,259,019	2345%
2044	161,462	4,153,578	2572%
2045	142,776	4,018,978	2815%
2046	125,597	3,863,724	3076%
2047	109,901	3,682,153	3350%
2048	95,658	3,472,846	3630%
2049	82,816	3,242,549	3915%
2050	71,322	3,012,201	4223%
2051	61,118	2,787,993	4562%
2052	52,122	2,586,264	4962%
2053	44,250	2,442,144	5519%
2054 and later	219,599	28,779,724	13106%

Projections with Requested Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015**	530,813	414,973	78%
2016	1,261,716	876,345	69%
2017	1,602,409	959,731	60%
2018	1,572,147	1,055,004	67%
2019	1,517,411	1,160,684	76%
2020	1,461,754	1,274,531	87%
2021	1,405,591	1,398,941	100%
2022	1,349,114	1,531,799	114%
2023	1,292,874	1,676,987	130%
2024	1,237,488	1,836,551	148%
2025	1,181,984	2,006,977	170%
2026	1,126,262	2,182,980	194%
2027	1,070,509	2,363,001	221%
2028	1,014,898	2,549,637	251%
2029	959,590	2,739,767	286%
2030	904,730	2,926,644	323%
2031	850,498	3,110,875	366%
2032	797,049	3,283,827	412%
2033	744,533	3,445,129	463%
2034	693,120	3,597,127	519%
2035	642,997	3,729,748	580%
2036	594,226	3,862,470	650%
2037	546,878	3,984,133	729%
2038	501,147	4,080,716	814%
2039	457,182	4,153,380	908%
2040	415,167	4,201,382	1012%
2041	375,252	4,216,661	1124%
2042	337,542	4,184,925	1240%
2043	302,129	4,110,500	1361%
2044	269,064	4,007,323	1489%
2045	238,395	3,876,197	1626%
2046	210,140	3,725,328	1773%
2047	184,268	3,549,250	1926%
2048	160,738	3,346,610	2082%
2049	139,477	3,123,919	2240%
2050	120,406	2,901,336	2410%
2051	103,436	2,684,812	2596%
2052	88,441	2,490,049	2815%
2053	75,284	2,350,852	3123%
2054 and later	379,592	27,668,227	7289%

* Historical 2015 Experience - 1/1/2015 through 6/30/2015

** Projected 2015 Experience - 7/1/2015 through 12/31/2015

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2015	21,129,766	8,756,277	41%	21,129,766	8,756,277	41%
Present Value of Future to 6/30/2015	11,442,533	49,546,218	433%	17,856,516	48,172,715	270%
Total Values	32,572,299	58,302,495	179%	38,986,282	56,928,992	146%
(Discounted at 4.5%)						

Projected Loss Ratio without Rate Increase		Projected Loss Ratio with Rate Increase	
Overall	179%	Overall	146%
Cash / Unlimited BP Policies	369%	Cash / Unlimited BP Policies	277%
Cash / Limited BP Policies	185%	Cash / Limited BP Policies	149%
Reimbursement / Unlimited BP Policies	141%	Reimbursement / Unlimited BP Policies	115%
Reimbursement / Limited BP Policies	104%	Reimbursement / Limited BP Policies	90%

May 19, 2016
Actuarial Memorandum Supporting Rate Revision for
The Prudential Insurance Company of America
Individual Long-Term Care Insurance Plan
Virginia – Policies issued prior to 10/01/2003

1. Scope and Purpose

The purpose of this memorandum is to provide actuarial information supporting a rate revision to premiums for the following The Prudential Insurance Company of America's Tax-Qualified individual long-term care Forms and their associated riders:

Product Name	Form Number	Issue Dates in Virginia
ILTC1, Simple Inflation	GRP 98544	6/1999 – 9/2003
ILTC1, Compound Inflation	GRP 98545	6/1999 – 9/2003
ILTC1, Periodic Inflation Option	GRP 98546	6/1999 – 9/2003
ILTC1, Cash Benefit Rider	GRP 98179	6/1999 – 9/2003
ILTC1, Monthly Benefit Rider	GRP 98180	6/1999 – 9/2003
ILTC1, Nonforfeiture Benefit Rider	GRP 98181	6/1999 – 9/2003
ILTC1, Cash Indemnity Benefit Rider	GRP 114973	Pending State Approval

Some riders may not be available in all states. This rate filing is not intended to be used for other purposes.

These revisions are necessary because the current best estimate projections of the nationwide lifetime loss ratios are significantly worse than the expected loss ratios. The higher lifetime loss ratios are due to adverse morbidity and persistency experience.

Prudential is willing to implement this proposed rate increase over a period of three years in order to help mitigate the impact to the policyholders.

Upon approval of this rate revision, Prudential will communicate to policyholders their options to reduce the impact of the rate increase. There will also be opportunities for almost all policyholders to keep the premium at or below the same level that they were paying prior to the rate revision. These options will include increasing the elimination period, reducing the lifetime maximum, reducing the daily benefit, eliminating optional riders, and a contingent non-forfeiture option that we will be offering to all policyholders regardless of their age or rate increase amount.

In addition, we will offer policyholders that currently have our Cash Benefit Rider the option to drop this rider and replace it with a Cash Indemnity Rider at a lower premium. This will provide these policyholders an additional option to help offset the premium revision. In addition to the rate revision, this filing is also seeking approval of this Cash Indemnity Rider.

Please refer to Section 22 for a description of the information contained in each Appendix.

2. Description of Benefits

The policies issued on these forms are referred as the "ILTC1" product series. This product was individually underwritten and provides comprehensive long-term care coverage for care received in a nursing home, assisted living facility, or hospice in addition to home and community-based care. This product is intended to be Tax Qualified Long Term Care Insurance Contracts as defined by the internal revenue code section 7702B(b).

This product reimburses covered long-term care expenses subject to the amount of coverage purchased. A waiting period, institutional daily benefit amount, home and community care percentage, maximum lifetime benefit amount and inflation protection option are selected at issue. The available choices can be found in the attached premium rate tables.

The benefit eligibility criteria is based on the insured's loss of the ability to perform two of the six activities of daily living (ADLs) or having a severe cognitive impairment. Activities of Daily Living are bathing, continence, dressing, eating, toileting, and transferring. Premiums will be waived beginning the first day of the next month following when LTC benefits are payable.

There are several optional riders that were sold with this product, including a cash benefit option and a monthly benefit option. The cash benefit option allows the insured to choose to receive benefits for Home and Community-Based Care as a cash benefit rather than as reimbursement. No formal services are required to receive a cash benefit. Policies with the cash benefit option are referred to as "Cash Plans" and plans without the cash benefit option are referred to as "Reimbursement Plans". The monthly benefit option provides benefits for Home and Community-Based Care on a monthly basis such that any or all of the benefits for Home and Community-Based Care can be used within the time frames that meet the insured's needs.

The Cash Indemnity Rider, for which we are seeking approval, will pay the full daily benefit amount for each day that home care formal services are received.

3. Renewability Clause

This product is a Guaranteed Renewable, Individual Long Term Care policy.

4. Marketing Method

This plan was marketed to individuals by licensed agents.

5. Applicability

The revised rates contained in this memorandum will be applicable to in-force policies, as these policy forms are no longer sold in the market, and all future periodic inflation protection offers. The revised premium rate schedules can be found in Appendix F.

6. Actuarial Assumptions

The actuarial assumptions used to project the future premiums and claims are described in this section. Appendix C provides further details of the experience studies conducted that were used to develop the actuarial assumptions. These current assumptions, developed in 2015, are Prudential's best estimate expectations of future experience and do not include any provisions for adverse experience. These assumptions are the basis for the assumptions being used in the company's internal cash flow testing.

Morbidity

The best estimate morbidity assumptions were developed based on a combination of the Prudential's historical claim experience, the Milliman 2011 *Long Term Care Guidelines (Guidelines)* and judgment. The *Guidelines* reflect over 15.3 million life years of exposure and $10.5 billion of incurred claims and the experience and judgment of Milliman actuaries. The policy design and coverages, the underwriting applied at the time, and the claim adjudication process were all considered when setting the claim cost assumptions. The claim cost assumptions reflect Prudential's current best estimate of future morbidity, including morbidity improvement of 1% per year through 2035. The assumptions do not include any adverse selection from the rate increase or loads for moderately adverse experience.

Mortality

The mortality assumptions were developed from a mortality study conducted on the Prudential's experience and judgment. The best estimate mortality assumption is the Annuity 2000 Basic Table on a sex distinct basis with mortality selection factors, mortality attained age factors and mortality improvement. The mortality selection factors vary by issue age and

duration and start at 0.25 in duration 1 and grade up to an ultimate factor by duration 30. The ultimate factor varies by issue age and ranges from 0.90 at the younger ages to 1.05 at the older ages. A set of mortality attained age factors is also applied that lowers the mortality by 10% for attained ages 60 and under and grades to an increase of 10% in mortality by age 100. Mortality improvement of 0.6% per year through 2035 is assumed. The assumptions do not include any loads for moderately adverse experience.

Lapses

The voluntary lapse assumptions were developed from a policy persistency study conducted on the Company's experience and judgment. Lapse rates are combined with mortality rates to derive the total termination rate. In addition, the projections also terminate a policy if the insured exhausts their benefits. We assumed all remaining policies would terminate at attained age 120. The lapse assumptions represent the best estimate expectations of future experience and do not include any provisions for adverse experience. Lastly, the projections include an annual shock lapse rate of 2.0% assumed over the first two years of implementation. Voluntary lapse rates are shown below and vary by policy duration.

Voluntary Lapse Rates – Lifetime Pay				
Duration	Single – No Inflation	Single – Inflation	Married – No Inflation	Married – Inflation
1	9.50%	8.00%	6.00%	4.00%
2	6.50%	6.00%	4.00%	3.00%
3	5.50%	4.50%	3.50%	3.00%
4	5.00%	3.50%	3.00%	2.50%
5	4.50%	3.00%	2.50%	1.80%
6	3.50%	3.00%	2.00%	1.50%
7	3.00%	3.00%	1.75%	1.50%
8	2.75%	2.00%	1.75%	1.30%
9	2.75%	1.75%	1.75%	1.00%
10-20	2.75%	1.75%	1.75%	0.75%
21+	2.50%	1.50%	1.50%	0.50%

NOTE: No inflation includes plans without inflation and GPO.

Voluntary Lapse Rates – Limited Pay			
Duration	10 Pay	Premium Reduction at Age 65	Paid Up at Age 65
1	3.50%	4.50%	5.00%
2	2.50%	3.50%	4.50%
3	1.50%	3.00%	3.50%
4	1.00%	2.50%	2.50%
5	0.50%	2.00%	2.00%
6	0.50%	2.00%	2.00%
7	0.50%	1.50%	1.50%
8	0.50%	1.50%	1.50%
9	0.00%	1.50%	1.50%
10-20	0.00%	1.50%	1.25%
21+	0.00%	1.25%*	1.00%**

*Starting at age 55, grade into 1.0% ultimate lapse rate by attained age 65.
**Starting at age 55, grade into 0.0% ultimate lapse rate by attained age 65.

Appendix D contains a comparison of the actual total termination rates to both the original pricing assumptions and current assumptions.

Interest Rate

An annual interest rate of 4.5% was used to calculate the lifetime loss ratio in the supporting appendices. This was determined based on the predominant number of certificates issued in years that the maximum statutory valuation rate was 4.5%.

Expenses

The need for a rate increase is based on the lifetime loss ratio being in excess of the minimum loss ratio. Expenses do not directly impact the lifetime loss ratio and therefore are not used as justification for the rate increase. As such, expenses are not being projected and are not included in this filing.

7. Premium Classes

The Company used several premium classes based on the underwriting assessment of the potential policyholder at time of issue. These premium classes are shown in the premium rate

schedules included in Appendix F.

8. Issue Age Range

This product was available for issue ages up to 84. Premiums are based on issue age.

9. Area Factors

The Company did not use area factors within the state in the premium scale for this product.

10. Average Annual Premium

The average annual premium for this product for both prior to the impact of the requested rate increase, and after, is indicated in Appendix A to this memorandum.

11. Modal Premium Factors

Modal loads are required because of the varied expenses incurred by the Company and the effect of interest and persistency. The modal premium factors will remain unchanged from the current factors.

12. Claim Liability and Reserve

Claim reserves were calculated using appropriate actuarial methods for IBNR and for open claims on a disabled life basis. The claim reserves were discounted to the date of incurral for each claim and have been included in the historical incurred claims. An annual interest rate of 4.5% was used to calculate the present value of future claims in the supporting exhibits.

13. Active Life Reserves

We have provided supporting evidence for the justification of the proposed increase based on the relationship of incurred claims divided by earned premium compared to the minimum required loss ratios. Incurred claims exclude any change in active life reserves.

14. Trend Assumption

Benefits payable are equal to or less than the daily or monthly benefit limit. We have not included any medical trend in the projections.

15. Requested Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

Prudential is requesting an average premium increase of 68.3%. These rate increases vary depending on whether the policyholder has benefit periods that are limited (2, 3, 4 or 5 years) or unlimited as well as if the policyholder has reimbursement benefits or cash rider.

Policy Type	ILTC1
Limited Benefit / Reimbursement	50.4%
Limited Lifetime Max / Cash	81.6%
Unlimited Lifetime Max / Reimbursement	67.1%
Unlimited Lifetime Max / Cash	94.1%
Average	68.3%

Prudential is willing to implement this proposed rate increase over a period of three years in order to help mitigate the impact to the policyholders.

Satisfaction of loss ratio requirements are demonstrated two different ways in Appendix A.

The first approach shows that with the requested rate increase the expected lifetime loss ratio exceeds the minimum loss ratio requirement. The minimum loss ratio for this state is shown in Appendix A.

The second approach is based on a 60% loss ratio on the initial premium and an 80% loss ratio on the increased premium, in accordance with Virginia regulation 14 VAC 5-200-30+. This approach requires that the sum of the historical and projected future incurred claims must exceed the sum of 60% of the initial premium and 80% of the increased premium.

16. Distribution of Business

The historical experience reflects the actual distribution of policies during the experience period. We used the current distribution of business as of June 30, 2015 to project future experience. Appendix E contains the distribution of the inforce policies by key demographic and benefit characteristics.

17. Experience – Past and Future

The historical and projected nationwide and state-specific experience, both with and without the rate increase, is contained in Appendix B.

Historical experience is shown by claim incurral year.

18. Lifetime Loss Ratio

The anticipated nationwide lifetime loss ratios, both without a rate increase and with the requested rate increase, are shown in Appendix A. The development of these nationwide lifetime loss ratios, are shown in Appendix B and Appendix G.

The rate increase is assumed effective July 1, 2016 in our projections.

19. History of Rate Adjustments

See Appendix A for a history of rate increases on inforce policyholders with this policy form in this state.

20. Number of Policyholders

The current number of policyholders as of June 30, 2015 can be found in Appendix A.

21. Proposed Effective Date

This rate revision will be implemented following state approval and a minimum of a 75 day notification to the certificate holder. Implementation will be no earlier than October 1, 2016.

22. Summary of Appendices

Appendix A contains information that is specific to the state in which this filing is made. Examples of some items include are the requested rate increase, the average annual premium, demonstration of meeting required minimum loss ratio standards, the number of policyholders inforce, etc.

Appendix B contains historical and projected nationwide experience for all policies issued

under this form. The appendix also includes the projected lifetime loss ratios both without and with the proposed increase.

Appendix C contains three exhibits that show our actual to expected lapse, mortality and morbidity experience.

Appendix D contains a breakdown of our current persistency assumptions.

Appendix E contains the distribution of the inforce policies by key demographic and benefit characteristics.

Appendix F contains the premium rate pages associated with this filing.

Appendix G contains the same information as Appendix B except it contains only state specific experience and projections.

23. Cash Indemnity Rider Development

This filing also includes a new optional rider. This rider will only be available as a benefit reduction to those policyholders that currently have a Cash Benefit Rider. The Cash Benefit Rider pays the full daily benefit to policyholders that have met the claim eligibility requirements regardless of the receipt of formal services. In other words, the services could be provided by an informal caregiver and the claimant would receive the full daily benefit. The Cash Indemnity Rider will pay the full daily benefit but only for the days that formal services were received.

The premium rates for the Cash Indemnity Rider were developed based on the expected morbidity differences between this rider and the Cash Benefit Rider. Based on the 2011 Milliman Guidelines and actuarial judgment, we anticipate the additional claims associated with this rider to be approximately 55% of the additional claims associated with the Cash Benefit Rider. Thus the premium adjustment factors included in this filing for the Cash Indemnity Rider are 55% of the premium adjustment factors for the Cash Benefit Rider.

24. Relationship of Renewal Premium to New Business Premium.

Prudential is no longer selling any new Long-Term Care business. Therefore, the comparison of renewal premium rates after the rate increase to the Company's current new business premium rate schedule is not applicable.

25. Actuarial Certification

I am a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering this opinion and am familiar with the requirements for filing rate increases for long term care insurance premiums.

To the best of my knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth. However, the premiums rates associated with this filing are not adequate in relation to the benefits provided.

The policy design and coverages, the underwriting used at the time of issue, and the claim adjudication process were all considered when setting the actuarial assumptions.

In forming my opinion, I have used actuarial assumptions and actuarial methods as I considered necessary. I have relied on projection information provided by Dan Nitz, FSA, MAAA. He is an Actuary at Milliman who used data and assumptions that were developed and supplied by Prudential in developing these projections. The pricing assumptions are consistent with Prudential's best estimates at the time of this filing and do not include a margin for adverse experience.

The premium rates are not excessive or unfairly discriminatory. Prudential may need to file for additional in-force premium increases on these forms in the future.

The premium rates associated with this filing are not adequate, thus the premium rates for the Cash Indemnity Rider are also not adequate. Thus I cannot certify that the premium rates associated with the Cash Indemnity Rider are sufficient to cover anticipated costs under moderately adverse experience. However, I believe this rider is important as it will help to reduce some of the risk to Prudential while providing some policyholders an additional option to reduce the impact of the premium rate increase.

Sincerely,

Ritu Jain, ASA, MAAA
Director, Actuary
Prudential Long Term Care
May 19, 2016

There are many factors that were assumed at the time of original pricing. Some of these factors can include, but are not limited to;

1. **The number of policy holders that will voluntarily or involuntarily drop their coverage.**
2. **The length and number of claims expected to be paid in the future.**
3. **The interest rates needed for investments to reach sufficient levels of reserves.**

This rate increase in needed mainly due to the underestimated percent of policyholders who drop their coverage. Due to the lower than expected lapse and mortality rates assumed at original pricing, much higher amounts of claims will need to be paid out than initially foreseen. These premium increases will ensure that Prudential remains solvent and capable of paying all future claims for all policyholders.

Reset Form

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number:	The Prudential Insurance Company of America - 304-68241
SERFF Tracking Number:	PRUD-130596260
Effective Date:	Upon Approval

Revised Rates

Average Annual Premium Per Member:	$3525
Average Requested Percentage Rate Change Per Member:	68.3%
Minimum Requested Percentage Rate Change Per Member:	50.4%
Maximum Requested Percentage Rate Change Per Member:	94.1%
Number of Policy Holders Affected :	521

Plans Affected
(The Form Number and "Product Name")

Form#	**"Product Name"(if applicable)**
GRP 98544	Simple Inflation Policy
GRP 98545	Automatic Compound Inflation Policy
GRP 98546	Periodic Inflation Policy
GRP 98179	Cash Benefit Rider
GRP 98180	Monthly Benefit Rider
GRP 98181	Non-forfeiture Benefit Rider
GRP 114973	Cash Indemnity Benefit Rider
GRP 115131	Policyholder Notification Letter
GRP 115131A	Change Request Form

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer **The Prudential Insurance Company of America**

Title of Form **Please refer to the Forms Attachment included with the filing letter.**

Policy Form Number **GRP 114973**

I hereby certify that the Flesch reading ease score of the above policy form is **46.9** . It contains **51** sentences, **1,254** words and _____ syllables. The type size of the text of the policy form is **12** point type, _____ point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Keith Burns

Signature of an Officer of the Insurer

Keith Burns, ASA, MAAA

Name (Print)

Title: Vice President and Actuary

Date: June 8, 2016

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer: **The Prudential Insurance Company of America**

Title of Form: **Frequently Asked Questions Relating to Premium Increase Disclosure Form**

Policy Form Number: **GRP 115280_**

I hereby certify that the Flesch reading ease score of the above policy form is **40.4**. It contains **_35_** sentences and **800** words. The type size of the text of the policy forms is **11** point type.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

_____ Signature of an Officer of the Insurer

Keith Burns, ASA, MAAA_____Name (Print)

Vice President and Actuary_____ Title

August 17, 2017_____Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer: **The Prudential Insurance Company of America**

Title of Form: **Policyholder Notification Letter**

Policy Form Number: **GRP 115131_**

I hereby certify that the Flesch reading ease score of the above policy form is **40.5**. It contains **_106_** sentences and **2,541** words. The type size of the text of the policy forms is **11** point type.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

_____ Signature of an Officer of the Insurer

Keith Burns, ASA, MAAA_____ Name (Print)

Vice President and Actuary_____ Title

August 17, 2017_____ Date

Appendix C
The Prudential Insurance Company of America
Description of Experience Analysis and Assumption Setting

Mortality Study

The total mortality rate assumptions are can be broken into in three distinct parts: (1) a base rate industry mortality table, (2) selection factors created to adjust the table based on Prudential experience, and (3) a mortality improvement factor. The best estimate assumption is applied at the policy level. The industry table rates are attained age and male/female based. The Prudential experience based selection factors vary by issue age, gender and duration of the policy. The improvement assumption varies by calendar year. The selection factor assumptions are developed separately for individual and group products, but base rate table and improvement factors are the same for both products.

The 2Q 2018 best estimate mortality assumption was developed using the most recent 5 years of data and a 95% confidence interval test based on the 2017 Best Estimate assumptions as the expected. The assumption was changed if it falls outside the 95% CI. The test was performed at the product and gender level. The selection factors grade to 105% at duration 30 and later consistent with 2Q 17 best estimate assumptions.

Mortality improvement is a factor that is applied to the mortality rate that has been adjusted by selection factors. It is intended to reflect the notion that the probability of death for a given age will decrease over time, as the population as a whole is living longer, indicating an improvement in mortality. The rate will level out after 20 years into the projection.

The future expected mortality assumptions were developed based on this historical actual experience and judgment. Based on our analysis, the 2012 IAM Basic Table on an ALB basis matched actual experience the closest, with some adjustments, i.e. ultimate selection factors.

Voluntary Lapse Study

A voluntary lapse study was also conducted on the Company's actual experience using data through September 30, 2017. Voluntary lapse rates were calculated based on actual lapses using experience in years 7/1/2014 – 6/30/2017 with lapses reported through 9/30/2017. Voluntary lapses are studied using actual terminations. The impact of shock lapses that occur due to rate increases were removed from the voluntary lapse study to ensure that the lapse experience was not overstated. The future expected voluntary lapse assumptions were developed based on the historical actual experience and judgment. The expected lapse rates vary by policy duration, attained age and select business segments.

Morbidity Study

The morbidity experience on disabled lives (i.e., in claim status) is of critical importance, as it also plays a crucial role in shaping our base morbidity experience on active lives as well as informing our judgment on morbidity improvement. Morbidity is comprised of several assumptions, including utilization, fitting factors, claim cost guidelines, and cost of care inflation.

For 2Q 2018, a deep dive on our disabled life assumptions was performed. For the disabled lives analysis, more granularity has been included for site of care where it now matches the granularity of the active life reserves, Additionally, the analysis has led to the conclusion that there are significant differences in utilization by claim duration. We refined the claim continuance assumptions by claim duration and updated the termination rates by site of care and key benefit plans. We performed an iterative analysis of a claim retrospective test by the different drivers of morbidity and along different slices of the business (active, inactive pending, IBNR/CBER) along with the experience-based study of terminations. In the end we created a curve using actuarial judgment that fit well to our experience and produced a better fit to our retrospective tests.

The morbidity study used for active lives modeling was conducted on the Company's nationwide actual experience on incurred claims through Dec 31, 2017 with claims run out through Dec 31, 2017. The approach used to develop best estimate morbidity assumptions was to start with a set of baseline expected claims and review the experience along several key demographic and benefit characteristics. The primary focus to develop fitting factors was to match historical incurred claims to expected incurred claims.

Actual claim incidence is determined by counting each claim. A claim is considered to have begun as of the date the policyholder was determined to be benefit eligible. Paid claims are discounted back to the claim incurred date. The claim reserves are discounted from valuation date to the claim incurred date. Both paid claims and claim reserves have a 7.5% load applied to reflect waiver of premium. The claim reserves do not include an LAE load or an explicit margin. Actual incurred claims are calculated by adding together the present value of paid claims and claim reserves (including IBNR). In the development of the fitting factors, waiver of premium was excluded from both the actual claims and expected claims.

The baseline expected incurred claims were developed from Milliman's 2014 LTC Guidelines (*Guidelines*). Given the large size of the data supporting the *Guidelines*, it was viewed as a credible starting point for the analysis. Also, a composite factor was developed for the business based on the distribution by state and the area adjustment factors from the *Guidelines*. The best estimate assumptions do not include an assumption for morbidity improvement.

The process of developing fitting factors, starting with the baseline expected, generally followed the following steps:

- Review experience by issue year and product to determine if the baseline selection factors used are appropriate

- Review experience by issue age, gender, marital status and / or underwriting type

- Review experience by key benefit and demographic characteristics

It should be noted that many of the factors are related to each other. The fitting factors are Prudential adjustments to the 2014 Milliman Cost of Care Guidelines. The guidelines are a set of claim costs based on Milliman's slice of industry wide LTC insurance claims of $25 Billion. The guidelines include base assumptions, but they are customized to a given company based on characteristics such as underwriting and product design.

The Prudential Insurance Company of America
Appendix C - Exhibit 2
Lapse Study
Experience by Policy Duration
ILTC

Duration	Actual Exposures	Number of Lapses	Number of Best Estimate Lapses	Actual Lapse Rate	Best Estimate Lapse Rate	Actual/Best Estimate
1	0	0	0			
2	8	1	0	11.9%	3.6%	333.0%
3	4,865	190	130	3.9%	2.7%	145.8%
4	14,482	312	300	2.2%	2.1%	103.8%
5	20,343	436	374	2.1%	1.8%	116.6%
6	19,538	318	352	1.6%	1.8%	90.4%
7	14,356	174	186	1.2%	1.3%	93.8%
8	12,524	184	163	1.5%	1.3%	112.6%
9	11,997	154	147	1.3%	1.2%	104.9%
10	11,029	98	116	0.9%	1.1%	84.2%
11	10,495	113	114	1.1%	1.1%	99.3%
12	12,670	143	140	1.1%	1.1%	102.3%
13	15,503	168	171	1.1%	1.1%	98.2%
14	14,304	114	140	0.8%	1.0%	81.6%
15	10,219	94	90	0.9%	0.9%	104.3%
16	5,293	41	48	0.8%	0.9%	86.2%
17	2,013	17	18	0.8%	0.9%	93.1%
18	530	3	5	0.6%	0.9%	60.5%
19	4	0	0	0.0%	1.1%	0.0%
Grand Total	180,173	2,560	2,494	1.4%	1.4%	102.6%

Notes:
1) Actual lapse rates using July 2014 - June 2017 data were observed.
2) Shock lapses have been removed from both actual and best estimate values.
3) Best Estimate Lapse Rate is the assumption used in the current projection assumption

The Prudential Insurance Company of America
Appendix C - Exhibit 2
Lapse Study
Experience by Policy Duration
ILTC

Duration	Actual Exposures	Number of Lapses	Number of Best Estimate Lapses	Actual Lapse Rate	Best Estimate Lapse Rate	Actual/Best Estimate
1	0	0	0			
2	8	1	0	11.9%	3.6%	333.0%
3	4,865	190	130	3.9%	2.7%	145.8%
4	14,482	312	300	2.2%	2.1%	103.8%
5	20,343	436	374	2.1%	1.8%	116.6%
6	19,538	318	352	1.6%	1.8%	90.4%
7	14,356	174	186	1.2%	1.3%	93.8%
8	12,524	184	163	1.5%	1.3%	112.6%
9	11,997	154	147	1.3%	1.2%	104.9%
10	11,029	98	116	0.9%	1.1%	84.2%
11	10,495	113	114	1.1%	1.1%	99.3%
12	12,670	143	140	1.1%	1.1%	102.3%
13	15,503	168	171	1.1%	1.1%	98.2%
14	14,304	114	140	0.8%	1.0%	81.6%
15	10,219	94	90	0.9%	0.9%	104.3%
16	5,293	41	48	0.8%	0.9%	86.2%
17	2,013	17	18	0.8%	0.9%	93.1%
18	530	3	5	0.6%	0.9%	60.5%
19	4	0	0	0.0%	1.1%	0.0%
Grand Total	180,173	2,560	2,494	1.4%	1.4%	102.6%

Notes:
1) Actual lapse rates using July 2014 - June 2017 data were observed.
2) Shock lapses have been removed from both actual and best estimate values.
3) Best Estimate Lapse Rate is the assumption used in the current projection assumption

The Prudential Insurance Company of America
Appendix C - Exhibit 3
Claim Study
Experience by Calendar Year
ILTC

Incurred Yr	Actual Paid Claims (in $MM)	DLR Reserve (in $MM)	Actual Incurred Claims (in $MM)	Best Estimate Incurred Claims (in $MM)	Actual to Best Estimate
<=2005	25.18	2.18	27.36	41.31	66.2%
2006	17.12	1.73	18.84	20.59	91.5%
2007	26.88	3.65	30.54	26.01	117.4%
2008	31.95	2.46	34.41	31.88	107.9%
2009	37.61	3.88	41.49	38.21	108.6%
2010	37.26	6.87	44.13	45.07	97.9%
2011	42.34	8.42	50.77	53.49	94.9%
2012	52.02	15.68	67.70	59.49	113.8%
2013	44.41	15.67	60.08	68.57	87.6%
2014	48.77	26.39	75.16	78.45	95.8%
2015	44.00	47.67	91.67	89.36	102.6%
2016	32.18	65.56	97.75	99.83	97.9%
2017	18.86	108.32	127.18	111.70	113.9%
2018	0.63	53.60	54.23	62.33	87.0%
Grand Total	459.21	362.09	821.30	826.28	99.4%

Notes:
1) Experience is through June 30, 2018
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred date
4) Best Estimate Claims is based on Milliman's 2014 LTC Guidelines with 2018 Prudential experience fitting factors
5) Claim dollar amounts are discounted using a 4.5% interest rate (both actual and best estimate).
6) This exhibit excludes waiver of premium and return of premium benefits in both actual and best estimate results.
7) Morbidity improvement has been removed from the Best Estimate Incurred Claims

Appendix D
The Prudential Insurance Company of America
Policy Persistency Comparison
Nationwide Experience
ILTC1

			Actual Results		Original Pricing Assumptions				Current Assumptions		
Policy Duration	Total Lives		Total Terminations		Lapse	Mortality	Total Terminations		Lapse	Mortality	Total Terminations
1	38,421		6.4%		12.2%	0.9%	13.1%		5.4%	0.2%	5.5%
2	35,969		4.6%		10.2%	1.0%	11.1%		3.9%	0.3%	4.1%
3	34,305		3.6%		8.5%	1.1%	9.6%		3.5%	0.4%	3.8%
4	33,060		2.7%		7.3%	1.2%	8.5%		2.9%	0.4%	3.3%
5	32,144		2.5%		6.0%	1.3%	7.3%		2.3%	0.5%	2.8%
6	31,329		2.5%		5.7%	1.4%	7.1%		1.9%	0.6%	2.6%
7	30,541		3.2%		5.0%	1.5%	6.5%		1.9%	0.7%	2.6%
8	29,564		3.0%		5.0%	1.7%	6.6%		1.6%	0.9%	2.4%
9	28,658		3.2%		5.0%	1.9%	6.8%		1.3%	1.0%	2.3%
10	27,709		3.3%		5.0%	2.0%	7.0%		1.2%	1.1%	2.3%
11	26,457		2.9%		5.0%	2.2%	7.2%		1.2%	1.3%	2.4%
12	21,679		3.2%		5.0%	2.4%	7.4%		1.2%	1.4%	2.6%
13	10,774		3.7%		4.9%	2.9%	7.8%		1.2%	1.8%	3.0%
14	4,671		3.9%		4.8%	3.3%	8.2%		1.2%	2.2%	3.4%
15	1,541		4.3%		4.8%	3.7%	8.5%		1.2%	2.5%	3.8%
16	21		0.0%		4.7%	5.2%	9.9%		1.2%	3.6%	4.8%

Notes:

1) The "Actual Results" are the historical total policy termination rates observed by the Company.
2) The "Original Pricing Assumptions" are those assumptions originally used to price the product.
   The mortality assumptions are based on the 1983 GAM Table.
   The lapse assumptions vary by inflation type and issue age. The original ultimate lapse rate starting in duration 8 ranged from 4.0% to 6.0% (for lifetime pay).
3) The "Current Assumptions" are those used in the projection for the current rate filing.
   The mortality assumptions are based on the Annuity 2000 table, with selection factors, mortality attained age factors, and 0.6% mortality improvement per year (from year 2000)
   The lapse assumptions vary by premium payment option, inflation and marital status. The current ultimate lapse rate starting in duration 21 ranges from 0.5% to 2.5%.
4) Experience is through June 30, 2015 and only includes lifetime pay policies (excludes limited pay policies).

Appendix E
The Prudential Insurance Company of America
Distribution of Inforce Business as of June 30, 2015
ILTC1

	Count	% of Count	Premium	% of Premium
Issue Year				
1999	812	3.3%	1,997,080	3.3%
2000	2,675	10.9%	6,549,246	10.7%
2001	4,772	19.4%	11,875,087	19.4%
2002	8,219	33.5%	20,854,788	34.1%
2003	7,316	29.8%	18,044,000	29.5%
2004	763	3.1%	1,779,890	2.9%
Total	24,557	100.0%	61,100,091	100.0%

Issue Age				
<30	153	0.6%	152,593	0.2%
30-34	262	1.1%	286,652	0.5%
35-39	505	2.1%	688,197	1.1%
40-44	1,166	4.7%	1,982,962	3.2%
45-49	2,441	9.9%	4,521,047	7.4%
50-54	4,780	19.5%	9,949,930	16.3%
55-59	5,371	21.9%	12,928,152	21.2%
60-64	4,934	20.1%	13,330,912	21.8%
65-69	3,106	12.6%	9,648,047	15.8%
70-74	1,413	5.8%	5,613,820	9.2%
75-79	379	1.5%	1,773,483	2.9%
80+	47	0.2%	224,297	0.4%
Total	24,557	100.0%	61,100,091	100.0%

Average Issue Age	56.9

Appendix E
The Prudential Insurance Company of America
Distribution of Inforce Business as of June 30, 2015
ILTC1

	Count	% of Count	Premium	% of Premium
Attained Age				
<30	1	0.0%	997	0.0%
30-34	30	0.1%	32,005	0.1%
35-39	58	0.2%	59,789	0.1%
40-44	143	0.6%	138,254	0.2%
45-49	358	1.5%	434,938	0.7%
50-54	760	3.1%	1,163,970	1.9%
55-59	1,503	6.1%	2,681,818	4.4%
60-64	3,356	13.7%	6,514,566	10.7%
65-69	5,149	21.0%	11,394,739	18.6%
70-74	5,110	20.8%	12,942,261	21.2%
75-79	4,406	17.9%	12,337,596	20.2%
80+	3,683	15.0%	13,399,159	21.9%
Total	24,557	100.0%	61,100,091	100.0%
Average Attained Age	70.1			
Gender				
Male	10,141	41.3%	25,667,343	42.0%
Female	14,416	58.7%	35,432,749	58.0%
Total	24,557	100.0%	61,100,091	100.0%
Inflation Option				
None	172	0.7%	371,881	0.6%
GPO	4,560	18.6%	13,132,624	21.5%
5% Simple Lifetime	5,662	23.1%	13,596,535	22.3%
5% Compound Lifetime	14,163	57.7%	33,999,051	55.6%
Total	24,557	100.0%	61,100,091	100.0%
Elimination Period				
0-Day	3,438	14.0%	9,152,426	15.0%
30-Day	3,333	13.6%	8,640,822	14.1%
60-Day	3,572	14.5%	8,793,592	14.4%
100-Day	14,214	57.9%	34,513,252	56.5%
Total	24,557	100.0%	61,100,091	100.0%

Appendix E
The Prudential Insurance Company of America
Distribution of Inforce Business as of June 30, 2015
ILTC1

	Count	% of Count	Premium	% of Premium
Benefit Period*				
3 Years	5,145	21.0%	11,058,831	18.1%
5 Years	8,015	32.6%	18,964,594	31.0%
Lifetime	11,397	46.4%	31,076,666	50.9%
Total	24,557	100.0%	61,100,091	100.0%

*Benefit Period grouped to nearest primary election

Premium Period				
Lifetime	24,557	100.0%	61,100,091	100.0%
Limited	0	0.0%	0	0.0%
Total	24,557	100.0%	61,100,091	100.0%
Home Health Reimbursement Level				
50%	1,305	5.3%	2,867,685	4.7%
75%	2,488	10.1%	5,812,661	9.5%
100%	20,764	84.6%	52,419,745	85.8%
Total	24,557	100.0%	61,100,091	100.0%
Spousal Discount Status				
Single	4,836	19.7%	14,182,828	23.2%
Married - 1 Buy	3,598	14.7%	9,824,492	16.1%
Married - 2 Buy	16,123	65.7%	37,092,772	60.7%
Total	24,557	100.0%	61,100,091	100.0%
Cash Benefit Option				
Cash	7,884	32.1%	22,528,760	36.9%
Reimbursement	16,673	67.9%	38,571,332	63.1%
Total	24,557	100.0%	61,100,091	100.0%
Benefit Measure				
Daily	4,983	20.3%	11,446,590	18.7%
Monthly	19,574	79.7%	49,653,501	81.3%
Total	24,557	100.0%	61,100,091	100.0%
Non-Forfeiture Option				
Yes	502	2.0%	1,391,773	2.3%
No	24,055	98.0%	59,708,318	97.7%
Total	24,557	100.0%	61,100,091	100.0%

	Cumulative Approved				Third Increase							
					Requested				Approved			
	ILTC1				ILTC1				ILTC1			
	Limited		Unlimited		Limited		Unlimited		Limited		Unlimited	
	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb
Alabama	145.0%	88.0%	161.9%	108.9%	45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Alaska	145.0%	88.0%	161.9%	108.9%	45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Arizona	120.1%	75.2%	135.3%	94.7%	45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Arkansas	54.9%	42.8%	54.9%	42.8%	45.0%	35.0%	55.0%	50.0%	21.0%	21.0%	21.0%	21.0%
California - Pre-RS	28.0%	18.0%	28.0%	18.0%	45.0%	35.0%	55.0%	50.0%				
California - Post-RS	18.0%	18.0%	18.0%	18.0%	45.0%	35.0%	55.0%	50.0%				
Colorado	45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Connecticut	0.0%	0.0%	0.0%	0.0%	45.0%	35.0%	55.0%	50.0%				
District of Columbia	21.0%	21.0%	21.0%	21.0%	45.0%	35.0%	55.0%	50.0%	10.0%	10.0%	10.0%	10.0%
Delaware	48.1%	48.1%	48.1%	48.1%	32.0%	32.0%	32.0%	32.0%	15.0%	15.0%	15.0%	15.0%
Florida	54.8%	54.8%	54.8%	54.8%	45.0%	35.0%	55.0%	50.0%	20.7%	20.7%	20.7%	20.7%
Georgia	48.1%	37.9%	48.1%	37.9%	45.0%	35.0%	55.0%	50.0%	15.0%	15.0%	15.0%	15.0%
Guam	0.0%	0.0%	0.0%	0.0%	45.0%	35.0%	55.0%	50.0%				
Hawaii	85.6%	59.3%	98.4%	76.8%	45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	49.8%
Idaho	80.8%	49.3%	84.0%	56.1%	45.0%	35.0%	55.0%	50.0%	13.0%	10.0%	15.0%	15.0%
Illinois	69.0%	39.2%	69.0%	39.2%	45.0%	35.0%	55.0%	50.0%				
Indiana	57.7%	45.4%	57.7%	45.4%	45.0%	35.0%	55.0%	50.0%	12.5%	12.5%	12.5%	12.5%
Iowa	63.9%	52.8%	63.9%	52.8%	45.0%	35.0%	55.0%	50.0%	17.7%	17.7%	17.7%	17.7%
Kansas	25.4%	19.9%	25.4%	19.9%	45.0%	35.0%	55.0%	50.0%				
Kentucky	94.3%	60.1%	94.3%	60.1%	45.0%	35.0%	55.0%	50.0%	15.0%	15.0%	15.0%	15.0%
Louisiana	47.2%	29.8%	53.6%	35.7%	45.0%	35.0%	55.0%	50.0%	15.0%	10.0%	20.0%	15.0%
Maine	102.8%	74.1%	111.2%	67.1%	45.0%	35.0%	55.0%	50.0%	20.0%	25.0%	25.0%	20.0%
Maryland	52.1%	52.1%	52.1%	52.1%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
Massachusetts	10.0%	10.0%	10.0%	10.0%	45.0%	35.0%	55.0%	50.0%				
Michigan	145.0%	88.0%	161.9%	108.9%	45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Minnesota	28.0%	18.0%	28.0%	18.0%	45.0%	35.0%	55.0%	50.0%				
Mississippi	95.3%	84.4%	95.3%	84.4%	45.0%	35.0%	55.0%	50.0%	25.0%	25.0%	25.0%	25.0%
Missouri	108.9%	75.9%	120.3%	91.5%	45.0%	35.0%	55.0%	50.0%	33.8%	26.3%	41.1%	37.5%
Montana	91.6%	64.3%	99.4%	74.1%	45.0%	35.0%	55.0%	50.0%	23.0%	18.0%	28.0%	25.0%
Nebraska	145.0%	88.0%	161.9%	108.9%	45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Nevada	122.9%	66.1%	138.3%	84.5%	45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
New Hampshire	69.0%	39.2%	69.0%	39.2%	45.0%	35.0%	55.0%	50.0%				
New Jersey	131.6%	81.6%	142.8%	101.8%	45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	52.0%	50.0%
New Mexico	47.2%	35.7%	47.2%	35.7%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
New York	17.7%	17.7%	17.7%	17.7%	45.0%	35.0%	55.0%	50.0%	10.0%	10.0%	10.0%	10.0%
North Carolina - Pre-RS	91.4%	59.3%	104.6%	77.0%	45.0%	35.0%	55.0%	50.0%	13.3%	14.4%	21.1%	27.1%
North Carolina - Post-RS	91.4%	59.3%	104.6%	77.0%	45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
North Dakota	57.3%	47.9%	57.3%	47.9%	45.0%	35.0%	55.0%	50.0%	15.0%	15.0%	15.0%	15.0%
Ohio	77.4%	53.2%	85.9%	60.1%	45.0%	35.0%	55.0%	50.0%	5.0%	10.0%	10.0%	15.0%
Oklahoma	56.3%	47.5%	56.3%	47.5%	45.0%	35.0%	55.0%	50.0%	25.0%	25.0%	25.0%	25.0%
Oregon	79.5%	61.5%	79.5%	61.5%	45.0%	35.0%	55.0%	50.0%	32.3%	32.3%	32.3%	32.3%
Pennsylvania	102.7%	66.9%	102.7%	66.9%	45.0%	35.0%	55.0%	50.0%	20.0%	20.0%	20.0%	20.0%
Rhode Island	28.0%	18.0%	28.0%	18.0%	45.0%	35.0%	55.0%	50.0%				
South Carolina	84.3%	67.1%	84.3%	67.1%	45.0%	35.0%	55.0%	50.0%	20.0%	20.0%	20.0%	20.0%
South Dakota	145.0%	88.0%	161.9%	108.9%	45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Tennessee	145.0%	88.0%	161.9%	108.9%	45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Texas - Pre-RS	40.4%	27.7%	40.4%	27.7%	59.0%	37.0%	69.0%	51.0%				
Texas - Post-RS	0.0%	0.0%	0.0%	0.0%	123.0%	75.0%	138.0%	93.0%				
Utah	85.6%	59.3%	98.4%	77.0%	45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Vermont	0.0%	0.0%	0.0%	0.0%	10.0%	10.0%	10.0%	10.0%				
Virginia - Pre-RS	34.9%	25.0%	34.9%	25.0%	45.0%	35.0%	55.0%	50.0%				
Virginia - Post-RS	34.9%	25.0%	34.9%	25.0%	45.0%	35.0%	55.0%	50.0%				
Washington	139.4%	88.0%	155.9%	108.9%	45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
West Virginia	145.0%	88.0%	161.9%	108.9%	45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Wyoming	145.0%	88.0%	161.9%	108.9%	45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Wisconsin	114.4%	78.4%	129.2%	98.2%	45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%

	Second Increase							
	Requested				Approved			
	ILTC1				ILTC1			
	Limited		Unlimited		Limited		Unlimited	
	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb
Alabama	32%	18%	32%	18%	32%	18%	32%	18%
Alaska	32%	18%	32%	18%	32%	18%	32%	18%
Arizona	32%	18%	32%	18%	32%	18%	32%	18%
Arkansas	32%	18%	32%	18%				
California - Pre-RS	32%	18%	32%	18%				
California - Post-RS	32%	18%	32%	18%	18%	18%	18%	18%
Colorado	32%	18%	32%	18%				
Connecticut	32%	18%	32%	18%				
District of Columbia	10%	10%	10%	10%	10%	10%	10%	10%
Delaware	32%	18%	32%	18%	12%	12%	12%	12%
Florida	23%	23%	23%	23%	17%	17%	17%	17%
Georgia	32%	18%	32%	18%	15%	9%	15%	9%
Guam	32%	18%	32%	18%				
Hawaii	32%	18%	32%	18%				
Idaho	32%	18%	32%	18%	25%	15%	25%	15%
Illinois	32%	18%	32%	18%	32%	18%	32%	18%
Indiana	32%	18%	32%	18%	10%	10%	10%	10%
Iowa	32%	18%	32%	18%	18%	10%	18%	10%
Kansas	32%	18%	32%	18%	10%	10%	10%	10%
Kentucky	32%	18%	32%	18%	32%	18%	32%	18%
Louisiana	32%	18%	32%	18%				
Maine	32%	18%	32%	18%	32%	18%	32%	18%
Maryland	32%	18%	32%	18%	15%	15%	15%	15%
Massachusetts	32%	18%	32%	18%	10%	10%	10%	10%
Michigan	32%	18%	32%	18%	32%	18%	32%	18%
Minnesota	32%	18%	32%	18%				
Mississippi	32%	18%	32%	18%	25%	25%	25%	25%
Missouri	32%	18%	32%	18%	22%	18%	22%	18%
Montana	32%	18%	32%	18%	32%	18%	32%	18%
Nebraska	32%	18%	32%	18%	32%	18%	32%	18%
Nevada	32%	18%	32%	18%	23%	23%	23%	23%
New Hampshire	32%	18%	32%	18%	32%	18%	32%	18%
New Jersey	32%	18%	32%	18%	32%	18%	32%	18%
New Mexico	32%	18%	32%	18%				
New York	32%	18%	32%	18%	7%	7%	7%	7%
North Carolina - Pre-RS	32%	18%	32%	18%	32%	18%	32%	18%
North Carolina - Post-RS	32%	18%	32%	18%	32%	18%	32%	18%
North Dakota	32%	18%	32%	18%	20%	18%	20%	18%
Ohio	32%	18%	32%	18%	32%	18%	32%	18%
Oklahoma	32%	18%	32%	18%	25%	18%	25%	18%
Oregon	32%	18%	32%	18%	19%	12%	19%	12%
Pennsylvania	32%	18%	32%	18%	30%	17%	30%	17%
Rhode Island	32%	18%	32%	18%				
South Carolina	32%	18%	32%	18%	20%	18%	20%	18%
South Dakota	32%	18%	32%	18%	32%	18%	32%	18%
Tennessee	32%	18%	32%	18%	32%	18%	32%	18%
Texas - Pre-RS	32%	18%	32%	18%	20%	13%	20%	13%
Texas - Post-RS	69%	39%	69%	39%				
Utah	32%	18%	32%	18%				
Vermont	32%	18%	32%	18%				
Virginia - Pre-RS	32%	18%	32%	18%				
Virginia - Post-RS	32%	18%	32%	18%				
Washington	32%	18%	32%	18%	29%	18%	29%	18%
West Virginia	32%	18%	32%	18%	32%	18%	32%	18%
Wyoming	32%	18%	32%	18%	32%	18%	32%	18%
Wisconsin	32%	18%	32%	18%	32%	18%	32%	18%

	First Increase							
	Requested				Approved			
	ILTC1				ILTC1			
	Limited		Unlimited		Limited		Unlimited	
	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb
Alabama	28%	18%	28%	18%	28%	18%	28%	18%
Alaska	28%	18%	28%	18%	28%	18%	28%	18%
Arizona	28%	18%	28%	18%	15%	10%	15%	10%
Arkansas	28%	18%	28%	18%	28%	18%	28%	18%
California - Pre-RS	28%	18%	28%	18%	28%	18%	28%	18%
California - Post-RS	28%	18%	28%	18%				
Colorado	28%	18%	28%	18%				
Connecticut	28%	18%	28%	18%				
District of Columbia	28%	18%	28%	18%				
Delaware	28%	18%	28%	18%	15%	15%	15%	15%
Florida	28%	18%	28%	18%	9%	9%	9%	9%
Georgia	28%	18%	28%	18%	12%	10%	12%	10%
Guam	28%	18%	28%	18%				
Hawaii	28%	18%	28%	18%	28%	18%	28%	18%
Idaho	28%	18%	28%	18%	28%	18%	28%	18%
Illinois	28%	18%	28%	18%	28%	18%	28%	18%
Indiana	28%	18%	28%	18%	28%	18%	28%	18%
Iowa	28%	18%	28%	18%	18%	18%	18%	18%
Kansas	28%	18%	28%	18%	14%	9%	14%	9%
Kentucky	28%	18%	28%	18%	28%	18%	28%	18%
Louisiana	28%	18%	28%	18%	28%	18%	28%	18%
Maine	28%	18%	28%	18%	28%	18%	28%	18%
Maryland	28%	18%	28%	18%	15%	15%	15%	15%
Massachusetts	28%	18%	28%	18%				
Michigan	28%	18%	28%	18%	28%	18%	28%	18%
Minnesota	28%	18%	28%	18%	28%	18%	28%	18%
Mississippi	28%	18%	28%	18%	25%	18%	25%	18%
Missouri	28%	18%	28%	18%	28%	18%	28%	18%
Montana	28%	18%	28%	18%	18%	18%	18%	18%
Nebraska	28%	18%	28%	18%	28%	18%	28%	18%
Nevada	28%	18%	28%	18%	25%		25%	
New Hampshire	28%	18%	28%	18%	28%	18%	28%	18%
New Jersey	28%	18%	28%	18%	21%	14%	21%	14%
New Mexico	28%	18%	28%	18%	28%	18%	28%	18%
New York	28%	18%	28%	18%				
North Carolina - Pre-RS	28%	18%	28%	18%	28%	18%	28%	18%
North Carolina - Post-RS	28%	18%	28%	18%				
North Dakota	28%	18%	28%	18%	14%	9%	14%	9%
Ohio	28%	18%	28%	18%	28%	18%	28%	18%
Oklahoma	28%	18%	28%	18%				
Oregon	28%	18%	28%	18%	14%	9%	14%	9%
Pennsylvania	28%	18%	28%	18%	30%	19%	30%	19%
Rhode Island	28%	18%	28%	18%	28%	18%	28%	18%
South Carolina	28%	18%	28%	18%	28%	18%	28%	18%
South Dakota	28%	18%	28%	18%	28%	18%	28%	18%
Tennessee	28%	18%	28%	18%	28%	18%	28%	18%
Texas - Pre-RS	28%	18%	28%	18%	17%	13%	17%	13%
Texas - Post-RS	28%	18%	28%	18%				
Utah	28%	18%	28%	18%	28%	18%	28%	18%
Vermont	28%	18%	28%	18%				
Virginia - Pre-RS	28%	18%	28%	18%	35%	25%	35%	25%
Virginia - Post-RS	28%	18%	28%	18%	35%	25%	35%	25%
Washington	28%	18%	28%	18%	28%	18%	28%	18%
West Virginia	28%	18%	28%	18%	28%	18%	28%	18%
Wyoming	28%	18%	28%	18%	28%	18%	28%	18%
Wisconsin	28%	18%	28%	18%	12%	12%	12%	12%

Keith Burns, ASA, MAAA
Vice President and Actuary
Financial Management

The Prudential Insurance Company of America
Long Term Care Unit
100 Mulberry Street
Gateway Center 2, 11th Floor
Newark, NJ 07102
Tel 402 715-4861
keith.burns@prudential.com

June 8, 2016

The Honorable Jacqueline K. Cunningham
Commissioner of Insurance
Virginia State Corporation Commission
Bureau of Insurance
1300 East Main Street
Richmond, VA 23219

Re: The Prudential Insurance Company of America
NAIC #304-68241
Individual Long Term Care Insurance
Form Numbers: GRP 98544, GRP 98545 & GRP 98546

Dear Commissioner Cunningham:

We enclose for your review a long-term care insurance rate schedule change. We are requesting the approval of a premium rate increase for the above referenced forms. This rate revision is a follow-up request meant to recover rate revisions that were not approved in Virginia. Approval of this request would bring Virginia's premiums in line with states that have approved full amounts in the past.

Forms GRP 98544, GRP 98545 and GRP 98546 (ILTC 1) were previously approved by the Department on December 8, 1998 and were sold nationwide during the period of 1998 through 2004. This product is currently not being marketed in any state.

Some of Prudential's pricing assumptions for this series of forms, although based on the best information then available, were not consistent with our emerging experience. In view of these results, we are requesting proposing an average rate increase of 68.3% for the forms GRP 98544, GRP 98545 and GRP 98546, et al in the state of Virginia.

Policy	No Cash Rider	No Cash Rider w/Unlimited Lifetime Maximum	Cash Rider	Cash Rider w/ Unlimited Lifetime Maximum
GRP 98544	50.4%	67.1%	81.6%	94.1%
GRP 98545	50.4%	67.1%	81.6%	94.1%
GRP 98546	50.4%	67.1%	81.6%	94.1%

To help mitigate the impact of the proposed rate increase, Prudential is willing to implement this rate increase over a period of 3 years.

The rate increase is needed to help ensure that future premiums, in combination with existing reserves, will be adequate to fund anticipated claims. We have tried to keep these increases as low as reasonably possible in the hope of minimizing the impact on our policyholders. We will continue to monitor the performance of this block of business after this rate action. It is likely that as we continue to regularly review the experience of these policies, another increase may be needed in the future.

The deterioration of experience relative to pricing has contributed to the need to strengthen Prudential's reserves depleting surplus. On a statutory basis, the LTC business holds $1.6 billion in Asset Adequacy Testing reserves as of December 31, 2014. In addition, in 2012, Prudential's LTC business went into GAAP loss recognition incurring a pre-tax charge of $639 million.

The requested rate increases will not restore original profit margins, but will help Prudential avoid additional losses as well as further depletion of its surplus. The increases will also help maintain equity within Prudential's policyholder population as deferring rate increases will only increase the size of needed future rate increases.

The proposed premium rates will be effective on each policy's first modal premium due date that is on or after the state increase effective date established by Prudential following state approval. The earliest increase, once approval is provided, will be no earlier than 75 days from the date of approval, so that Prudential can provide sixty days advance notice of the rate increase to insureds.

We understand that a premium increase may be difficult for our policyholders to absorb. Consequently, Prudential is prepared to offer a number of options to enable the premium an insured is paying to remain the same such as reducing their benefit period, decreasing their Daily Benefit Maximum, or dropping rider(s) (e.g. optional coverage). Additionally, as an alternative, our policyholders may also exercise their rights under a non-forfeiture benefit rider or the policy's contingent non-forfeiture provision.

Furthermore, policyholders with the Cash Benefit Rider will be given the opportunity to convert to a Cash Indemnity Rider. Accordingly, a policy amendment is enclosed for your review and approval (GRP 114973).

The following items are included with this submission:

- All Actuarial Material
- All Required Certifications
- State transmittal and checklists (If applicable)
- [Cash Indemnity Rider (GRP 114973)]

Correspondence: Please correspond directly with my associate concerning this filing.

Raenonna Prince, CLTC, LTCP
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Very truly yours,

Keith Burns, ASA, MAAA
Vice President and Actuary

Enclosures

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Date: December 2, 2016

To: Janet Houser
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-130596260
Objection Letter Dated June 14, 2016
ILTC-1 (Pre) Re-Rate

Dear Ms. Houser,

This is in response to your questions on June 14, 2016.

Objection 1
Comments:
According to the Actuarial Memorandum, the rate increase applies to three long term care policies (GRP 98544, GRP 98545, and GRP 98546) and their associated riders. According to Section 5 of the memorandum, the revised rates are applicable to these policy forms and all future periodic inflation protection offers.

The three policy forms noted above were approved under SERFF tracking # PRUD-125955126. Included in that filing were premium adjustment factors for forms GRP 98179, GRP 98180 and GRP 98181. Although the factors may not be changing, the premiums for such would increase when applied as a percentage to revised rates for the base policies. As such, these riders including the new form number GRP 114973 should be included in the "Affected Form Numbers" in the Rate/Rule Schedule and noted in the Actuarial Memorandum.

Please confirm these are all the form numbers and riders that would be affected by this proposed rate increase.

Please be advised that Prudential confirms that the above referenced form numbers and riders are affected by this proposed rate increase.

Objection 2

Comments:
Since all policies in Virginia were issued prior to October 1, 2003, the rate increase will be reviewed in accordance with the requirements of 14VAC5-200-150. And as such, the certification language should more closely mirror the language as set forth in 14VAC5-130-70 B 14.

For premiums to be deemed reasonable in relation to premiums provided the expected loss ratio is greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule plus 80% applied to any premium rate increase for individual policy forms.

Please amend the certification language accordingly.

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The section 25 of the actuarial memorandum has been revised to include the language below:
"To the best of my knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth. However, the premiums rates associated with this filing are not adequate in relation to the benefits provided."

The 60/80 test results from appendix A are pasted below. Please note that the premium rates pass this test. However the lifetime loss ratio after the rate increase is projected to be 143%. Therefore we do not feel comfortable certifying that the premiums are deemed reasonable in relation to the benefits provided.

Pre-Rate Stability Requirement - 60/80 Test:		
1) Total Incurred Claims		2,661,752,387
60% of initial premium	821,413,180	
80% of increased premium	398,141,770	
2) Sum of 60%/80% Premium		1,219,554,950
Is 1 greater than 2?		Yes

Objection 3
Comments:
Please provide the following:

1. A separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms' introduction.

Please view the attachment titled Objection 3.1 for the requested information.

2. A loss ratio projection reflecting the actual historical experience during the historical experience period and then, utilizing the actual inforce as of the projection date, projecting forward the expected earned premiums and incurred claims using the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale with no increases.

Please view the attachment titled Objection 3.2 for the requested information.

3. The reserve basis and justification for the reserve levels provided.

Our Premium deficiency reserve (PDR) is calculated per SSAP No. 54, Paragraph 18. The calculation uses gross premium valuation (GPV) method with the projected gross premium income and liability cash flow. The projection is done in PolySystems HealthDelphi based on best estimate assumptions with overhead expensed included. The discount rate is based the best estimate future asset returns.

The assumptions used in our deficiency reserve and cash flow testing are consistent with those used in rerate projections, with the exception of a margin that is included in cash flow testing for conservatism. Also note that for cash flow testing, in lieu of a single investment rate we generate interest scenarios that include the New York 7 as well as certain company-specific scenarios and investment strategies to project investment performance. The company uses the worst of these scenarios to determine the final deficiency,

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which we deem to be more conservative than using a single investment rate.

4. An exhibit illustrating an actual to expected analysis based on the original assumptions.

Please view the attachment titled Objection 3.4 for the requested information.

5. Confirmation in your response that support has been provided for all assumptions in sufficient detail to withstand "peer" review and that all calculations can be recreated. Where appropriate, please provide excel worksheets which will help to expedite our review.

A morbidity study was conducted on the Company's nationwide actual experience. The approach used to develop best estimate morbidity assumptions was to start with a set of baseline expected incurred claims and review the experience along several key demographic and benefit characteristics. The study focused primarily on incurred claims. Fitting factors were then developed to match historical incurred claims to expected incurred claims. The baseline expected incurred claims were developed from Milliman's 2011 LTC Guidelines (Guidelines). The 2011 Guidelines reflect over 15.3 million life years of exposure and $10.5 billion of incurred claims and the experience and judgment of Milliman actuaries. The policy design and coverages, the underwriting used at the time, and the claim adjudication process were all considered when establishing the base line assumptions. Given the large size of the data supporting the Guidelines, it was viewed as a whole as a credible starting point for the analysis.

Included in the baseline was a 1% per year morbidity improvement assumption in the historical expected claims, with 2011 as the assumed base year. This morbidity improvement is assumed to continue into the future through 2035. Also, a composite factor was developed for the business based on the distribution by state and the area adjustment factors from the Guidelines.

The process of developing fitting factors, starting with the baseline expected, generally followed the following steps:

- Review experience by issue year and product to determine if the baseline selection factors used are appropriate
- Review experience by issue age, gender, marital status and / or underwriting type
- Review experience by key benefit and demographic characteristics

It should be noted that many of the factors are related to each other, so some fitting involved an iterative process of cycling back to prior steps. Also, the credibility of each specific segment was considered, along with judgment, in setting the specific fitting factors. Thus, no one rigid credibility formula was used in setting the fitting factors.

Based on the review of the experience, several fitting factors were developed. All individual experience was pooled together to develop the factors. The last step was to develop fitting factors specifically for each product. The factors are listed below. The file, 'Objection 3 - Morbidity Details.xlsx', contains the comparison of actual claim experience through June 30, 2015 to the current assumptions for each fitting factor. Please note that as some of the experience "cuts" shown below are not fully credible, the actual-to-

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expected will not exactly match 100% after applying the fitting factors. Also, as the factors were developed for all individual business, the exhibits are based on combined individual experience. The morbidity fitting factors are as follows:

Factor 1. Benefit Type/Period Adjustment

The baseline assumptions do not include any adjustment for policies that receive cash benefits as opposed to expense reimbursement. Based on the Company's experience, policies with cash benefits and/or lifetime benefit periods tend to use their benefits much more often than expense reimbursement.

Benefit Period Adjustment Factors – Individual	
Benefit Period / Reimbursement	Factor
Non-Lifetime / Expense Reimbursement	1.00
Non-Lifetime / Cash Benefits	1.55
Lifetime / Expense Reimbursement	1.20
Lifetime / Cash Benefits	1.90

Factor 2. Issue Age Adjustment

Experience was reviewed by issue age. The morbidity was worse for older issue ages. Adjustment factors were developed to reflect that emerging experience.

Issue Age Adjustments – Individual	
Issue Age	Factor
<=59	0.95
60 to 69	1.30
70+	1.30

Factor 3. Marital Adjustment

Experience was reviewed by marital status. In the early durations, the experience was better for married insureds, but wore off over time. The adjustment factors that were developed reflect that pattern.

Marital Savings Adjustment Factors – Individual		
Policy Duration	Married 1-Insured (M1)	Married 2-Insured (M2)
1	1.00	0.87
2	1.00	0.87
3	1.00	0.87
4	1.00	0.87
5	1.00	0.89
6	1.00	0.91
7	1.00	0.93

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8	1.00	0.95
9	1.00	0.98
10+	1.00	1.00

Factor 4. Home Health Care Percentage Adjustments

Experience was reviewed by home health percentage. Plans with a higher reimbursement for home health care experienced worse morbidity results.

Home Health Care Adjustment Factors - Individual	
Home Health Care Percent	Factor
50%	0.90
75%	0.94
100%	1.00
150%	1.12

Factor 5. Product Factor Adjustments

The last fitting factor was an overall factor for each product by duration.

Product Factors – Individual					
Duration	ILTC1	ILTC2	ILTC3	ILTC3R	ILTC4
1	0.836	1.150	1.003	1.003	0.983
2	0.836	1.150	1.003	1.003	0.983
3	0.855	1.150	1.003	1.003	0.983
4	0.865	1.150	1.003	1.003	0.983
5	0.875	1.150	1.003	1.003	0.983
6	0.895	1.150	1.003	1.003	0.983
7	0.904	1.150	1.003	1.003	0.983
8	0.924	1.150	1.003	1.003	0.983
9	0.924	1.150	1.003	1.003	0.983
10+	0.934	1.150	1.003	1.003	0.983

Overall, the assumptions can be judged to be a good fit based on how the experience matches the assumptions when viewed by policy duration, attained age and calendar year. Appendix C, Exhibit 3 of the original rate increase filing showed that comparison. As the block is not fully credible at each split, it is expected that the actual-to-expected (A:E) ratios will vary slightly. Overall, the A:E ratios are reasonably close to 100% and are fairly consistent by policy duration, attained age and calendar year.

The voluntary lapse and mortality assumptions are detailed in the actuarial memorandum, and additional details of our actual to expected experience can be found in Appendix C and Appendix D.

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6. The original targeted pricing loss ratio when the policy(ies) was originally approved.

The original target lifetime loss ratio for ILTC1 was 63.9%.

7. The anticipated loss ratio where the numerator is equal to the anticipated incurred claims less policy reserves, and the denominator is equal to the anticipated earned premium.

The anticipated loss ratio excluding policy reserves is 164% before the requested rate increase and 135% after.

8. A loss ratio projection (both past and future) which reflects all of the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix of business.

Please view the attachment titled Objection 3.2 for the requested information. This exhibit summarizes nationwide experience by starting with original pricing assumptions. A projection using the detailed original morbidity assumptions on a seriatim basis is not readily available. As an alternative, we calculated expected claims by multiplying earned premium times the original expected loss ratios on a durational basis. The projected premium using original persistency was done on a seriatim basis. The historical information uses actual historical premium. For 'Exhibit 1.a', the incurred claims are a proxy for the original expected incurred claims (they are calculated by multiplying the premium by the original expected loss ratios on a durational basis).

9. According to your cover letter, these policies were sold nationwide from 1998 through 2004. Since this filing is subject to 14VAC5-200-150 for policies prior to October 1, 2003, please confirm there is no post-stability nationwide experience included in the exhibits. If so, please revise accordingly.

I confirm that all policies included in the nationwide experience were issued prior to Virginia's rate stability approval date.

10. As a reminder, as set forth in 14VAC5-200-150 B, notwithstanding the provision of 14VAC5-130-50 with regard to interest, demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for all Individual and Certain Group Accident and Sickness Insurance Policy Forms (14VAC5-130). All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia.

An annual interest rate of 4.5% was used to calculate the lifetime loss ratio in the supporting appendices. This was determined based on the predominant number of certificates issued in years that the maximum statutory valuation rate was 4.5%.

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Objection 4
Comments:
The Virginia State Corporation Commission adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. Except as specifically provided in the regulation, the changes were effective September 1, 2015. As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases as stated in 14 VAC5-200-75 D.

For compliance with the requirements as set forth in the regulation, please amend the letter as follows:

1) Since this form must be reviewed and filed with the state, please move the letter to the Form Schedule in SERFF. Please add a policy form number to the lower left hand corner for compliance with 14VAC5-100-50 1. The full and proper corporate name of the insured must appear prominently in accordance with 14VAC5-100-50 2 and use a type size of at least 10 point as set forth in 14VAC5-100-50 5. The attachment should be a final version of the form rather than a draft copy.

Please be advised that the Policyholder Notification Letter (GRP 115131) has been moved to the Forms Schedule Tab of this filing. Additionally, the form letter complies with the requirements of sections 14VAC5-100-50 2 and 14VAC5-100-50 5.

2) For compliance with 14VAC5-200-75 D 1 and 14VAC5-200-75 A 2 and A 4 b:

a) Clearly state the policy may be subject to future increases; and if there are such increases, options similar to those being offered now will be available and that changes in benefits may be done at any time upon the insured's request. We note this information is currently bracketed in the letter; the brackets should be removed.

Please be advised that the bracketed information pertains to variability. Please refer to the enclosed Manual of Variability.

b) Include a statement the insured has a right to a revised premium rate or rate schedule upon request.

At the Department's request we have added language to the letter expressing that the insured has a right to a revised premium rate or rate schedule upon request. This information can be referenced on page 3 of the enclosed letter.

3) For compliance with 14VAC5-200-75 D 2 a,

a) Provide a clear explanation of the options available to the policyholder as alternative to paying the increased premium amount. Currently, the letter offers to reduce the daily maximum amount and/or Lifetime maximum amount, drop the Cash Benefit Rider, and exercise the nonforfeiture benefit or elect a contingent non-forfeiture right. The letter and change request form do not include the options of extending the elimination period, reducing any inflation riders, or removing other available riders. The letter states there may be additional options and should include what those may be.

Please be advised that all options to reducing coverage have been added to the letter.

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b) For consistency with the regulation, please refer to the CNFO as Contingent Benefit Upon Lapse rather than the contingent non-forfeiture option. In regards to the benefit, will this only be offered to those who meet the triggers or will be offered to everyone regardless of the triggers?

At the Department's direction we have revised the letter to refer to the CNFO as the Contingent Benefit Upon Lapse. Additionally, the Contingent Benefit Upon Lapse will be offered to everybody regardless of the benefit triggers.

c) It should be clear to the insured what the paid-up value would be for both the non-forefeiture and contingent benefit upon lapse options as set forth in 14VAC5-200-185 E 3 and F. Please include such in the letter.

Please be advised that the letter has been revised as requested to comply with the requirements of section 14VAC5-200-185 E 3 and F.

4. For compliance with 14VAC5-200-75 D 2 b and c, the letter must include a disclosure that all options available may not be of equal value; and, in the case of a partnership policy, include a disclosure that some benefit reduction options may result in a loss of partnership status that may reduce policyholder protections. Because both of these are disclosures, the information should be emphasized in some manner to bring attention to it such as bolding, highlighting or using larger print.

Please be advised that we have revised the letter to comply with the requirements of section 14VAC5-200-75 D 2 b and c.

5. For compliance with 14VAC5-200-75 D 3, the Frequently Asked Questions rather than letter does not explain why rates are being increased. This information must be contained in the letter or the Frequently Asked Questions should either be a separate form for review which would require a form number and company name and address and be attached to the Form Schedule in SERFF or become a part of the letter itself. The response to the question is not clear as to what is driving the rate increase. What assumptions and other factors were not accurate and why. Below is an example of a clearer explanation of a rate increase:

"Rates are being raised on all policies like yours to pay for anticipated claims that are higher than expected. This is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than we anticipated when this policy was originally priced. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims. This premium increase is designed to offset some of these anticipated costs and in no way reflects on the integrity of your policy, nor is it based on your individual claims history, age, health status, or any other personal factor."

Both the Frequently Asked Question document and Policyholder Notification Letter have been revised to comply with the requirements of section 14VAC5-200-75 D 3.

6. Please include the required statement as set forth in 14VAC5-200-75 D 4. Please refer to Virginia's State Corporation Commission rather than just "commission".

Please be advised that letter has been revised to comply with the requirements of section 14VAC5-200-75 D 4.

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7. Please confirm that at least a 75 day notice will be provided to all policyholders prior to implementation of a rate increase in compliance with 14VAC5-200-75 D. This would mean the insured must receive a 75 day notification prior to each of the three implementations. Please include variability in the policyholder letter to address this or provide copies of those letters that will be sent at the second and third implementation. It is unclear what is meant by the following statement in the cover letter: "The earliest increase, once approval is provided, will be no earlier than 75 days from the date of approval, so that Prudential can provide sixty days advance notice of the rate increase to insureds."

Please be advised that the earliest increase, once approval is provided, will be no earlier than 75 days from the date of approval, so that Prudential can provide seventy-five days' advance notice of the rate increase to insureds.

8. Please provide a Statement of Variability for the policyholder letter, Change Form, and Frequently Asked Questions for review.

At the Department's request we have enclosed a Manual of Variability.

9. There are two answers provided for the question "Will you raise premiums on these policies again?" What will be the basis to determine if a rate increase is "certain" versus being "possible"? The response should also state that rate increases will not be implemented until the request is reviewed and approve by Virginia's State Corporation Commission.

Please be advised that the Frequently Asked Questions document has been revised as suggested.

Objection 5
Comments:
The Actuarial Memorandum states this increase applies to all future periodic inflation protection offers. In regards to an inflation rider, will the policyholder only be able to reduce the inflation protection to a lower percentage based on those percentages currently offered or has the company determined actuarially a percentage reduction that would allow the rate increase to be zeroed out if accepted which would result in no rate increase, commonly referred to as a landing spot?

Prudential is not offering a landing spot at this time. Instead, the policyholder can opt to reduce their inflation protection to a lower level, at which point their premium would be recalculated based on the rating cells used at issue, with the option to buy back any previously accumulated inflation benefit at the price it would have been at original issue age.

Objection 6
Comments:
The letter includes the Long-Term Care Insurance Change Request Form. Will this become attached and made part of the policy if the insured returns this to the company?

If no, the form should not be included with the policyholder letter on the Form Schedule. Please attach the policyholder letter to the Form Schedule and attach the change form to Supporting Documentation.

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If yes, a unique form number should be assigned to the change form and should be attached to the Form Schedule separately from the policyholder letter.

At the direction of the Department, we have separated the Change Request Form from the notification letter and assigned it a unique and separate form number, (GRP 115131A). This form can be referenced on the Forms Schedule Tab of this filing.

Objection 7
Comments:
The letter references the full corporate name of the insurer and later as only Prudential. While we do not have a concern regarding this format, the letter should explain that the corporate name may be referred to as Prudential only. Our concern would be resolved if the reference in the letter was stated as "The Prudential Insurance Company of America (Prudential) Long-Term Care Insurance Policy."

At the Department's direction we have revised the letter as suggested.

Objection 8
Comments:
Please advise how the policy is updated for such benefit changes. If the policy is revised or changed in any way, the policyowner must first agree to the changes and the policy must be amended or endorsed by an approved form such as a rider, endorsement, application or schedule of benefits that has been reviewed and approved by the Virginia Bureau of Insurance. The document must be dated or have an indication of the effective date of change in the policy benefits, state that a change is being made to the policy and this new document will be made a part of the contract. If the company has such forms available for this purpose, please provide a copy of the form, the SERFF tracking number and date of approval. If the company does not have any available documents to effectuate such changes, a form will need to be submitted for review and approval. It can be attached to this filing if desired. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form or forms including the contingent benefit upon lapse and/or optional nonforfeiture benefit. If the company chooses to include variability in the form, please provide a statement of variability. A Certification of Compliance would be required in accordance with 14VAC5-100-40 3 as well as Readability Certification in accordance with 14VAC5-110-60.

Please be advised that if benefit changes are elected, the insured is issued a revised Schedule of Benefits form. The Schedule of Benefits form was previously approved by the Department on December 8, 1998.

Objection 9
Comments:
The Long Term Care Rate Request Summary Part 1 will eventually be available our website for consumers to review. Please make the following changes in the form:

1) Rather than refer the consumer to Appendix A which may not be easily located by the consumer, please state the average annual premium as $3525 and the average requested increase of 68.3% as stated in Section 15 of the memorandum.

Please be advised that we have revised the Long Term Care Rate Request Summary as suggested.

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2) Please attach a second page that provides a brief narrative to summary the key information used to develop the rates including the main drivers of the revised rates in consumer friendly language. This should be fairly high level but provide a sufficient explanation as to the assumptions used and why those assumptions under estimated premiums when the policy was originally priced.

At the request of the Department, we have added a narrative to page 2 of the Rate Summary.

3) Please include all policy forms that will be affected by this rate increase.

The affected policy forms are referenced on the Long Term Care Rate Request Summary.

Conclusion: We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration. If there are any additional questions, please feel free to contact me.

Sincerely,

Digitally signed by Ritu Jain, ASA, MAAA
DN: cn=Ritu Jain, ASA, MAAA, o=The Prudential Insurance Company of America, ou=LTC Actuarial, email=ritu.jain@prudential.com, c=US
Date: 2016.12.05 02:29:00 -05'00'

Ritu Jain, ASA, MAAA
Director, Actuary
Prudential Long Term Care

Appendix B
The Prudential Insurance Company of America
Historical and Projected Experience
Nationwide Experience - Policies issued prior to 10/01/2003
Virginia Rate Basis - Proposed Rate Since Inception
ILTC1

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
1999	977,164	0	0	0	0%
2000	15,384,179	53,641	0	53,641	0%
2001	40,204,467	1,001,183	0	1,001,183	2%
2002	79,357,973	3,915,058	484,056	4,399,114	6%
2003	126,325,940	6,054,623	577,091	6,631,714	5%
2004	134,908,300	8,606,212	249,135	8,855,348	7%
2005	129,202,525	10,354,942	1,152,157	11,507,099	9%
2006	125,952,146	13,095,097	509,798	13,604,895	11%
2007	123,240,021	19,428,786	2,531,335	21,960,121	18%
2008	119,682,359	24,154,553	3,206,868	27,361,421	23%
2009	114,942,309	24,633,321	3,721,534	28,354,855	25%
2010	106,249,689	20,439,179	6,288,853	26,728,032	25%
2011	107,103,634	21,584,803	10,243,200	31,828,003	30%
2012	100,279,273	22,204,114	19,819,208	42,023,323	42%
2013	92,668,820	15,788,209	19,646,811	35,435,020	38%
2014	89,792,630	7,906,545	36,202,840	44,109,385	49%
2015*	42,496,701	348,664	26,521,281	26,869,945	63%

Projections***

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015**	42,317,435	26,299,413	62%
2016	82,344,186	55,240,666	67%
2017	79,241,058	60,026,843	76%
2018	76,099,397	65,286,467	86%
2019	72,936,907	70,849,074	97%
2020	69,769,313	76,701,120	110%
2021	66,616,081	82,828,225	124%
2022	63,496,862	89,205,646	140%
2023	60,442,102	95,966,258	159%
2024	57,457,234	103,094,099	179%
2025	54,499,582	110,356,394	202%
2026	51,570,042	117,581,951	228%
2027	48,677,403	124,716,819	256%
2028	45,830,401	131,777,485	288%
2029	43,035,953	138,726,764	322%
2030	40,301,252	145,371,896	361%
2031	37,632,898	151,507,082	403%
2032	35,036,791	157,032,838	448%
2033	32,518,473	162,103,962	498%
2034	30,083,871	166,886,083	555%
2035	27,739,238	171,150,456	617%
2036	25,484,392	175,235,882	688%
2037	23,319,274	178,695,352	766%
2038	21,248,815	180,908,762	851%
2039	19,278,242	182,005,027	944%
2040	17,412,927	181,995,305	1045%
2041	15,656,670	180,584,805	1153%
2042	14,011,821	177,684,594	1268%
2043	12,479,203	173,395,352	1389%
2044	11,059,371	168,168,354	1521%
2045	9,752,770	162,183,745	1663%
2046	8,558,117	155,498,867	1817%
2047	7,472,543	148,116,407	1982%
2048	6,491,867	140,177,056	2159%
2049	5,611,504	132,035,638	2353%
2050	4,826,684	123,931,424	2568%
2051	4,131,773	116,190,965	2812%
2052	3,520,530	109,290,710	3104%
2053	2,986,417	104,150,678	3487%
2054 and later	14,665,945	1,143,305,142	7796%

* Historical 2015 Experience - 1/1/2015 through 6/30/2015
** Projected 2015 Experience - 7/1/2015 through 12/31/2015
*** No shock lapse is applied to projected experience.

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2015	2,168,215,239	410,026,485	19%
Present Value of Future to 6/30/2015	865,870,486	2,346,416,796	271%
Total Values	3,034,085,725	2,756,443,281	91%
(Discounted at 4.5%)			
Projected Loss Ratio without Rate Increase			
Overall			91%
Cash / Unlimited BP Policies			136%
Cash / Limited BP Policies			81%
Reimbursement / Unlimited BP Policies			79%
Reimbursement / Limited BP Policies			60%
Minimum Lifetime Loss Ratio			60%

Appendix G
The Prudential Insurance Company of America
Historical and Projected Experience
Virginia Experience - Policies issued prior to 10/01/2003
Proposed Rate Since Inception
ILTC1

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
1999	16,931	0	0	0	0%
2000	271,035	0	0	0	0%
2001	689,397	0	0	0	0%
2002	1,188,135	0	0	0	0%
2003	2,302,420	803	0	803	0%
2004	2,704,236	0	0	0	0%
2005	2,594,324	1,590,081	885,377	2,475,458	95%
2006	2,536,598	162,269	0	162,269	6%
2007	2,505,240	203,331	0	203,331	8%
2008	2,456,754	460,507	211,425	671,932	27%
2009	2,365,486	33,258	0	33,258	1%
2010	1,876,538	530,267	74,038	604,305	32%
2011	1,999,856	581,049	353,150	934,199	47%
2012	1,992,745	75,691	0	75,691	4%
2013	1,942,487	165,815	124,538	290,353	15%
2014	1,939,318	120,842	530,725	651,567	34%
2015*	936,816	0	465,970	465,970	50%

Projections***

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015**	893,953	438,666	49%
2016	1,748,423	923,537	53%
2017	1,694,134	1,012,082	60%
2018	1,638,336	1,099,421	67%
2019	1,581,295	1,209,550	76%
2020	1,523,296	1,328,190	87%
2021	1,464,768	1,457,838	100%
2022	1,405,913	1,596,289	114%
2023	1,347,305	1,747,589	130%
2024	1,289,587	1,913,871	148%
2025	1,231,747	2,091,473	170%
2026	1,173,679	2,274,885	194%
2027	1,115,578	2,462,485	221%
2028	1,057,626	2,656,979	251%
2029	999,989	2,855,114	286%
2030	942,820	3,049,859	323%
2031	886,305	3,241,845	366%
2032	830,606	3,422,079	412%
2033	775,879	3,590,172	463%
2034	722,301	3,748,569	519%
2035	670,068	3,886,774	580%
2036	619,243	4,025,083	650%
2037	569,902	4,151,869	729%
2038	522,246	4,252,517	814%
2039	476,430	4,328,241	908%
2040	432,646	4,378,264	1012%
2041	391,050	4,394,186	1124%
2042	351,752	4,361,114	1240%
2043	314,849	4,283,556	1361%
2044	280,392	4,176,035	1489%
2045	248,432	4,039,388	1626%
2046	218,987	3,882,167	1773%
2047	192,026	3,698,677	1926%
2048	167,505	3,487,506	2082%
2049	145,349	3,255,439	2240%
2050	125,475	3,023,485	2410%
2051	107,791	2,797,845	2596%
2052	92,164	2,594,883	2815%
2053	78,454	2,449,825	3123%
2054 and later	395,573	28,833,083	7289%

* Historical 2015 Experience - 1/1/2015 through 6/30/2015
** Projected 2015 Experience - 7/1/2015 through 12/31/2015
*** No shock lapse is applied to projected experience.

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2015	42,111,768	8,756,277	21%
Present Value of Future to 6/30/2015	19,382,489	50,227,776	259%
Total Values	61,494,257	58,984,053	96%
(Discounted at 4.5%)			
Projected Loss Ratio without Rate Increase			
Overall			96%
Cash / Unlimited BP Policies			169%
Cash / Limited BP Policies			89%
Reimbursement / Unlimited BP Policies			77%
Reimbursement / Limited BP Policies			63%

Exhibit 1
The Prudential Insurance Company of America
Illustrative Experience Exhibit
Nationwide Experience - Policies issued prior to 10/01/2003
ILTC1

	Exhibit 1.a		
	Lapse: Original Mortality: Original Morbidity: Original Historical Premium: Actual (Virginia Rate Basis) Historical Incurred Claims: Actual Projected Premium: Original Rate Basis		
Calendar Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
1999	475,419	-	0%
2000	7,398,762	53,641	1%
2001	19,078,637	1,001,183	5%
2002	36,819,195	4,399,114	12%
2003	57,807,632	6,631,714	11%
2004	61,846,553	8,855,348	14%
2005	59,129,767	11,507,099	19%
2006	57,570,919	13,604,895	24%
2007	56,267,079	21,960,121	39%
2008	54,581,420	27,361,421	50%
2009	52,368,433	28,354,855	54%
2010	61,157,965	26,728,032	44%
2011	62,281,882	31,828,003	51%
2012	58,833,874	42,023,323	71%
2013	54,478,788	35,435,020	65%
2014	52,739,143	44,109,385	84%
2015	24,940,925	26,869,945	108%
2015	19,020,824	28,222,775	148%
2016	35,630,174	59,831,601	168%
2017	32,560,436	61,817,999	190%
2018	29,669,327	63,692,710	215%
2019	26,953,469	65,250,539	242%
2020	24,409,387	66,229,466	271%
2021	22,033,375	66,575,379	302%
2022	19,821,430	66,631,877	336%
2023	17,769,141	66,533,407	374%
2024	15,871,663	66,087,703	416%
2025	14,123,814	65,031,846	460%
2026	12,520,003	63,314,710	506%
2027	11,054,200	61,325,676	555%
2028	9,720,050	59,249,985	610%
2029	8,510,891	56,922,228	669%
2030	7,419,808	54,073,979	729%
2031	6,439,739	50,591,843	786%
2032	5,563,469	46,790,534	841%
2033	4,783,720	42,895,006	897%
2034	4,093,295	38,945,334	951%
2035	3,485,103	35,022,711	1005%
2036	2,952,161	31,192,499	1057%
2037	2,487,681	27,516,813	1106%
2038	2,085,116	24,054,242	1154%
2039	1,738,241	20,861,446	1200%
2040	1,441,142	17,978,811	1248%
2041	1,188,235	15,409,007	1297%
2042	974,299	13,133,549	1348%
2043	794,477	11,132,377	1401%
2044	644,315	9,384,732	1457%
2045	519,768	7,869,542	1514%
2046	417,141	6,565,069	1574%
2047	333,116	5,449,678	1636%
2048	264,776	4,502,692	1701%
2049	209,530	3,705,031	1768%
2050	165,139	3,042,150	1842%
2051	129,662	2,503,000	1930%
2052	101,464	2,083,422	2053%
2053	79,159	1,767,031	2232%
2054	61,586	1,510,612	2453%
2055	47,785	1,287,985	2695%
2056	36,986	1,095,559	2962%
2057	28,568	930,005	3255%
2058	22,017	787,751	3578%
2059	16,930	665,829	3933%
2060	12,991	561,594	4323%
2061	9,946	472,646	4752%
2062	7,593	396,688	5224%
2063	5,784	332,202	5744%
2064	4,394	277,459	6315%
2065	3,327	230,983	6943%
2066	2,512	191,713	7633%
2067	1,887	158,385	8392%
2068	1,414	130,430	9227%
2069	1,053	106,813	10145%
2070	781	87,139	11154%
2071	576	70,600	12265%
2072	422	56,914	13483%
2073	306	45,395	14830%
2074	220	35,927	16307%
2075	156	28,058	17929%
2076	110	21,516	19539%
2077	76	15,874	20759%
2078	53	11,234	21216%
2079	36	7,646	21216%
2080	24	5,051	21216%
2081	16	3,346	21216%
2082	10	2,153	21216%
2083	6	1,332	21216%
2084	4	749	21216%
2085	2	318	21216%
Total - Values as of 6/30/2015 using a 4.5% interest rate			
Past	1,071,588,444	410,026,485	38%
Future	259,635,859	873,818,917	337%
Lifetime	1,331,224,302	1,283,845,401	96%
Total - Values as of 6/30/2015 using original interest rate (7.0%)			
Past	1,288,845,244	464,557,878	36%
Future	227,234,368	706,917,132	311%
Lifetime	1,516,079,612	1,171,475,010	77%

Notes:
1) Historical Experience: Historical earned premium and incurred claims are on an actual basis. Historic
2) Projected Experience: Original pricing assumptions and original premium scale. No moderately adver
3) Original Discount Rate: used for discounting of incurred claims but no impact on the claims themselv
4) Policies issued prior to 10/01/2003 are included.

Exhibit 2
The Prudential Insurance Company of America
Illustrative Experience Exhibit
Virginia Experience - Policies issued prior to 10/01/2003
ILTC1

	Exhibit 2.a Lapse: Original Mortality: Original Morbidity: Original Historical Premium: Actual Historical Incurred Claims: Actual Projected Premium: Original Rate Basis		
Calendar Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
1999	8,382	-	0%
2000	130,293	-	0%
2001	328,355	-	0%
2002	555,889	-	0%
2003	1,064,740	803	0%
2004	1,259,454	-	0%
2005	1,207,096	2,475,458	205%
2006	1,181,116	162,269	14%
2007	1,165,222	203,331	17%
2008	1,141,089	671,932	59%
2009	1,097,598	33,258	3%
2010	1,094,008	604,305	55%
2011	1,175,440	934,199	79%
2012	1,185,337	75,691	6%
2013	1,156,057	290,353	25%
2014	1,153,383	651,567	56%
2015	557,094	465,970	84%
2015	408,912	597,290	146%
2016	768,876	1,272,070	165%
2017	705,783	1,319,531	187%
2018	646,134	1,364,465	211%
2019	589,857	1,404,480	238%
2020	536,885	1,435,946	267%
2021	487,155	1,452,807	298%
2022	440,598	1,460,938	332%
2023	397,148	1,464,912	369%
2024	356,736	1,462,748	410%
2025	319,281	1,450,976	454%
2026	284,699	1,422,999	500%
2027	252,895	1,385,729	548%
2028	223,755	1,345,134	601%
2029	197,166	1,299,589	659%
2030	173,005	1,245,361	720%
2031	151,145	1,174,792	777%
2032	131,453	1,094,011	832%
2033	113,794	1,010,303	888%
2034	98,031	923,954	943%
2035	84,030	836,942	996%
2036	71,659	750,841	1048%
2037	60,785	667,198	1098%
2038	51,284	587,429	1145%
2039	43,030	512,827	1192%
2040	35,907	444,715	1239%
2041	29,797	383,514	1287%
2042	24,593	328,921	1337%
2043	20,188	280,566	1390%
2044	16,485	238,068	1444%
2045	13,393	200,969	1501%
2046	10,829	168,835	1559%
2047	8,716	141,175	1620%
2048	6,984	117,534	1683%
2049	5,574	97,515	1749%
2050	4,432	80,759	1822%
2051	3,513	66,822	1902%
2052	2,776	55,566	2002%
2053	2,189	47,242	2159%
2054	1,721	40,745	2367%
2055	1,352	35,098	2595%
2056	1,060	30,170	2845%
2057	832	25,942	3119%
2058	651	22,265	3420%
2059	510	19,132	3749%
2060	399	16,419	4111%
2061	312	14,084	4508%
2062	244	12,069	4944%
2063	191	10,332	5423%
2064	148	8,829	5951%
2065	115	7,523	6532%
2066	89	6,385	7172%
2067	68	5,383	7875%
2068	52	4,500	8650%
2069	39	3,739	9505%
2070	29	3,077	10444%
2071	22	2,511	11480%
2072	16	2,022	12619%
2073	11	1,589	13874%
2074	8	1,242	15252%
2075	6	941	16772%
2076	4	691	18430%
2077	3	508	20251%
2078	2	331	21216%
2079	1	208	21216%
2080	1	110	21216%
2081	0	74	21216%
2082	0	42	21216%
2083	-	-	N/A
2084	-	-	N/A
2085	-	-	N/A
Total - Values as of 6/30/2015 using a 4.5% interest rate			
Past	21,129,766	8,756,277	41%
Future	5,753,122	19,514,874	339%
Lifetime	26,882,888	28,271,151	105%
Total - Values as of 6/30/2015 using original interest rate (7.0%)			
Past	25,298,592	10,316,337	41%
Future	5,017,027	15,676,676	312%
Lifetime	30,315,620	25,993,014	86%

Notes:
1) Historical Experience: Historical earned premium and incurred claims are on an actual basis.
2) Projected Experience: Original pricing assumptions and original premium scale. No moderately adver
3) Original Discount Rate: used for discounting of incurred claims but no impact on the claims themselv
4) Policies issued prior to 10/01/2003 are included.

Exhibit 2: Durational Experience - Nationwide Experience - Policies issued prior to 10/01/2003

Company: The Prudential Insurance Company of America
Policy Form(s): ILTC1 Product
Experience Base: Nationwide Experience - Policies issued prior to 10/01/2003

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Actual Earned Premium	Loss Ratio	Original Earned Premium	Durational Expected Loss Ratio	Expected Incurred Claims	Actual to Expected
1999	1999	1	-	475,419	0%	475,419	10%	48,315	0%
Total			-	475,419	0%	475,419		48,315	0%
2000	2000	1	-	4,257,361	0%	4,257,361	10%	432,656	0%
	1999	2	53,641	3,141,401	2%	3,141,401	13%	403,870	13%
Total			53,641	7,398,762	1%	7,398,762		836,527	6%
2001	2001	1	94,957	7,082,652	1%	7,082,652	10%	719,778	13%
	2000	2	525,909	9,070,606	6%	9,070,606	13%	1,166,152	45%
	1999	3	380,317	2,925,379	13%	2,925,379	19%	563,266	68%
Total			1,001,183	19,078,637	5%	19,078,637		2,449,196	41%
2002	2002	1	762,430	10,464,540	7%	10,464,540	10%	1,063,464	72%
	2001	2	1,712,212	15,425,006	11%	15,425,006	13%	1,983,097	86%
	2000	3	515,338	8,258,718	6%	8,258,718	19%	1,590,173	32%
	1999	4	1,409,133	2,670,931	53%	2,670,931	27%	716,061	197%
Total			4,399,114	36,819,195	12%	36,819,195		5,352,795	82%
2003	2003	1	62,758	10,630,934	1%	10,630,934	10%	1,080,374	6%
	2002	2	825,685	22,783,930	4%	22,783,930	13%	2,929,189	28%
	2001	3	2,364,668	14,200,771	17%	14,200,771	19%	2,734,284	86%
	2000	4	2,755,334	7,708,232	36%	7,708,232	27%	2,066,531	133%
	1999	5	623,269	2,483,764	25%	2,483,764	34%	849,068	73%
Total			6,631,714	57,807,632	11%	57,807,632		9,659,446	69%
2004	2004	1	-	-	-	-	10%	-	-
	2003	2	417,555	16,355,986	3%	16,355,986	13%	2,102,788	20%
	2002	3	2,498,076	21,939,246	11%	21,939,246	19%	4,224,287	59%
	2001	4	2,916,449	13,681,623	21%	13,681,623	27%	3,667,961	80%
	2000	5	2,458,103	7,486,077	33%	7,486,077	34%	2,559,096	96%
	1999	6	565,165	2,383,621	24%	2,383,621	42%	993,332	57%
Total			8,855,348	61,846,553	14%	61,846,553		13,547,463	65%
2005	2005	1	-	-	-	-	10%	-	-
	2004	2	-	-	-	-	13%	-	-
	2003	3	3,122,639	15,672,909	20%	15,672,909	19%	3,017,737	103%
	2002	4	3,843,746	20,956,145	18%	20,956,145	27%	5,618,217	68%
	2001	5	2,137,667	13,086,950	16%	13,086,950	34%	4,473,739	48%
	2000	6	2,138,012	7,150,566	30%	7,150,566	42%	2,979,872	72%
	1999	7	265,035	2,263,197	12%	2,263,197	50%	1,131,660	23%
Total			11,507,099	59,129,767	19%	59,129,767		17,221,225	67%

Exhibit 2: Durational Experience - Nationwide Experience - Policies issued prior to 10/01/2003

Company: The Prudential Insurance Company of America
Policy Form(s): ILTC1 Product
Experience Base: Nationwide Experience - Policies issued prior to 10/01/2003

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Actual Earned Premium	Loss Ratio	Original Earned Premium	Durational Expected Loss Ratio	Expected Incurred Claims	Actual to Expected
2006	2006	1	-	-	-	-	10%	-	-
	2005	2	-	-	-	-	13%	-	-
	2004	3	-	-	-	-	19%	-	-
	2003	4	1,183,893	15,298,077	8%	15,298,077	27%	4,101,323	29%
	2002	5	5,543,415	20,417,444	27%	20,417,444	34%	6,979,649	79%
	2001	6	3,451,001	12,745,147	27%	12,745,147	42%	5,311,314	65%
	2000	7	2,263,309	6,945,125	33%	6,945,125	50%	3,472,753	65%
	1999	8	1,163,277	2,165,126	54%	2,165,126	59%	1,284,415	91%
Total			13,604,895	57,570,919	24%	57,570,919		21,149,454	64%
2007	2007	1	-	-	-	-	10%	-	-
	2006	2	-	-	-	-	13%	-	-
	2005	3	-	-	-	-	19%	-	-
	2004	4	-	-	-	-	27%	-	-
	2003	5	5,655,070	15,019,035	38%	15,019,035	34%	5,134,218	110%
	2002	6	5,888,446	19,925,245	30%	19,925,245	42%	8,303,493	71%
	2001	7	3,619,509	12,464,473	29%	12,464,473	50%	6,232,578	58%
	2000	8	4,974,558	6,756,296	74%	6,756,296	59%	4,008,029	124%
	1999	9	1,822,538	2,102,030	87%	2,102,030	69%	1,457,792	125%
Total			21,960,121	56,267,079	39%	56,267,079		25,136,109	87%
2008	2008	1	-	-	-	-	10%	-	-
	2007	2	-	-	-	-	13%	-	-
	2006	3	-	-	-	-	19%	-	-
	2005	4	-	-	-	-	27%	-	-
	2004	5	-	-	-	-	34%	-	-
	2003	6	7,146,501	14,647,592	49%	14,647,592	42%	6,104,125	117%
	2002	7	6,177,796	19,322,534	32%	19,322,534	50%	9,661,796	64%
	2001	8	9,547,988	12,046,563	79%	12,046,563	59%	7,146,367	134%
	2000	9	3,171,483	6,521,557	49%	6,521,557	69%	4,522,805	70%
	1999	10	1,317,654	2,043,174	64%	2,043,174	80%	1,643,174	80%
Total			27,361,421	54,581,420	50%	54,581,420		29,078,266	94%
2009	2009	1	-	-	-	-	10%	-	-
	2008	2	-	-	-	-	13%	-	-
	2007	3	-	-	-	-	19%	-	-
	2006	4	-	-	-	-	27%	-	-
	2005	5	-	-	-	-	34%	-	-
	2004	6	-	-	-	-	42%	-	-
	2003	7	5,987,529	14,120,221	42%	14,120,221	50%	7,060,497	85%
	2002	8	11,081,043	18,570,054	60%	18,570,054	59%	11,016,290	101%
	2001	9	6,825,804	11,495,430	59%	11,495,430	69%	7,972,266	86%
	2000	10	2,572,282	6,240,155	41%	6,240,155	80%	5,018,496	51%
	1999	11	1,888,197	1,942,573	97%	1,942,573	93%	1,814,654	104%
Total			28,354,855	52,368,433	54%	52,368,433		32,882,202	86%

Exhibit 2: Durational Experience - Nationwide Experience - Policies issued prior to 10/01/2003

Company: The Prudential Insurance Company of America
Policy Form(s): ILTC1 Product
Experience Base: Nationwide Experience - Policies issued prior to 10/01/2003

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Actual Earned Premium	Loss Ratio	Original Earned Premium	Durational Expected Loss Ratio	Expected Incurred Claims	Actual to Expected
2010	2010	1	-	-	-	-	10%	-	-
	2009	2	-	-	-	-	13%	-	-
	2008	3	-	-	-	-	19%	-	-
	2007	4	-	-	-	-	27%	-	-
	2006	5	-	-	-	-	34%	-	-
	2005	6	-	-	-	-	42%	-	-
	2004	7	-	-	-	-	50%	-	-
	2003	8	3,505,482	16,436,537	21%	13,014,236	59%	7,720,419	45%
	2002	9	11,006,564	21,920,661	50%	17,356,495	69%	12,037,009	91%
	2001	10	6,788,709	13,386,222	51%	10,599,036	80%	8,524,022	80%
	2000	11	3,917,922	7,151,551	55%	5,662,505	93%	5,289,628	74%
	1999	12	1,509,354	2,262,994	67%	1,791,809	109%	1,946,735	78%
Total			26,728,032	61,157,965	44%	48,424,082		35,517,813	75%
2011	2011	1	-	-	-	-	10%	-	-
	2010	2	-	-	-	-	13%	-	-
	2009	3	-	-	-	-	19%	-	-
	2008	4	-	-	-	-	27%	-	-
	2007	5	-	-	-	-	34%	-	-
	2006	6	-	-	-	-	42%	-	-
	2005	7	-	-	-	-	50%	-	-
	2004	8	-	-	-	-	59%	-	-
	2003	9	4,981,917	16,641,055	30%	13,035,691	69%	9,040,461	55%
	2002	10	10,604,271	22,379,582	47%	17,530,938	80%	14,098,840	75%
	2001	11	9,983,874	13,665,850	73%	10,705,078	93%	10,000,147	100%
	2000	12	3,469,392	7,268,412	48%	5,693,675	109%	6,185,968	56%
	1999	13	2,788,549	2,326,983	120%	1,822,831	126%	2,293,451	122%
Total			31,828,003	62,281,882	51%	48,788,214		41,618,867	76%
2012	2012	1	-	-	-	-	10%	-	-
	2011	2	-	-	-	-	13%	-	-
	2010	3	-	-	-	-	19%	-	-
	2009	4	-	-	-	-	27%	-	-
	2008	5	-	-	-	-	34%	-	-
	2007	6	-	-	-	-	42%	-	-
	2006	7	-	-	-	-	50%	-	-
	2005	8	-	-	-	-	59%	-	-
	2004	9	-	-	-	-	69%	-	-
	2003	10	5,690,637	16,482,339	35%	12,827,296	80%	10,316,047	55%
	2002	11	21,200,911	20,850,043	102%	16,226,439	93%	15,157,925	140%
	2001	12	8,775,329	12,565,874	70%	9,779,327	109%	10,624,878	83%
	2000	13	4,563,961	6,875,622	66%	5,350,918	126%	6,732,422	68%
	1999	14	1,792,484	2,059,998	87%	1,603,183	143%	2,295,760	78%
Total			42,023,323	58,833,874	71%	45,787,163		45,127,033	93%

Exhibit 2: Durational Experience - Nationwide Experience - Policies issued prior to 10/01/2003

Company: The Prudential Insurance Company of America
Policy Form(s): ILTC1 Product
Experience Base: Nationwide Experience - Policies issued prior to 10/01/2003

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Actual Earned Premium	Loss Ratio	Original Earned Premium	Durational Expected Loss Ratio	Expected Incurred Claims	Actual to Expected
2013	2013	1	-	-	-	-	10%	-	-
	2012	2	-	-	-	-	13%	-	-
	2011	3	-	-	-	-	19%	-	-
	2010	4	-	-	-	-	27%	-	-
	2009	5	-	-	-	-	34%	-	-
	2008	6	-	-	-	-	42%	-	-
	2007	7	-	-	-	-	50%	-	-
	2006	8	-	-	-	-	59%	-	-
	2005	9	-	-	-	-	69%	-	-
	2004	10	-	-	-	-	80%	-	-
	2003	11	6,484,336	15,593,857	42%	12,118,277	93%	11,320,286	57%
	2002	12	12,887,189	19,576,450	66%	15,213,225	109%	16,528,607	78%
	2001	13	6,899,148	11,310,294	61%	8,789,440	126%	11,058,705	62%
	2000	14	6,854,440	6,163,788	111%	4,789,995	143%	6,859,278	100%
	1999	15	2,309,907	1,834,400	126%	1,425,546	161%	2,301,652	100%
Total			35,435,020	54,478,788	65%	42,336,483		48,068,529	74%
2014	2014	1	-	-	-	-	10%	-	-
	2013	2	-	-	-	-	13%	-	-
	2012	3	-	-	-	-	19%	-	-
	2011	4	-	-	-	-	27%	-	-
	2010	5	-	-	-	-	34%	-	-
	2009	6	-	-	-	-	42%	-	-
	2008	7	-	-	-	-	50%	-	-
	2007	8	-	-	-	-	59%	-	-
	2006	9	-	-	-	-	69%	-	-
	2005	10	-	-	-	-	80%	-	-
	2004	11	-	-	-	-	93%	-	-
	2003	12	8,036,608	15,163,968	53%	11,782,069	109%	12,800,783	63%
	2002	13	16,899,592	19,024,859	89%	14,781,897	126%	18,598,299	91%
	2001	14	9,448,072	10,871,134	87%	8,446,632	143%	12,095,587	78%
	2000	15	6,439,012	5,921,776	109%	4,601,090	161%	7,428,807	87%
	1999	16	3,286,101	1,757,407	187%	1,365,466	183%	2,494,360	132%
Total			44,109,385	52,739,143	84%	40,977,153		53,417,836	83%
2015	2015	1	-	-	-	-	10%	-	-
	2014	2	-	-	-	-	13%	-	-
	2013	3	-	-	-	-	19%	-	-
	2012	4	-	-	-	-	27%	-	-
	2011	5	-	-	-	-	34%	-	-
	2010	6	-	-	-	-	42%	-	-
	2009	7	-	-	-	-	50%	-	-
	2008	8	-	-	-	-	59%	-	-
	2007	9	-	-	-	-	69%	-	-
	2006	10	-	-	-	-	80%	-	-
	2005	11	-	-	-	-	93%	-	-
	2004	12	-	-	-	-	109%	-	-
	2003	13	6,120,289	7,224,655	85%	5,612,464	126%	7,061,494	87%
	2002	14	9,363,564	8,988,131	104%	6,982,419	143%	9,998,832	94%
	2001	15	5,679,127	5,138,873	111%	3,992,127	161%	6,445,591	88%
	2000	16	4,776,242	2,766,977	173%	2,149,523	183%	3,926,632	122%
	1999	17	930,723	822,288	113%	638,793	207%	1,323,935	70%
Total			26,869,945	24,940,925	108%	19,375,326		28,756,484	93%

Durational Totals

Calendar Duration	Incurred Claims	Actual Earned Premium	Loss Ratio	Original Earned Premium	Expected Incurred Claims	Actual to Expected
1	920,145	32,910,906	3%	32,910,906	3,344,587	28%
2	3,535,003	66,776,928	5%	66,776,928	8,585,096	41%
3	8,881,038	62,997,024	14%	62,997,024	12,129,747	73%
4	12,108,555	60,315,008	20%	60,315,008	16,170,092	75%
5	16,417,524	58,493,271	28%	58,493,271	19,995,771	82%
6	19,189,126	56,852,170	34%	56,852,170	23,692,135	81%
7	18,313,177	55,115,550	33%	55,115,550	27,559,283	66%
8	30,272,349	55,974,575	54%	52,552,275	31,175,520	97%
9	27,808,306	58,680,733	47%	50,511,202	35,030,332	79%
10	26,973,553	60,531,472	45%	49,240,600	39,600,580	68%
11	43,475,241	59,203,873	73%	46,654,873	43,582,641	100%
12	34,677,871	56,837,697	61%	44,260,105	48,086,972	72%
13	37,271,539	46,762,412	80%	36,357,550	45,744,371	81%
14	27,458,561	28,083,051	98%	21,822,228	31,249,457	88%
15	14,428,045	12,895,049	112%	10,018,763	16,176,051	89%
16	8,062,343	4,524,384	178%	3,514,989	6,420,991	126%
17	930,723	822,288	113%	638,793	1,323,935	70%
Total	330,723,098	777,776,393	43%	709,032,237	409,867,559	81%

Exhibit 2: Durational Experience - Virginia Only Experience - Policies issued prior to 10/01/2003

Company: The Prudential Insurance Company of America
Policy Form(s): ILTC1 Product
Experience Base: Virginia Only Experience - Policies issued prior to 10/01/2003

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Actual Earned Premium	Loss Ratio	Original Earned Premium	Durational Expected Loss Ratio	Expected Incurred Claims	Actual to Expected
1999	1999	1	-	8,382	0%	8,382	10%	852	0%
Total			-	8,382	0%	8,382		852	0%
2000	2000	1	-	83,715	0%	83,715	10%	8,508	0%
	1999	2	-	46,578	0%	46,578	13%	5,988	0%
Total			-	130,293	0%	130,293		14,496	0%
2001	2001	1	-	85,715	0%	85,715	10%	8,711	0%
	2000	2	-	201,583	0%	201,583	13%	25,916	0%
	1999	3	-	41,058	0%	41,058	19%	7,905	0%
Total			-	328,355	0%	328,355		42,533	0%
2002	2002	1	-	121,678	0%	121,678	10%	12,366	0%
	2001	2	-	207,765	0%	207,765	13%	26,711	0%
	2000	3	-	186,121	0%	186,121	19%	35,837	0%
	1999	4	-	40,325	0%	40,325	27%	10,811	0%
Total			-	555,889	0%	555,889		85,724	0%
2003	2003	1	-	292,772	0%	292,772	10%	29,753	0%
	2002	2	-	369,604	0%	369,604	13%	47,518	0%
	2001	3	-	187,129	0%	187,129	19%	36,031	0%
	2000	4	-	175,577	0%	175,577	27%	47,071	0%
	1999	5	803	39,657	2%	39,657	34%	13,557	6%
Total			803	1,064,740	0%	1,064,740		173,929	0%
2004	2004	1	-	-	-	-	10%	-	-
	2003	2	-	519,876	0%	519,876	13%	66,837	0%
	2002	3	-	353,648	0%	353,648	19%	68,093	0%
	2001	4	-	173,521	0%	173,521	27%	46,520	0%
	2000	5	-	173,248	0%	173,248	34%	59,225	0%
	1999	6	-	39,160	0%	39,160	42%	16,319	0%
Total			-	1,259,454	0%	1,259,454		256,994	0%
2005	2005	1	-	-	-	-	10%	-	-
	2004	2	-	-	-	-	13%	-	-
	2003	3	2,343,216	499,673	469%	499,673	19%	96,209	2436%
	2002	4	-	340,248	0%	340,248	27%	91,219	0%
	2001	5	132,242	164,509	80%	164,509	34%	56,237	235%
	2000	6	-	164,577	0%	164,577	42%	68,584	0%
	1999	7	-	38,089	0%	38,089	50%	19,046	0%
Total			2,475,458	1,207,096	205%	1,207,096		331,295	747%

Exhibit 2: Durational Experience - Virginia Only Experience - Policies issued prior to 10/01/2003

Company: The Prudential Insurance Company of America
Policy Form(s): ILTC1 Product
Experience Base: Virginia Only Experience - Policies issued prior to 10/01/2003

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Actual Earned Premium	Loss Ratio	Original Earned Premium	Durational Expected Loss Ratio	Expected Incurred Claims	Actual to Expected
2006	2006	1	-	-	-	-	10%	-	-
	2005	2	-	-	-	-	13%	-	-
	2004	3	-	-	-	-	19%	-	-
	2003	4	-	489,393	0%	489,393	27%	131,203	0%
	2002	5	-	336,055	0%	336,055	34%	114,879	0%
	2001	6	162,269	155,869	104%	155,869	42%	64,955	250%
	2000	7	-	161,684	0%	161,684	50%	80,846	0%
	1999	8	-	38,116	0%	38,116	59%	22,612	0%
Total			162,269	1,181,116	14%	1,181,116		414,496	39%
2007	2007	1	-	-	-	-	10%	-	-
	2006	2	-	-	-	-	13%	-	-
	2005	3	-	-	-	-	19%	-	-
	2004	4	-	-	-	-	27%	-	-
	2003	5	-	480,579	0%	480,579	34%	164,285	0%
	2002	6	-	334,505	0%	334,505	42%	139,399	0%
	2001	7	203,331	151,704	134%	151,704	50%	75,856	268%
	2000	8	-	162,058	0%	162,058	59%	96,137	0%
	1999	9	-	36,376	0%	36,376	69%	25,228	0%
Total			203,331	1,165,222	17%	1,165,222		500,905	41%
2008	2008	1	-	-	-	-	10%	-	-
	2007	2	-	-	-	-	13%	-	-
	2006	3	-	-	-	-	19%	-	-
	2005	4	-	-	-	-	27%	-	-
	2004	5	-	-	-	-	34%	-	-
	2003	6	177,083	467,639	38%	467,639	42%	194,880	91%
	2002	7	-	327,240	0%	327,240	50%	163,629	0%
	2001	8	494,848	149,296	331%	149,296	59%	88,567	559%
	2000	9	-	160,678	0%	160,678	69%	111,433	0%
	1999	10	-	36,236	0%	36,236	80%	29,142	0%
Total			671,932	1,141,089	59%	1,141,089		587,651	114%
2009	2009	1	-	-	-	-	10%	-	-
	2008	2	-	-	-	-	13%	-	-
	2007	3	-	-	-	-	19%	-	-
	2006	4	-	-	-	-	27%	-	-
	2005	5	-	-	-	-	34%	-	-
	2004	6	-	-	-	-	42%	-	-
	2003	7	-	449,639	0%	449,639	50%	224,832	0%
	2002	8	2,842	318,276	1%	318,276	59%	188,810	2%
	2001	9	26,183	140,685	19%	140,685	69%	97,567	27%
	2000	10	4,233	153,025	3%	153,025	80%	123,067	3%
	1999	11	-	35,974	0%	35,974	93%	33,606	0%
Total			33,258	1,097,598	3%	1,097,598		667,881	5%

Exhibit 2: Durational Experience - Virginia Only Experience - Policies issued prior to 10/01/2003

Company: The Prudential Insurance Company of America
Policy Form(s): ILTC1 Product
Experience Base: Virginia Only Experience - Policies issued prior to 10/01/2003

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Actual Earned Premium	Loss Ratio	Original Earned Premium	Durational Expected Loss Ratio	Expected Incurred Claims	Actual to Expected
2010	2010	1	-	-	-	-	10%	-	-
	2009	2	-	-	-	-	13%	-	-
	2008	3	-	-	-	-	19%	-	-
	2007	4	-	-	-	-	27%	-	-
	2006	5	-	-	-	-	34%	-	-
	2005	6	-	-	-	-	42%	-	-
	2004	7	-	-	-	-	50%	-	-
	2003	8	-	447,117	0%	356,333	59%	211,387	0%
	2002	9	68,709	324,348	21%	258,492	69%	179,268	38%
	2001	10	113,291	140,947	80%	112,329	80%	90,338	125%
	2000	11	422,305	144,322	293%	115,019	93%	107,445	393%
	1999	12	-	37,274	0%	29,706	109%	32,275	0%
Total			604,305	1,094,008	55%	871,879		620,713	97%
2011	2011	1	-	-	-	-	10%	-	-
	2010	2	-	-	-	-	13%	-	-
	2009	3	-	-	-	-	19%	-	-
	2008	4	-	-	-	-	27%	-	-
	2007	5	-	-	-	-	34%	-	-
	2006	6	-	-	-	-	42%	-	-
	2005	7	-	-	-	-	50%	-	-
	2004	8	-	-	-	-	59%	-	-
	2003	9	169,276	474,757	36%	374,749	69%	259,894	65%
	2002	10	123,601	354,835	35%	280,089	80%	225,255	55%
	2001	11	-	151,779	0%	119,807	93%	111,918	0%
	2000	12	641,322	154,688	415%	122,103	109%	132,661	483%
	1999	13	-	39,380	0%	31,085	126%	39,110	0%
Total			934,199	1,175,440	79%	927,832		768,837	122%
2012	2012	1	-	-	-	-	10%	-	-
	2011	2	-	-	-	-	13%	-	-
	2010	3	-	-	-	-	19%	-	-
	2009	4	-	-	-	-	27%	-	-
	2008	5	-	-	-	-	34%	-	-
	2007	6	-	-	-	-	42%	-	-
	2006	7	-	-	-	-	50%	-	-
	2005	8	-	-	-	-	59%	-	-
	2004	9	-	-	-	-	69%	-	-
	2003	10	-	494,239	0%	387,509	80%	311,645	0%
	2002	11	43,696	352,142	12%	276,098	93%	257,917	17%
	2001	12	-	151,934	0%	119,124	109%	129,424	0%
	2000	13	31,995	146,735	22%	115,048	126%	144,751	22%
	1999	14	-	40,287	0%	31,587	143%	45,233	0%
Total			75,691	1,185,337	6%	929,367		888,970	9%

Exhibit 2: Durational Experience - Virginia Only Experience - Policies issued prior to 10/01/2003

Company: The Prudential Insurance Company of America
Policy Form(s): ILTC1 Product
Experience Base: Virginia Only Experience - Policies issued prior to 10/01/2003

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Actual Earned Premium	Loss Ratio	Original Earned Premium	Durational Expected Loss Ratio	Expected Incurred Claims	Actual to Expected
2013	2013	1	-	-	-	-	10%	-	-
	2012	2	-	-	-	-	13%	-	-
	2011	3	-	-	-	-	19%	-	-
	2010	4	-	-	-	-	27%	-	-
	2009	5	-	-	-	-	34%	-	-
	2008	6	-	-	-	-	42%	-	-
	2007	7	-	-	-	-	50%	-	-
	2006	8	-	-	-	-	59%	-	-
	2005	9	-	-	-	-	69%	-	-
	2004	10	-	-	-	-	80%	-	-
	2003	11	96,537	482,232	20%	377,481	93%	352,623	27%
	2002	12	2,694	344,197	1%	269,430	109%	292,726	1%
	2001	13	-	146,368	0%	114,574	126%	144,154	0%
	2000	14	191,122	144,356	132%	112,999	143%	161,814	118%
	1999	15	-	38,904	0%	30,453	161%	49,169	0%
Total			290,353	1,156,057	25%	904,936		1,000,486	29%
2014	2014	1	-	-	-	-	10%	-	-
	2013	2	-	-	-	-	13%	-	-
	2012	3	-	-	-	-	19%	-	-
	2011	4	-	-	-	-	27%	-	-
	2010	5	-	-	-	-	34%	-	-
	2009	6	-	-	-	-	42%	-	-
	2008	7	-	-	-	-	50%	-	-
	2007	8	-	-	-	-	59%	-	-
	2006	9	-	-	-	-	69%	-	-
	2005	10	-	-	-	-	80%	-	-
	2004	11	-	-	-	-	93%	-	-
	2003	12	435,257	483,544	90%	378,452	109%	411,174	106%
	2002	13	216,309	340,113	64%	266,193	126%	334,919	65%
	2001	14	-	145,028	0%	113,508	143%	162,544	0%
	2000	15	-	145,489	0%	113,869	161%	183,850	0%
	1999	16	-	39,209	0%	30,688	183%	56,058	0%
Total			651,567	1,153,383	56%	902,710		1,148,546	57%
2015	2015	1	-	-	-	-	10%	-	-
	2014	2	-	-	-	-	13%	-	-
	2013	3	-	-	-	-	19%	-	-
	2012	4	-	-	-	-	27%	-	-
	2011	5	-	-	-	-	34%	-	-
	2010	6	-	-	-	-	42%	-	-
	2009	7	-	-	-	-	50%	-	-
	2008	8	-	-	-	-	59%	-	-
	2007	9	-	-	-	-	69%	-	-
	2006	10	-	-	-	-	80%	-	-
	2005	11	-	-	-	-	93%	-	-
	2004	12	-	-	-	-	109%	-	-
	2003	13	333,019	235,260	142%	184,120	126%	231,656	144%
	2002	14	132,950	162,429	82%	127,121	143%	182,037	73%
	2001	15	-	70,139	0%	54,893	161%	88,628	0%
	2000	16	-	70,061	0%	54,831	183%	100,163	0%
	1999	17	-	19,205	0%	15,030	207%	31,151	0%
Total			465,970	557,094	84%	435,995		633,636	74%

Durational Totals

Calendar Duration	Incurred Claims	Actual Earned Premium	Loss Ratio	Original Earned Premium	Expected Incurred Claims	Actual to Expected
1	-	592,262	0%	592,262	60,189	0%
2	-	1,345,406	0%	1,345,406	172,971	0%
3	2,343,216	1,267,628	185%	1,267,628	244,075	960%
4	-	1,219,065	0%	1,219,065	326,824	0%
5	133,045	1,194,048	11%	1,194,048	408,182	33%
6	339,352	1,161,750	29%	1,161,750	484,139	70%
7	203,331	1,128,355	18%	1,128,355	564,209	36%
8	497,690	1,114,862	45%	1,024,079	607,513	82%
9	264,168	1,136,844	23%	970,980	673,390	39%
10	241,125	1,179,282	20%	969,188	779,446	31%
11	562,538	1,166,450	48%	924,378	863,508	65%
12	1,079,273	1,171,637	92%	918,815	998,258	108%
13	581,324	907,856	64%	711,020	894,592	65%
14	324,073	492,100	66%	385,215	551,628	59%
15	-	254,532	0%	199,215	321,647	0%
16	-	109,270	0%	85,519	156,221	0%
17	-	19,205	0%	15,030	31,151	0%
Total	6,569,134	15,460,553	42%	14,111,953	8,137,943	81%

Manual of Variable Language for
Individual Long Term Care Insurance
Forms GRP 115282 & Schedule of Policy Benefits

General References

The enclosed forms contain variable and illustrative material set forth in brackets.

Illustrative material consists of any entries such as names, dates, amounts, percentages, etc. Information will be specific based on the individual policyholder's information and policy selections.

The bracketed references and surrounding text will be appropriately modified to reflect proper grammatical form.

The bracketed references that include "X's" represent current premium percentage or benefits. The "Y's" represent the reduced premium percentage or benefits.

The remaining bracketed items are intended to vary as follows:

GRP 115282 – Cash Indemnity Benefit Rider

The company street address has been bracketed as a variable field should the street address change in the future.

The company officer signature has been bracketed as a variable field should the name of the company officer be replaced.

The company officer title field has been bracketed as a variable field should the title of the officer change.

Schedule of Policy Benefits

Insured – this bracketed field will reflect the insured's full name and address.

Policy Number - this bracketed field will disclose the insured's policy number.

Original Effective Date – this bracketed field will reflect the original policy issue date.

Change Effective Date – this bracketed field will reflect the effective date of a policy change.

Premium Age – this bracketed field will reflect the age of the insured

Policy Anniversary Date - this bracketed filed will reflect the insured's policy anniversary date.

Benefit Waiting Period - this bracketed field will reflect the insured's selected Benefit Waiting Period. Available Benefit Waiting Periods are: 0, 30, 60 and 100 days.

The Maximum Daily Benefit amounts range between $50 - $350.

Institutional Care: The bracketed information will reflect the selected Maximum Daily Benefit Amount.

Respite Care: Is limited to 20 days per Calendar Year. The bracketed information will reflect the selected Maximum Daily Benefit Amount for the Calendar Year and Lifetime Benefit.

Home & Community Based Care: The bracketed information will reflect the selected Maximum Daily Benefit amount. Benefits are limited on a daily basis to 50%, 75% or 100% of the selected Maximum Daily Benefit.

Independence Support: Pays up to 50 times the daily maximum amount for Institutional Care. The bracketed information will reflect the selected Maximum Daily Benefit Amount.

Care Consultation: Is limited to 20 consultations per calendar year. The bracketed information will reflect the selected Maximum Daily Benefit Amount.

Lifetime Maximum: The bracketed information reflects the selected Maximum Daily Benefit Amount multiplied by lengths of time equal to 3 years, 4 years, 5 years or lifetime.

Optional Benefits: The bracketed information will reflect the optional benefit riders the insured has selected:

- Cash Benefit Rider: If elected, this benefit allows the insured to choose to receive benefits for Home and Community-Based Care as a cash benefit rather than as reimbursement for eligible expenses provided and submitted. The insured must meet all benefit eligibility requirements before receiving benefits.

- Cash Indemnity Rider: If elected, this benefit allows the insured to choose to receive benefits for Home and Community-Based Care as a cash benefit rather than as reimbursement for eligible expenses provided and submitted. The insured must meet all benefit eligibility requirements before receiving benefits. The Cash Indemnity Rider will pay the full daily benefit, but only for the days that formal services were received.

- Monthly Benefit Rider: If elected, this rider provides benefits for Home and Community-Based Care on a monthly basis such that any or all of the benefits for Home and Community-Based Care can be used within the time frames that meet the insured's needs. 100% of the Eligible Charges will be paid up to the Monthly Maximum for all Home and Community-Based Care combined. The Monthly Maximum equals the Institutional Care Daily Maximum selected times the Home and Community-Base Care percentage, times the number of days in the month. If Home and Community-Based Care services begin on a day other than the first day of the month, benefits will be pro-rated based on the number of days remaining in that month.

- Shortened Benefit Period Rider: If an insured terminates coverage after three years of continuous premium payments, they will be eligible for shortened benefit period (SBP) coverage. The SBP will be equal to the sum of premiums paid to date reduced by any benefits paid or 30 times the maximum daily amount whichever is greater.

Basic Benefits Annual Premium: this bracketed field will reflect the insured's annual base premium without any applied discounts.

Optional Benefits Riders Premium: this bracketed field will reflect the insured's optional benefit premium.

Annual Premium Including All Optional Riders: this bracketed field will reflect the premium of the insured's combined base premium and optional benefits before any discounts are applied.

Total of Available Discounts: this field will reflect any selected discount percentage amounts. Eligible discounts are Affiliation, Married - one spouse issued coverage or Married – both spouses issued coverage.

Total Initial Annual Premium Including Optional Riders and Less Discounts: this bracketed field will reflect the insured's annual premium after all discounts have been applied.

Modal Premiums: this bracketed field will reflect the insured's selected payment mode; Annual, Semi Annual, Quarterly or Monthly, and if they have elected payment via Electronic Funds Transfer (EFT).

Agent: this bracketed field will reflect the agent/producer's full name and address.

Telephone Number: this field will reflect the agent/producer's telephone number.

Policy Form Number – this field will reflect the form number of the corresponding Policy; GRP 98545 (Compound Inflation), GRP 98546 (Periodic Inflation), or GRP 98547 (Simple Inflation).

Lapse – Shock Lapse

Prudential

Shock Lapse Experience Study

Round 1 ILTC1	States with no rate increase		States with rate increase (Ave. increase = 13.5%)		
Calendar Year	Total Lives	Lapse Rate	Total Lives	Lapse Rate	Difference
2009	4,250	1.2%	25,168	3.0%	1.9%
2010	4,155	1.2%	24,130	1.9%	0.7%
Total	**8,405**	**1.2%**	**49,298**	**2.5%**	**1.3%**

Round 2 ILTC1	States with no rate increase		States with rate increase (Ave. increase = 14.3%)		
Calendar Year	Total Lives	Lapse Rate	Total Lives	Lapse Rate	Difference
2012	3,229	0.9%	23,202	2.0%	1.1%
2013	1,902	0.9%	12,587	1.4%	0.5%
Total	**5,131**	**0.9%**	**35,789**	**1.8%**	**0.9%**

Round 2 ILTC2	States with no rate increase		States with rate increase (Ave. increase = 8.2%)		
Calendar Year	Total Lives	Lapse Rate	Total Lives	Lapse Rate	Difference
2012	5,053	1.1%	9,920	2.5%	1.4%
2013	3,182	1.4%	5,638	1.8%	0.4%
Total	**8,235**	**1.2%**	**15,558**	**2.3%**	**1.0%**

The estimated shock lapse is approximately 1%.

Shock Lapse Assumption

The shock lapse assumption varies by the amount of premium rate increase.

Average rate increase	Recommended shock lapse assumption
30% +	2.0%
20% - 29.99%	1.6%
15% - 19.99%	1.3%
10% - 14.99%	1.1%
5% - 9.99%	1.0%
2% - 4.99%	0.5%
0% - 1.99%	0.0%

Appendix B
The Prudential Insurance Company of America
Historical and Projected Experience
Nationwide Experience
Virginia Rate Basis
ILTC1

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
1999	475,419	0	0	0	0%
2000	7,396,699	51,578	0	51,578	1%
2001	19,040,130	962,676	0	962,676	5%
2002	36,649,998	3,764,479	465,438	4,229,917	12%
2003	57,552,566	5,821,753	554,895	6,376,648	11%
2004	61,505,962	8,275,204	239,553	8,514,757	14%
2005	58,687,186	9,956,675	1,107,843	11,064,519	19%
2006	57,047,654	12,591,439	490,191	13,081,630	23%
2007	55,422,459	18,681,525	2,433,976	21,115,501	38%
2008	53,529,058	23,225,532	3,083,527	26,309,059	49%
2009	51,277,861	23,685,885	3,578,398	27,264,283	53%
2010	60,129,963	19,653,057	6,046,974	25,700,030	43%
2011	61,057,728	20,754,618	9,849,230	30,603,849	50%
2012	57,217,593	21,350,110	19,056,931	40,407,041	71%
2013	53,115,902	15,180,970	18,891,165	34,072,135	64%
2014	51,042,629	7,602,447	34,810,423	42,412,870	83%
2015*	23,907,465	335,254	25,501,231	25,836,486	108%

Projections without Requested Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015**	23,363,731	23,784,522	102%
2016	45,343,687	50,217,838	111%
2017	43,421,136	54,902,373	126%
2018	41,476,587	60,052,460	145%
2019	39,529,904	65,519,614	166%
2020	37,590,728	71,291,803	190%
2021	35,674,655	77,357,132	217%
2022	33,793,279	83,693,035	248%
2023	31,958,130	90,422,782	283%
2024	30,172,410	97,530,339	323%
2025	28,418,605	104,793,922	369%
2026	26,701,330	112,049,473	420%
2027	25,025,600	119,243,001	476%
2028	23,392,429	126,384,090	540%
2029	21,804,191	133,432,918	612%
2030	20,268,270	140,202,301	692%
2031	18,789,317	146,487,876	780%
2032	17,370,039	152,189,205	876%
2033	16,007,428	157,450,560	984%
2034	14,698,466	162,426,829	1105%
2035	13,448,471	166,892,162	1241%
2036	12,252,012	171,176,212	1397%
2037	11,113,880	174,840,750	1573%
2038	10,042,357	177,276,061	1765%
2039	9,035,377	178,602,531	1977%
2040	8,093,299	178,826,657	2210%
2041	7,219,114	177,655,379	2461%
2042	6,413,219	174,998,734	2729%
2043	5,673,401	170,953,244	3013%
2044	4,995,108	165,962,149	3322%
2045	4,376,903	160,202,799	3660%
2046	3,817,162	153,731,361	4027%
2047	3,313,765	146,550,204	4422%
2048	2,863,178	138,798,293	4848%
2049	2,461,198	130,828,078	5316%
2050	2,104,689	122,878,266	5838%
2051	1,789,829	115,274,598	6441%
2052	1,512,065	108,492,014	7175%
2053	1,265,562	103,446,874	8174%
2054 and later	5,653,377	1,138,926,533	20146%

Projections with Requested Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015**	23,363,731	23,784,522	102%
2016	55,437,267	49,528,736	89%
2017	70,084,612	52,771,319	75%
2018	68,002,916	57,626,341	85%
2019	64,874,355	62,872,622	97%
2020	61,754,263	68,411,614	111%
2021	58,667,272	74,231,903	127%
2022	55,632,296	80,311,837	144%
2023	52,668,894	86,769,702	165%
2024	49,782,608	93,590,114	188%
2025	46,943,754	100,560,248	214%
2026	44,160,138	107,522,674	243%
2027	41,440,101	114,425,584	276%
2028	38,784,796	121,278,173	313%
2029	36,198,110	128,042,228	354%
2030	33,692,769	134,538,128	399%
2031	31,276,582	140,569,766	449%
2032	28,954,289	146,040,762	504%
2033	26,720,849	151,089,557	565%
2034	24,571,057	155,864,785	634%
2035	22,514,236	160,149,719	711%
2036	20,541,738	164,260,693	800%
2037	18,662,062	167,777,184	899%
2038	16,889,649	170,114,108	1007%
2039	15,221,132	171,386,989	1126%
2040	13,657,201	171,602,060	1256%
2041	12,203,333	170,478,102	1397%
2042	10,860,622	167,928,785	1546%
2043	9,625,616	164,046,733	1704%
2044	8,490,781	159,257,278	1876%
2045	7,454,129	153,730,606	2062%
2046	6,513,430	147,520,614	2265%
2047	5,665,586	140,629,576	2482%
2048	4,904,971	133,190,842	2715%
2049	4,224,888	125,542,624	2972%
2050	3,620,372	117,913,984	3257%
2051	3,085,158	110,617,505	3585%
2052	2,611,657	104,108,937	3986%
2053	2,189,961	99,267,620	4533%
2054 and later	9,863,099	1,092,913,901	11081%

* Historical 2015 Experience - 1/1/2015 through 6/30/2015
** Projected 2015 Experience - 7/1/2015 through 12/31/2015

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2015	1,055,818,194	394,256,235	37%	1,055,818,194	394,256,235	37%
Present Value of Future to 6/30/2015	454,837,404	2,262,762,847	497%	716,862,640	2,173,659,285	303%
Total Values	1,510,655,598	2,657,019,082	176%	1,772,680,834	2,567,915,520	145%
(Discounted at 4.5%)						

Projected Loss Ratio without Rate Increase		Projected Loss Ratio with Rate Increase	
Overall	176%	Overall	145%
Cash / Unlimited BP Policies	309%	Cash / Unlimited BP Policies	235%
Cash / Limited BP Policies	171%	Cash / Limited BP Policies	139%
Reimbursement / Unlimited BP Policies	148%	Reimbursement / Unlimited BP Policies	122%
Reimbursement / Limited BP Policies	100%	Reimbursement / Limited BP Policies	88%
Minimum Lifetime Loss Ratio	60%		

Appendix G
The Prudential Insurance Company of America
Historical and Projected Experience
Virginia Experience
ILTC1

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
1999	8,382	0	0	0	0%
2000	130,293	0	0	0	0%
2001	328,355	0	0	0	0%
2002	555,889	0	0	0	0%
2003	1,064,709	772	0	772	0%
2004	1,259,454	0	0	0	0%
2005	1,111,886	1,528,924	851,324	2,380,248	214%
2006	1,174,875	156,028	0	156,028	13%
2007	1,157,402	195,511	0	195,511	17%
2008	1,115,246	442,795	203,293	646,088	58%
2009	1,096,319	31,978	0	31,978	3%
2010	1,070,765	509,872	71,190	581,062	54%
2011	1,139,510	558,701	339,567	898,268	79%
2012	1,182,426	72,780	0	72,780	6%
2013	1,144,890	159,437	119,748	279,186	24%
2014	1,128,323	116,194	510,313	626,507	56%
2015*	539,172	0	448,048	448,048	83%

Projections without Requested Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015**	507,218	391,379	77%
2016	990,424	828,821	84%
2017	956,913	915,079	96%
2018	922,508	1,013,234	110%
2019	887,226	1,121,758	126%
2020	851,419	1,238,870	146%
2021	815,319	1,366,999	168%
2022	779,129	1,504,070	193%
2023	743,002	1,653,843	223%
2024	707,336	1,818,470	257%
2025	671,674	1,994,505	297%
2026	636,133	2,176,747	342%
2027	600,863	2,363,638	393%
2028	565,864	2,557,690	452%
2029	531,306	2,755,749	519%
2030	497,349	2,950,913	593%
2031	464,104	3,143,797	677%
2032	431,753	3,325,563	770%
2033	400,358	3,495,761	873%
2034	369,920	3,656,671	989%
2035	340,629	3,797,919	1115%
2036	312,206	3,939,248	1262%
2037	284,820	4,069,256	1429%
2038	258,720	4,173,538	1613%
2039	233,930	4,253,209	1818%
2040	210,501	4,307,369	2046%
2041	188,539	4,327,660	2295%
2042	168,176	4,299,340	2556%
2043	149,382	4,226,751	2829%
2044	132,039	4,124,156	3123%
2045	116,153	3,992,356	3437%
2046	101,664	3,839,790	3777%
2047	88,570	3,660,821	4133%
2048	76,832	3,454,020	4496%
2049	66,341	3,226,075	4863%
2050	56,972	2,997,851	5262%
2051	48,661	2,775,537	5704%
2052	41,299	2,575,440	6236%
2053	34,683	2,432,576	7014%
2054 and later	156,342	28,716,466	18368%

Projections with Requested Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015**	507,218	391,379	77%
2016	1,202,820	817,448	68%
2017	1,522,237	879,560	58%
2018	1,489,442	972,299	65%
2019	1,433,165	1,076,439	75%
2020	1,376,043	1,188,819	86%
2021	1,318,422	1,311,772	99%
2022	1,260,621	1,443,305	114%
2023	1,202,914	1,587,027	132%
2024	1,145,941	1,745,004	152%
2025	1,088,934	1,913,927	176%
2026	1,032,089	2,088,806	202%
2027	975,655	2,268,147	232%
2028	919,620	2,454,359	267%
2029	864,239	2,644,417	306%
2030	809,782	2,831,696	350%
2031	756,411	3,016,787	399%
2032	704,432	3,191,210	453%
2033	653,936	3,354,532	513%
2034	604,935	3,508,942	580%
2035	557,732	3,644,483	653%
2036	511,858	3,780,102	739%
2037	467,603	3,904,858	835%
2038	425,359	4,004,927	942%
2039	385,182	4,081,380	1060%
2040	347,137	4,133,352	1191%
2041	311,413	4,152,823	1334%
2042	278,264	4,125,647	1483%
2043	247,619	4,055,990	1638%
2044	219,281	3,957,540	1805%
2045	193,263	3,831,065	1982%
2046	169,475	3,684,663	2174%
2047	147,942	3,512,924	2375%
2048	128,605	3,314,478	2577%
2049	111,298	3,095,741	2781%
2050	95,808	2,876,738	3003%
2051	82,028	2,663,405	3247%
2052	69,784	2,471,393	3541%
2053	58,732	2,334,300	3974%
2054 and later	267,686	27,556,321	10294%

* Historical 2015 Experience - 1/1/2015 through 6/30/2015

** Projected 2015 Experience - 7/1/2015 through 12/31/2015

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2015	20,792,986	8,419,497	40%	20,792,986	8,419,497	40%
Present Value of Future to 6/30/2015	10,558,186	48,661,871	461%	16,417,859	46,734,057	285%
Total Values	31,351,172	57,081,368	182%	37,210,845	55,153,554	148%
(Discounted at 4.5%)						

Projected Loss Ratio without Rate Increase		Projected Loss Ratio with Rate Increase	
Overall	182%	Overall	148%
Cash / Unlimited BP Policies	391%	Cash / Unlimited BP Policies	293%
Cash / Limited BP Policies	189%	Cash / Limited BP Policies	151%
Reimbursement / Unlimited BP Policies	142%	Reimbursement / Unlimited BP Policies	115%
Reimbursement / Limited BP Policies	105%	Reimbursement / Limited BP Policies	90%

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Date: February 2, 2017

To: Janet Houser
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-130496260
Objection Letter Dated December 21, 2016
ILTC-1 Pre-RS Re-Rate

Ms. Houser,

This is in response to your questions on December 21, 2016.

Objection 1

Thank you for updating the Rate/Rule Schedule with the rider form numbers. In trying to match the proposed rate schedules with those approved under PRUD-125955126, there are a few discrepancies to be resolved as follows:

1. GRP 98180 and GRP 98181 were approved with adjustment factors based on the policy to which each was attached: GRP 98544, GRP 98545 and GRP 98546. The attached rate schedules in this filing do not provide that policy form identification. Please resolve.

Please be advised that we have added the Policy Form numbers GRP 98544, GRP 98545 and GRP 98546 to the first page of their applicable Appendix F.

2. GRP 98179 was approved with adjustment factors based on the policy to which it was attached: GRP98544, GRP 98545 and GRP-98546. The attached rate schedule in this filing does not provide that policy form identification. In addition, the new schedule includes benefit periods (3,4, 5 Unlimited) that were not included when the rates were approved. Please resolve.

Please be advised that we have added the Policy Form numbers GRP 98544, GRP 98545 and GRP 98546 to the first page of their applicable Appendix F. Additionally, we have revised the benefit period section by removing "unlimited." We apologize for this oversight and thank the Department for bringing this matter to our attention.

3. GRP 98544, GRP 98546, and GRP 98545 were approved with monthly or cash benefit riders and a shortened benefit period nonforfeiture rider. Those rates are not in the new rate attachments for these forms. Please resolve.

Please be advised that we have added the Policy Form numbers GRP 98544, GRP 98545 and GRP 98546 to the first page of their applicable Appendix F.

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Objection 2

Please include all the policy form numbers affected by this rate increase in the summary and memorandum.

As requested, we have added all the policy form numbers to both Actuarial Memorandum and the Long Term Care Insurance Rate Request Summary.

Objection 3

Please refer to Administrative Letter 2012-03, copy attached, which requires all submissions to include certain specific information in the "Filing Description" section. Please note that a transmittal letter attached as supporting documentation no longer fulfills this requirement. This change will need to be made in future filings or they will be rejected.

Please be advised that we have taken note of Administrative Letter 2012-03 and will value the SERFF Filing Description section for all future filings.

Objection 4

1. The voluntary lapse assumptions utilized in the experience projections and shown in Exhibit 2 appear to be lower than actual lapse rates for later durations. Please explain how the voluntary lapse assumptions were developed for later durations under this policy form given the lack of experience. Additionally, please specify whether shock lapses have been included in the voluntary lapse experience shown in Exhibit 2 given multiple rate increases have been implemented for this policy form? If shock lapses are included in Exhibit 2, please quantify the impact of shock lapses by duration.

Please note that the differences you're seeing between the "Current" voluntary lapse rates and the actual and implied ones are because the actual rates include shock lapse, which is not practical to show by duration.

The development of the 2015 ILTC ultimate voluntary lapse rates was based on the then-current ultimate lapse rate assumptions less the estimated impact of shock lapses. Prior to implementing the 2015 best estimate update, the ultimate lapse assumptions were based on observing the weighted average experience from inception through October 31, 2012. The average was based on experience durations 8 and above and were studied separately by marital status and inflation. The resulting ultimate lapse rates varied between 1.5% to 3.5% depending on inflation and marital status.

For the first time in 2015, Prudential attempted to quantify the impact of shock lapse from rate increases and to remove the impact from our analysis of voluntary lapse rates. At the time of the analysis, rate increases were implemented for ILTC1 and ILTC2 which were first issued in 1999 and 2002 respectively. Therefore, the policies that have been impacted by rate increases (and therefore, shock lapse) are policies primarily in these later durations. The magnitude of the shock lapse was quantified by analyzing rate increases and assuming:

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"Shock Lapse" ≈ "Lapse rates in states where we implemented a rate increase" - "Lapse rates in states where we did not implement a rate increase". The results indicated that the shock lapse was approximately 1%.

In the current lapse rate table for ILTC, the ultimate voluntary lapse rates start around duration 8. We confirmed in duration 9+, there was no exposure from ILTC 3 and ILTC 4. Therefore, we subtracted out the full 1% for shock lapse from durations 9+. The impact of these changes was a reduction in the ILTC weighted average ultimate lapse rates from 2% to 1%. This adjustment to the ultimate lapse rates was the most significant update made for 2015 lapse assumptions. The resulting recommendation is much more consistent with what we see in the industry.

2. Please explain how the shock lapse assumption was developed.

Please see the attached "Shock Lapse Assumption Support.pptx" and the response to Objection 4-1 above for detail on how the shock lapse assumptions was developed. Please note that the shock lapse rates listed here are annual, and are compounded over the course of two years in our projections. The shock lapse rates vary by the amount of rate increase.

3. The following questions relate to the experience projections provided in Appendix B and Appendix G:

a. Please revise Appendix C, Exhibit 3 to only include experience associated with policies issued prior to when Virginia's rate stabilization regulations were in effect, consistent with the experience shown in Appendix B. Additionally, we would expect the incurred claim estimates shown in Appendix C, Exhibit 3 to be consistent with the incurred claim estimates shown in Appendix B. If there are differences in the incurred claim estimates shown in the revised Appendix C, Exhibit 3 and Appendix B, please explain.

A revised version of Appendix C, Exhibit 3 has been attached. The incurred claims match those of the revised Appendix B, as expected.

b. Please revise Appendix B and Appendix G so that waiver of premium benefits are treated as a reduction to premium instead of a claims expense. If necessary, please revise the experience projections to reflect any other items noted in response to item 3a, the prior item. Please provide any revised experience projections in an Excel file.

A revised version of Appendix B and G has been attached in Excel format.

4.The Company has stated the premium rates associated with this filing are not adequate in relation to the benefits provided. What rate increase would be needed to certify that the proposed rates are adequate? Additionally, please describe under what circumstances rate increases will be filed in the future.

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We currently anticipate an additional rate increase of 20% to be filed on this product in a future. This is the additional rate increase that would be needed to certify across all benefit types.

5. Please provide the policy reserves as of July 31, 2015, both nationwide and for Virginia policies only, calculated at the interest rate used in the current experience projections for policies issued under this policy form prior to rate stabilization regulations being adopted in Virginia so that we may calculate the future loss ratio as the present value of future claims less active life reserves, divided by the present value of future premium.

Please note that the valuation date of this filing is June 30, 2015. As of that date, policy reserves for ILTC1 were $955,177,153 nationwide and $28,044,542 for Virginia. The rates used for calculation are dependent on the dates the policies were issued, with a weighted average discount rate of 4.3%. We apologize that we cannot provide these reserves for pre-RS policies at 4.5%, since it would be prohibitively time-consuming and resource-intensive.

Objection 5

- **Frequently Asked Questions Enclosure (ILTC-1) (Supporting Document)**
- **Manual of Variable Language (ILTC-1) (Supporting Document)**
- **GRP 114973, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Cash Indemnity Rider (Form)**
- **GRP 115131, Other, Policyholder Notification Letter (ILTC-1) (Form)**
- **GRP 15131A, Other, Change Request Form (Form)**

Comments:

These forms are currently under review.

We are in receipt of the Department's separate letter of objection dated January 4, 2017 concerning the above reference forms. We are currently addressing these issues and hope to have a response to the Department shortly.

I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration. If there are any additional questions, please feel free to contact me.

Sincerely,

Digitally signed by Ritu Jain, ASA, MAAA
DN: cn=Ritu Jain, ASA, MAAA, o=The Prudential Insurance Company of America, ou=LTC Actuarial, email=ritu.jain@prudential.com, c=US
Date: 2017.02.03 15:37:14 -05'00'

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SCHEDULE OF POLICY BENEFITS

Prudential Long Term Care℠ Insurance

POLICY NUMBER: [XXXXXXXXXX]

ORIGINAL EFFECTIVE DATE: [MM/DD/YYYY]
CHANGE EFFECTIVE DATE: [MM/DD/YYYY]
PREMIUM AGE: [XXX]
POLICY ANNIVERSARY DATE:
[MM/DD/YYYY and each mm/dd]
thereafter

INSURED: [First Name, Last Name]
[Address Line 1]
[Address Line 2]
[City, State ZIP Code]

BENEFIT WAITING PERIOD [XX days]

BASIC BENEFITS

INSTITUTIONAL CARE	
Daily Maximum for Nursing Home Care, care in an Assisted Living Facility, Hospice Care, Bed Reservation and Respite Care	up to $[X,XXX]
Daily Maximum per Hospital Stay for Bed Reservation	up to $[XXX]
Hospital Stay limit for Bed Reservation	20 days
RESPITE CARE	
Calendar Year Benefit Limit for Respite Care	up to $[X,XXX]
Lifetime Benefit Limit for Respite Care	up to $[XX,XXX]
HOME AND COMMUNITY-BASED CARE	
Daily Maximum for all Home Health Care, Personal Care and Adult Day Care	up to $[XX]
INDEPENDENCE SUPPORT	
Lifetime Benefit for Personal Emergency Response Systems, Home Modifications, and Caregiver Training	up to $[X,XXX]
CARE CONSULTATION	
Information and Referral by Prudential	No charge
Private Care Management Consultations	up to $[XXX]
Calendar Year Limit	20 consultations
LIFETIME MAXIMUM	
For all Long Term Care During Your Lifetime	$[XXX,XXX]

THIS POLICY INCLUDES THE FOLLOWING OPTIONAL BENEFIT RIDERS

OPTIONAL RIDER	**EFFECTIVE DATE OF RIDER**
[CASH BENEFIT RIDER]	
[CASH INDEMNITY RIDER]	
[MONTHLY BENEFIT RIDER]	
[SHORTENED BENEFIT PERIOD RIDER]	

See next page for Premium Information.

SCHEDULE OF POLICY BENEFITS (Continued)

Prudential Long Term Care℠ Insurance

POLICY NUMBER: [XXXXXXXXXX]

INSURED: [First Name, Last Name]

PREMIUM INFORMATION

Basic Benefits Annual Premium		$ [XX, XXX.XX]
Optional Benefit Riders Premium		$[XX, XXX.XX]
Monthly Benefit Rider	$ [X, XXX.XX]	
Cash Benefit Rider	$ [X, XXX.XX]	
Cash Indemnity Rider	$ [X, XXX.XX]	
Shortened Benefit Rider	$[X, XXX.XX]	
Annual Premium Including All Optional Riders		$ [XX, XXX.XX]
Total of Available Discounts	[XX]%	
(List discounts applied here: Affiliation Discount, Married, Couple)		
Total Annual Premium Including Optional Riders and Less Discounts		**$ [XX, XXX.XX]**
Modal Premiums		
Annual		$[XX,XXX.XX]
Semi-Annual*		$[XX,XXX.XX]
Quarterly		$[XX,XXX.XX]
Monthly – EFT		$[XX,XXX.XX]
*This is the modal premium you have elected.		

Agent: [First Name, Last Name
Address
City, State, ZIP Code]

Telephone Number: [XXX-XXX-XXXX]

SCHEDULE OF POLICY BENEFITS

Prudential Long Term Care℠ Insurance

POLICY NUMBER: [XXXXXXXXXX]

ORIGINAL EFFECTIVE DATE: [MM/DD/YYYY]
CHANGE EFFECTIVE DATE: [MM/DD/YYYY]
PREMIUM AGE: [XXX]
POLICY ANNIVERSARY DATE:
[MM/DD/YYYY and each mm/dd]
thereafter

INSURED: [First Name, Last Name]
[Address Line 1]
[Address Line 2]
[City, State ZIP Code]

BENEFIT WAITING PERIOD [XX days]

BASIC BENEFITS

INSTITUTIONAL CARE	
Daily Maximum for Nursing Home Care, care in an Assisted Living Facility, Hospice Care, Bed Reservation and Respite Care	up to $[X,XXX]
Daily Maximum per Hospital Stay for Bed Reservation	up to $[XXX]
Hospital Stay limit for Bed Reservation	20 days
RESPITE CARE	
Calendar Year Benefit Limit for Respite Care	up to $[X,XXX]
Lifetime Benefit Limit for Respite Care	up to $[XX,XXX]
HOME AND COMMUNITY-BASED CARE	
Daily Maximum for all Home Health Care, Personal Care and Adult Day Care	up to $[XX]
INDEPENDENCE SUPPORT	
Lifetime Benefit for Personal Emergency Response Systems, Home Modifications, and Caregiver Training	up to $[X,XXX]
CARE CONSULTATION	
Information and Referral by Prudential	No charge
Private Care Management Consultations	up to $[XXX]
Calendar Year Limit	20 consultations
LIFETIME MAXIMUM	
For all Long Term Care During Your Lifetime	$[XXX,XXX]

THIS POLICY INCLUDES THE FOLLOWING OPTIONAL BENEFIT RIDERS

OPTIONAL RIDER	**EFFECTIVE DATE OF RIDER**
[CASH BENEFIT RIDER]	
[CASH INDEMNITY RIDER]	
[MONTHLY BENEFIT RIDER]	
[SHORTENED BENEFIT PERIOD RIDER]	

See next page for Premium Information.

SCHEDULE OF POLICY BENEFITS (Continued)

Prudential Long Term Care℠ Insurance

POLICY NUMBER: [XXXXXXXXXX]

INSURED: [First Name, Last Name]

PREMIUM INFORMATION

Basic Benefits Annual Premium		$ [XX, XXX.XX]
Optional Benefit Riders Premium		$[XX, XXX.XX]
Monthly Benefit Rider	$ [X, XXX.XX]	
Cash Benefit Rider	$ [X, XXX.XX]	
Cash Indemnity Rider	$ [X, XXX.XX]	
Shortened Benefit Rider	$[X, XXX.XX]	
Annual Premium Including All Optional Riders		$ [XX, XXX.XX]
Total of Available Discounts	[XX]%	
(List discounts applied here: Affiliation Discount, Married, Couple)		
Total Annual Premium Including Optional Riders and Less Discounts		**$ [XX, XXX.XX]**
Modal Premiums		
Annual		$[XX,XXX.XX]
Semi-Annual*		$[XX,XXX.XX]
Quarterly		$[XX,XXX.XX]
Monthly – EFT		$[XX,XXX.XX]
*This is the modal premium you have elected.		

Agent: [First Name, Last Name
Address
City, State, ZIP Code]

Telephone Number: [XXX-XXX-XXXX]

SCHEDULE OF POLICY BENEFITS

Prudential Long Term Care℠ Insurance

POLICY NUMBER: [XXXXXXXXXX]

ORIGINAL EFFECTIVE DATE: [MM/DD/YYYY]
CHANGE EFFECTIVE DATE: [MM/DD/YYYY]
PREMIUM AGE: [XXX]
POLICY ANNIVERSARY DATE:
[MM/DD/YYYY and each mm/dd]
thereafter

INSURED: [First Name, Last Name]
[Address Line 1]
[Address Line 2]
[City, State ZIP Code]

BENEFIT WAITING PERIOD [XX days]

BASIC BENEFITS

INSTITUTIONAL CARE	
Daily Maximum for Nursing Home Care, care in an Assisted Living Facility, Hospice Care, Bed Reservation and Respite Care	up to $[X,XXX]
Daily Maximum per Hospital Stay for Bed Reservation	up to $[XXX]
Hospital Stay limit for Bed Reservation	20 days
RESPITE CARE	
Calendar Year Benefit Limit for Respite Care	up to $[X,XXX]
Lifetime Benefit Limit for Respite Care	up to $[XX,XXX]
HOME AND COMMUNITY-BASED CARE	
Daily Maximum for all Home Health Care, Personal Care and Adult Day Care	up to $[XX]
INDEPENDENCE SUPPORT	
Lifetime Benefit for Personal Emergency Response Systems, Home Modifications, and Caregiver Training	up to $[X,XXX]
CARE CONSULTATION	
Information and Referral by Prudential	No charge
Private Care Management Consultations	up to $[XXX]
Calendar Year Limit	20 consultations
LIFETIME MAXIMUM	
For all Long Term Care During Your Lifetime	$[XXX,XXX]

THIS POLICY INCLUDES THE FOLLOWING OPTIONAL BENEFIT RIDERS

OPTIONAL RIDER	**EFFECTIVE DATE OF RIDER**
[CASH BENEFIT RIDER]	
[CASH INDEMNITY RIDER]	
[MONTHLY BENEFIT RIDER]	
[SHORTENED BENEFIT PERIOD RIDER]	

See next page for Premium Information.

SCHEDULE OF POLICY BENEFITS (Continued)

Prudential Long Term Care℠ Insurance

POLICY NUMBER: [XXXXXXXXXX]

INSURED: [First Name, Last Name]

PREMIUM INFORMATION

Basic Benefits Annual Premium		$ [XX, XXX.XX]
Optional Benefit Riders Premium		$[XX, XXX.XX]
Monthly Benefit Rider	$ [X, XXX.XX]	
Cash Benefit Rider	$ [X, XXX.XX]	
Cash Indemnity Rider	$ [X, XXX.XX]	
Shortened Benefit Rider	$[X, XXX.XX]	
Annual Premium Including All Optional Riders		$ [XX, XXX.XX]
Total of Available Discounts	[XX]%	
(List discounts applied here: Affiliation Discount, Married, Couple)		
Total Annual Premium Including Optional Riders and Less Discounts		**$ [XX, XXX.XX]**
Modal Premiums		
Annual		$[XX,XXX.XX]
Semi-Annual*		$[XX,XXX.XX]
Quarterly		$[XX,XXX.XX]
Monthly – EFT		$[XX,XXX.XX]
*This is the modal premium you have elected.		

Agent: [First Name, Last Name
Address
City, State, ZIP Code]

Telephone Number: [XXX-XXX-XXXX]

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Date: April 21, 2017

To: Janet Houser
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-130596260
Objection Letter Dated March 1, 2017
ILTC1 Pre-RS Re-Rate

Dear Ms. Houser,

This is in response to your Letter of Objection on March 1, 2017. I work with Keith Burns and Ritu Jain at Prudential.

It appears our objection one was not clear. The rate attachments need to be more specific in regards to what rates apply to which forms by form number.

1. **It appears our objection one was not clear. The rate attachments need to be more specific in regards to what rates apply to which forms by form number.**

   For forms GRP 98179, 98180, and 98181 please expand the heading for each set of adjustment factors to include the form number to which it applies. For example, the automatic simple interest inflation protection factors attached to form 98180 apply to GRP 98544, the automatic compound factor interest factors apply to GRP 98545 and the periodic inflation protection offers apply to GRP 98546.

   I apologize for the confusion. The exhibits for these forms have been reattached with each table labeled in accordance with the form number it corresponds to.

2. **Your response to our objection 1, item 2 is unclear in regards to the benefit periods listed in the rate schedule for this form. The rates for this form were previously approved under PRUD-125955126. The rates pages in that filing for GRP 98179 provided adjustment factors when added to GRP 98544, GRP 98545 and GRP 98546. The rate pages, however, did not provide factors based on benefit period. Was that reflected on another rate schedule page that was approved? Please clarify why this additional information is being added now.**

   You are correct in that the rate increase filing under PRUD-125955126 featured cash benefit rider factors that did not vary by benefit period. Please note that this has not changed. The reason the factors are shown this way now is because the rate increase being requested differed for cash policies with limited benefit periods and cash policies with unlimited benefit periods. Therefore, all the factors for 3, 4 and 5-year benefit periods are the same, but factors for Unlimited benefit periods are slightly higher to account for the extra rate increase amount. I apologize for the confusion.

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3. Our objection 3 remains unresolved. The rates for these forms were previously approved under PRUD-125955126.

A review of that filing indicates rates for these forms provided the base rates before adjustments, adjustment factors for the lifetime maximum (benefit period), adjustments factors for the benefit waiting period, adjustment factors for the Home & Community-based care daily benefit, adjustment factors for the monthly benefit rider (rider only), the adjustment factors for the case benefit rider (rider only), adjustment factors for shortened benefit period nonforfeiture (rider only), adjustment factor (underwriting class) adjustment factors for the premium payment mode, and adjustment factors for the marital status. What is not appearing on the new rates schedules are adjustment factors for the monthly benefit rider (rider only), the cash benefit rider (rider only), and the shortened benefit period nonforfeiture (rider only). Why do these not appear?

Lastly, we note the unlimited benefit period for the adjustment factor - lifetime maximum (benefit period) is missing. Please clarify why it was removed.

Please see the attached rider rates, with tables corresponding to form numbers GRP 98544, GRP 98545 and GRP 98546 for each rider. The removal of the Unlimited adjustment factor was unintended, and has been added back in. I apologize for the confusion.

4.1 An Excel spreadsheet demonstrating the nationwide cumulative increase and the Virginia cumulative increase with updated status of rate increases nationwide. In reviewing the Rate History Chart, it appears as though the second rate increase was not approved in Virginia, and the Company is now filing for the second and third increases combined, with an adjustment to account for a delayed implementation of the second increase. In other words, the 50.4% and the 94.1% increase being requested on the limited reimbursement and unlimited reimbursement policies, respectively, may be equivalent of the originally requested rate increases at the time. Based on our records, SERFF tracking #PRUD-129224714 was submitted on 9/27/2013 and rejected as the Company had indicated it would not seek an increases for at least 36 months after the implementation of a second increase that was to be effective January 1, 2012. Based on the history of rate adjustments on Appendix A, the approved rate increase was implemented in two stages on 5/1/2010 and 5/1/2011. It does not appear the Company filed for a second full increase and it is unclear why the company may be adjusting the increase for the delayed implementation. Please clarify.

Please see Attachment 4.1 for the requested information. Please note that Prudential is not adjusting the rate increase for delayed implementation, but rather asking for the second and third rate increases combined. This would bring Virginia to the same rate basis as states that approved the first three rate increases in full.

4.2 An Excel spreadsheet demonstrating the premium earned to date.

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The earned premium by calendar year is shown in Appendix B, with total accumulated earned premium to date shown at the bottom of the exhibit. Please see the formulas below for detail on how the earned premium is calculated.

$$Earned\ Premium_t = Paid\ Premium_t + (Unearned\ Premium\ Reserve_t - Unearned\ Premium\ Reserve_{t-1})$$

$$Paid\ Premium_t = l_x(t-1) \times (modal\ premium) \times (modal\ indicator)$$

$$l_x(t) = l_x(t-1) \times (1 - q_x^D(t)) \times (1 - q_x^W(t))$$

Where:

- $l_x(t)$ is the number of lives at time t.
- x is the issue age of the policy.
- $q_x^D(t)$ is the mortality rate for time t.
- $q_x^W(t)$ is the voluntary lapse rate for time t.*
- $Paid\ Premium_t$ is the paid premium in month t.
- modal indicator is a flag used to indicate if a premium is paid during the month, based on the bill mode of the policy.
- $Earned\ Premium_t$ is the earned premium in month t.
- $Unearned\ Premium\ Reserve_t$ is the unearned premium reserve in month t.

*Note: Policies that exhaust benefits are also decremented from the population.

4.3 The specific percentage rate increases the company is requesting and when each will be implemented according to the Company's intention is to implement increases as a series of 20% each year that is multiplicatively equivalent to the full increase amount. According to the Actuarial Memorandum, the company was willing to implement the increase over three years.

The company's intention is to spread out the rate increase in a way that burdens the policyholder as little as possible. Given the magnitude of the rate increase request, we now recognize that each year's increase would have to be slightly higher than 20% for cash policies. Ideally, we would like to implement in accordance with the table below, which is actuarially equivalent to the full rate increase.

	Year 1	Year 2	Year 3
Cash/Unlimited	24.7%	24.7%	24.7%
Cash/Limited	22.0%	22.0%	22.0%
Reimbursement/Unlimited	20.0%	20.0%	16.0%
Reimbursement/Limited	20.0%	20.0%	4.5%

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Alternatively, if the department would prefer an approach that caps the rate increase at 20% per year as previously specified, we would implement over four years in accordance with the following table:

	Year 1	Year 2	Year 3	Year 4
Cash/Unlimited	20.0%	20.0%	20.0%	12.3%
Cash/Limited	20.0%	20.0%	20.0%	5.1%
Reimbursement/Unlimited	20.0%	20.0%	16.0%	
Reimbursement/Limited	20.0%	20.0%	4.5%	

Please note that in additional to spreading out the rate increase, the company intends to offer a contingent nonforfeiture option to every policyholder affected by the rate increase, regardless of age or rate increase amount.

4.4 **According to the Company's letter dated 12/7/2009 under SERFF tracking # PRUD-125955126, the Company was willing to manage these forms to a 96% lifetime loss ratio. According to Appendix A, the Lifetime loss ratio with the increase is 143%. What has changed since the prior rate increase that results in this higher lifetime loss ratio? Is the Company intending to manage tot this loss ratio in the future?**

At the time of the last rate increase, Prudential intended to manage these forms to a 96% lifetime loss ratio. Experience has deteriorated substantially since then, and the company recognizes that the increases required to return to that loss ratio may be prohibitively burdensome on our policyholders. The company's intention is to manage ILTC1 to a 123% loss ratio. However, given the requirement to split ILTC1 Pre-RS business out from the total block for this filing, the additional amount required to certify to no future increases has been removed. Consequently, we can continue to monitor experience and determine what is necessary to reach that loss ratio in the future.

To give a better sense of how assumptions have changed since the referenced filing, an assumption comparison has been attached.

I hope the Department finds the response satisfactory. The Company appreciates your time and consideration. If there are any additional questions, please feel free to contact me.

Sincerely,

Digitally signed by Michael Zilberman, ASA, MAAA
DN: cn=Michael Zilberman, ASA, MAAA, o=The Prudential Insurance Company of America, ou=LTC Unit, email=michael.zilberman@prudential.com, c=US
Date: 2017.04.24 13:08:27 -04'00'

Michael Zilberman, ASA, MAAA
Associate Actuary
Prudential Long Term Care

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Assumption Comparison
The Prudential Insurance Company of America
Assumption Comparison
Nationwide Experience

ILTC1

Incremental Assumption Update	Assumptions in First Rate Increase Filing	Current Rate Increase Filing
Morbidity	2002 Milliman Claim Cost Guidelines, adjusted for company experience. Company experience based on then current experience data (2005-2007 ILTC Claim Cost Experience). No morbidity improvement assumed.	Morbidity assumptions were developed based on a combination of the Prudential's historical claim experience, the Milliman 2011 Long Term Care Guidelines and judgment. Assumptions reflect Prudential's current best estimate of future morbidity, including morbidity improvement of 1% per year through 2035. Relative to 2012 assumptions, 2015 assumptions assume lower future utilization.
Lapse	Company experience lapse rates based on then current experience data (1990-2007) Varies by issue age, duration, and premium paying period. Ultimate lapse rate of 1.5% in most cases.	Company experience lapse rates based on the current experienced data (1999-June 2015). Ultimate lapse rate of 0.5-2.5% for lifetime pay policies
Mortality	1994 GAM with company experience selection factors based on then current experience data (1990-2007). Selection factors start at 0.40 in policy duration 1 grading to 1.0 by duration 9. No mortality improvement assumed.	Annuity 2000 Basic Mortality Table with selection factors, attained age factors, and mortality improvement of 0.6% per year through 2035.

	Cumulative Approved				Status of Current Requests								Third Increase							
	Approved				Requested				Approved So Far				Requested				Approved			
	ILTC1				ILTC1				ILTC1				ILTC1				ILTC1			
	Limited		Unlimited		Limited		Unlimited		Limited		Unlimited		Limited		Unlimited		Limited		Unlimited	
	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb
Alabama	145.0%	88.0%	161.9%	108.9%									45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Alaska	145.0%	88.0%	161.9%	108.9%									45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Arizona	120.1%	75.2%	135.3%	94.7%	11.3%	7.3%	11.3%	7.3%					45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Arkansas	85.9%	71.3%	85.9%	71.3%	58.2%	31.7%	69.1%	46.3%	20.0%	20.0%	20.0%	20.0%	45.0%	35.0%	55.0%	50.0%	21.0%	21.0%	21.0%	21.0%
California - Pre-RS	28.0%	18.0%	28.0%	18.0%	129.7%	91.2%	145.5%	112.4%					45.0%	35.0%	55.0%	50.0%				
California - Post-RS	18.0%	18.0%	18.0%	18.0%	147.1%	89.6%	164.1%	110.6%					45.0%	35.0%	55.0%	50.0%				
Colorado	45.0%	35.0%	55.0%	50.0%	69.0%	39.2%	69.0%	39.2%					45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Connecticut	18.0%	18.0%	18.0%	18.0%	113.5%	113.5%	113.5%	113.5%	18.0%	18.0%	18.0%	18.0%	45.0%	35.0%	55.0%	50.0%				
District of Columbia	33.1%	33.1%	33.1%	33.1%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	45.0%	35.0%	55.0%	50.0%	10.0%	10.0%	10.0%	10.0%
Delaware	70.3%	70.3%	70.3%	70.3%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	32.0%	32.0%	32.0%	32.0%	15.0%	15.0%	15.0%	15.0%
Florida	54.8%	54.8%	54.8%	54.8%									45.0%	35.0%	55.0%	50.0%	20.7%	20.7%	20.7%	20.7%
Georgia	65.9%	54.4%	65.9%	54.4%	65.4%	36.3%	76.8%	51.5%	12.0%	12.0%	12.0%	12.0%	45.0%	35.0%	55.0%	50.0%	15.0%	15.0%	15.0%	15.0%
Guam													45.0%	35.0%	55.0%	50.0%				
Hawaii	85.6%	59.3%	98.4%	76.8%	32.0%	18.0%	32.0%	18.2%					45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	49.8%
Idaho	145.0%	87.9%	161.9%	108.9%	35.5%	25.9%	42.3%	33.8%	35.5%	25.9%	42.3%	33.9%	45.0%	35.0%	55.0%	50.0%	13.0%	10.0%	15.0%	15.0%
Illinois	69.0%	39.2%	69.0%	39.2%									45.0%	35.0%	55.0%	50.0%				
Indiana	81.3%	67.2%	81.3%	67.2%	55.4%	29.3%	66.1%	43.7%	15.0%	15.0%	15.0%	15.0%	45.0%	35.0%	55.0%	50.0%	12.5%	12.5%	12.5%	12.5%
Iowa	93.2%	80.1%	93.2%	80.1%	49.5%	23.0%	59.8%	36.7%	17.9%	17.9%	17.9%	17.9%	45.0%	35.0%	55.0%	50.0%	17.7%	17.7%	17.7%	17.7%
Kansas	97.3%	88.6%	97.3%	88.6%	134.4%	88.2%	150.6%	109.0%	57.3%	57.3%	57.3%	57.3%	45.0%	35.0%	55.0%	50.0%				
Kentucky	145.8%	102.6%	145.8%	102.6%	26.5%	26.5%	26.5%	26.5%	26.5%	26.5%	26.5%	26.5%	45.0%	35.0%	55.0%	50.0%	15.0%	15.0%	15.0%	15.0%
Louisiana	76.6%	55.8%	84.3%	62.8%	66.4%	44.8%	70.5%	53.9%	20.0%	20.0%	20.0%	20.0%	45.0%	35.0%	55.0%	50.0%	15.0%	10.0%	20.0%	15.0%
Maine	102.8%	74.1%	111.2%	67.1%	20.9%	8.0%	24.1%	25.0%					45.0%	35.0%	55.0%	50.0%	20.0%	25.0%	25.0%	20.0%
Maryland	52.1%	52.1%	52.1%	52.1%	15.0%	15.0%	15.0%	15.0%					15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
Massachusetts	10.0%	10.0%	10.0%	10.0%	75.0%	75.0%	75.0%	75.0%					45.0%	35.0%	55.0%	50.0%				
Michigan	145.0%	88.0%	161.9%	108.9%									45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Minnesota	114.5%	97.8%	114.5%	97.8%	75.0%	59.3%	75.0%	75.0%	67.6%	67.6%	67.6%	67.6%	45.0%	35.0%	55.0%	50.0%				
Mississippi	144.1%	88.1%	144.1%	108.9%	25.0%	2.0%	25.0%	13.3%	25.0%	2.0%	25.0%	13.3%	45.0%	35.0%	55.0%	50.0%	25.0%	25.0%	25.0%	25.0%
Missouri	108.9%	75.9%	120.3%	91.5%									45.0%	35.0%	55.0%	50.0%	33.8%	26.3%	41.1%	37.5%
Montana	91.6%	64.3%	99.4%	74.1%	27.9%	14.4%	31.4%	20.0%					45.0%	35.0%	55.0%	50.0%	23.0%	18.0%	28.0%	25.0%
Nebraska	145.0%	88.0%	161.9%	108.9%									45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Nevada	145.0%	88.0%	161.9%	108.9%	13.2%	9.9%	13.2%	9.9%	9.9%	13.2%	9.9%	13.2%	45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
New Hampshire	133.2%	92.2%	133.2%	92.2%	50.0%	50.0%	50.0%	50.0%	38.0%	38.0%	38.0%	38.0%	45.0%	35.0%	55.0%	50.0%				
New Jersey	131.6%	81.6%	142.8%	101.8%	3.5%	3.5%	7.9%	5.8%					45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	52.0%	50.0%
New Mexico	63.4%	50.6%	63.4%	50.6%	66.4%	38.5%	77.9%	53.9%	11.0%	11.0%	11.0%	11.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
New York	17.7%	17.7%	17.7%	17.7%	108.1%	59.7%	122.5%	77.5%					45.0%	35.0%	55.0%	50.0%	10.0%	10.0%	10.0%	10.0%
North Carolina - Pre-RS	91.4%	59.3%	104.6%	77.0%									45.0%	35.0%	55.0%	50.0%	13.3%	14.4%	21.1%	27.1%
North Carolina - Post-RS	91.4%	59.3%	104.6%	77.0%									45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
North Dakota	57.3%	70.1%	57.3%	70.1%		27.1%		41.2%		15.0%		15.0%	45.0%	35.0%	55.0%	50.0%	15.0%	15.0%	15.0%	15.0%
Ohio	104.0%	76.1%	113.7%	84.1%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	45.0%	35.0%	55.0%	50.0%	5.0%	10.0%	10.0%	15.0%
Oklahoma	71.9%	62.3%	71.9%	62.3%	41.6%	27.4%	67.6%	56.8%	10.0%	10.0%	10.0%	10.0%	45.0%	35.0%	55.0%	50.0%	25.0%	25.0%	25.0%	25.0%
Oregon	145.0%	88.0%	161.9%	108.8%	36.5%	16.4%	45.9%	29.3%	36.5%	16.4%	45.9%	29.3%	45.0%	35.0%	55.0%	50.0%	32.3%	32.3%	32.3%	32.3%
Pennsylvania	143.2%	87.9%	143.2%	100.3%	20.9%	12.6%	29.2%	25.1%	20.0%	12.6%	20.0%	20.0%	45.0%	35.0%	55.0%	50.0%	20.0%	20.0%	20.0%	20.0%
Rhode Island	28.0%	18.0%	28.0%	18.0%									45.0%	35.0%	55.0%	50.0%				
South Carolina	121.2%	88.0%	121.2%	100.5%	32.9%	12.5%	42.1%	25.0%	20.0%	12.5%	20.0%	20.0%	45.0%	35.0%	55.0%	50.0%	20.0%	20.0%	20.0%	20.0%
South Dakota	145.0%	88.0%	161.9%	108.9%									45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Tennessee	145.0%	88.0%	161.9%	108.9%									45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Texas - Pre-RS	145.0%	87.7%	161.9%	108.7%	74.5%	47.2%	86.5%	63.6%	74.5%	47.0%	86.5%	63.5%	59.0%	37.0%	69.0%	51.0%				
Texas - Post-RS	193.7%	125.3%	213.8%	150.4%	193.7%	125.3%	213.8%	150.4%	193.7%	125.3%	213.8%	150.4%	123.0%	75.0%	138.0%	93.0%				
Utah	85.6%	59.3%	98.4%	77.0%	32.0%	18.0%	32.0%	18.0%					45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Vermont					145.0%	88.0%	161.9%	108.9%					10.0%	10.0%	10.0%	10.0%				
Virginia - Pre-RS	34.9%	25.0%	34.9%	25.0%	81.6%	50.4%	94.1%	67.1%					45.0%	35.0%	55.0%	50.0%				
Virginia - Post-RS	34.9%	25.0%	34.9%	25.0%		80.5%		100.5%					45.0%	35.0%	55.0%	50.0%				
Washington	139.4%	88.0%	155.9%	108.9%									45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
West Virginia	145.0%	88.0%	161.9%	108.9%									45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Wyoming	145.0%	88.0%	161.9%	108.9%									45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%
Wisconsin	145.0%	88.1%	161.9%	108.9%	14.3%	5.4%	14.3%	5.4%	14.3%	5.4%	14.3%	5.4%	45.0%	35.0%	55.0%	50.0%	45.0%	35.0%	55.0%	50.0%

	Second Increase								First Increase							
	Requested				Approved				Requested				Approved			
	ILTC1				ILTC1				ILTC1				ILTC1			
	Limited		Unlimited		Limited		Unlimited		Limited		Unlimited		Limited		Unlimited	
	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb
Alabama	32%	18%	32%	18%	32%	18%	32%	18%	28%	18%	28%	18%	28%	18%	28%	18%
Alaska	32%	18%	32%	18%	32%	18%	32%	18%	28%	18%	28%	18%	28%	18%	28%	18%
Arizona	32%	18%	32%	18%	32%	18%	32%	18%	28%	18%	28%	18%	15%	10%	15%	10%
Arkansas	32%	18%	32%	18%					28%	18%	28%	18%	28%	18%	28%	18%
California - Pre-RS	32%	18%	32%	18%					28%	18%	28%	18%	28%	18%	28%	18%
California - Post-RS	32%	18%	32%	18%	18%	18%	18%	18%	28%	18%	28%	18%				
Colorado	32%	18%	32%	18%					28%	18%	28%	18%				
Connecticut	32%	18%	32%	18%					28%	18%	28%	18%				
District of Columbia	10%	10%	10%	10%	10%	10%	10%	10%	28%	18%	28%	18%				
Delaware	32%	18%	32%	18%	12%	12%	12%	12%	28%	18%	28%	18%	15%	15%	15%	15%
Florida	23%	23%	23%	23%	17%	17%	17%	17%	28%	18%	28%	18%	9%	9%	9%	9%
Georgia	32%	18%	32%	18%	15%	9%	15%	9%	28%	18%	28%	18%	12%	10%	12%	10%
Guam	32%	18%	32%	18%					28%	18%	28%	18%				
Hawaii	32%	18%	32%	18%					28%	18%	28%	18%	28%	18%	28%	18%
Idaho	32%	18%	32%	18%	25%	15%	25%	15%	28%	18%	28%	18%	28%	18%	28%	18%
Illinois	32%	18%	32%	18%	32%	18%	32%	18%	28%	18%	28%	18%	28%	18%	28%	18%
Indiana	32%	18%	32%	18%	10%	10%	10%	10%	28%	18%	28%	18%	28%	18%	28%	18%
Iowa	32%	18%	32%	18%	18%	10%	18%	10%	28%	18%	28%	18%	18%	18%	18%	18%
Kansas	32%	18%	32%	18%	10%	10%	10%	10%	28%	18%	28%	18%	14%	9%	14%	9%
Kentucky	32%	18%	32%	18%	32%	18%	32%	18%	28%	18%	28%	18%	28%	18%	28%	18%
Louisiana	32%	18%	32%	18%					28%	18%	28%	18%	28%	18%	28%	18%
Maine	32%	18%	32%	18%	32%	18%	32%	18%	28%	18%	28%	18%	28%	18%	28%	18%
Maryland	32%	18%	32%	18%	15%	15%	15%	15%	28%	18%	28%	18%	15%	15%	15%	15%
Massachusetts	32%	18%	32%	18%	10%	10%	10%	10%	28%	18%	28%	18%				
Michigan	32%	18%	32%	18%	32%	18%	32%	18%	28%	18%	28%	18%	28%	18%	28%	18%
Minnesota	32%	18%	32%	18%					28%	18%	28%	18%	28%	18%	28%	18%
Mississippi	32%	18%	32%	18%	25%	25%	25%	25%	28%	18%	28%	18%	25%	18%	25%	18%
Missouri	32%	18%	32%	18%	22%	18%	22%	18%	28%	18%	28%	18%	28%	18%	28%	18%
Montana	32%	18%	32%	18%	32%	18%	32%	18%	28%	18%	28%	18%	18%	18%	18%	18%
Nebraska	32%	18%	32%	18%	32%	18%	32%	18%	28%	18%	28%	18%	28%	18%	28%	18%
Nevada	32%	18%	32%	18%	23%	23%	23%	23%	28%	18%	28%	18%	25%		25%	
New Hampshire	32%	18%	32%	18%	32%	18%	32%	18%	28%	18%	28%	18%	28%	18%	28%	18%
New Jersey	32%	18%	32%	18%	32%	18%	32%	18%	28%	18%	28%	18%	21%	14%	21%	14%
New Mexico	32%	18%	32%	18%					28%	18%	28%	18%	28%	18%	28%	18%
New York	32%	18%	32%	18%	7%	7%	7%	7%	28%	18%	28%	18%				
North Carolina - Pre-RS	32%	18%	32%	18%	32%	18%	32%	18%	28%	18%	28%	18%	28%	18%	28%	18%
North Carolina - Post-RS	32%	18%	32%	18%	32%	18%	32%	18%	28%	18%	28%	18%				
North Dakota	32%	18%	32%	18%	20%	18%	20%	18%	28%	18%	28%	18%	14%	9%	14%	9%
Ohio	32%	18%	32%	18%	32%	18%	32%	18%	28%	18%	28%	18%	28%	18%	28%	18%
Oklahoma	32%	18%	32%	18%	25%	18%	25%	18%	28%	18%	28%	18%				
Oregon	32%	18%	32%	18%	19%	12%	19%	12%	28%	18%	28%	18%	14%	9%	14%	9%
Pennsylvania	32%	18%	32%	18%	30%	17%	30%	17%	28%	18%	28%	18%	30%	19%	30%	19%
Rhode Island	32%	18%	32%	18%					28%	18%	28%	18%	28%	18%	28%	18%
South Carolina	32%	18%	32%	18%	20%	18%	20%	18%	28%	18%	28%	18%	28%	18%	28%	18%
South Dakota	32%	18%	32%	18%	32%	18%	32%	18%	28%	18%	28%	18%	28%	18%	28%	18%
Tennessee	32%	18%	32%	18%	32%	18%	32%	18%	28%	18%	28%	18%	28%	18%	28%	18%
Texas - Pre-RS	32%	18%	32%	18%	20%	13%	20%	13%	28%	18%	28%	18%	17%	13%	17%	13%
Texas - Post-RS	69%	39%	69%	39%					28%	18%	28%	18%				
Utah	32%	18%	32%	18%					28%	18%	28%	18%	28%	18%	28%	18%
Vermont	32%	18%	32%	18%					28%	18%	28%	18%				
Virginia - Pre-RS	32%	18%	32%	18%					28%	18%	28%	18%	35%	25%	35%	25%
Virginia - Post-RS	32%	18%	32%	18%					28%	18%	28%	18%	35%	25%	35%	25%
Washington	32%	18%	32%	18%	29%	18%	29%	18%	28%	18%	28%	18%	28%	18%	28%	18%
West Virginia	32%	18%	32%	18%	32%	18%	32%	18%	28%	18%	28%	18%	28%	18%	28%	18%
Wyoming	32%	18%	32%	18%	32%	18%	32%	18%	28%	18%	28%	18%	28%	18%	28%	18%
Wisconsin	32%	18%	32%	18%	32%	18%	32%	18%	28%	18%	28%	18%	12%	12%	12%	12%

Ritu Jain, ASA, MAAA
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ritu.jain@prudential.com

Date: August 3, 2017

To: Janet Houser
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-130596260
Objection Letter Dated June 14th, 2017
ILTC1-Pre Re-Rate

Dear Janet Houser

This is in response to your questions on June 14th, 2017.

1) Attachment 4.1 indicates the Company intended previously to request both a second and a third rate increase. Please advise why the company decided to not pursue the referenced additional requests. The Company is now requesting those increases to bring Virginia to the same rate basis as states that approved the increases in full. Please advise why the company decided to not pursue the referenced additional requests previously and how such increases now bring Virginia to the same rate basis as other states.

For ILTC1 product, the Department approved a previous rate increase submitted under PRUD-125955126, State tracking number: 7/30839 approved on February 1, 2010. The implementation schedule for the above-mentioned approval was over two phases and the second phase was implemented on May 1, 2011. Additionally, there was a moratorium of no future rate increase of 36 months after the implementation of the second rate increase. While a second round could have been filed during 2014, due to plans to file in conjunction with the rest of the states, we decided to file at a later time. Nationwide, this round of rate increases is intended to request the catch up required in all states to bring the state rate basis to the nationwide rate basis.

2) It appears that if the proposed rate increase is implemented, the Virginia cumulative increase will be significantly higher than the percentage approved nationwide and raises a number of concerns. Please address this apparent inequity and advise why the company is not revising the requested rate accordingly.

Please note that similar rate increases are requested nationwide as part of the rate increase strategy. If the requested rate increase is approved and implemented, Virginia cumulative rate increase for pre-rate stability block of business would be comparable to other states where the full requested rate increase had been approved and implemented. The Company is committed to bringing all states rates to the nationwide rate basis after the full requested rate increase. As mentioned above, this round is also part of that strategy.

3) It is entirely the Company's decision if it wishes to implement increases over 3 or 4 years. Based on your response, the Company would prefer a 3-year implementation period. If so, the Company will need to attach rate tables for each implementation period to the Rate/Rule Schedule. The Company, however, may wish to submit these closer to the time the filing is approvable.

That is correct. We will provide the implementation rate pages to the Department upon request.

Ritu Jain, ASA, MAAA
Prudential Long Term Care
100 Mulberry St.
2 Gateway Center, 11th Floor
Newark, NJ 07102
Tel (973)548-6459
ritu.jain@prudential.com

I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration. If there are any additional questions, please feel free to contact me.

Sincerely,

Ritu Jain, ASA, MAAA,
Director and Actuary

Digitally signed by Ritu Jain, ASA, MAAA, Director and Actuary
DN: cn=Ritu Jain, ASA, MAAA, Director and Actuary, o=The Prudential Insurance Company of America, ou=LTC Actuarial Unit, email=ritu.jain@prudential.com, c=US
Date: 2017.08.03 09:22:48 -04'00'

Ritu Jain, ASA, MAAA
Director, Actuary
Prudential Long Term Care

Prudential
Long Term Care℠ Insurance

Individual Long Term Care Insurance Policy

Compound Inflation (CI)

The Prudential Insurance Company of America
751 Broad Street, Newark, New Jersey 07102-3777

LONG TERM CARE INSURANCE POLICY

Thank you for choosing this Prudential Long Term Care Policy. This Policy is a contract between you and Prudential. It is issued in consideration of your application and payment of required premium. It takes effect and terminates as stated in the applicable provisions at 12:01 A. M., Standard Time.

CAUTION: This Policy may not apply when you have a claim! Please read! The issuance of this Long Term Care Policy is based upon your responses to the questions on your Application. A copy of your Application is enclosed. If your answers are incorrect, untrue, incomplete or if you fail to include all material medical information requested, Prudential has the right to deny benefits or rescind your Policy. The best time to clear up any questions is now, before a claim arises! If for any reason, any of your answers are incorrect, untrue or incomplete, contact Prudential at this address: The Prudential Insurance Company of America, Long Term Care Customer Service Center, P.O. Box 8519, Philadelphia, PA 19176-8519 or call 1-800-732-0416.

RENEWABILITY: The Long Term Care coverage described in this Policy is guaranteed renewable. This means you have the right to continue this Policy as long as you pay your premiums on time and have not exhausted your Lifetime Maximum. Prudential cannot change the terms of your Policy on its own, except for the following. It may increase the premiums you pay. It may automatically change the provisions of the Policy to conform with Prudential's interpretation of any state or federal law or regulation that applies to the Policy.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from Prudential by calling the Long Term Care Customer Service Center at 1-800-732-0416.

TAX STATUS: This Long Term Care Policy is intended to be a Qualified Long Term Care Insurance Contract as defined by the Internal Revenue Code Section 7702B(b). It is intended to qualify for favorable federal tax treatment. As such it must meet certain federal standards in addition to all applicable standards in the state in which the Policy is issued for delivery. If you have any questions regarding the tax qualification of this product, you should direct such questions to the appropriate federal agency, or you should contact your tax advisor.

NOTICE TO BUYER: This Policy may not cover all of the costs associated with Long Term Care incurred by you during the period of coverage. You are advised to carefully review all Policy limitations.

IMPORTANT: Within 30 days of receipt, if you decide you do not want this Long Term Care Policy, you may return this Policy to your Agent or to Prudential at the following address: The Prudential Insurance Company of America, Long Term Care Customer Service Center, P.O. Box 8519, Philadelphia, PA 19176-8519. Your Policy will be canceled as of the effective date and any premium paid will be returned to you within 30 days of receiving your timely cancellation request.

PREMIUM REFUND UPON YOUR DEATH: Upon proper notification of your death, Prudential will refund on a pro rata basis any part of the periodic premium already paid which applies to the period of time after death.

READ YOUR POLICY CAREFULLY. This Policy is intended to provide coverage for Long Term Care services. All benefits are subject in every way to all of the terms and conditions of this Policy. The following pages contain details about the coverage and how you can receive benefits when eligible as set forth herein. Certain capitalized terms used in this Policy are defined to make it easier for you to understand your Policy. Please refer to the **Definitions** section.

Secretary

Chairman of the Board

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DEFINITIONS

Activities of Daily Living

Bathing - Washing oneself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower.

Continence - The ability to maintain control of bowel and bladder function, or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing - Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating - Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.

Toileting - Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring - Sufficient mobility to move into or out of a bed, chair or wheelchair or to move from place to place, either by walking, using a wheelchair or by other means.

Adult Day Care - A day program for three or more individuals in a community group setting which:

1) is provided in an Adult Day Care Facility; and
2) provides social and health-related services; and
3) supports frail, impaired, elderly or other disabled adults who can benefit from care in a group setting outside the home.

Adult Day Care Facility - A facility that is licensed, certified, or otherwise qualified as an Adult Day Care Facility by the state in which services are rendered.

Assessor - A Licensed Health Care Practitioner who is qualified to evaluate conditions relevant to your functional or cognitive ability. Qualifications are based on training and experience, and may include health care industry, state or national standards.

Assisted Living Facility - A facility licensed, certified, or otherwise qualified as an Assisted Living Facility by the state in which the services are rendered.

Bed Reservation - A reservation of your Nursing Home bed while you are in the hospital.

Benefit Waiting Period - Period of time after you meet the Benefit Eligibility Criteria during which no benefits are payable.

Calendar Year - A year starting January 1.

Caregiver Training - Training provided by a Home Health Care Agency, Nursing Home, hospital or other similar facility acceptable to Prudential, and received by your Primary Informal Caregiver to care for you in your residence.

Chronic Illness Or Disability - An illness or disability in which there is:
1) A loss of the ability to perform, without Substantial Assistance, at least two Activities of Daily Living for a period of at least 90 consecutive days; or
2) A severe Cognitive Impairment which requires Substantial Supervision to protect you from threats to health or safety.

Cognitive Impairment - A loss or deterioration in intellectual capacity that is:
1) Comparable to and includes Alzheimer's disease and similar forms of irreversible dementia;
2) Measured by clinical evidence and standardized tests that reliably measure impairment in the individual's
   a) short-term or long-term memory;
   b) orientation as to people, places, or time and
   c) deductive or abstract reasoning.

Daily Maximum - The maximum daily benefit payable for Eligible Charges according to the Benefit Option you have chosen as listed in the **Schedule of Policy Benefits**.

Eligible Charges - The charges for your Long Term Care that are used as the basis for a claim. These charges must be incurred:
1) for services and supplies described in the **Covered Services** section; and
2) while you are insured for the Long Term Care Policy*;* and
3) after the Benefit Waiting Period, if any, is satisfied.

A charge is considered incurred on the date you receive the service or supply. A charge is not an Eligible Charge if it is described in the **Policy Exclusions** section.

Home and Community-Based Care - Home Health Care or Personal Care, received from a Home Health Care Agency, licensed Referral Agency, licensed Nurse Registry or provided by an Independent Health Care Professional; and Adult Day Care received from an Adult Day Care Facility.

Home Health Aide - A person whose function is to provide Personal Care services. If state and local licensing or certification is required, the person must be licensed or certified as a Home Health Aide where the service is performed. If licensing or certification is not required, any person who meets the minimum training qualifications recognized by the Foundation for Hospice & Home Care, National League of Nursing or Health Care Financing Administration will be considered a Home Health Aide provided they are employed through an eligible Home Health Care Agency.

Home Health Care Agency - An organization that provides Home Health Care and is licensed, certified, or otherwise qualified as a Home Health Care Agency by the state in which services are rendered.

Home Health Care - Services provided to ill, disabled or infirm persons in their residences. Such services may include assistance with Activities of Daily Living and Respite Care services.

Hospice - A licensed, certified, or, as determined by Prudential, otherwise qualified facility or community-based program designed to provide services to terminally ill individuals.

Hospice Care - Services and supplies provided through a Hospice to a person identified as having a terminal illness.

Independent Health Care Professional - A full-time, professional, licensed or certified Home Health Aide, Registered Nurse, Licensed Practical Nurse or Therapist independently providing Home Health Care services within the scope of his or her license.

Institutional Care - Care in a Nursing Home, Hospice Care, Respite Care, care in an Assisted Living Facility and Bed Reservation.

Licensed Health Care Practitioner - A Physician, a Registered Nurse, a licensed social worker, or another professional individual who meets the requirements prescribed by the United States Secretary of the Treasury.

Licensed Practical Nurse - A professional nurse legally designated "LPN" who, where licensing is required, holds a valid license from the state in which the nursing service is performed. The term licensed practical nurse (LPN) shall include a licensed vocational nurse (LVN) and any other similarly designated nurse in those jurisdictions in which a professional nurse is designated as other than an LPN and for whom licensing is required.

Lifetime Maximum - The maximum lifetime benefit payable for Eligible Charges according to the Benefit Option you have chosen, as listed in the **Schedule of Policy Benefits**.

Long Term Care - Medical, social and personal care services, such as Nursing Home care, Home and Community-Based Care, Hospice Care, or Respite Care, required over a long period of time by a person with a Chronic Illness or Disability.

Medicaid - Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended from time to time.

Medicare - Title XVIII, Health Insurance for the Aged and Disabled, of the United States Social Security Act, as amended from time to time.

Mental or Nervous Illnesses - Neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder.

Nurse Registry - An organization that meets the following requirements:

1) its main function is to provide a referral service for Registered Nurses or Licensed Practical Nurses specialized in providing Home Health Care services; and
2) it is appropriately licensed by the state in which the services are provided, if the state in which the Nurse Registry is located requires licensure.

Nursing Home (Long Term Care Facility) - A facility or institution that is licensed, certified, or otherwise qualified as a Nursing Home or Long Term Care Facility by the state in which services are rendered. This term includes skilled, intermediate and custodial care facilities which operate within the terms of licensure.

Personal Care - Services provided to help a person perform Activities of Daily Living, (also known as custodial care).

Physician - A licensed practitioner of the healing arts acting within the scope of the license.

Plan of Care - A written plan that has been developed for you and
1) describes the type, the frequency, and the duration of Long Term Care that you need; and
2) describes the types of Providers that are needed; and
3) is signed by the Licensed Health Care Practitioner responsible for your care.

Primary Informal Caregiver - An unpaid person who regularly provides:
1) Substantial Assistance when you are unable to perform at least two of the Activities of Daily Living*;* or
2) Substantial Supervision when you have a severe Cognitive Impairment.

Private Care Manager - A private Licensed Health Care Practitioner, not associated with Prudential, who is qualified to coordinate your necessary medical care, personal care and social services. Qualifications are based on training and experience and can include health care industry, state or national standards.

Provider - A licensed or certified professional or entity that provides Long Term Care services.

Prudential - The Prudential Insurance Company of America, 751 Broad Street, Newark, New Jersey 07102-3777.

Referral Agency - An agency that meets the following requirements:
1) its main function is to provide a referral service for Registered Nurses, Licensed Practical Nurses, Therapists or licensed Home Health Aides providing Home Health Care; and
2) it is licensed by the state in which the Home Health Care is delivered, to provide such services. If licensing is not required, the agency must be accredited by the Joint Commission on Accreditation of Health Care Organizations, the National Care Organizations, the Community Health Accreditation Program, the Foundation for Hospice and Home Care or the National League of Nurses.

Registered Nurse - A professional nurse legally designated "RN" who, where licensing is required, holds a valid license from the state in which the nursing service is performed.

Respite Care - Short-term care provided for limited periods of time in certain settings to relieve your Primary Informal Caregiver.

Substantial Assistance -
1) The physical assistance of another person without which you would not be able to perform an Activity of Daily Living; or
2) The constant presence of another person within arm's reach that is necessary to prevent, by physical intervention, injury to you while you are performing an Activity of Daily Living.

Substantial Supervision - Continual oversight that may include cueing by verbal prompting, gestures, or other demonstrations by another person, and which is necessary to protect you from threats to your health or safety.

Therapist - A physical therapist, occupational therapist, respiratory therapist, speech pathologist or audiologist who is licensed as such where the services are performed.

You, Your, Yours - The person who is the Insured.

LONG TERM CARE COVERAGE

A. Covered Services

Certain terms used in this section are defined to make it easier to understand and use your Policy. See the **Definitions** section.

This Policy pays benefits for Eligible Charges incurred by you for Institutional Care, Home and Community-Based Care, Hospice Care, Bed Reservation, Respite Care, Independence Support and Care Consultation. Benefits paid for Eligible Charges count towards your Lifetime Maximum.

Benefits for Eligible Charges for the following services are provided once any Benefit Waiting Period, described below has been satisfied. Not all charges are covered (see **Policy Exclusions** section). The actual amount paid depends on the Benefit Option you have chosen, as listed in the **Schedule of Policy Benefits**. No benefits will be payable beyond the amount of your Lifetime Maximum as listed in the **Schedule of Policy Benefits**. The applicable maximums and limits are described in this Policy and are outlined on the **Schedule of Policy Benefits**.

Institutional Care:

- **Nursing Home Care**
- **Assisted Living Facility**
- **Hospice Care**
- **Bed Reservation**
- **Respite Care**

This Policy provides coverage for all levels of care provided in a Nursing Home. This Policy also provides coverage for each day you receive care in an Assisted Living Facility and for Hospice Care. 100% of the Eligible Charges will be paid up to your Daily Maximum for Institutional Care if you are confined in a Nursing Home, receive care in an Assisted Living Facility, or receive Hospice Care.

Bed Reservation - When you are receiving care in a Nursing Home you may have to spend some time in a hospital. This benefit pays for charges by the Nursing Home to reserve your bed while you are in the hospital. This benefit is payable if your Nursing Home stay is being covered under this Policy. The charge made for reserving the bed must be one that the Nursing Home customarily makes to patients in like circumstances according to established policy. This benefit will be paid at 100% of the Eligible Charges up to your Daily Maximum for Institutional Care up to 20 days per hospital stay, as shown in the Schedule of Policy Benefits.

Respite Care - This Policy provides coverage for short-term care provided for limited periods of time in a Nursing Home, or a Hospice, or for all types of Home and Community-Based Care provided in your home to relieve your Primary Informal Caregiver. 100% of the Eligible Charges will be paid for these services, up to the applicable Daily Maximum for Institutional Care. See the Schedule of Policy Benefits for limits on the Respite Care benefit. The Benefit Waiting Period does not need to be satisfied to access this benefit.

Home and Community-Based Care:

- **Home Health Care**
- **Personal Care**
- **Adult Day Care**

Standard Care Benefits - This Policy provides coverage when you receive Home Health Care or Personal Care from a Home Health Care Agency; Referral Agency, Nurse Registry, or provided by an Independent Health Care Professional. This Policy also provides coverage when you receive Adult Day Care from an Adult Day Care Facility.

100% of the Eligible Charges will be paid up to your Daily Maximum for all Home and Community-Based Care combined. This Daily Maximum applies to all such care received on any day.

Additional Benefits:

Independence Support - This Policy provides a lifetime benefit of 50 times your Daily Maximum for Institutional Care to help you remain in the community. You may use this benefit to purchase a personal emergency response system or home modifications that make staying at home possible. You may also use this benefit to pay for Caregiver Training on behalf of your Primary Informal Caregiver. The Benefit Waiting Period does not need to be satisfied to access this benefit. 100% of the Eligible Charges will be paid up to the lifetime benefit.

Emerging Trends - This Policy provides coverage for a broad range of services including institutional and non-institutional care. However, there are always new, emerging trends in the delivery of Long Term Care. Therefore, Prudential will consider a claim for benefits when care is received in an alternative setting or for services designed to help you remain independent in your home. Determination of benefit eligibility and the benefit amount will be made on an individual basis at the sole discretion of Prudential. To qualify, such care shall be a qualified long term care service within the meaning of Internal Revenue Code 7702B.

Care Consultation:
Understanding your benefits and how to use them is important to you and to Prudential. Your policy offers you two ways of getting the help you need.

Information and Referral - If you would like information regarding community resources or your benefits, Prudential's Long Term Care Customer Service Center is available to help. The service is free and you do not have to be eligible for benefits. Call 1-800-732-0416 for assistance.

Private Care Management - You and your family may need assistance identifying resources, services and Providers available to meet your specific long term care needs. To aid you in evaluating your options and coordinating your long term care services, you may wish to select your own independent Private Care Manager. Your Policy provides coverage for up to 20 consultations per Calendar Year with a Private Care Manager. Each consultation is payable up to your Daily Maximum for Institutional Care. You must meet the Benefit Eligibility Criteria; however, the Benefit Waiting Period does not need to be satisfied to access this benefit.

B. Obtaining Benefits
Limitations or Conditions on Eligibility for Benefits

Benefit Eligibility Criteria - Submitting a claim form and a bill is not enough to ensure that benefits will be paid. In order to receive benefits you must FIRST be assessed by an Assessor and confirmed as having a Chronic Illness or Disability. A Chronic Illness or Disability is one in which there is:

1) A loss of the ability to perform, without Substantial Assistance, at least two Activities of Daily Living for a period of at least 90 consecutive days. Activities of Daily Living are: Bathing, Continence, Dressing, Eating, Toileting, and Transferring; or
2) A severe Cognitive Impairment, which requires Substantial Supervision to protect you from threats to health and safety.

Using Your Coverage

It is important that you start the process of using your coverage by calling the Long Term Care Customer Service Center at 1-800-732-0416. You are encouraged to call Prudential before you begin using Long Term Care services so that you know in advance whether your benefits will be available. Either you or your representative may call.

Prudential will arrange for a trained Assessor to assess you or you may select your own Assessor. If Prudential arranges the assessment, the interview may be by telephone or in-person depending on your condition. As part of the assessment process, you and your caregiver may be interviewed. The assessment will be based on objective standards of measurement.

If you wish to select your own Assessor, you should notify Prudential when you call our Long Term Care Customer Service Center. Prudential will send you an assessment form that your Assessor must complete and return to Prudential.

Based on the information obtained during the assessment, your eligibility will be confirmed or denied based on Prudential's use of objective standards of measurement such as "Katz Index of ADL's," "Folstein's Mini-Mental Examination," or any other equivalent objective standard of measurement currently in use, and subject to the terms and conditions of this Policy. You will be sent a written notice to confirm your eligibility. If you are not eligible, you will be sent a written notice explaining the reasons you were not eligible.

If you are eligible, you will need a Plan of Care. Your Plan of Care will be used to determine benefits based on the Benefit Option you have chosen.

If you were incurring Eligible Charges before you were assessed, this Policy will provide coverage for these Eligible Charges up to seven days before the date you are assessed, but only if you are eligible for benefits. Charges incurred before you are assessed may not be covered.

To maintain tax-qualified status, Federal law requires that any individual who otherwise meets the requirements of a Chronic Illness or Disability, will not be considered chronically ill or disabled unless, within the preceding 12-month period, a Licensed Health Care Practitioner has certified that such individual meets such requirements.

C. Benefit Waiting Period Before Payment Begins

The Benefit Waiting Period you have selected is shown on the **Schedule of Policy Benefits**. No payment of benefits is made for charges incurred during the Benefit Waiting Period, unless expressly stated under Covered Services. The Benefit Waiting Period is counted in calendar days and begins on the date you are assessed, if that assessment results in eligibility for benefits, and continues as long as you have a Chronic Illness or Disability. If you incur Eligible Charges during the seven day period prior to the date you are assessed, the Benefit Waiting Period will begin on the first day of that seven day period that you incurred such Eligible Charges. The Benefit Waiting Period must be met only once in your lifetime and is the same regardless of the services you eventually use. However, the Benefit Waiting Period does not need to be satisfied to access benefits for Respite Care, Independence Support or Care Consultation.

D. Appealing Decisions about Eligibility

You have the right to appeal decisions made about your eligibility for benefits. When you are determined to be ineligible for benefits, you will be sent a notice that explains why you are not eligible. This notice will also explain the procedure you should follow if you choose to appeal the decision. You will have 60 calendar days from the date you receive the decision to submit a written appeal to Prudential at the address specified on the notice. If the assessment process did not confirm your condition as a Chronic Illness or Disability, you may then arrange, at your own cost, for a second assessment from another qualified Assessor.

Prudential will send you a written acknowledgment of your letter within ten days of receipt. If no additional information is required and the appeal is denied, the acknowledgment will include an explanation of the reason(s) for the denial. If additional information is required, Prudential will explain what information is needed. Upon receipt and review of the additional information, Prudential will notify you in writing of the results of the review within 15 days.

If you still disagree with the appeal decision, you can request in writing within 60 days of the decision that the matter be submitted to Prudential's Benefit Appeal Committee. This Committee includes, but is not limited to, clinical, legal and product management staff. Following their review, the Committee will send you written notification of its decision.

E. Inflation Protection

Your benefits will automatically increase annually on your Anniversary Date. These increases will occur even if you are receiving benefits. Each year, all benefit amounts increase by 5% of the respective amount in force on the Effective Date. Your Lifetime Maximum will also increase accordingly. Your increased Lifetime Maximum will then be reduced by the sum of all benefits paid on your behalf during the period your Policy was in effect.

If your Policy ends and is later reinstated (see **Reinstating Your Policy**), benefits will be increased as if the Policy had remained in effect.

An example of the increasing benefit, based upon an initial $100 Daily Maximum for Institutional Care is shown below. The amounts shown have been rounded to the nearest dollar.

Long Term Care Policy Anniversary	**Daily Maximum for Institutional Care**
Year 1	$105
Year 2	$110
Year 3	$116
Year 4	$122
Year 5	$128
Year 10	$163
Year 15	$208
Year 20	$265

Shown for illustration purposes only

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CLAIM RULES

A. Notice of Claim

Notice of claim must be given within 20 days after a covered loss starts or as soon as reasonably possible. Notice may be given to The Prudential Insurance Company of America at its Long Term Care Customer Service Center or to your Prudential agent. Notice should include the name of the insured and the policy number. The address for our Customer Service Center is shown on page 1.

B. Claim Forms

When Prudential is notified of your claim, you will be sent a claim form. It will be sent no later than 10 working days following receipt of your notice. If you do not receive the claim form within this specified time, you may send Prudential a copy of your Assessment Form if you arrange your own assessment, Plan of Care and the Provider's bill as written proof of loss.

C. Proof of Loss

Prudential must receive copies of your Assessment Form if you arrange your own assessment, Plan of Care and the Provider's bill with the claim form as written proof of loss that you have received the services. The bill must show the following:

1) the name of the person who received the service;
2) the date(s) of service;
3) each type of service received; and
4) the charge for that service.

This proof of loss should be sent within 90 days of the date your loss begins. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to furnish the proof within that time; and proof is furnished as soon as reasonably possible. In any event, except in the absence of legal capacity, the proof required must be given no later than one year from the time specified.

D. Timely Submission

You and your Provider are encouraged to send monthly proof of loss to Prudential. Timely submission is important to you because the benefits paid under this Policy are charged against your Lifetime Maximum. This means that if claim submission is delayed, you may not know how much coverage remains in your Long Term Care Policy.

Your receipt of benefits affects your eligibility for the **Waiver of Premium** benefit. Premiums may become due and payable if Prudential is unaware of your claim status. If Prudential does not receive timely proof of loss, premiums may be due even if you would have been eligible for the **Waiver of Premium** benefit.

The address to which you submit the bills is on the claim form. If you have any questions about the address or would like additional claim forms, you can call the Long Term Care Customer Service Center at 1-800-732-0416.

E. Time of Payment of Benefits

Benefits are payable immediately upon receipt of satisfactory proof of loss by Prudential for any loss other than a loss for which the Policy provides periodic payment. An explanation of benefits notice which explains the determination of your claim will be sent to you within 30 days from the date Prudential receives proof of your loss.

Subject to due written proof of loss, all accrued indemnities for loss for which this Policy provides periodic payment will be paid monthly, and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of due written proof.

F. Payment of Benefits

You can choose whether you want to receive the benefit payments or have them paid directly to the Provider.

Any other benefits unpaid at your death may be paid at Prudential's option, either to your beneficiary or to your estate. If a beneficiary designation is not on file with Prudential, the company will make the payment to your spouse, if any, otherwise to your estate. If benefits are payable to the insured's estate or a beneficiary who cannot execute a valid release, Prudential can pay benefits up to $2,000 to someone related to you or your beneficiary by blood or marriage whom we consider to be entitled to the benefits. Prudential will be discharged to the extent of any such payment made in good faith.

The Department of Medical Assistance Services is the payor of last resort for health care costs for persons eligible for medical assistance in the Commonwealth of Virginia.

G. Physical Examination

You may be required to have a physical examination to be eligible for benefits. Prudential may do this when and as often as is reasonable while your claim is pending, at its own expense.

H. Legal Action

You cannot bring any action at law or in equity against Prudential to recover benefits from the Policy until 60 days after the proof of loss described above is furnished to Prudential. No such action shall be brought more than three years after you incur Eligible Charges.

I. Appealing Decisions about Claims

You have the right to appeal decisions made about your claims. The explanation of benefits notice will explain the procedure you should follow if you choose to appeal a claim decision.

You have 60 calendar days from the date you receive the decision to submit a written appeal to Prudential at the address specified on the notice.

Prudential will send you a written acknowledgment of your letter within 10 days of receipt. If no additional information is required and the appeal is denied, the acknowledgment will include an explanation of the reasons for the denial. If additional information is required, Prudential will explain what information is needed.

Within 15 days of the receipt of the additional information, Prudential will notify you in writing of the decision concerning your claim. If the decision cannot be made within 15 working days from the date it receives all pertinent data, Prudential will notify you, giving the reasons more time is required. If the decision is not made within an additional 30 days, Prudential will notify you, at that time, and every 45 days thereafter, the reasons why additional time is needed for investigation of your claim. This notice will also state when a decision on the claim may be expected.

If you still disagree with the appeal decision, you can request in writing within 60 days of the decision that the matter be submitted to Prudential's Claim Appeal Committee. This Committee includes, but is not limited to, clinical, legal and product management staff. Following their review, the Committee will send you written notification of its decision within 15 days from the date all necessary information is received.

PREMIUMS

A. Amount of Premiums

Premiums for this Policy are level based on your age on the Effective Date of your Policy and the coverage option(s) you have chosen. Premiums will not automatically increase as you become older. Premiums will not automatically increase because you use benefits. You can keep this Policy in force as long as you continue to pay the required premium and have not reached your Lifetime Maximum.

B. Changes In Premiums

Prudential reserves the right to change premium rates. Any change will apply on a class basis to all insureds.

C. Misstatement of Age

If the age shown on your Application and used to calculate your premium is in error, your Benefit Amount will be adjusted to that which the premium paid would have purchased at the correct age.

If your Application would have been denied if your age had not been misstated, or if you would have been subject to additional medical evidence requirements, Prudential's liability will be limited to a refund of all premiums you have paid for this Policy.

D. Grace Period

The Premium Due Date will be indicated on your bill. This Policy has a 31 day grace period. This provision means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following grace period. During the grace period, the Policy will stay in force. If premium is not received within the grace period, you and your designee (if applicable) will be mailed a notice requesting payment within 31 days. The notice will be deemed to have been given 15 days after the date mailed. If Prudential does not receive payment within this time, your Policy will be terminated.

E. Waiver of Premium

After you complete any required Benefit Waiting Period and begin to receive benefits for Institutional Care (other than Respite Care), Home and Community-Based Care or Emerging Trends, the premiums for your Policy will be waived beginning with the first day of the next month after benefits are payable. Premiums will not be waived if the only Eligible Charges you are incurring are for Respite Care, Care Consultation, or Independence Support. Premiums will again be due as of the first day of the month following the month in which you no longer incur Eligible Charges for the services to which this waiver applies.

If you have already paid premiums in advance, at the time you are eligible for **Waiver of Premium**, Prudential will refund to you that portion of advance premium, beginning with the first day of the next month after benefits are payable.

POLICY EXCLUSIONS

Your Policy is designed to provide coverage to pay for the long term care you need when you need it. However, there are some special circumstances that limit or exclude the availability of benefits under this Policy. No benefits will be payable if any of the following situations applies.

1) Government Plan Charge: A charge for a service or supply:
   a) furnished by or for the United States government or any other government, unless payment of the charge is required by law; or
   b) to the extent that the service or supply, or any benefit for the charge, is provided by any law or governmental plan under which the patient is or could be covered. This (b) does not apply to a state plan under Medicaid or to any law or plan when, by law, its benefits are excess to those of any private insurance program or other non-governmental program. When this (b) applies to Medicare, the benefits provided by Medicare will be deemed to include any amount that would have been payable by Medicare in the absence of a deductible or coinsurance requirement under that program.

2) War: Charges for a condition due to war or any act of war while you are insured. "War" means declared or undeclared war and includes resistance to armed aggression.

3) Self-inflicted Injury or Suicide: Charges arising from intentionally self-inflicted injury or attempted suicide.

4) Services and Supplies Outside the United States: Charges for services or supplies outside the United States and its possessions.

5) Close Relative: Charges for services and supplies furnished and charged for by a close relative other than a licensed professional who provides covered services within the terms of his or her licensure. Close relatives include you, your spouse, or a child, grandchild, brother, sister, or a parent of you or your spouse.

6) Services or Supplies Normally Furnished Without Charge: Services or supplies for which no charge would be made in the absence of insurance.

7) Chronic Alcoholism or Chemical Dependency: Charges in connection with chronic alcoholism or chemical dependency.

8) Felony, Riot or Insurrection: Charges for a condition due to your participation in an act of felony, riot or insurrection.

As amended by GRP 99178

GENERAL INFORMATION

A. Tax Status Of Premiums And Benefits

This Policy is intended to be a Qualified Long Term Care Insurance Contract as defined by the Internal Revenue Code Section 7702B(b). The benefits you may receive under this Policy should not be considered taxable income. In addition, some or all of the premiums you pay towards this Policy may be tax deductible as a medical expense subject to certain limitations. Consult a tax advisor for more information concerning this deduction.

Public guidance issued by the Internal Revenue Service or Treasury Department may provide that a provision of this Policy does not comply with the requirements of Code Section 7702B. In this event, the provision will be automatically nullified without any further action by Prudential.

B. Entire Contract

The entire contract consists of the Policy, all attached pages, any optional Riders and your Application. A change in this contract will be valid only when approved by a Prudential officer and made a part of the contract. An agent may not change the contract or waive any part of it.

C. Dividends

This policy is non-participating. It will not share in Prudential's profits or surplus earnings. Prudential will pay no dividends on it.

As amended by GRP 99465

WHEN YOUR POLICY TERMINATES

Your Policy will terminate when the first of these occurs:

1) You fail to pay any premium required for the Policy when due or within the Grace Period. This will not apply if the premium is being waived in accordance with the **Waiver of Premium** provision; or
2) You have exhausted your Lifetime Maximum.

A. Extension of Benefits

Termination of your Policy shall be without prejudice to any benefits payable for Institutional Care if such care began while your Policy was in force and continues without interruption after termination. Benefits will be extended until the earlier of:

1) the date on which you no longer incur Eligible Charges for Institutional Care; or
2) the date you reach the Lifetime Maximum.

During this Extension of Benefits period, you will be considered covered under this Policy for purposes of the **Waiver of Premium** provision.

B. Reinstating Your Policy

If due to your Chronic Illness or Disability, you fail to pay your premium and your Policy terminates for this reason, you may be eligible to reinstate your Policy. You or your representative may request reinstatement if:

1) The request is made within five months of the date premiums were due; and
2) Your Chronic Illness or Disability is confirmed by Prudential. See the **Benefit Eligibility Criteria** under Section B of the **Long Term Care Coverage** provisions for details.

Call the Long Term Care Customer Service Center at 1-800-732-0416 to determine if your Policy can be reinstated.

If your Policy can be reinstated, you must pay the past due premiums. Upon reinstatement, you will have the same level of coverage you had before your Policy terminated. All benefits paid prior to reinstatement count towards your Lifetime Maximum.

C. Time Limit on Certain Defenses

Your acceptance for this Long Term Care Policy is based on information furnished on your Application. All statements made in the Application are considered to be to the best of your knowledge and belief, and will be deemed representations and not warranties. These statements will not be used in a contest to avoid this insurance or reduce benefits unless:

1) it is in a written statement signed by you; and
2) a copy of that statement is or has been furnished to you or your representative.

If this information misrepresented you, and as a result, Prudential offered you insurance that you otherwise would not have been offered, Prudential can rescind your Policy, or deny an otherwise valid claim. Your Policy can be rescinded in this situation within six months of your Effective Date.

If your Policy has been in effect at least six months, but less than two years, Prudential can also rescind your Policy or deny an otherwise valid claim. This can be done if all the following apply:

1) Information on your Application misrepresented you.
2) As a result, Prudential offered you insurance which you otherwise would not have been offered.
3) The misrepresentation pertains to the condition for which benefits are claimed.

After two years, your Policy can be rescinded if Prudential can show that:

1) relevant facts relating to your health were knowingly and intentionally misrepresented; and
2) as a result, Prudential offered you coverage which you otherwise would not have been offered.

These provisions also apply whenever you purchase additional coverage and provide additional evidence of insurability. For example, if you choose an inflation increase or a higher Benefit Option, that portion of your coverage could be rescinded. If your additional coverage is rescinded, benefits will be paid according to the Daily Maximum and Monthly Maximum (if applicable) in effect before the increase.

If you realize there is an inaccuracy in your Application, you should notify Prudential before the end of the two-year period. This will help to ensure you have the coverage when you need it.

Prudential
Long Term Care℠ Insurance

Individual Long Term Care Insurance Policy

Periodic Inflation Offers (PI)

The Prudential Insurance Company of America
751 Broad Street, Newark, New Jersey 07102-3777

LONG TERM CARE INSURANCE POLICY

Thank you for choosing this Prudential Long Term Care Policy. This Policy is a contract between you and Prudential. It is issued in consideration of your application and payment of required premium. It takes effect and terminates as stated in the applicable provisions at 12:01 A. M., Standard Time.

CAUTION: This Policy may not apply when you have a claim! Please read! The issuance of this Long Term Care Policy is based upon your responses to the questions on your Application. A copy of your Application is enclosed. If your answers are incorrect, untrue, incomplete or if you fail to include all material medical information requested, Prudential has the right to deny benefits or rescind your Policy. The best time to clear up any questions is now, before a claim arises! If for any reason, any of your answers are incorrect, untrue or incomplete, contact Prudential at this address: The Prudential Insurance Company of America, Long Term Care Customer Service Center, P.O. Box 8519, Philadelphia, PA 19176-8519 or call 1-800-732-0416.

RENEWABILITY: The Long Term Care coverage described in this Policy is guaranteed renewable. This means you have the right to continue this Policy as long as you pay your premiums on time and have not exhausted your Lifetime Maximum. Prudential cannot change the terms of your Policy on its own, except for the following. It may increase the premiums you pay. It may automatically change the provisions of the Policy to conform with Prudential's interpretation of any state or federal law or regulation that applies to the Policy.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from Prudential by calling the Long Term Care Customer Service Center at 1-800-732-0416.

TAX STATUS: This Long Term Care Policy is intended to be a Qualified Long Term Care Insurance Contract as defined by the Internal Revenue Code Section 7702B(b). It is intended to qualify for favorable federal tax treatment. As such it must meet certain federal standards in addition to all applicable standards in the state in which the Policy is issued for delivery. If you have any questions regarding the tax qualification of this product, you should direct such questions to the appropriate federal agency, or you should contact your tax advisor.

NOTICE TO BUYER: This Policy may not cover all of the costs associated with Long Term Care incurred by you during the period of coverage. You are advised to carefully review all Policy limitations.

IMPORTANT: Within 30 days of receipt, if you decide you do not want this Long Term Care Policy, you may return this Policy to your Agent or to Prudential at the following address: The Prudential Insurance Company of America, Long Term Care Customer Service Center, P.O. Box 8519, Philadelphia, PA 19176-8519. Your Policy will be canceled as of the effective date and any premium paid will be returned to you within 30 days of receiving your timely cancellation request.

PREMIUM REFUND UPON YOUR DEATH: Upon proper notification of your death, Prudential will refund on a pro rata basis any part of the periodic premium already paid which applies to the period of time after death.

READ YOUR POLICY CAREFULLY. This Policy is intended to provide coverage for Long Term Care services. All benefits are subject in every way to all of the terms and conditions of this Policy. The following pages contain details about the coverage and how you can receive benefits when eligible as set forth herein. Certain capitalized terms used in this Policy are defined to make it easier for you to understand your Policy. Please refer to the **Definitions** section.

Secretary

Chairman of the Board

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DEFINITIONS

Activities of Daily Living

Bathing - Washing oneself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower.

Continence - The ability to maintain control of bowel and bladder function, or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing - Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating - Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.

Toileting - Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring - Sufficient mobility to move into or out of a bed, chair or wheelchair or to move from place to place, either by walking, using a wheelchair or by other means.

Adult Day Care - A day program for three or more individuals in a community group setting which:

1) is provided in an Adult Day Care Facility; and
2) provides social and health-related services; and
3) supports frail, impaired, elderly or other disabled adults who can benefit from care in a group setting outside the home.

Adult Day Care Facility - A facility that is licensed, certified, or otherwise qualified as an Adult Day Care Facility by the state in which services are rendered.

Assessor - A Licensed Health Care Practitioner who is qualified to evaluate conditions relevant to your functional or cognitive ability. Qualifications are based on training and experience, and may include health care industry, state or national standards.

Assisted Living Facility - A facility licensed, certified, or otherwise qualified as an Assisted Living Facility by the state in which the services are rendered.

Bed Reservation - A reservation of your Nursing Home bed while you are in the hospital.

Benefit Waiting Period - Period of time after you meet the Benefit Eligibility Criteria during which no benefits are payable.

Calendar Year - A year starting January 1.

Caregiver Training - Training provided by a Home Health Care Agency, Nursing Home, hospital or other similar facility acceptable to Prudential, and received by your Primary Informal Caregiver to care for you in your residence.

Chronic Illness Or Disability - An illness or disability in which there is:
1) A loss of the ability to perform, without Substantial Assistance, at least two Activities of Daily Living for a period of at least 90 consecutive days; or
2) A severe Cognitive Impairment which requires Substantial Supervision to protect you from threats to health or safety.

Cognitive Impairment - A loss or deterioration in intellectual capacity that is:
1) Comparable to and includes Alzheimer's disease and similar forms of irreversible dementia;
2) Measured by clinical evidence and standardized tests that reliably measure impairment in the individual's
   a) short-term or long-term memory;
   b) orientation as to people, places, or time and
   c) deductive or abstract reasoning.

Daily Maximum - The maximum daily benefit payable for Eligible Charges according to the Benefit Option you have chosen as listed in the **Schedule of Policy Benefits**.

Eligible Charges - The charges for your Long Term Care that are used as the basis for a claim. These charges must be incurred:
1) for services and supplies described in the **Covered Services** section; and
2) while you are insured for the Long Term Care Policy*;* and
3) after the Benefit Waiting Period, if any, is satisfied.

A charge is considered incurred on the date you receive the service or supply. A charge is not an Eligible Charge if it is described in the **Policy Exclusions** section.

Home and Community-Based Care - Home Health Care or Personal Care, received from a Home Health Care Agency, licensed Referral Agency, licensed Nurse Registry or provided by an Independent Health Care Professional; and Adult Day Care received from an Adult Day Care Facility.

Home Health Aide - A person whose function is to provide Personal Care services. If state and local licensing or certification is required, the person must be licensed or certified as a Home Health Aide where the service is performed. If licensing or certification is not required, any person who meets the minimum training qualifications recognized by the Foundation for Hospice & Home Care, National League of Nursing or Health Care Financing Administration will be considered a Home Health Aide provided they are employed through an eligible Home Health Care Agency.

Home Health Care Agency - An organization that provides Home Health Care and is licensed, certified, or otherwise qualified as a Home Health Care Agency by the state in which services are rendered.

Home Health Care - Services provided to ill, disabled or infirm persons in their residences. Such services may include assistance with Activities of Daily Living and Respite Care services.

Hospice - A licensed, certified, or, as determined by Prudential, otherwise qualified facility or community-based program designed to provide services to terminally ill individuals.

Hospice Care - Services and supplies provided through a Hospice to a person identified as having a terminal illness.

Independent Health Care Professional - A full-time, professional, licensed or certified Home Health Aide, Registered Nurse, Licensed Practical Nurse or Therapist independently providing Home Health Care services within the scope of his or her license.

Institutional Care - Care in a Nursing Home, Hospice Care, Respite Care, care in an Assisted Living Facility and Bed Reservation.

Licensed Health Care Practitioner - A Physician, a Registered Nurse, a licensed social worker, or another professional individual who meets the requirements prescribed by the United States Secretary of the Treasury.

Licensed Practical Nurse - A professional nurse legally designated "LPN" who, where licensing is required, holds a valid license from the state in which the nursing service is performed. The term licensed practical nurse (LPN) shall include a licensed vocational nurse (LVN) and any other similarly designated nurse in those jurisdictions in which a professional nurse is designated as other than an LPN and for whom licensing is required.

Lifetime Maximum - The maximum lifetime benefit payable for Eligible Charges according to the Benefit Option you have chosen, as listed in the **Schedule of Policy Benefits**.

Long Term Care - Medical, social and personal care services, such as Nursing Home care, Home and Community-Based Care, Hospice Care, or Respite Care, required over a long period of time by a person with a Chronic Illness or Disability.

Medicaid - Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended from time to time.

Medicare - Title XVIII, Health Insurance for the Aged and Disabled, of the United States Social Security Act, as amended from time to time.

Mental or Nervous Illnesses - Neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder.

Nurse Registry - An organization that meets the following requirements:

1) its main function is to provide a referral service for Registered Nurses or Licensed Practical Nurses specialized in providing Home Health Care services; and
2) it is appropriately licensed by the state in which the services are provided, if the state in which the Nurse Registry is located requires licensure.

Nursing Home (Long Term Care Facility) - A facility or institution that is licensed, certified, or otherwise qualified as a Nursing Home or Long Term Care Facility by the state in which services are rendered. This term includes skilled, intermediate and custodial care facilities which operate within the terms of licensure.

Personal Care - Services provided to help a person perform Activities of Daily Living, (also known as custodial care).

Physician - A licensed practitioner of the healing arts acting within the scope of the license.

Plan of Care - A written plan that has been developed for you and
1) describes the type, the frequency, and the duration of Long Term Care that you need; and
2) describes the types of Providers that are needed; and
3) is signed by the Licensed Health Care Practitioner responsible for your care.

Primary Informal Caregiver - An unpaid person who regularly provides:
1) Substantial Assistance when you are unable to perform at least two of the Activities of Daily Living*;* or
2) Substantial Supervision when you have a severe Cognitive Impairment.

Private Care Manager - A private Licensed Health Care Practitioner, not associated with Prudential, who is qualified to coordinate your necessary medical care, personal care and social services. Qualifications are based on training and experience and can include health care industry, state or national standards.

Provider - A licensed or certified professional or entity that provides Long Term Care services.

Prudential - The Prudential Insurance Company of America, 751 Broad Street, Newark, New Jersey 07102-3777.

Referral Agency - An agency that meets the following requirements:
1) its main function is to provide a referral service for Registered Nurses, Licensed Practical Nurses, Therapists or licensed Home Health Aides providing Home Health Care; and
2) it is licensed by the state in which the Home Health Care is delivered, to provide such services. If licensing is not required, the agency must be accredited by the Joint Commission on Accreditation of Health Care Organizations, the National Care Organizations, the Community Health Accreditation Program, the Foundation for Hospice and Home Care or the National League of Nurses.

Registered Nurse - A professional nurse legally designated "RN" who, where licensing is required, holds a valid license from the state in which the nursing service is performed.

Respite Care - Short-term care provided for limited periods of time in certain settings to relieve your Primary Informal Caregiver.

Substantial Assistance -
1) The physical assistance of another person without which you would not be able to perform an Activity of Daily Living; or
2) The constant presence of another person within arm's reach that is necessary to prevent, by physical intervention, injury to you while you are performing an Activity of Daily Living.

Substantial Supervision - Continual oversight that may include cueing by verbal prompting, gestures, or other demonstrations by another person, and which is necessary to protect you from threats to your health or safety.

Therapist - A physical therapist, occupational therapist, respiratory therapist, speech pathologist or audiologist who is licensed as such where the services are performed.

You, Your, Yours - The person who is the Insured.

LONG TERM CARE COVERAGE

A. Covered Services

Certain terms used in this section are defined to make it easier to understand and use your Policy. See the **Definitions** section.

This Policy pays benefits for Eligible Charges incurred by you for Institutional Care, Home and Community-Based Care, Hospice Care, Bed Reservation, Respite Care, Independence Support and Care Consultation. Benefits paid for Eligible Charges count towards your Lifetime Maximum.

Benefits for Eligible Charges for the following services are provided once any Benefit Waiting Period, described below has been satisfied. Not all charges are covered (see **Policy Exclusions** section). The actual amount paid depends on the Benefit Option you have chosen, as listed in the **Schedule of Policy Benefits**. No benefits will be payable beyond the amount of your Lifetime Maximum as listed in the **Schedule of Policy Benefits**. The applicable maximums and limits are described in this Policy and are outlined on the **Schedule of Policy Benefits**.

Institutional Care:

- **Nursing Home Care**
- **Assisted Living Facility**
- **Hospice Care**
- **Bed Reservation**
- **Respite Care**

This Policy provides coverage for all levels of care provided in a Nursing Home. This Policy also provides coverage for each day you receive care in an Assisted Living Facility and for Hospice Care. 100% of the Eligible Charges will be paid up to your Daily Maximum for Institutional Care if you are confined in a Nursing Home, receive care in an Assisted Living Facility, or receive Hospice Care.

Bed Reservation - When you are receiving care in a Nursing Home you may have to spend some time in a hospital. This benefit pays for charges by the Nursing Home to reserve your bed while you are in the hospital. This benefit is payable if your Nursing Home stay is being covered under this Policy. The charge made for reserving the bed must be one that the Nursing Home customarily makes to patients in like circumstances according to established policy. This benefit will be paid at 100% of the Eligible Charges up to your Daily Maximum for Institutional Care up to 20 days per hospital stay, as shown in the Schedule of Policy Benefits.

Respite Care - This Policy provides coverage for short-term care provided for limited periods of time in a Nursing Home, or a Hospice, or for all types of Home and Community-Based Care provided in your home to relieve your Primary Informal Caregiver. 100% of the Eligible Charges will be paid for these services, up to the applicable Daily Maximum for Institutional Care. See the Schedule of Policy Benefits for limits on the Respite Care benefit. The Benefit Waiting Period does not need to be satisfied to access this benefit.

Home and Community-Based Care:

- **Home Health Care**
- **Personal Care**
- **Adult Day Care**

Standard Care Benefits - This Policy provides coverage when you receive Home Health Care or Personal Care from a Home Health Care Agency; Referral Agency, Nurse Registry, or provided by an Independent Health Care Professional. This Policy also provides coverage when you receive Adult Day Care from an Adult Day Care Facility.

100% of the Eligible Charges will be paid up to your Daily Maximum for all Home and Community-Based Care combined. This Daily Maximum applies to all such care received on any day.

Additional Benefits:

Independence Support - This Policy provides a lifetime benefit of 50 times your Daily Maximum for Institutional Care to help you remain in the community. You may use this benefit to purchase a personal emergency response system or home modifications that make staying at home possible. You may also use this benefit to pay for Caregiver Training on behalf of your Primary Informal Caregiver. The Benefit Waiting Period does not need to be satisfied to access this benefit. 100% of the Eligible Charges will be paid up to the lifetime benefit.

Emerging Trends - This Policy provides coverage for a broad range of services including institutional and non-institutional care. However, there are always new, emerging trends in the delivery of Long Term Care. Therefore, Prudential will consider a claim for benefits when care is received in an alternative setting or for services designed to help you remain independent in your home. Determination of benefit eligibility and the benefit amount will be made on an individual basis at the sole discretion of Prudential. To qualify, such care shall be a qualified long term care service within the meaning of Internal Revenue Code 7702B.

Care Consultation:
Understanding your benefits and how to use them is important to you and to Prudential. Your policy offers you two ways of getting the help you need.

Information and Referral - If you would like information regarding community resources or your benefits, Prudential's Long Term Care Customer Service Center is available to help. The service is free and you do not have to be eligible for benefits. Call 1-800-732-0416 for assistance.

Private Care Management - You and your family may need assistance identifying resources, services and Providers available to meet your specific long term care needs. To aid you in evaluating your options and coordinating your long term care services, you may wish to select your own independent Private Care Manager. Your Policy provides coverage for up to 20 consultations per Calendar Year with a Private Care Manager. Each consultation is payable up to your Daily Maximum for Institutional Care. You must meet the Benefit Eligibility Criteria; however, the Benefit Waiting Period does not need to be satisfied to access this benefit.

B. Obtaining Benefits
Limitations or Conditions on Eligibility for Benefits

Benefit Eligibility Criteria - Submitting a claim form and a bill is not enough to ensure that benefits will be paid. In order to receive benefits you must FIRST be assessed by an Assessor and confirmed as having a Chronic Illness or Disability. A Chronic Illness or Disability is one in which there is:

1) A loss of the ability to perform, without Substantial Assistance, at least two Activities of Daily Living for a period of at least 90 consecutive days. Activities of Daily Living are: Bathing, Continence, Dressing, Eating, Toileting, and Transferring; or
2) A severe Cognitive Impairment, which requires Substantial Supervision to protect you from threats to health and safety.

Using Your Coverage

It is important that you start the process of using your coverage by calling the Long Term Care Customer Service Center at 1-800-732-0416. You are encouraged to call Prudential before you begin using Long Term Care services so that you know in advance whether your benefits will be available. Either you or your representative may call.

Prudential will arrange for a trained Assessor to assess you or you may select your own Assessor. If Prudential arranges the assessment, the interview may be by telephone or in-person depending on your condition. As part of the assessment process, you and your caregiver may be interviewed. The assessment will be based on objective standards of measurement.

If you wish to select your own Assessor, you should notify Prudential when you call our Long Term Care Customer Service Center. Prudential will send you an assessment form that your Assessor must complete and return to Prudential.

Based on the information obtained during the assessment, your eligibility will be confirmed or denied based on Prudential's use of objective standards of measurement such as "Katz Index of ADL's," "Folstein's Mini-Mental Examination," or any other equivalent objective standard of measurement currently in use, and subject to the terms and conditions of this Policy. You will be sent a written notice to confirm your eligibility. If you are not eligible, you will be sent a written notice explaining the reasons you were not eligible.

If you are eligible, you will need a Plan of Care. Your Plan of Care will be used to determine benefits based on the Benefit Option you have chosen.

If you were incurring Eligible Charges before you were assessed, this Policy will provide coverage for these Eligible Charges up to seven days before the date you are assessed, but only if you are eligible for benefits. Charges incurred before you are assessed may not be covered.

To maintain tax-qualified status, Federal law requires that any individual who otherwise meets the requirements of a Chronic Illness or Disability, will not be considered chronically ill or disabled unless, within the preceding 12-month period, a Licensed Health Care Practitioner has certified that such individual meets such requirements.

C. Benefit Waiting Period Before Payment Begins

The Benefit Waiting Period you have selected is shown on the **Schedule of Policy Benefits**. No payment of benefits is made for charges incurred during the Benefit Waiting Period, unless expressly stated under Covered Services. The Benefit Waiting Period is counted in calendar days and begins on the date you are assessed, if that assessment results in eligibility for benefits, and continues as long as you have a Chronic Illness or Disability. If you incur Eligible Charges during the seven day period prior to the date you are assessed, the Benefit Waiting Period will begin on the first day of that seven day period that you incurred such Eligible Charges. The Benefit Waiting Period must be met only once in your lifetime and is the same regardless of the services you eventually use. However, the Benefit Waiting Period does not need to be satisfied to access benefits for Respite Care, Independence Support or Care Consultation.

D. Appealing Decisions about Eligibility

You have the right to appeal decisions made about your eligibility for benefits. When you are determined to be ineligible for benefits, you will be sent a notice that explains why you are not eligible. This notice will also explain the procedure you should follow if you choose to appeal the decision. You will have 60 calendar days from the date you receive the decision to submit a written appeal to Prudential at the address specified on the notice. If the assessment process did not confirm your condition as a Chronic Illness or Disability, you may then arrange, at your own cost, for a second assessment from another qualified Assessor.

Prudential will send you a written acknowledgment of your letter within ten days of receipt. If no additional information is required and the appeal is denied, the acknowledgment will include an explanation of the reason(s) for the denial. If additional information is required, Prudential will explain what information is needed. Upon receipt and review of the additional information, Prudential will notify you in writing of the results of the review within 15 days.

If you still disagree with the appeal decision, you can request in writing within 60 days of the decision that the matter be submitted to Prudential's Benefit Appeal Committee. This Committee includes, but is not limited to, clinical, legal and product management staff. Following their review, the Committee will send you written notification of its decision.

E. Inflation Protection

At least every three years you will be offered the opportunity to increase your benefits to keep up with inflation. Your Daily Maximum and Monthly Maximum (if applicable) benefits would increase by at least five percent, compounded annually. Your Lifetime Maximum will also increase accordingly. Your increased Lifetime Maximum will then be reduced by the sum of all benefits paid on your behalf during the period your Policy was in effect. Your age on the effective date of the increase will be used to determine the additional premium for the increased coverage.

You do not have to provide evidence of insurability to purchase inflation increases. However, if you decline two offerings in a row, and then want to increase coverage, you will be required to submit satisfactory evidence of insurability the next time you accept an offer.

You will be offered the increase in coverage even if you are receiving benefits. However, the increased coverage will not take effect until you stop receiving benefits.

CLAIM RULES

A. Notice of Claim

Notice of claim must be given within 20 days after a covered loss starts or as soon as reasonably possible. Notice may be given to The Prudential Insurance Company of America at its Long Term Care Customer Service Center or to your Prudential agent. Notice should include the name of the insured and the policy number. The address for our Customer Service Center is shown on page 1.

B. Claim Forms

When Prudential is notified of your claim, you will be sent a claim form. It will be sent no later than 10 working days following receipt of your notice. If you do not receive the claim form within this specified time, you may send Prudential a copy of your Assessment Form if you arrange your own assessment, Plan of Care and the Provider's bill as written proof of loss.

C. Proof of Loss

Prudential must receive copies of your Assessment Form if you arrange your own assessment, Plan of Care and the Provider's bill with the claim form as written proof of loss that you have received the services. The bill must show the following:

1) the name of the person who received the service;
2) the date(s) of service;
3) each type of service received; and
4) the charge for that service.

This proof of loss should be sent within 90 days of the date your loss begins. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to furnish the proof within that time; and proof is furnished as soon as reasonably possible. In any event, except in the absence of legal capacity, the proof required must be given no later than one year from the time specified.

D. Timely Submission

You and your Provider are encouraged to send monthly proof of loss to Prudential. Timely submission is important to you because the benefits paid under this Policy are charged against your Lifetime Maximum. This means that if claim submission is delayed, you may not know how much coverage remains in your Long Term Care Policy.

Your receipt of benefits affects your eligibility for the **Waiver of Premium** benefit. Premiums may become due and payable if Prudential is unaware of your claim status. If Prudential does not receive timely proof of loss, premiums may be due even if you would have been eligible for the **Waiver of Premium** benefit.

The address to which you submit the bills is on the claim form. If you have any questions about the address or would like additional claim forms, you can call the Long Term Care Customer Service Center at 1-800-732-0416.

E. Time of Payment of Benefits

Benefits are payable immediately upon receipt of satisfactory proof of loss by Prudential for any loss other than a loss for which the Policy provides periodic payment. An explanation of benefits notice which explains the determination of your claim will be sent to you within 30 days from the date Prudential receives proof of your loss.

Subject to due written proof of loss, all accrued indemnities for loss for which this Policy provides periodic payment will be paid monthly, and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of due written proof.

F. Payment of Benefits

You can choose whether you want to receive the benefit payments or have them paid directly to the Provider.

Any other benefits unpaid at your death may be paid at Prudential's option, either to your beneficiary or to your estate. If a beneficiary designation is not on file with Prudential, the company will make the payment to your spouse, if any, otherwise to your estate. If benefits are payable to the insured's estate or a beneficiary who cannot execute a valid release, Prudential can pay benefits up to $2,000 to someone related to you or your beneficiary by blood or marriage whom we consider to be entitled to the benefits. Prudential will be discharged to the extent of any such payment made in good faith.

The Department of Medical Assistance Services is the payor of last resort for health care costs for persons eligible for medical assistance in the Commonwealth of Virginia.

G. Physical Examination

You may be required to have a physical examination to be eligible for benefits. Prudential may do this when and as often as is reasonable while your claim is pending, at its own expense.

H. Legal Action

You cannot bring any action at law or in equity against Prudential to recover benefits from the Policy until 60 days after the proof of loss described above is furnished to Prudential. No such action shall be brought more than three years after you incur Eligible Charges.

I. Appealing Decisions about Claims

You have the right to appeal decisions made about your claims. The explanation of benefits notice will explain the procedure you should follow if you choose to appeal a claim decision.

You have 60 calendar days from the date you receive the decision to submit a written appeal to Prudential at the address specified on the notice.

Prudential will send you a written acknowledgment of your letter within 10 days of receipt. If no additional information is required and the appeal is denied, the acknowledgment will include an explanation of the reasons for the denial. If additional information is required, Prudential will explain what information is needed.

Within 15 days of the receipt of the additional information, Prudential will notify you in writing of the decision concerning your claim. If the decision cannot be made within 15 working days from the date it receives all pertinent data, Prudential will notify you, giving the reasons more time is required. If the decision is not made within an additional 30 days, Prudential will notify you, at that time, and every 45 days thereafter, the reasons why additional time is needed for investigation of your claim. This notice will also state when a decision on the claim may be expected.

If you still disagree with the appeal decision, you can request in writing within 60 days of the decision that the matter be submitted to Prudential's Claim Appeal Committee. This Committee includes, but is not limited to, clinical, legal and product management staff. Following their review, the Committee will send you written notification of its decision within 15 days from the date all necessary information is received.

PREMIUMS

A. Amount of Premiums

Premiums for this Policy are level based on your age on the Effective Date of your Policy and the coverage option(s) you have chosen. Premiums will not automatically increase as you become older. Premiums will not automatically increase because you use benefits. You can keep this Policy in force as long as you continue to pay the required premium and have not reached your Lifetime Maximum.

B. Changes In Premiums

Prudential reserves the right to change premium rates. Any change will apply on a class basis to all insureds.

C. Misstatement of Age

If the age shown on your Application and used to calculate your premium is in error, your Benefit Amount will be adjusted to that which the premium paid would have purchased at the correct age.

If your Application would have been denied if your age had not been misstated, or if you would have been subject to additional medical evidence requirements, Prudential's liability will be limited to a refund of all premiums you have paid for this Policy.

D. Grace Period

The Premium Due Date will be indicated on your bill. This Policy has a 31 day grace period. This provision means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following grace period. During the grace period, the Policy will stay in force. If premium is not received within the grace period, you and your designee (if applicable) will be mailed a notice requesting payment within 31 days. The notice will be deemed to have been given 15 days after the date mailed. If Prudential does not receive payment within this time, your Policy will be terminated.

E. Waiver of Premium

After you complete any required Benefit Waiting Period and begin to receive benefits for Institutional Care (other than Respite Care), Home and Community-Based Care or Emerging Trends, the premiums for your Policy will be waived beginning with the first day of the next month after benefits are payable. Premiums will not be waived if the only Eligible Charges you are incurring are for Respite Care, Care Consultation, or Independence Support. Premiums will again be due as of the first day of the month following the month in which you no longer incur Eligible Charges for the services to which this waiver applies.

If you have already paid premiums in advance, at the time you are eligible for **Waiver of Premium**, Prudential will refund to you that portion of advance premium, beginning with the first day of the next month after benefits are payable.

POLICY EXCLUSIONS

Your Policy is designed to provide coverage to pay for the long term care you need when you need it. However, there are some special circumstances that limit or exclude the availability of benefits under this Policy. No benefits will be payable if any of the following situations applies.

1) Government Plan Charge: A charge for a service or supply:
   a) furnished by or for the United States government or any other government, unless payment of the charge is required by law; or
   b) to the extent that the service or supply, or any benefit for the charge, is provided by any law or governmental plan under which the patient is or could be covered. This (b) does not apply to a state plan under Medicaid or to any law or plan when, by law, its benefits are excess to those of any private insurance program or other non-governmental program. When this (b) applies to Medicare, the benefits provided by Medicare will be deemed to include any amount that would have been payable by Medicare in the absence of a deductible or coinsurance requirement under that program.

2) War: Charges for a condition due to war or any act of war while you are insured. "War" means declared or undeclared war and includes resistance to armed aggression.

3) Self-inflicted Injury or Suicide: Charges arising from intentionally self-inflicted injury or attempted suicide.

4) Services and Supplies Outside the United States: Charges for services or supplies outside the United States and its possessions.

5) Close Relative: Charges for services and supplies furnished and charged for by a close relative other than a licensed professional who provides covered services within the terms of his or her licensure. Close relatives include you, your spouse, or a child, grandchild, brother, sister, or a parent of you or your spouse.

6) Services or Supplies Normally Furnished Without Charge: Services or supplies for which no charge would be made in the absence of insurance.

7) Chronic Alcoholism or Chemical Dependency: Charges in connection with chronic alcoholism or chemical dependency.

8) Felony, Riot or Insurrection: Charges for a condition due to your participation in an act of felony, riot or insurrection.

As amended by GRP 99178

GENERAL INFORMATION

A. Tax Status Of Premiums And Benefits

This Policy is intended to be a Qualified Long Term Care Insurance Contract as defined by the Internal Revenue Code Section 7702B(b). The benefits you may receive under this Policy should not be considered taxable income. In addition, some or all of the premiums you pay towards this Policy may be tax deductible as a medical expense subject to certain limitations. Consult a tax advisor for more information concerning this deduction.

Public guidance issued by the Internal Revenue Service or Treasury Department may provide that a provision of this Policy does not comply with the requirements of Code Section 7702B. In this event, the provision will be automatically nullified without any further action by Prudential.

B. Entire Contract

The entire contract consists of the Policy, all attached pages, any optional Riders and your Application. A change in this contract will be valid only when approved by a Prudential officer and made a part of the contract. An agent may not change the contract or waive any part of it.

C. Dividends

This policy is non-participating. It will not share in Prudential's profits or surplus earnings. Prudential will pay no dividends on it.

As amended by GRP 99465

WHEN YOUR POLICY TERMINATES

Your Policy will terminate when the first of these occurs:

1) You fail to pay any premium required for the Policy when due or within the Grace Period. This will not apply if the premium is being waived in accordance with the **Waiver of Premium** provision; or
2) You have exhausted your Lifetime Maximum.

A. Extension of Benefits

Termination of your Policy shall be without prejudice to any benefits payable for Institutional Care if such care began while your Policy was in force and continues without interruption after termination. Benefits will be extended until the earlier of:

1) the date on which you no longer incur Eligible Charges for Institutional Care; or
2) the date you reach the Lifetime Maximum.

During this Extension of Benefits period, you will be considered covered under this Policy for purposes of the **Waiver of Premium** provision.

B. Reinstating Your Policy

If due to your Chronic Illness or Disability, you fail to pay your premium and your Policy terminates for this reason, you may be eligible to reinstate your Policy. You or your representative may request reinstatement if:

1) The request is made within five months of the date premiums were due; and
2) Your Chronic Illness or Disability is confirmed by Prudential. See the **Benefit Eligibility Criteria** under Section B of the **Long Term Care Coverage** provisions for details.

Call the Long Term Care Customer Service Center at 1-800-732-0416 to determine if your Policy can be reinstated.

If your Policy can be reinstated, you must pay the past due premiums. Upon reinstatement, you will have the same level of coverage you had before your Policy terminated. All benefits paid prior to reinstatement count towards your Lifetime Maximum.

C. Time Limit on Certain Defenses

Your acceptance for this Long Term Care Policy is based on information furnished on your Application. All statements made in the Application are considered to be to the best of your knowledge and belief, and will be deemed representations and not warranties. These statements will not be used in a contest to avoid this insurance or reduce benefits unless:

1) it is in a written statement signed by you; and
2) a copy of that statement is or has been furnished to you or your representative.

If this information misrepresented you, and as a result, Prudential offered you insurance that you otherwise would not have been offered, Prudential can rescind your Policy, or deny an otherwise valid claim. Your Policy can be rescinded in this situation within six months of your Effective Date.

If your Policy has been in effect at least six months, but less than two years, Prudential can also rescind your Policy or deny an otherwise valid claim. This can be done if all the following apply:

1) Information on your Application misrepresented you.
2) As a result, Prudential offered you insurance which you otherwise would not have been offered.
3) The misrepresentation pertains to the condition for which benefits are claimed.

After two years, your Policy can be rescinded if Prudential can show that:

1) relevant facts relating to your health were knowingly and intentionally misrepresented; and
2) as a result, Prudential offered you coverage which you otherwise would not have been offered.

These provisions also apply whenever you purchase additional coverage and provide additional evidence of insurability. For example, if you choose an inflation increase or a higher Benefit Option, that portion of your coverage could be rescinded. If your additional coverage is rescinded, benefits will be paid according to the Daily Maximum and Monthly Maximum (if applicable) in effect before the increase.

If you realize there is an inaccuracy in your Application, you should notify Prudential before the end of the two-year period. This will help to ensure you have the coverage when you need it.

Prudential
Long Term Care℠ Insurance

Individual Long Term Care Insurance Policy

Simple Inflation (SI)

The Prudential Insurance Company of America
751 Broad Street, Newark, New Jersey 07102-3777

LONG TERM CARE INSURANCE POLICY

Thank you for choosing this Prudential Long Term Care Policy. This Policy is a contract between you and Prudential. It is issued in consideration of your application and payment of required premium. It takes effect and terminates as stated in the applicable provisions at 12:01 A. M., Standard Time.

CAUTION: This Policy may not apply when you have a claim! Please read! The issuance of this Long Term Care Policy is based upon your responses to the questions on your Application. A copy of your Application is enclosed. If your answers are incorrect, untrue, incomplete or if you fail to include all material medical information requested, Prudential has the right to deny benefits or rescind your Policy. The best time to clear up any questions is now, before a claim arises! If for any reason, any of your answers are incorrect, untrue or incomplete, contact Prudential at this address: The Prudential Insurance Company of America, Long Term Care Customer Service Center, P.O. Box 8519, Philadelphia, PA 19176-8519 or call 1-800-732-0416.

RENEWABILITY: The Long Term Care coverage described in this Policy is guaranteed renewable. This means you have the right to continue this Policy as long as you pay your premiums on time and have not exhausted your Lifetime Maximum. Prudential cannot change the terms of your Policy on its own, except for the following. It may increase the premiums you pay. It may automatically change the provisions of the Policy to conform with Prudential's interpretation of any state or federal law or regulation that applies to the Policy.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from Prudential by calling the Long Term Care Customer Service Center at 1-800-732-0416.

TAX STATUS: This Long Term Care Policy is intended to be a Qualified Long Term Care Insurance Contract as defined by the Internal Revenue Code Section 7702B(b). It is intended to qualify for favorable federal tax treatment. As such it must meet certain federal standards in addition to all applicable standards in the state in which the Policy is issued for delivery. If you have any questions regarding the tax qualification of this product, you should direct such questions to the appropriate federal agency, or you should contact your tax advisor.

NOTICE TO BUYER: This Policy may not cover all of the costs associated with Long Term Care incurred by you during the period of coverage. You are advised to carefully review all Policy limitations.

IMPORTANT: Within 30 days of receipt, if you decide you do not want this Long Term Care Policy, you may return this Policy to your Agent or to Prudential at the following address: The Prudential Insurance Company of America, Long Term Care Customer Service Center, P.O. Box 8519, Philadelphia, PA 19176-8519. Your Policy will be canceled as of the effective date and any premium paid will be returned to you within 30 days of receiving your timely cancellation request.

PREMIUM REFUND UPON YOUR DEATH: Upon proper notification of your death, Prudential will refund on a pro rata basis any part of the periodic premium already paid which applies to the period of time after death.

READ YOUR POLICY CAREFULLY. This Policy is intended to provide coverage for Long Term Care services. All benefits are subject in every way to all of the terms and conditions of this Policy. The following pages contain details about the coverage and how you can receive benefits when eligible as set forth herein. Certain capitalized terms used in this Policy are defined to make it easier for you to understand your Policy. Please refer to the **Definitions** section.

Secretary

Chairman of the Board

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DEFINITIONS

Activities of Daily Living

Bathing - Washing oneself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower.

Continence - The ability to maintain control of bowel and bladder function, or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing - Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating - Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.

Toileting - Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring - Sufficient mobility to move into or out of a bed, chair or wheelchair or to move from place to place, either by walking, using a wheelchair or by other means.

Adult Day Care - A day program for three or more individuals in a community group setting which:

1) is provided in an Adult Day Care Facility; and
2) provides social and health-related services; and
3) supports frail, impaired, elderly or other disabled adults who can benefit from care in a group setting outside the home.

Adult Day Care Facility - A facility that is licensed, certified, or otherwise qualified as an Adult Day Care Facility by the state in which services are rendered.

Assessor - A Licensed Health Care Practitioner who is qualified to evaluate conditions relevant to your functional or cognitive ability. Qualifications are based on training and experience, and may include health care industry, state or national standards.

Assisted Living Facility - A facility licensed, certified, or otherwise qualified as an Assisted Living Facility by the state in which the services are rendered.

Bed Reservation - A reservation of your Nursing Home bed while you are in the hospital.

Benefit Waiting Period - Period of time after you meet the Benefit Eligibility Criteria during which no benefits are payable.

Calendar Year - A year starting January 1.

Caregiver Training - Training provided by a Home Health Care Agency, Nursing Home, hospital or other similar facility acceptable to Prudential, and received by your Primary Informal Caregiver to care for you in your residence.

Chronic Illness Or Disability - An illness or disability in which there is:
1) A loss of the ability to perform, without Substantial Assistance, at least two Activities of Daily Living for a period of at least 90 consecutive days; or
2) A severe Cognitive Impairment which requires Substantial Supervision to protect you from threats to health or safety.

Cognitive Impairment - A loss or deterioration in intellectual capacity that is:
1) Comparable to and includes Alzheimer's disease and similar forms of irreversible dementia;
2) Measured by clinical evidence and standardized tests that reliably measure impairment in the individual's
   a) short-term or long-term memory;
   b) orientation as to people, places, or time and
   c) deductive or abstract reasoning.

Daily Maximum - The maximum daily benefit payable for Eligible Charges according to the Benefit Option you have chosen as listed in the **Schedule of Policy Benefits**.

Eligible Charges - The charges for your Long Term Care that are used as the basis for a claim. These charges must be incurred:
1) for services and supplies described in the **Covered Services** section; and
2) while you are insured for the Long Term Care Policy*;* and
3) after the Benefit Waiting Period, if any, is satisfied.

A charge is considered incurred on the date you receive the service or supply. A charge is not an Eligible Charge if it is described in the **Policy Exclusions** section.

Home and Community-Based Care - Home Health Care or Personal Care, received from a Home Health Care Agency, licensed Referral Agency, licensed Nurse Registry or provided by an Independent Health Care Professional; and Adult Day Care received from an Adult Day Care Facility.

Home Health Aide - A person whose function is to provide Personal Care services. If state and local licensing or certification is required, the person must be licensed or certified as a Home Health Aide where the service is performed. If licensing or certification is not required, any person who meets the minimum training qualifications recognized by the Foundation for Hospice & Home Care, National League of Nursing or Health Care Financing Administration will be considered a Home Health Aide provided they are employed through an eligible Home Health Care Agency.

Home Health Care Agency - An organization that provides Home Health Care and is licensed, certified, or otherwise qualified as a Home Health Care Agency by the state in which services are rendered.

Home Health Care - Services provided to ill, disabled or infirm persons in their residences. Such services may include assistance with Activities of Daily Living and Respite Care services.

Hospice - A licensed, certified, or, as determined by Prudential, otherwise qualified facility or community-based program designed to provide services to terminally ill individuals.

Hospice Care - Services and supplies provided through a Hospice to a person identified as having a terminal illness.

Independent Health Care Professional - A full-time, professional, licensed or certified Home Health Aide, Registered Nurse, Licensed Practical Nurse or Therapist independently providing Home Health Care services within the scope of his or her license.

Institutional Care - Care in a Nursing Home, Hospice Care, Respite Care, care in an Assisted Living Facility and Bed Reservation.

Licensed Health Care Practitioner - A Physician, a Registered Nurse, a licensed social worker, or another professional individual who meets the requirements prescribed by the United States Secretary of the Treasury.

Licensed Practical Nurse - A professional nurse legally designated "LPN" who, where licensing is required, holds a valid license from the state in which the nursing service is performed. The term licensed practical nurse (LPN) shall include a licensed vocational nurse (LVN) and any other similarly designated nurse in those jurisdictions in which a professional nurse is designated as other than an LPN and for whom licensing is required.

Lifetime Maximum - The maximum lifetime benefit payable for Eligible Charges according to the Benefit Option you have chosen, as listed in the **Schedule of Policy Benefits**.

Long Term Care - Medical, social and personal care services, such as Nursing Home care, Home and Community-Based Care, Hospice Care, or Respite Care, required over a long period of time by a person with a Chronic Illness or Disability.

Medicaid - Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended from time to time.

Medicare - Title XVIII, Health Insurance for the Aged and Disabled, of the United States Social Security Act, as amended from time to time.

Mental or Nervous Illnesses - Neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder.

Nurse Registry - An organization that meets the following requirements:
1) its main function is to provide a referral service for Registered Nurses or Licensed Practical Nurses specialized in providing Home Health Care services; and
2) it is appropriately licensed by the state in which the services are provided, if the state in which the Nurse Registry is located requires licensure.

Nursing Home (Long Term Care Facility) - A facility or institution that is licensed, certified, or otherwise qualified as a Nursing Home or Long Term Care Facility by the state in which services are rendered. This term includes skilled, intermediate and custodial care facilities which operate within the terms of licensure.

Personal Care - Services provided to help a person perform Activities of Daily Living, (also known as custodial care).

Physician - A licensed practitioner of the healing arts acting within the scope of the license.

Plan of Care - A written plan that has been developed for you and
1) describes the type, the frequency, and the duration of Long Term Care that you need; and
2) describes the types of Providers that are needed; and
3) is signed by the Licensed Health Care Practitioner responsible for your care.

Primary Informal Caregiver - An unpaid person who regularly provides:
1) Substantial Assistance when you are unable to perform at least two of the Activities of Daily Living; or
2) Substantial Supervision when you have a severe Cognitive Impairment.

Private Care Manager - A private Licensed Health Care Practitioner, not associated with Prudential, who is qualified to coordinate your necessary medical care, personal care and social services. Qualifications are based on training and experience and can include health care industry, state or national standards.

Provider - A licensed or certified professional or entity that provides Long Term Care services.

Prudential - The Prudential Insurance Company of America, 751 Broad Street, Newark, New Jersey 07102-3777.

Referral Agency - An agency that meets the following requirements:
1) its main function is to provide a referral service for Registered Nurses, Licensed Practical Nurses, Therapists or licensed Home Health Aides providing Home Health Care; and
2) it is licensed by the state in which the Home Health Care is delivered, to provide such services. If licensing is not required, the agency must be accredited by the Joint Commission on Accreditation of Health Care Organizations, the National Care Organizations, the Community Health Accreditation Program, the Foundation for Hospice and Home Care or the National League of Nurses.

Registered Nurse - A professional nurse legally designated "RN" who, where licensing is required, holds a valid license from the state in which the nursing service is performed.

Respite Care - Short-term care provided for limited periods of time in certain settings to relieve your Primary Informal Caregiver.

Substantial Assistance -
1) The physical assistance of another person without which you would not be able to perform an Activity of Daily Living; or
2) The constant presence of another person within arm's reach that is necessary to prevent, by physical intervention, injury to you while you are performing an Activity of Daily Living.

Substantial Supervision - Continual oversight that may include cueing by verbal prompting, gestures, or other demonstrations by another person, and which is necessary to protect you from threats to your health or safety.

Therapist - A physical therapist, occupational therapist, respiratory therapist, speech pathologist or audiologist who is licensed as such where the services are performed.

You, Your, Yours - The person who is the Insured.

LONG TERM CARE COVERAGE

A. Covered Services

Certain terms used in this section are defined to make it easier to understand and use your Policy. See the **Definitions** section.

This Policy pays benefits for Eligible Charges incurred by you for Institutional Care, Home and Community-Based Care, Hospice Care, Bed Reservation, Respite Care, Independence Support and Care Consultation. Benefits paid for Eligible Charges count towards your Lifetime Maximum.

Benefits for Eligible Charges for the following services are provided once any Benefit Waiting Period, described below has been satisfied. Not all charges are covered (see **Policy Exclusions** section). The actual amount paid depends on the Benefit Option you have chosen, as listed in the **Schedule of Policy Benefits**. No benefits will be payable beyond the amount of your Lifetime Maximum as listed in the **Schedule of Policy Benefits**. The applicable maximums and limits are described in this Policy and are outlined on the **Schedule of Policy Benefits**.

Institutional Care:

- **Nursing Home Care**
- **Assisted Living Facility**
- **Hospice Care**
- **Bed Reservation**
- **Respite Care**

This Policy provides coverage for all levels of care provided in a Nursing Home. This Policy also provides coverage for each day you receive care in an Assisted Living Facility and for Hospice Care. 100% of the Eligible Charges will be paid up to your Daily Maximum for Institutional Care if you are confined in a Nursing Home, receive care in an Assisted Living Facility, or receive Hospice Care.

Bed Reservation - When you are receiving care in a Nursing Home you may have to spend some time in a hospital. This benefit pays for charges by the Nursing Home to reserve your bed while you are in the hospital. This benefit is payable if your Nursing Home stay is being covered under this Policy. The charge made for reserving the bed must be one that the Nursing Home customarily makes to patients in like circumstances according to established policy. This benefit will be paid at 100% of the Eligible Charges up to your Daily Maximum for Institutional Care up to 20 days per hospital stay, as shown in the Schedule of Policy Benefits.

Respite Care - This Policy provides coverage for short-term care provided for limited periods of time in a Nursing Home, or a Hospice, or for all types of Home and Community-Based Care provided in your home to relieve your Primary Informal Caregiver. 100% of the Eligible Charges will be paid for these services, up to the applicable Daily Maximum for Institutional Care. See the Schedule of Policy Benefits for limits on the Respite Care benefit. The Benefit Waiting Period does not need to be satisfied to access this benefit.

Home and Community-Based Care:

- **Home Health Care**
- **Personal Care**
- **Adult Day Care**

Standard Care Benefits - This Policy provides coverage when you receive Home Health Care or Personal Care from a Home Health Care Agency; Referral Agency, Nurse Registry, or provided by an Independent Health Care Professional. This Policy also provides coverage when you receive Adult Day Care from an Adult Day Care Facility.

100% of the Eligible Charges will be paid up to your Daily Maximum for all Home and Community-Based Care combined. This Daily Maximum applies to all such care received on any day.

Additional Benefits:

Independence Support - This Policy provides a lifetime benefit of 50 times your Daily Maximum for Institutional Care to help you remain in the community. You may use this benefit to purchase a personal emergency response system or home modifications that make staying at home possible. You may also use this benefit to pay for Caregiver Training on behalf of your Primary Informal Caregiver. The Benefit Waiting Period does not need to be satisfied to access this benefit. 100% of the Eligible Charges will be paid up to the lifetime benefit.

Emerging Trends - This Policy provides coverage for a broad range of services including institutional and non-institutional care. However, there are always new, emerging trends in the delivery of Long Term Care. Therefore, Prudential will consider a claim for benefits when care is received in an alternative setting or for services designed to help you remain independent in your home. Determination of benefit eligibility and the benefit amount will be made on an individual basis at the sole discretion of Prudential. To qualify, such care shall be a qualified long term care service within the meaning of Internal Revenue Code 7702B.

Care Consultation:
Understanding your benefits and how to use them is important to you and to Prudential. Your policy offers you two ways of getting the help you need.

Information and Referral - If you would like information regarding community resources or your benefits, Prudential's Long Term Care Customer Service Center is available to help. The service is free and you do not have to be eligible for benefits. Call 1-800-732-0416 for assistance.

Private Care Management - You and your family may need assistance identifying resources, services and Providers available to meet your specific long term care needs. To aid you in evaluating your options and coordinating your long term care services, you may wish to select your own independent Private Care Manager. Your Policy provides coverage for up to 20 consultations per Calendar Year with a Private Care Manager. Each consultation is payable up to your Daily Maximum for Institutional Care. You must meet the Benefit Eligibility Criteria; however, the Benefit Waiting Period does not need to be satisfied to access this benefit.

B. Obtaining Benefits
Limitations or Conditions on Eligibility for Benefits

Benefit Eligibility Criteria - Submitting a claim form and a bill is not enough to ensure that benefits will be paid. In order to receive benefits you must FIRST be assessed by an Assessor and confirmed as having a Chronic Illness or Disability. A Chronic Illness or Disability is one in which there is:

1) A loss of the ability to perform, without Substantial Assistance, at least two Activities of Daily Living for a period of at least 90 consecutive days. Activities of Daily Living are: Bathing, Continence, Dressing, Eating, Toileting, and Transferring; or
2) A severe Cognitive Impairment, which requires Substantial Supervision to protect you from threats to health and safety.

Using Your Coverage

It is important that you start the process of using your coverage by calling the Long Term Care Customer Service Center at 1-800-732-0416. You are encouraged to call Prudential before you begin using Long Term Care services so that you know in advance whether your benefits will be available. Either you or your representative may call.

Prudential will arrange for a trained Assessor to assess you or you may select your own Assessor. If Prudential arranges the assessment, the interview may be by telephone or in-person depending on your condition. As part of the assessment process, you and your caregiver may be interviewed. The assessment will be based on objective standards of measurement.

If you wish to select your own Assessor, you should notify Prudential when you call our Long Term Care Customer Service Center. Prudential will send you an assessment form that your Assessor must complete and return to Prudential.

Based on the information obtained during the assessment, your eligibility will be confirmed or denied based on Prudential's use of objective standards of measurement such as "Katz Index of ADL's," "Folstein's Mini-Mental Examination," or any other equivalent objective standard of measurement currently in use, and subject to the terms and conditions of this Policy. You will be sent a written notice to confirm your eligibility. If you are not eligible, you will be sent a written notice explaining the reasons you were not eligible.

If you are eligible, you will need a Plan of Care. Your Plan of Care will be used to determine benefits based on the Benefit Option you have chosen.

If you were incurring Eligible Charges before you were assessed, this Policy will provide coverage for these Eligible Charges up to seven days before the date you are assessed, but only if you are eligible for benefits. Charges incurred before you are assessed may not be covered.

To maintain tax-qualified status, Federal law requires that any individual who otherwise meets the requirements of a Chronic Illness or Disability, will not be considered chronically ill or disabled unless, within the preceding 12-month period, a Licensed Health Care Practitioner has certified that such individual meets such requirements.

C. Benefit Waiting Period Before Payment Begins

The Benefit Waiting Period you have selected is shown on the **Schedule of Policy Benefits**. No payment of benefits is made for charges incurred during the Benefit Waiting Period, unless expressly stated under Covered Services. The Benefit Waiting Period is counted in calendar days and begins on the date you are assessed, if that assessment results in eligibility for benefits, and continues as long as you have a Chronic Illness or Disability. If you incur Eligible Charges during the seven day period prior to the date you are assessed, the Benefit Waiting Period will begin on the first day of that seven day period that you incurred such Eligible Charges. The Benefit Waiting Period must be met only once in your lifetime and is the same regardless of the services you eventually use. However, the Benefit Waiting Period does not need to be satisfied to access benefits for Respite Care, Independence Support or Care Consultation.

D. Appealing Decisions about Eligibility

You have the right to appeal decisions made about your eligibility for benefits. When you are determined to be ineligible for benefits, you will be sent a notice that explains why you are not eligible. This notice will also explain the procedure you should follow if you choose to appeal the decision. You will have 60 calendar days from the date you receive the decision to submit a written appeal to Prudential at the address specified on the notice. If the assessment process did not confirm your condition as a Chronic Illness or Disability, you may then arrange, at your own cost, for a second assessment from another qualified Assessor.

Prudential will send you a written acknowledgment of your letter within ten days of receipt. If no additional information is required and the appeal is denied, the acknowledgment will include an explanation of the reason(s) for the denial. If additional information is required, Prudential will explain what information is needed. Upon receipt and review of the additional information, Prudential will notify you in writing of the results of the review within 15 days.

If you still disagree with the appeal decision, you can request in writing within 60 days of the decision that the matter be submitted to Prudential's Benefit Appeal Committee. This Committee includes, but is not limited to, clinical, legal and product management staff. Following their review, the Committee will send you written notification of its decision.

E. Inflation Protection

Your benefits will automatically increase annually on your Anniversary Date. These increases will occur even if you are receiving benefits. Each year, all benefit amounts increase by 5% of the respective amount in force on the Effective Date. Your Lifetime Maximum will also increase accordingly. Your increased Lifetime Maximum will then be reduced by the sum of all benefits paid on your behalf during the period your Policy was in effect.

If your Policy ends and is later reinstated (see **Reinstating Your Policy**), benefits will be increased as if the Policy had remained in effect.

An example of the increasing benefit, based upon an initial $100 Daily Maximum for Institutional Care is shown below. The amounts shown have been rounded to the nearest dollar.

Long Term Care Policy Anniversary	**Daily Maximum for Institutional Care**
Year 1	$105
Year 2	$110
Year 3	$115
Year 4	$120
Year 5	$125
Year 10	$150
Year 15	$175
Year 20	$200

Shown for illustration purposes only.

CLAIM RULES

A. Notice of Claim

Notice of claim must be given within 20 days after a covered loss starts or as soon as reasonably possible. Notice may be given to The Prudential Insurance Company of America at its Long Term Care Customer Service Center or to your Prudential agent. Notice should include the name of the insured and the policy number. The address for our Customer Service Center is shown on page 1.

B. Claim Forms

When Prudential is notified of your claim, you will be sent a claim form. It will be sent no later than 10 working days following receipt of your notice. If you do not receive the claim form within this specified time, you may send Prudential a copy of your Assessment Form if you arrange your own assessment, Plan of Care and the Provider's bill as written proof of loss.

C. Proof of Loss

Prudential must receive copies of your Assessment Form if you arrange your own assessment, Plan of Care and the Provider's bill with the claim form as written proof of loss that you have received the services. The bill must show the following:

1) the name of the person who received the service;
2) the date(s) of service;
3) each type of service received; and
4) the charge for that service.

This proof of loss should be sent within 90 days of the date your loss begins. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to furnish the proof within that time; and proof is furnished as soon as reasonably possible. In any event, except in the absence of legal capacity, the proof required must be given no later than one year from the time specified.

D. Timely Submission

You and your Provider are encouraged to send monthly proof of loss to Prudential. Timely submission is important to you because the benefits paid under this Policy are charged against your Lifetime Maximum. This means that if claim submission is delayed, you may not know how much coverage remains in your Long Term Care Policy.

Your receipt of benefits affects your eligibility for the **Waiver of Premium** benefit. Premiums may become due and payable if Prudential is unaware of your claim status. If Prudential does not receive timely proof of loss, premiums may be due even if you would have been eligible for the **Waiver of Premium** benefit.

The address to which you submit the bills is on the claim form. If you have any questions about the address or would like additional claim forms, you can call the Long Term Care Customer Service Center at 1-800-732-0416.

E. Time of Payment of Benefits

Benefits are payable immediately upon receipt of satisfactory proof of loss by Prudential for any loss other than a loss for which the Policy provides periodic payment. An explanation of benefits notice which explains the determination of your claim will be sent to you within 30 days from the date Prudential receives proof of your loss.

Subject to due written proof of loss, all accrued indemnities for loss for which this Policy provides periodic payment will be paid monthly, and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of due written proof.

F. Payment of Benefits

You can choose whether you want to receive the benefit payments or have them paid directly to the Provider.

Any other benefits unpaid at your death may be paid at Prudential's option, either to your beneficiary or to your estate. If a beneficiary designation is not on file with Prudential, the company will make the payment to your spouse, if any, otherwise to your estate. If benefits are payable to the insured's estate or a beneficiary who cannot execute a valid release, Prudential can pay benefits up to $2,000 to someone related to you or your beneficiary by blood or marriage whom we consider to be entitled to the benefits. Prudential will be discharged to the extent of any such payment made in good faith.

The Department of Medical Assistance Services is the payor of last resort for health care costs for persons eligible for medical assistance in the Commonwealth of Virginia.

G. Physical Examination

You may be required to have a physical examination to be eligible for benefits. Prudential may do this when and as often as is reasonable while your claim is pending, at its own expense.

H. Legal Action

You cannot bring any action at law or in equity against Prudential to recover benefits from the Policy until 60 days after the proof of loss described above is furnished to Prudential. No such action shall be brought more than three years after you incur Eligible Charges.

I. Appealing Decisions about Claims

You have the right to appeal decisions made about your claims. The explanation of benefits notice will explain the procedure you should follow if you choose to appeal a claim decision.

You have 60 calendar days from the date you receive the decision to submit a written appeal to Prudential at the address specified on the notice.

Prudential will send you a written acknowledgment of your letter within 10 days of receipt. If no additional information is required and the appeal is denied, the acknowledgment will include an explanation of the reasons for the denial. If additional information is required, Prudential will explain what information is needed.

Within 15 days of the receipt of the additional information, Prudential will notify you in writing of the decision concerning your claim. If the decision cannot be made within 15 working days from the date it receives all pertinent data, Prudential will notify you, giving the reasons more time is required. If the decision is not made within an additional 30 days, Prudential will notify you, at that time, and every 45 days thereafter, the reasons why additional time is needed for investigation of your claim. This notice will also state when a decision on the claim may be expected.

If you still disagree with the appeal decision, you can request in writing within 60 days of the decision that the matter be submitted to Prudential's Claim Appeal Committee. This Committee includes, but is not limited to, clinical, legal and product management staff. Following their review, the Committee will send you written notification of its decision within 15 days from the date all necessary information is received.

PREMIUMS

A. Amount of Premiums

Premiums for this Policy are level based on your age on the Effective Date of your Policy and the coverage option(s) you have chosen. Premiums will not automatically increase as you become older. Premiums will not automatically increase because you use benefits. You can keep this Policy in force as long as you continue to pay the required premium and have not reached your Lifetime Maximum.

B. Changes In Premiums

Prudential reserves the right to change premium rates. Any change will apply on a class basis to all insureds.

C. Misstatement of Age

If the age shown on your Application and used to calculate your premium is in error, your Benefit Amount will be adjusted to that which the premium paid would have purchased at the correct age.

If your Application would have been denied if your age had not been misstated, or if you would have been subject to additional medical evidence requirements, Prudential's liability will be limited to a refund of all premiums you have paid for this Policy.

D. Grace Period

The Premium Due Date will be indicated on your bill. This Policy has a 31 day grace period. This provision means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following grace period. During the grace period, the Policy will stay in force. If premium is not received within the grace period, you and your designee (if applicable) will be mailed a notice requesting payment within 31 days. The notice will be deemed to have been given 15 days after the date mailed. If Prudential does not receive payment within this time, your Policy will be terminated.

E. Waiver of Premium

After you complete any required Benefit Waiting Period and begin to receive benefits for Institutional Care (other than Respite Care), Home and Community-Based Care or Emerging Trends, the premiums for your Policy will be waived beginning with the first day of the next month after benefits are payable. Premiums will not be waived if the only Eligible Charges you are incurring are for Respite Care, Care Consultation, or Independence Support. Premiums will again be due as of the first day of the month following the month in which you no longer incur Eligible Charges for the services to which this waiver applies.

If you have already paid premiums in advance, at the time you are eligible for **Waiver of Premium**, Prudential will refund to you that portion of advance premium, beginning with the first day of the next month after benefits are payable.

POLICY EXCLUSIONS

Your Policy is designed to provide coverage to pay for the long term care you need when you need it. However, there are some special circumstances that limit or exclude the availability of benefits under this Policy. No benefits will be payable if any of the following situations applies.

1) Government Plan Charge: A charge for a service or supply:
   a) furnished by or for the United States government or any other government, unless payment of the charge is required by law; or
   b) to the extent that the service or supply, or any benefit for the charge, is provided by any law or governmental plan under which the patient is or could be covered. This (b) does not apply to a state plan under Medicaid or to any law or plan when, by law, its benefits are excess to those of any private insurance program or other non-governmental program. When this (b) applies to Medicare, the benefits provided by Medicare will be deemed to include any amount that would have been payable by Medicare in the absence of a deductible or coinsurance requirement under that program.

2) War: Charges for a condition due to war or any act of war while you are insured. "War" means declared or undeclared war and includes resistance to armed aggression.

3) Self-inflicted Injury or Suicide: Charges arising from intentionally self-inflicted injury or attempted suicide.

4) Services and Supplies Outside the United States: Charges for services or supplies outside the United States and its possessions.

5) Close Relative: Charges for services and supplies furnished and charged for by a close relative other than a licensed professional who provides covered services within the terms of his or her licensure. Close relatives include you, your spouse, or a child, grandchild, brother, sister, or a parent of you or your spouse.

6) Services or Supplies Normally Furnished Without Charge: Services or supplies for which no charge would be made in the absence of insurance.

7) Chronic Alcoholism or Chemical Dependency: Charges in connection with chronic alcoholism or chemical dependency.

8) Felony, Riot or Insurrection: Charges for a condition due to your participation in an act of felony, riot or insurrection.

As amended by GRP 99178

GENERAL INFORMATION

A. Tax Status Of Premiums And Benefits

This Policy is intended to be a Qualified Long Term Care Insurance Contract as defined by the Internal Revenue Code Section 7702B(b). The benefits you may receive under this Policy should not be considered taxable income. In addition, some or all of the premiums you pay towards this Policy may be tax deductible as a medical expense subject to certain limitations. Consult a tax advisor for more information concerning this deduction.

Public guidance issued by the Internal Revenue Service or Treasury Department may provide that a provision of this Policy does not comply with the requirements of Code Section 7702B. In this event, the provision will be automatically nullified without any further action by Prudential.

B. Entire Contract

The entire contract consists of the Policy, all attached pages, any optional Riders and your Application. A change in this contract will be valid only when approved by a Prudential officer and made a part of the contract. An agent may not change the contract or waive any part of it.

C. Dividends

This policy is non-participating. It will not share in Prudential's profits or surplus earnings. Prudential will pay no dividends on it.

As amended by GRP 99465

WHEN YOUR POLICY TERMINATES

Your Policy will terminate when the first of these occurs:

1) You fail to pay any premium required for the Policy when due or within the Grace Period. This will not apply if the premium is being waived in accordance with the **Waiver of Premium** provision; or
2) You have exhausted your Lifetime Maximum.

A. Extension of Benefits

Termination of your Policy shall be without prejudice to any benefits payable for Institutional Care if such care began while your Policy was in force and continues without interruption after termination. Benefits will be extended until the earlier of:

1) the date on which you no longer incur Eligible Charges for Institutional Care; or
2) the date you reach the Lifetime Maximum.

During this Extension of Benefits period, you will be considered covered under this Policy for purposes of the **Waiver of Premium** provision.

B. Reinstating Your Policy

If due to your Chronic Illness or Disability, you fail to pay your premium and your Policy terminates for this reason, you may be eligible to reinstate your Policy. You or your representative may request reinstatement if:

1) The request is made within five months of the date premiums were due; and
2) Your Chronic Illness or Disability is confirmed by Prudential. See the **Benefit Eligibility Criteria** under Section B of the **Long Term Care Coverage** provisions for details.

Call the Long Term Care Customer Service Center at 1-800-732-0416 to determine if your Policy can be reinstated.

If your Policy can be reinstated, you must pay the past due premiums. Upon reinstatement, you will have the same level of coverage you had before your Policy terminated. All benefits paid prior to reinstatement count towards your Lifetime Maximum.

C. Time Limit on Certain Defenses

Your acceptance for this Long Term Care Policy is based on information furnished on your Application. All statements made in the Application are considered to be to the best of your knowledge and belief, and will be deemed representations and not warranties. These statements will not be used in a contest to avoid this insurance or reduce benefits unless:

1) it is in a written statement signed by you; and
2) a copy of that statement is or has been furnished to you or your representative.

If this information misrepresented you, and as a result, Prudential offered you insurance that you otherwise would not have been offered, Prudential can rescind your Policy, or deny an otherwise valid claim. Your Policy can be rescinded in this situation within six months of your Effective Date.

If your Policy has been in effect at least six months, but less than two years, Prudential can also rescind your Policy or deny an otherwise valid claim. This can be done if all the following apply:

1) Information on your Application misrepresented you.
2) As a result, Prudential offered you insurance which you otherwise would not have been offered.
3) The misrepresentation pertains to the condition for which benefits are claimed.

After two years, your Policy can be rescinded if Prudential can show that:

1) relevant facts relating to your health were knowingly and intentionally misrepresented; and
2) as a result, Prudential offered you coverage which you otherwise would not have been offered.

These provisions also apply whenever you purchase additional coverage and provide additional evidence of insurability. For example, if you choose an inflation increase or a higher Benefit Option, that portion of your coverage could be rescinded. If your additional coverage is rescinded, benefits will be paid according to the Daily Maximum and Monthly Maximum (if applicable) in effect before the increase.

If you realize there is an inaccuracy in your Application, you should notify Prudential before the end of the two-year period. This will help to ensure you have the coverage when you need it.

Prudential Financial

The Prudential Insurance Company of America
751 Broad Street, Newark, New Jersey 07102

LONG TERM CARE INSURANCE RIDER
CONTINGENT NONFORFEITURE PROVISIONS

This certifies that the following provisions have been added to your Long Term Care Insurance Policy. This Rider applies to you on the Effective Date shown on your **Schedule of Policy Benefits** as long as you pay premiums when due and your Policy is not otherwise terminated.

These provisions change your Long Term Care Insurance Policy to provide options to you in the event your Policy lapses following a Substantial Premium Increase.

A Substantial Premium Increase is one that results in a cumulative increase to your initial annual premium that is equal to or exceeds a certain percentage of that premium. It does not include premium increases which result from a voluntary purchase of additional coverage. The percentage is based on your Premium Age stated in the **Schedule of Policy Benefits** and is shown in the table below.

SUBSTANTIAL PREMIUM INCREASE TABLE			
AGE	**PERCENT OF INCREASE**	**AGE**	**PERCENT OF INCREASE**
Less than 30	200%	72	36%
30 - 34	190%	73	34%
35 - 39	170%	74	32%
40 - 44	150%	75	30%
45 - 49	130%	76	28%
50 - 54	110%	77	26%
55 - 59	90%	78	24%
60	70%	79	22%
61	66%	80	20%
62	62%	81	19%
63	58%	82	18%
64	54%	83	17%
65	50%	84	16%
66	48%	85	15%
67	46%	86	14%
68	44%	87	13%
69	42%	88	12%
70	40%	89	11%
71	38%	90 and over	10%

Contingency Options

You will be notified of any Substantial Premium Increase at least 30 days prior to such change. The notice will include the amount of the premium and its due date, and the following contingency options in the event of lapse:

Option 1. Alternative coverage options or reduced policy benefits available, without the requirement of additional evidence of insurability, at a lower premium; or

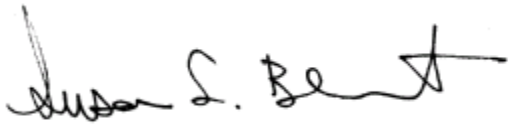
Option 2. A lesser Lifetime Maximum Benefit, with no further premium payment required. You will have 120 days following the premium due date to elect this Option. Under this Option, the same Daily Maximum benefits in effect at the time of lapse will be payable, but the Lifetime Maximum will be equal to the lesser of: (a) the total amount of premiums paid for your Policy; or (b) 30 times the Daily Maximum for Institutional Care at the time of lapse. The total of all benefits paid while your Policy is in premium paying status and in the paid up status will not exceed the Lifetime Maximum which would have been payable if your Policy did not lapse.

Option 2 will automatically take effect if:

1. Your Policy lapses within 120 days of the due date of the Substantially Increased Premium; and
2. Your Policy has been in force for at least three years; and
3. You have not made an election.

All other terms and conditions of your Policy remain the same.

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA



Secretary

Prudential

RECEIVED
JUN 23 2000

Karen L. Smyth, ACS, AIAA
Assistant Secretary
Group Insurance

The Prudential Insurance Company of America
Long Term Care Unit
250 Gibraltar Road, 1-South, P. O. Box 931
Horsham, Pennsylvania 19044-0931
Tel 215 442-3780 Fax 215 443-2289

May 24, 2000

APPROVED
Commonwealth Of Virginia
State Corporation Commission
Bureau Of Insurance
DATE 6/20/00
BY Elsie B. Andy

The Honorable Alfred Gross
Commissioner of Insurance
Virginia Bureau of Insurance
State Corporation Commission
P. O. Box 1157
Richmond, Virginia 23218

MAY 2000
Bureau of Insurance
Forms & Rates Sec
L & H Division

Re: The Prudential Insurance Company of America
NAIC Number 304-68241
Long Term Care Insurance Rider
Form Number GRP 99622

Dear Commissioner Gross:

We enclose, for filing, the individual insurance form listed above. This is a new form and is not intended to replace any previously filed form.

This rider is intended to provide a contingent non-forfeiture benefit to insureds under one of Prudential Individual Long Term Care Insurance policies who decline a "traditional" non-forfeiture benefit. This rider is being submitted pursuant to Section 32.1-5210, Nonforfeiture benefit, amended by Virginia House Bill #1511 which becomes effective July 1, 2000. The applicable base policies to which this rider will attached are listed in an Enclosure with this submission.

Our actuaries reviewed our rating and at this time, do not believe the contingent non-forfeiture benefit will substantively affect our rating for this product offering.

Prudential has reviewed the enclosed contract form and certifies that, to the best of its knowledge and belief, the form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

A Readability Compliance Certification, as required by the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies, is enclosed.

If there are any questions regarding this filing, please feel free to contact me at (215) 442-3780 or via e-mail at *karen.smyth@prudential.com*.

Very truly yours,

Karen L. Smyth

Karen L. Smyth
Assistant Secretary

Enclosures

ENCLOSURE

INDIVIDUAL LONG TERM CARE INSURANCE POLICY FORM NUMBER	DESCRIPTION	APPROVAL DATE	DEPARTMENT FILE NUMBER (IF APPLICABLE)
GRP 98544	Simple Inflation Policy	12-08-1998	007 00000 10535
GRP 98545	Compound Inflation Policy	12-08-1998	007 00000 10535
GRP 98546	Periodic Inflation Policy	12-08-1998	007 00000 10535

Prudential

Karen L. Smyth, ACS, AIAA
Assistant Secretary
Group Insurance

The Prudential Insurance Company of America
Long Term Care Unit
250 Gibraltar Road, 1-South, P. O. Box 931
Horsham, Pennsylvania 19044-0931
Tel 215 442-3780 Fax 215 443-2289

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

The Prudential Insurance Company of America

Title of Form LONG TERM CARE INSURANCE RIDER, CONTINGENT NONFORFEITURE PROVISIONS

Policy Form Number GRP 99622

I hereby certify that the Flesch reading ease score of the above policy form is 53.3. It contains 16 sentences, 501 words and N/A syllables. The type size of the text of the policy form is 12 point type, _____ point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.1 - 354.1 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Karen L. Smyth
Signature

Karen L. Smyth
Name

Assistant Secretary
Title

May 24, 2000
Date

Home and Community-Based Care:

• Home Health Care **• Personal Care** **• Adult Day Care**

Standard Care Benefits - This Policy provides coverage when you receive Home Health Care or Personal Care from a Home Health Care Agency; Referral Agency, Nurse Registry, or provided by an Independent Health Care Professional. This Policy also provides coverage when you receive Adult Day Care from an Adult Day Care Facility.

100% of the Eligible Charges will be paid up to your Daily Maximum for all Home and Community-Based Care combined. This Daily Maximum applies to all such care received on any day.

Additional Benefits:

Independence Support - This Policy provides a lifetime benefit of 50 times your Daily Maximum for Institutional Care to help you remain in the community. You may use this benefit to purchase a personal emergency response system or home modifications that make staying at home possible. You may also use this benefit to pay for Caregiver Training on behalf of your Primary Informal Caregiver. The Benefit Waiting Period does not need to be satisfied to access this benefit. 100% of the Eligible Charges will be paid up to the lifetime benefit.

Emerging Trends - This Policy provides coverage for a broad range of services including institutional and non-institutional care. However, there are always new, emerging trends in the delivery of Long Term Care. Therefore, Prudential will consider a claim for benefits when care is received in an alternative setting or for services designed to help you remain independent in your home. Determination of benefit eligibility and the benefit amount will be made on an individual basis at the sole discretion of Prudential. To qualify, such care shall be a qualified long term care service within the meaning of Internal Revenue Code 7702B.

The Prudential Insurance Company of America
751 Broad Street, Newark, New Jersey 07102-3777

Long Term Care Insurance Rider
CASH BENEFIT RIDER

This certifies that the following benefit has been added to your Long Term Care Insurance Policy. This Rider applies to you on the Effective Date shown on your **Schedule of Policy Benefits** as long as you pay premiums when due for the Policy and the Rider, and provided the coverage is not otherwise terminated. The benefits provided under this Rider are subject to all the provisions, definitions, exclusions and limitations of the Policy to which it is attached. The required premium is subject to change on a class basis.

Certain capitalized terms used in this Rider have been defined to make it easier for you to understand. Please refer to the **Definitions** section in your Policy for an explanation.

These provisions change your Long Term Care Insurance Policy to provide a cash benefit in lieu of the **Home and Community-Based Care** benefit. No other benefit for Home and Community Based Care will be paid while you are receiving benefits under this Rider.

Changes Made in the Policy

The following section replaces the provisions in the Policy relating to benefits for **Home and Community-Based Care**.

Cash Benefit

The Long Term Care Insurance Policy requires you to submit a bill with a claim form in order to receive benefits. For this Cash Benefit, you do not need to incur charges and submit a bill to receive benefits for Home and Community-Based Care.

To use this benefit you must satisfy the following:

1) You must apply for and be eligible for benefits, according to the **Obtaining Benefits** provision in your Policy.
2) You must submit a claim form monthly requesting the cash benefit payment.
3) You must satisfy any applicable **Benefit Waiting Period** indicated in your **Schedule of Policy Benefits** before benefits are payable.
4) You must continue to be eligible for benefits when Prudential conducts periodic reassessments.

At least each month, Prudential will pay you an amount equal to the Daily Maximum benefit for Home and Community-Based Care that would apply to you, multiplied by the number of days in that month. If we determine you are eligible on a day other than the first day of the month, your benefit will be pro-rated based on the number of days remaining in that month. You will continue to receive a monthly payment as long as you meet the conditions for this benefit. These benefits are subject to your Lifetime Maximum.

The exclusion for "Close Relative" will not apply to benefits under this Rider.

Canceling this Rider

If you cancel this rider, benefits for Home and Community-Based Care will be paid according to the provisions in the Policy. Your premium will be adjusted.

NOTICE: Since benefits paid under this Rider are made without regard to costs incurred by you, part of the benefits could be considered taxable income. If the benefits paid under this Rider are in excess of the per diem limit as prescribed by law, they could be considered taxable income. This per diem limit is indexed for inflation. You should consult with a tax advisor for more information concerning the tax implications.

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

Kathleen M. Gibson

Secretary

Meong Kwak
Associate Actuary

The Prudential Insurance Company of America
Long Term Care Unit
2101 Welsh Rd.
Dresher, PA 19125
Tel (215)784-2959
meong.kwak@prudential.com

Date: May 10, 2019

To: Bobby Toone
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-130596260
Objection Letter Dated February 25th, 2019
ILTC1-PreRS Re-Rate

Dear Mr. Toone,

This is in response to your questions on February 25th, 2019.

1) The proposed rate increase varies based on whether the policyholder has a limited benefit period or an unlimited benefit period and whether the policyholder has reimbursement benefits or a cash rider. Please demonstrate using the most recently available nationwide experience that for each of the four policyholder cohorts for which the proposed rate increase varies (e.g., limited benefit periods with reimbursement benefits), 14VAC5-200-150 is satisfied independently for each policyholder cohort. The demonstration of whether 14VAC5-200-150 has been satisfied should be consistent with the manner in which the experience was presented in the version of Appendix B and Appendix G associated with the objection responses dated February 2, 2017. Additionally, if more recent experience is used to demonstrate 14VAC5-200-150 is satisfied for each policyholder cohort, please revise Appendix B and Appendix G to reflect the same experience basis.

Please see attached file "VA Pre-RS ILTC1 Rate Increase.pdf." Appendix B and G have been updated with experience through June 30, 2018.

2) If the proposed rate increase is implemented, what percentage of policyholders for each policyholder cohort (e.g., limited benefit periods with reimbursement benefits) are expected to be offered a contingent benefit upon lapse?

A non-forfeiture benefit option is given to all policyholders. Please see sample policyholder notification letter for more detail.

3) Please provide the policy reserves, both nationwide and for Virginia policies only, for each of the four policyholder cohorts independently (e.g., limited benefit periods with reimbursement benefits), calculated at the interest rate used in the experience projections. The valuation date used for the policy reserves should be consistent with the date through which historical experience is provided in response to objection 1 above.

See table below for requested policy reserves for both nationwide and Virginia.

Meong Kwak
Associate Actuary

The Prudential Insurance Company of America
Long Term Care Unit
2101 Welsh Rd.
Dresher, PA 19125
Tel (215)784-2959
meong.kwak@prudential.com

Benefit Cohort	Nationwide	Virginia
Cash/Unlimited	718,770,677	13,661,472
Cash/Limited	218,764,131	4,096,517
Reimbursement/Unlimited	348,864,307	11,142,436
Reimbursement/Limited	340,967,796	7,965,645

I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration. If there are any additional questions, please feel free to contact me.

Sincerely,

Meong Kwak,
Actuarial Associate

Digitally signed by Meong Kwak, Actuarial Associate
DN: cn=Meong Kwak, Actuarial Associate, o=The Prudential of America, ou=LTC Unit, email=meong.kwak@prudential.com, c=US
Date: 2019.05.10 13:34:03 -04'00'

Meong Kwak
Associate Actuary

Enclosure

Appendix B
The Prudential Insurance Company of America
Historical and Projected Experience
Nationwide Experience - Policies Issued Prior to 10/1/2003
Virginia Premium Rate Basis
ILTC1

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
1999	877,437	0	0	0	0%
2000	7,228,344	0	0	0	0%
2001	18,471,956	83,499	0	83,499	0%
2002	36,585,023	3,240,617	682,125	3,922,742	11%
2003	59,622,111	6,462,542	685,924	7,148,466	12%
2004	61,996,940	6,514,161	99,934	6,614,095	11%
2005	60,177,814	10,085,438	1,263,279	11,348,717	19%
2006	58,646,424	13,412,864	412,834	13,825,698	24%
2007	57,936,387	21,293,091	2,328,574	23,621,665	41%
2008	56,539,178	27,696,266	2,685,250	30,381,516	54%
2009	53,372,679	26,490,136	1,939,389	28,429,525	53%
2010	59,521,088	25,530,861	4,871,540	30,402,401	51%
2011	59,993,434	30,718,287	6,301,000	37,019,288	62%
2012	60,111,578	37,234,142	13,328,419	50,562,561	84%
2013	57,303,410	32,688,981	9,640,281	42,329,262	74%
2014	54,497,370	32,081,350	17,639,049	49,720,399	91%
2015	53,859,861	30,392,712	36,082,722	66,475,434	123%
2016	51,676,184	21,246,230	41,173,533	62,419,763	121%
2017	50,138,991	12,658,485	75,574,563	88,233,048	176%
2018*	23,505,192	456,120	35,280,890	35,737,010	152%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	20,810,006	40,318,006	194%
2019	40,548,231	87,720,974	216%
2020	39,024,932	97,858,693	251%
2021	37,511,417	108,886,404	290%
2022	35,977,625	120,776,486	336%
2023	34,429,880	133,705,080	388%
2024	32,870,954	147,661,491	449%
2025	31,296,217	162,414,226	519%
2026	29,708,285	177,796,641	598%
2027	28,110,587	193,689,315	689%
2028	26,507,371	210,035,004	792%
2029	24,904,067	226,666,384	910%
2030	23,307,150	243,338,893	1044%
2031	21,724,537	259,501,398	1195%
2032	20,165,562	274,842,945	1363%
2033	18,642,328	289,372,024	1552%
2034	17,167,802	302,969,527	1765%
2035	15,748,403	315,248,575	2002%
2036	14,388,737	325,511,431	2262%
2037	13,092,547	333,297,391	2546%
2038	11,862,396	338,546,114	2854%
2039	10,697,161	341,107,860	3189%
2040	9,595,509	340,753,581	3551%
2041	8,561,225	337,103,034	3938%
2042	7,596,980	330,478,721	4350%
2043	6,703,917	321,286,376	4793%
2044	5,882,486	310,152,447	5272%
2045	5,133,041	297,185,604	5790%
2046	4,454,691	282,561,585	6343%
2047	3,845,376	266,806,266	6938%
2048	3,301,694	250,467,799	7586%
2049	2,819,870	234,385,108	8312%
2050	2,396,401	218,363,022	9112%
2051	2,027,176	203,100,922	10019%
2052	1,707,650	189,842,954	11117%
2053	1,433,034	180,514,307	12597%
2054	1,198,433	171,549,083	14314%
2055	998,934	162,488,418	16266%
2056	830,030	153,468,202	18489%
2057+	3,715,365	1,404,319,494	37798%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	20,810,006	40,318,006	194%
2019	42,641,720	86,786,022	204%
2020	55,532,206	87,602,714	158%
2021	55,187,358	95,719,317	173%
2022	52,987,164	106,043,379	200%
2023	50,764,821	117,257,085	231%
2024	48,524,075	129,350,450	267%
2025	46,256,931	142,119,545	307%
2026	43,966,776	155,418,301	353%
2027	41,658,327	169,140,114	406%
2028	39,337,479	183,236,797	466%
2029	37,011,894	197,564,659	534%
2030	34,690,762	211,912,917	611%
2031	32,385,428	225,803,143	697%
2032	30,109,481	238,963,917	794%
2033	27,880,880	251,406,076	902%
2034	25,718,980	263,030,590	1023%
2035	23,633,302	273,506,639	1157%
2036	21,630,896	282,234,565	1305%
2037	19,717,624	288,815,111	1465%
2038	17,897,662	293,199,466	1638%
2039	16,169,801	295,262,372	1826%
2040	14,532,349	294,809,454	2029%
2041	12,991,311	291,515,823	2244%
2042	11,551,096	285,661,143	2473%
2043	10,213,853	277,599,018	2718%
2044	8,980,851	267,873,470	2983%
2045	7,853,061	256,578,951	3267%
2046	6,829,642	243,868,936	3571%
2047	5,908,007	230,196,065	3896%
2048	5,083,519	216,033,183	4250%
2049	4,351,016	202,103,804	4645%
2050	3,705,603	188,237,760	5080%
2051	3,141,415	175,037,132	5572%
2052	2,651,892	163,572,292	6168%
2053	2,230,050	155,499,881	6973%
2054	1,868,743	147,746,157	7906%
2055	1,560,729	139,915,504	8965%
2056	1,299,325	132,124,846	10169%
2057+	5,865,760	1,207,985,764	20594%

* Historical 2018 Experience - 1/1/2018 through 6/30/2018
** Projected 2018 Experience - 7/1/2018 through 12/31/2018

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2018	1,403,486,376	749,377,785	53%	1,403,486,376	749,377,785	53%
Present Value of Future to 6/30/2018	412,015,363	4,153,474,700	1008%	583,131,637	3,623,260,510	621%
Total Values	1,815,501,739	4,902,852,485	270%	1,986,618,013	4,372,638,295	220%
(Discounted at 4.5%)						

Minimum Lifetime Loss Ratio 60%

Appendix G
The Prudential Insurance Company of America
Historical and Projected Experience
Virginia Experience - Policies Issued Prior to 10/1/2003
Virginia Premium Rate Basis
ILTC1

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
1999	15,085	0	0	0	0%
2000	124,663	0	0	0	0%
2001	315,596	0	0	0	0%
2002	540,246	0	0	0	0%
2003	1,089,753	0	0	0	0%
2004	1,214,228	0	0	0	0%
2005	1,397,110	2,177,446	1,126,098	3,303,544	236%
2006	1,164,575	277,689	0	277,689	24%
2007	1,125,753	28,802	0	28,802	3%
2008	1,155,294	608,652	200,740	809,393	70%
2009	1,072,819	34,371	0	34,371	3%
2010	1,153,781	627,013	0	627,013	54%
2011	1,224,133	780,216	501,753	1,281,969	105%
2012	1,122,518	78,230	0	78,230	7%
2013	1,136,471	349,616	29,912	379,528	33%
2014	1,177,701	700,409	464,914	1,165,322	99%
2015	1,131,405	474,367	311,264	785,631	69%
2016	1,130,304	360,260	674,981	1,035,241	92%
2017	1,023,839	83,126	0	83,126	8%
2018*	510,869	0	191,468	191,468	37%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	491,244	779,890	159%
2019	961,504	1,709,879	178%
2020	931,342	1,941,673	208%
2021	900,930	2,199,013	244%
2022	869,611	2,479,181	285%
2023	837,466	2,788,769	333%
2024	804,600	3,133,522	389%
2025	770,890	3,502,194	454%
2026	736,382	3,893,322	529%
2027	701,141	4,303,517	614%
2028	665,214	4,734,975	712%
2029	628,747	5,178,747	824%
2030	591,915	5,613,588	948%
2031	554,946	6,043,282	1089%
2032	518,071	6,452,364	1245%
2033	481,576	6,843,115	1421%
2034	445,859	7,213,423	1618%
2035	411,134	7,540,175	1834%
2036	377,545	7,836,215	2076%
2037	345,249	8,073,976	2339%
2038	314,389	8,255,624	2626%
2039	284,952	8,380,874	2941%
2040	256,907	8,443,860	3287%
2041	230,362	8,440,171	3664%
2042	205,419	8,341,351	4061%
2043	182,175	8,158,637	4478%
2044	160,653	7,913,857	4926%
2045	140,886	7,608,536	5400%
2046	122,879	7,256,161	5905%
2047	106,599	6,852,375	6428%
2048	91,993	6,409,295	6967%
2049	78,966	5,940,311	7523%
2050	67,433	5,471,642	8114%
2051	57,305	5,013,853	8749%
2052	48,472	4,615,456	9522%
2053	40,838	4,356,411	10668%
2054	34,281	4,098,915	11957%
2055	28,678	3,849,166	13422%
2056	23,916	3,599,875	15052%
2057+	111,476	40,241,821	36099%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	491,244	779,890	159%
2019	1,009,323	1,691,513	168%
2020	1,309,582	1,736,291	133%
2021	1,307,658	1,930,096	148%
2022	1,262,760	2,172,777	172%
2023	1,216,701	2,440,907	201%
2024	1,169,631	2,739,478	234%
2025	1,121,353	3,058,528	273%
2026	1,071,937	3,396,728	317%
2027	1,021,470	3,751,044	367%
2028	970,015	4,123,470	425%
2029	917,769	4,506,207	491%
2030	864,974	4,880,977	564%
2031	811,945	5,250,991	647%
2032	758,999	5,602,760	738%
2033	706,538	5,938,319	840%
2034	655,130	6,255,872	955%
2035	605,076	6,535,599	1080%
2036	556,580	6,788,635	1220%
2037	509,866	6,991,091	1371%
2038	465,139	7,144,988	1536%
2039	422,384	7,250,133	1716%
2040	381,565	7,301,543	1914%
2041	342,841	7,295,500	2128%
2042	306,365	7,207,398	2353%
2043	272,284	7,047,038	2588%
2044	240,647	6,833,340	2840%
2045	211,516	6,567,661	3105%
2046	184,911	6,261,703	3386%
2047	160,798	5,911,667	3676%
2048	139,107	5,528,010	3974%
2049	119,711	5,122,310	4279%
2050	102,497	4,717,140	4602%
2051	87,341	4,321,602	4948%
2052	74,089	3,977,447	5368%
2053	62,603	3,753,523	5996%
2054	52,710	3,531,062	6699%
2055	44,230	3,315,374	7496%
2056	37,000	3,100,183	8379%
2057+	174,804	34,618,721	19804%

* Historical 2018 Experience - 1/1/2018 through 6/30/2018
** Projected 2018 Experience - 7/1/2018 through 12/31/2018

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2018	27,794,691	14,588,499	52%	27,794,691	14,588,499	52%
Present Value of Future to 6/30/2018	10,210,186	97,996,680	960%	14,274,785	85,307,886	598%
Total Values	38,004,877	112,585,179	296%	42,069,476	99,896,385	237%
(Discounted at 4.5%)						

Appendix B
The Prudential Insurance Company of America
Historical and Projected Experience
Nationwide Experience - Policies with Cash Payment and Lifetime Benefits Issued Prior to 10/1/2003
Virginia Premium Rate Basis
ILTC1

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
1999	55,440	0	0	0	0%
2000	645,208	0	0	0	0%
2001	2,339,459	0	0	0	0%
2002	6,748,796	1,826,975	573,244	2,400,219	36%
2003	12,431,350	3,509,533	490,405	3,999,938	32%
2004	12,733,005	1,885,085	99,934	1,985,019	16%
2005	12,755,422	4,780,549	1,126,098	5,906,647	46%
2006	12,365,901	2,978,566	0	2,978,566	24%
2007	12,508,706	5,354,679	1,806,923	7,161,602	57%
2008	12,564,758	8,584,679	2,658,531	11,243,210	89%
2009	11,895,077	7,307,714	1,441,125	8,748,839	74%
2010	13,924,281	6,318,404	2,702,752	9,021,156	65%
2011	14,131,565	7,961,863	3,587,307	11,549,169	82%
2012	15,048,063	12,447,620	9,714,379	22,161,999	147%
2013	13,841,694	6,553,353	4,419,446	10,972,799	79%
2014	13,627,288	6,125,237	7,469,167	13,594,404	100%
2015	14,547,894	8,509,193	19,221,250	27,730,443	191%
2016	14,045,067	6,013,020	19,255,041	25,268,061	180%
2017	14,211,075	3,825,487	30,276,021	34,101,508	240%
2018*	6,659,228	142,797	12,292,543	12,435,340	187%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	5,728,910	15,988,249	279%
2019	11,271,624	35,211,809	312%
2020	10,990,121	39,809,302	362%
2021	10,709,405	44,947,540	420%
2022	10,419,456	50,637,640	486%
2023	10,122,134	56,984,092	563%
2024	9,817,290	64,003,100	652%
2025	9,500,548	71,612,038	754%
2026	9,171,446	79,760,188	870%
2027	8,830,084	88,391,580	1001%
2028	8,476,803	97,536,648	1151%
2029	8,112,176	107,156,359	1321%
2030	7,737,047	117,133,440	1514%
2031	7,352,695	127,189,734	1730%
2032	6,961,279	137,151,014	1970%
2033	6,566,574	146,972,455	2238%
2034	6,172,637	156,569,184	2537%
2035	5,781,277	165,743,345	2867%
2036	5,394,299	174,127,824	3228%
2037	5,013,581	181,393,901	3618%
2038	4,641,020	187,280,389	4035%
2039	4,277,227	191,599,097	4480%
2040	3,922,374	194,320,791	4954%
2041	3,578,532	195,145,953	5453%
2042	3,247,706	194,220,034	5980%
2043	2,931,716	191,765,635	6541%
2044	2,632,165	188,161,381	7149%
2045	2,350,322	183,283,491	7798%
2046	2,087,164	177,130,096	8487%
2047	1,843,372	170,078,335	9226%
2048	1,619,292	162,530,594	10037%
2049	1,414,944	154,973,613	10953%
2050	1,230,079	146,910,945	11943%
2051	1,064,119	138,825,100	13046%
2052	916,222	131,843,473	14390%
2053	785,355	127,589,918	16246%
2054	670,309	123,225,159	18383%
2055	569,782	118,510,042	20799%
2056	482,435	113,565,434	23540%
2057+	2,340,209	1,118,934,917	47813%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	5,728,910	15,988,249	279%
2019	12,091,550	34,844,725	288%
2020	17,582,836	35,714,936	203%
2021	17,855,994	39,609,144	222%
2022	17,372,557	44,566,797	257%
2023	16,876,826	50,089,282	297%
2024	16,368,555	56,189,687	343%
2025	15,840,444	62,793,631	396%
2026	15,291,726	69,856,291	457%
2027	14,722,567	77,327,035	525%
2028	14,133,535	85,232,817	603%
2029	13,525,586	93,540,277	692%
2030	12,900,125	102,147,995	792%
2031	12,259,288	110,813,378	904%
2032	11,606,672	119,383,578	1029%
2033	10,948,573	127,821,582	1167%
2034	10,291,755	136,056,022	1322%
2035	9,639,234	143,917,774	1493%
2036	8,994,017	151,091,272	1680%
2037	8,359,239	157,291,131	1882%
2038	7,738,060	162,293,001	2097%
2039	7,131,502	165,936,766	2327%
2040	6,539,848	168,199,976	2572%
2041	5,966,555	168,826,229	2830%
2042	5,414,962	167,942,225	3101%
2043	4,888,106	165,742,696	3391%
2044	4,388,658	162,556,838	3704%
2045	3,918,737	158,278,018	4039%
2046	3,479,969	152,906,022	4394%
2047	3,073,488	146,766,015	4775%
2048	2,699,877	140,205,723	5193%
2049	2,359,163	133,645,411	5665%
2050	2,050,934	126,655,738	6176%
2051	1,774,226	119,652,424	6744%
2052	1,527,635	113,606,184	7437%
2053	1,309,438	109,915,111	8394%
2054	1,117,618	106,131,757	9496%
2055	950,009	102,050,043	10742%
2056	804,373	97,774,128	12155%
2057+	3,901,875	962,489,499	24667%

* Historical 2018 Experience - 1/1/2018 through 6/30/2018
** Projected 2018 Experience - 7/1/2018 through 12/31/2018

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2018	314,502,501	268,614,107	85%		314,502,501	268,614,107	85%
Present Value of Future to 6/30/2018	129,997,885	2,239,760,752	1723%		205,874,783	1,951,251,331	948%
Total Values	444,500,385	2,508,374,859	564%		520,377,284	2,219,865,437	427%
(Discounted at 4.5%)							
Minimum Lifetime Loss Ratio			60%				

Appendix G
The Prudential Insurance Company of America
Historical and Projected Experience
Virginia Experience - Policies with Cash Payment and Lifetime Benefits Issued Prior to 10/1/2003
Virginia Premium Rate Basis
ILTC1

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
1999	392	0	0	0	0%
2000	11,240	0	0	0	0%
2001	42,972	0	0	0	0%
2002	93,567	0	0	0	0%
2003	201,710	0	0	0	0%
2004	217,658	0	0	0	0%
2005	438,088	2,088,810	1,126,098	3,214,908	734%
2006	205,875	0	0	0	0%
2007	204,359	28,802	0	28,802	14%
2008	246,210	425,523	200,740	626,263	254%
2009	196,675	2,937	0	2,937	1%
2010	217,229	0	0	0	0%
2011	302,896	419,574	501,753	921,327	304%
2012	226,014	0	0	0	0%
2013	221,903	0	0	0	0%
2014	223,451	0	0	0	0%
2015	221,944	0	0	0	0%
2016	222,448	0	0	0	0%
2017	219,164	0	0	0	0%
2018*	107,133	0	0	0	0%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	100,168	275,877	275%
2019	197,094	605,857	307%
2020	191,837	684,651	357%
2021	186,857	773,749	414%
2022	181,790	874,374	481%
2023	176,669	987,799	559%
2024	171,515	1,117,741	652%
2025	166,258	1,260,028	758%
2026	160,892	1,416,201	880%
2027	155,410	1,584,355	1019%
2028	149,806	1,765,617	1179%
2029	144,075	1,958,661	1359%
2030	138,218	2,148,804	1555%
2031	132,238	2,344,115	1773%
2032	126,143	2,535,626	2010%
2033	119,968	2,724,505	2271%
2034	113,766	2,908,184	2556%
2035	107,560	3,077,297	2861%
2036	101,368	3,246,376	3203%
2037	95,212	3,395,107	3566%
2038	89,115	3,528,976	3960%
2039	83,078	3,638,121	4379%
2040	77,107	3,734,872	4844%
2041	71,232	3,816,663	5358%
2042	65,490	3,848,719	5877%
2043	59,918	3,844,731	6417%
2044	54,549	3,812,793	6990%
2045	49,416	3,754,928	7599%
2046	44,549	3,680,088	8261%
2047	39,976	3,573,564	8939%
2048	35,710	3,440,601	9635%
2049	31,757	3,271,568	10302%
2050	28,116	3,091,356	10995%
2051	24,788	2,912,702	11750%
2052	21,769	2,765,892	12706%
2053	19,047	2,702,138	14187%
2054	16,606	2,617,647	15763%
2055	14,426	2,531,353	17547%
2056	12,486	2,437,809	19524%
2057+	68,049	32,895,468	48341%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	100,168	275,877	275%
2019	211,431	599,435	284%
2020	306,915	612,688	200%
2021	311,550	679,310	218%
2022	303,102	766,149	253%
2023	294,564	864,174	293%
2024	285,971	976,612	342%
2025	277,206	1,099,680	397%
2026	268,258	1,234,724	460%
2027	259,117	1,380,044	533%
2028	249,774	1,536,637	615%
2029	240,219	1,703,351	709%
2030	230,454	1,867,548	810%
2031	220,484	2,036,164	923%
2032	210,320	2,201,336	1047%
2033	200,025	2,364,079	1182%
2034	189,685	2,522,156	1330%
2035	179,337	2,667,574	1487%
2036	169,013	2,812,867	1664%
2037	158,748	2,940,389	1852%
2038	148,583	3,054,961	2056%
2039	138,518	3,148,067	2273%
2040	128,561	3,230,430	2513%
2041	118,766	3,299,885	2778%
2042	109,193	3,326,347	3046%
2043	99,903	3,321,703	3325%
2044	90,951	3,292,992	3621%
2045	82,392	3,241,977	3935%
2046	74,278	3,176,419	4276%
2047	66,652	3,083,601	4626%
2048	59,540	2,968,071	4985%
2049	52,948	2,821,564	5329%
2050	46,878	2,665,531	5686%
2051	41,330	2,510,958	6075%
2052	36,295	2,383,917	6568%
2053	31,757	2,328,524	7332%
2054	27,688	2,255,324	8146%
2055	24,052	2,180,610	9066%
2056	20,819	2,099,693	10086%
2057+	113,460	28,298,524	24941%

* Historical 2018 Experience - 1/1/2018 through 6/30/2018
** Projected 2018 Experience - 7/1/2018 through 12/31/2018

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2018	5,623,017	7,974,920	142%	5,623,017	7,974,920	142%
Present Value of Future to 6/30/2018	2,341,004	43,962,017	1878%	3,713,099	38,200,964	1029%
Total Values	7,964,021	51,936,937	652%	9,336,116	46,175,884	495%
(Discounted at 4.5%)						

Appendix B
The Prudential Insurance Company of America
Historical and Projected Experience
Nationwide Experience - Policies with Reimbursement Payment and Lifetime Benefits Issued Prior to 10/1/2003
Virginia Premium Rate Basis
ILTC1

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
1999	259,951	0	0	0	0%
2000	1,945,805	0	0	0	0%
2001	4,768,820	14,705	0	14,705	0%
2002	8,729,348	952,076	108,881	1,060,957	12%
2003	14,168,656	1,295,334	37,657	1,332,990	9%
2004	14,899,995	1,813,084	0	1,813,084	12%
2005	14,170,319	1,698,379	137,181	1,835,561	13%
2006	13,821,884	3,573,835	412,834	3,986,669	29%
2007	13,536,771	5,174,351	506,610	5,680,960	42%
2008	12,857,819	3,544,524	0	3,544,524	28%
2009	12,182,095	3,008,880	449,694	3,458,574	28%
2010	13,551,896	5,329,722	1,672,422	7,002,144	52%
2011	13,708,908	6,526,406	2,102,451	8,628,856	63%
2012	13,622,036	6,836,671	2,030,209	8,866,881	65%
2013	13,230,743	5,371,856	2,906,403	8,278,259	63%
2014	12,786,555	5,347,421	4,566,378	9,913,799	78%
2015	12,834,101	5,698,067	8,227,379	13,925,446	109%
2016	12,310,437	2,796,843	7,216,386	10,013,229	81%
2017	12,258,495	2,069,373	16,008,325	18,077,698	147%
2018*	5,969,136	91,209	7,802,827	7,894,035	132%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	5,415,519	9,080,559	168%
2019	10,604,448	19,808,786	187%
2020	10,275,141	22,219,403	216%
2021	9,944,190	24,829,272	250%
2022	9,603,356	27,628,594	288%
2023	9,253,063	30,653,041	331%
2024	8,893,571	33,912,931	381%
2025	8,524,364	37,339,588	438%
2026	8,145,772	40,906,596	502%
2027	7,758,565	44,597,670	575%
2028	7,363,646	48,360,915	657%
2029	6,962,177	52,138,104	749%
2030	6,555,805	55,897,987	853%
2031	6,146,880	59,505,607	968%
2032	5,738,319	62,898,233	1096%
2033	5,333,685	66,069,104	1239%
2034	4,936,797	68,957,869	1397%
2035	4,549,825	71,470,737	1571%
2036	4,174,553	73,386,117	1758%
2037	3,812,596	74,670,182	1959%
2038	3,465,534	75,374,729	2175%
2039	3,133,675	75,502,673	2409%
2040	2,816,942	74,912,367	2659%
2041	2,516,860	73,488,957	2920%
2042	2,234,733	71,356,983	3193%
2043	1,971,632	68,553,478	3477%
2044	1,728,313	65,209,375	3773%
2045	1,505,178	61,483,690	4085%
2046	1,302,242	57,434,799	4410%
2047	1,119,292	53,188,726	4752%
2048	955,732	48,773,572	5103%
2049	810,743	44,391,336	5475%
2050	683,387	40,261,141	5891%
2051	572,467	36,537,557	6382%
2052	476,721	33,340,696	6994%
2053	394,775	30,737,316	7786%
2054	325,180	28,328,182	8712%
2055	266,540	25,970,931	9744%
2056	217,497	23,697,276	10895%
2057+	882,646	174,069,706	19721%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	5,415,519	9,080,559	168%
2019	11,114,889	19,599,114	176%
2020	14,305,572	19,904,123	139%
2021	14,273,781	21,842,806	153%
2022	13,784,551	24,275,191	176%
2023	13,281,744	26,900,146	203%
2024	12,765,733	29,726,658	233%
2025	12,235,778	32,694,587	267%
2026	11,692,352	35,780,290	306%
2027	11,136,559	38,969,031	350%
2028	10,569,696	42,216,016	399%
2029	9,993,432	45,470,831	455%
2030	9,410,131	48,706,712	518%
2031	8,823,164	51,806,641	587%
2032	8,236,721	54,716,269	664%
2033	7,655,913	57,430,583	750%
2034	7,086,224	59,897,875	845%
2035	6,530,768	62,037,814	950%
2036	5,992,107	63,659,481	1062%
2037	5,472,558	64,734,147	1183%
2038	4,974,389	65,307,778	1313%
2039	4,498,042	65,383,844	1454%
2040	4,043,408	64,840,287	1604%
2041	3,612,673	63,578,469	1760%
2042	3,207,712	61,706,487	1924%
2043	2,830,059	59,257,025	2094%
2044	2,480,802	56,343,852	2271%
2045	2,160,516	53,104,706	2458%
2046	1,869,224	49,590,357	2653%
2047	1,606,619	45,909,251	2858%
2048	1,371,847	42,085,415	3068%
2049	1,163,732	38,292,944	3291%
2050	980,926	34,720,538	3540%
2051	821,712	31,501,160	3834%
2052	684,280	28,737,836	4200%
2053	566,655	26,487,545	4674%
2054	466,759	24,406,031	5229%
2055	382,589	22,370,486	5847%
2056	312,193	20,408,115	6537%
2057+	1,266,941	149,777,896	11822%

* Historical 2018 Experience - 1/1/2018 through 6/30/2018
** Projected 2018 Experience - 7/1/2018 through 12/31/2018

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2018	330,574,510	147,076,279	44%		330,574,510	147,076,279	44%
Present Value of Future to 6/30/2018	112,553,365	893,490,333	794%		154,890,131	780,362,570	504%
Total Values	443,127,875	1,040,566,611	235%		485,464,641	927,438,849	191%
(Discounted at 4.5%)							
Minimum Lifetime Loss Ratio			60%				

Appendix G
The Prudential Insurance Company of America
Historical and Projected Experience
Virginia Experience - Policies with Reimbursement Payment and Lifetime Benefits Issued Prior to 10/1/2003
Virginia Premium Rate Basis
ILTC1

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
1999	7,589	0	0	0	0%
2000	38,414	0	0	0	0%
2001	94,623	0	0	0	0%
2002	154,766	0	0	0	0%
2003	344,750	0	0	0	0%
2004	387,739	0	0	0	0%
2005	364,548	0	0	0	0%
2006	357,120	0	0	0	0%
2007	344,861	0	0	0	0%
2008	338,126	8,860	0	8,860	3%
2009	323,619	0	0	0	0%
2010	333,478	0	0	0	0%
2011	357,099	0	0	0	0%
2012	361,223	0	0	0	0%
2013	368,352	0	0	0	0%
2014	415,271	307,639	361,325	668,963	161%
2015	369,373	0	0	0	0%
2016	372,098	36,422	0	36,422	10%
2017	361,981	35,279	0	35,279	10%
2018*	181,362	0	0	0	0%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	184,201	222,213	121%
2019	361,788	488,593	135%
2020	351,914	559,846	159%
2021	342,003	640,939	187%
2022	331,736	730,177	220%
2023	321,118	828,721	258%
2024	310,171	938,575	303%
2025	298,835	1,057,564	354%
2026	287,104	1,185,185	413%
2027	274,983	1,321,196	480%
2028	262,484	1,465,961	558%
2029	249,636	1,614,237	647%
2030	236,490	1,766,294	747%
2031	223,120	1,920,384	861%
2032	209,605	2,073,561	989%
2033	196,044	2,225,170	1135%
2034	182,603	2,370,364	1298%
2035	169,362	2,503,656	1478%
2036	156,382	2,620,141	1675%
2037	143,731	2,722,218	1894%
2038	131,489	2,807,988	2136%
2039	119,685	2,871,926	2400%
2040	108,317	2,904,484	2681%
2041	97,438	2,898,981	2975%
2042	87,102	2,868,806	3294%
2043	77,362	2,804,620	3625%
2044	68,268	2,711,624	3972%
2045	59,845	2,589,952	4328%
2046	52,101	2,441,890	4687%
2047	45,039	2,274,822	5051%
2048	38,648	2,089,142	5406%
2049	32,910	1,905,140	5789%
2050	27,808	1,722,912	6196%
2051	23,307	1,539,181	6604%
2052	19,372	1,368,362	7064%
2053	15,971	1,236,882	7745%
2054	13,062	1,118,731	8564%
2055	10,601	1,003,179	9463%
2056	8,542	888,711	10404%
2057+	32,193	5,373,570	16692%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	184,201	222,213	121%
2019	379,203	483,540	128%
2020	489,953	502,568	103%
2021	490,907	565,082	115%
2022	476,171	642,812	135%
2023	460,930	728,535	158%
2024	445,216	823,987	185%
2025	428,945	927,243	216%
2026	412,105	1,037,848	252%
2027	394,708	1,155,527	293%
2028	376,767	1,280,636	340%
2029	358,325	1,408,582	393%
2030	339,456	1,539,639	454%
2031	320,264	1,672,282	522%
2032	300,865	1,803,943	600%
2033	281,399	1,934,095	687%
2034	262,106	2,058,558	785%
2035	243,100	2,172,634	894%
2036	224,469	2,272,106	1012%
2037	206,311	2,359,068	1143%
2038	188,738	2,431,931	1289%
2039	171,794	2,485,947	1447%
2040	155,477	2,512,866	1616%
2041	139,862	2,506,942	1792%
2042	125,025	2,479,768	1983%
2043	111,044	2,423,305	2182%
2044	97,991	2,342,068	2390%
2045	85,901	2,236,192	2603%
2046	74,785	2,107,679	2818%
2047	64,648	1,962,893	3036%
2048	55,474	1,802,171	3249%
2049	47,239	1,643,013	3478%
2050	39,915	1,485,491	3722%
2051	33,455	1,326,774	3966%
2052	27,806	1,179,275	4241%
2053	22,924	1,065,737	4649%
2054	18,750	963,739	5140%
2055	15,217	864,032	5678%
2056	12,261	765,309	6242%
2057+	46,210	4,624,070	10007%

* Historical 2018 Experience - 1/1/2018 through 6/30/2018
** Projected 2018 Experience - 7/1/2018 through 12/31/2018

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2018	8,592,305	888,150	10%		8,592,305	888,150	10%
Present Value of Future to 6/30/2018	3,989,502	30,481,882	764%		5,499,193	26,569,646	483%
Total Values	12,581,807	31,370,032	249%		14,091,498	27,457,796	195%
(Discounted at 4.5%)							

Appendix B
The Prudential Insurance Company of America
Historical and Projected Experience
Nationwide Experience - Policies with Cash Payment and Non-Lifetime Benefits Issued Prior to 10/1/2003
Virginia Premium Rate Basis
ILTC1

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
1999	89,971	0	0	0	0%
2000	813,522	0	0	0	0%
2001	2,106,984	68,224	0	68,224	3%
2002	4,743,770	297,237	0	297,237	6%
2003	8,311,886	682,707	0	682,707	8%
2004	8,591,181	776,241	0	776,241	9%
2005	8,423,693	989,818	0	989,818	12%
2006	8,341,574	2,510,750	0	2,510,750	30%
2007	8,166,671	2,501,588	0	2,501,588	31%
2008	8,169,455	5,776,476	0	5,776,476	71%
2009	7,724,936	5,862,507	0	5,862,507	76%
2010	8,812,529	4,234,006	236,326	4,470,332	51%
2011	8,766,375	4,758,600	0	4,758,600	54%
2012	8,734,045	7,726,910	97,975	7,824,885	90%
2013	8,440,956	8,935,024	551,454	9,486,478	112%
2014	7,643,902	5,693,372	1,162,685	6,856,057	90%
2015	7,197,945	4,083,008	1,411,870	5,494,878	76%
2016	6,946,437	3,813,183	3,534,035	7,347,218	106%
2017	6,579,727	1,981,969	7,654,319	9,636,288	146%
2018*	3,058,651	96,231	4,523,306	4,619,537	151%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	2,693,317	5,628,367	209%
2019	5,223,796	12,137,269	232%
2020	4,995,728	13,365,300	268%
2021	4,769,839	14,667,368	308%
2022	4,542,620	16,043,880	353%
2023	4,315,404	17,515,295	406%
2024	4,088,881	19,073,646	466%
2025	3,861,946	20,702,577	536%
2026	3,635,091	22,348,369	615%
2027	3,408,834	23,994,903	704%
2028	3,183,735	25,622,697	805%
2029	2,960,790	27,213,739	919%
2030	2,741,002	28,741,836	1049%
2031	2,525,488	30,142,206	1194%
2032	2,315,379	31,375,989	1355%
2033	2,112,145	32,433,896	1536%
2034	1,917,770	33,326,250	1738%
2035	1,733,134	34,014,611	1963%
2036	1,558,865	34,453,876	2210%
2037	1,395,294	34,590,902	2479%
2038	1,242,144	34,467,024	2775%
2039	1,099,297	34,087,226	3101%
2040	966,664	33,398,982	3455%
2041	844,695	32,411,786	3837%
2042	733,452	31,132,475	4245%
2043	632,327	29,618,256	4684%
2044	541,229	27,949,817	5164%
2045	460,089	26,144,084	5682%
2046	388,684	24,257,121	6241%
2047	326,448	22,287,407	6827%
2048	272,318	20,309,665	7458%
2049	225,648	18,404,246	8156%
2050	185,897	16,614,156	8937%
2051	152,456	14,975,460	9823%
2052	124,609	13,487,418	10824%
2053	101,571	12,310,055	12120%
2054	82,732	11,252,862	13602%
2055	67,339	10,296,424	15290%
2056	54,776	9,428,618	17213%
2057+	226,311	70,884,426	31322%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	2,693,317	5,628,367	209%
2019	5,544,276	12,010,645	217%
2020	7,512,343	11,986,148	160%
2021	7,440,682	12,915,743	174%
2022	7,086,233	14,106,475	199%
2023	6,731,789	15,377,749	228%
2024	6,378,426	16,722,554	262%
2025	6,024,419	18,126,658	301%
2026	5,670,538	19,543,254	345%
2027	5,317,591	20,957,976	394%
2028	4,966,449	22,354,189	450%
2029	4,618,666	23,716,725	513%
2030	4,275,810	25,023,220	585%
2031	3,939,620	26,217,905	665%
2032	3,611,861	27,266,783	755%
2033	3,294,829	28,162,160	855%
2034	2,991,614	28,913,906	966%
2035	2,703,592	29,489,272	1091%
2036	2,431,742	29,849,923	1228%
2037	2,176,580	29,949,605	1376%
2038	1,937,676	29,824,588	1539%
2039	1,714,842	29,479,671	1719%
2040	1,507,941	28,869,660	1915%
2041	1,317,677	28,003,305	2125%
2042	1,144,144	26,886,258	2350%
2043	986,395	25,568,044	2592%
2044	844,287	24,118,462	2857%
2045	717,714	22,552,162	3142%
2046	606,326	20,917,652	3450%
2047	509,240	19,213,303	3773%
2048	424,801	17,503,396	4120%
2049	351,998	15,857,074	4505%
2050	289,989	14,311,238	4935%
2051	237,824	12,896,841	5423%
2052	194,384	11,612,979	5974%
2053	158,445	10,597,243	6688%
2054	129,057	9,685,457	7505%
2055	105,045	8,860,802	8435%
2056	85,447	8,112,813	9495%
2057+	353,033	60,955,425	17266%

* Historical 2018 Experience - 1/1/2018 through 6/30/2018
** Projected 2018 Experience - 7/1/2018 through 12/31/2018

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2018	195,780,637	103,314,256	53%		195,780,637	103,314,256	53%
Present Value of Future to 6/30/2018	49,797,358	438,307,635	880%		73,440,035	383,269,555	522%
Total Values	245,577,996	541,621,891	221%		269,220,672	486,583,811	181%
(Discounted at 4.5%)							
Minimum Lifetime Loss Ratio			60%				

Appendix G
The Prudential Insurance Company of America
Historical and Projected Experience
Virginia Experience - Policies with Cash Payment and Non-Lifetime Benefits Issued Prior to 10/1/2003
Virginia Premium Rate Basis
ILTC1

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
1999	255	0	0	0	0%
2000	11,798	0	0	0	0%
2001	29,030	0	0	0	0%
2002	61,448	0	0	0	0%
2003	123,656	0	0	0	0%
2004	126,744	0	0	0	0%
2005	124,091	0	0	0	0%
2006	143,465	277,689	0	277,689	194%
2007	124,091	0	0	0	0%
2008	124,696	0	0	0	0%
2009	124,156	4,375	0	4,375	4%
2010	156,921	402,159	0	402,159	256%
2011	127,693	89,213	0	89,213	70%
2012	113,827	0	0	0	0%
2013	110,537	0	0	0	0%
2014	133,790	282,519	103,589	386,108	289%
2015	110,164	0	0	0	0%
2016	119,463	79,660	75,425	155,085	130%
2017	105,099	0	0	0	0%
2018*	52,322	0	0	0	0%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	50,885	102,403	201%
2019	99,022	223,773	226%
2020	95,298	252,043	264%
2021	91,451	281,212	308%
2022	87,493	311,008	355%
2023	83,450	343,303	411%
2024	79,328	378,209	477%
2025	75,125	414,326	552%
2026	70,879	451,029	636%
2027	66,624	487,703	732%
2028	62,359	524,658	841%
2029	58,112	562,842	969%
2030	53,910	598,992	1111%
2031	49,785	632,045	1270%
2032	45,757	661,239	1445%
2033	41,850	688,250	1645%
2034	38,090	714,710	1876%
2035	34,495	737,170	2137%
2036	31,084	756,629	2434%
2037	27,860	766,509	2751%
2038	24,824	766,084	3086%
2039	21,974	761,594	3466%
2040	19,308	750,970	3889%
2041	16,832	731,287	4344%
2042	14,546	693,393	4767%
2043	12,446	643,838	5173%
2044	10,538	591,430	5612%
2045	8,828	538,731	6102%
2046	7,323	481,688	6578%
2047	6,014	419,053	6968%
2048	4,883	360,536	7384%
2049	3,921	308,114	7858%
2050	3,115	261,350	8389%
2051	2,455	220,670	8990%
2052	1,923	187,134	9733%
2053	1,501	162,036	10799%
2054	1,169	139,523	11937%
2055	910	120,021	13188%
2056	709	103,265	14565%
2057+	2,322	487,431	20995%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	50,885	102,403	201%
2019	105,097	221,410	211%
2020	143,305	225,794	158%
2021	142,658	247,337	173%
2022	136,484	273,123	200%
2023	130,177	301,037	231%
2024	123,747	331,187	268%
2025	117,191	362,360	309%
2026	110,567	393,973	356%
2027	103,930	425,510	409%
2028	97,277	457,256	470%
2029	90,651	490,044	541%
2030	84,097	521,042	620%
2031	77,661	549,322	707%
2032	71,379	574,234	804%
2033	65,284	597,228	915%
2034	59,419	619,735	1043%
2035	53,810	638,776	1187%
2036	48,489	655,219	1351%
2037	43,460	663,386	1526%
2038	38,724	662,663	1711%
2039	34,278	658,451	1921%
2040	30,120	648,967	2155%
2041	26,258	631,697	2406%
2042	22,691	598,736	2639%
2043	19,415	555,749	2862%
2044	16,438	510,339	3105%
2045	13,771	464,716	3374%
2046	11,424	415,391	3636%
2047	9,381	361,284	3851%
2048	7,617	310,758	4080%
2049	6,116	265,511	4341%
2050	4,860	225,165	4633%
2051	3,829	190,078	4964%
2052	2,999	161,161	5373%
2053	2,341	139,520	5961%
2054	1,823	120,115	6588%
2055	1,420	103,310	7277%
2056	1,106	88,874	8036%
2057+	3,622	419,300	11578%

* Historical 2018 Experience - 1/1/2018 through 6/30/2018
** Projected 2018 Experience - 7/1/2018 through 12/31/2018

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2018	2,990,411	1,800,543	60%	2,990,411	1,800,543	60%
Present Value of Future to 6/30/2018	963,929	8,803,284	913%	1,423,345	7,690,219	540%
Total Values	3,954,339	10,603,827	268%	4,413,755	9,490,762	215%
(Discounted at 4.5%)						

Appendix B
The Prudential Insurance Company of America
Historical and Projected Experience
Nationwide Experience - Policies with Reimbursement Payment and Non-Lifetime Benefits Issued Prior to 10/1/2003
Virginia Premium Rate Basis
ILTC1

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
1999	472,075	0	0	0	0%
2000	3,823,809	0	0	0	0%
2001	9,256,694	570	0	570	0%
2002	16,363,109	164,330	0	164,330	1%
2003	24,710,220	974,969	157,863	1,132,831	5%
2004	25,772,759	2,039,751	0	2,039,751	8%
2005	24,828,379	2,616,692	0	2,616,692	11%
2006	24,117,064	4,349,714	0	4,349,714	18%
2007	23,724,239	8,262,473	15,042	8,277,515	35%
2008	22,947,146	9,790,587	26,719	9,817,306	43%
2009	21,570,572	10,311,035	48,570	10,359,605	48%
2010	23,232,381	9,648,729	260,040	9,908,769	43%
2011	23,386,587	11,471,420	611,243	12,082,663	52%
2012	22,707,434	10,222,941	1,485,855	11,708,796	52%
2013	21,790,017	11,828,748	1,762,977	13,591,726	62%
2014	20,439,625	14,915,320	4,440,818	19,356,138	95%
2015	19,279,922	12,102,443	7,222,224	19,324,667	100%
2016	18,374,243	8,623,184	11,168,071	19,791,255	108%
2017	17,089,694	4,781,656	21,635,898	26,417,554	155%
2018*	7,818,176	125,883	10,662,215	10,788,098	138%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	6,972,260	9,620,831	138%
2019	13,448,362	20,563,110	153%
2020	12,763,941	22,464,688	176%
2021	12,087,983	24,442,223	202%
2022	11,412,194	26,466,373	232%
2023	10,739,279	28,552,652	266%
2024	10,071,212	30,671,814	305%
2025	9,409,360	32,760,022	348%
2026	8,755,976	34,781,489	397%
2027	8,113,104	36,705,162	452%
2028	7,483,187	38,514,744	515%
2029	6,868,924	40,158,182	585%
2030	6,273,295	41,565,631	663%
2031	5,699,474	42,663,851	749%
2032	5,150,585	43,417,709	843%
2033	4,629,923	43,896,569	948%
2034	4,140,597	44,116,224	1065%
2035	3,684,167	44,019,882	1195%
2036	3,261,020	43,543,615	1335%
2037	2,871,076	42,642,407	1485%
2038	2,513,698	41,423,972	1648%
2039	2,186,962	39,918,863	1825%
2040	1,889,530	38,121,442	2018%
2041	1,621,139	36,056,337	2224%
2042	1,381,089	33,769,228	2445%
2043	1,168,242	31,349,007	2683%
2044	980,779	28,831,874	2940%
2045	817,451	26,274,338	3214%
2046	676,600	23,739,568	3509%
2047	556,265	21,251,798	3820%
2048	454,352	18,853,968	4150%
2049	368,534	16,615,913	4509%
2050	297,037	14,576,781	4907%
2051	238,133	12,762,805	5360%
2052	190,097	11,171,366	5877%
2053	151,332	9,877,018	6527%
2054	120,213	8,742,880	7273%
2055	95,272	7,711,021	8094%
2056	75,323	6,776,874	8997%
2057+	266,198	40,430,445	15188%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	6,972,260	9,620,831	138%
2019	13,891,005	20,331,538	146%
2020	16,131,455	19,997,507	124%
2021	15,616,901	21,351,624	137%
2022	14,743,824	23,094,915	157%
2023	13,874,461	24,889,909	179%
2024	13,011,361	26,711,551	205%
2025	12,156,290	28,504,668	234%
2026	11,312,161	30,238,466	267%
2027	10,481,611	31,886,072	304%
2028	9,667,798	33,433,775	346%
2029	8,874,210	34,836,825	393%
2030	8,104,696	36,034,990	445%
2031	7,363,355	36,965,219	502%
2032	6,654,226	37,597,287	565%
2033	5,981,565	37,991,752	635%
2034	5,349,387	38,162,787	713%
2035	4,759,708	38,061,779	800%
2036	4,213,029	37,633,889	893%
2037	3,709,247	36,840,228	993%
2038	3,247,537	35,774,100	1102%
2039	2,825,415	34,462,091	1220%
2040	2,441,152	32,899,531	1348%
2041	2,094,407	31,107,820	1485%
2042	1,784,279	29,126,173	1632%
2043	1,509,293	27,031,253	1791%
2044	1,267,104	24,854,318	1962%
2045	1,056,094	22,644,065	2144%
2046	874,124	20,454,905	2340%
2047	718,659	18,307,496	2547%
2048	586,993	16,238,649	2766%
2049	476,123	14,308,375	3005%
2050	383,753	12,550,247	3270%
2051	307,653	10,986,707	3571%
2052	245,594	9,615,294	3915%
2053	195,512	8,499,981	4348%
2054	155,308	7,522,912	4844%
2055	123,085	6,634,174	5390%
2056	97,312	5,829,790	5991%
2057+	343,911	34,762,944	10108%

* Historical 2018 Experience - 1/1/2018 through 6/30/2018
** Projected 2018 Experience - 7/1/2018 through 12/31/2018

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2018	562,628,727	230,373,144	41%		562,628,727	230,373,144	41%
Present Value of Future to 6/30/2018	119,666,756	581,915,980	486%		148,926,689	508,377,054	341%
Total Values	682,295,483	812,289,124	119%		711,555,416	738,750,197	104%
(Discounted at 4.5%)							
Minimum Lifetime Loss Ratio			60%				

Appendix G
The Prudential Insurance Company of America
Historical and Projected Experience
Virginia Experience - Policies with Reimbursement Payment and Non-Lifetime Benefits Issued Prior to 10/1/2003
Virginia Premium Rate Basis
ILTC1

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
1999	6,848	0	0	0	0%
2000	63,211	0	0	0	0%
2001	148,971	0	0	0	0%
2002	230,465	0	0	0	0%
2003	419,637	0	0	0	0%
2004	482,087	0	0	0	0%
2005	470,382	88,636	0	88,636	19%
2006	458,115	0	0	0	0%
2007	452,442	0	0	0	0%
2008	446,262	174,270	0	174,270	39%
2009	428,369	27,058	0	27,058	6%
2010	446,153	224,854	0	224,854	50%
2011	436,445	271,429	0	271,429	62%
2012	421,454	78,230	0	78,230	19%
2013	435,678	349,616	29,912	379,528	87%
2014	405,189	110,252	0	110,252	27%
2015	429,923	474,367	311,264	785,631	183%
2016	416,295	244,179	599,556	843,735	203%
2017	337,595	47,847	0	47,847	14%
2018*	170,053	0	191,468	191,468	113%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	155,990	179,397	115%
2019	303,600	391,656	129%
2020	292,293	445,133	152%
2021	280,619	503,114	179%
2022	268,591	563,622	210%
2023	256,228	628,946	245%
2024	243,586	698,997	287%
2025	230,671	770,275	334%
2026	217,508	840,906	387%
2027	204,124	910,263	446%
2028	190,565	978,738	514%
2029	176,924	1,043,007	590%
2030	163,296	1,099,499	673%
2031	149,803	1,146,739	765%
2032	136,566	1,181,938	865%
2033	123,713	1,205,190	974%
2034	111,399	1,220,166	1095%
2035	99,717	1,222,052	1226%
2036	88,711	1,213,068	1367%
2037	78,446	1,190,143	1517%
2038	68,962	1,152,576	1671%
2039	60,215	1,109,233	1842%
2040	52,175	1,053,534	2019%
2041	44,860	993,240	2214%
2042	38,281	930,433	2431%
2043	32,449	865,448	2667%
2044	27,298	798,010	2923%
2045	22,797	724,925	3180%
2046	18,905	652,494	3451%
2047	15,570	584,936	3757%
2048	12,753	519,017	4070%
2049	10,378	455,489	4389%
2050	8,394	396,024	4718%
2051	6,755	341,301	5052%
2052	5,409	294,067	5436%
2053	4,320	255,356	5912%
2054	3,444	223,015	6476%
2055	2,741	194,612	7101%
2056	2,179	170,091	7807%
2057+	8,912	1,485,352	16667%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	155,990	179,397	115%
2019	313,593	387,128	123%
2020	369,409	395,242	107%
2021	362,542	438,368	121%
2022	347,003	490,693	141%
2023	331,030	547,161	165%
2024	314,697	607,692	193%
2025	298,013	669,244	225%
2026	281,007	730,183	260%
2027	263,715	789,963	300%
2028	246,197	848,942	345%
2029	228,575	904,231	396%
2030	210,968	952,748	452%
2031	193,536	993,222	513%
2032	176,434	1,023,247	580%
2033	159,830	1,042,916	653%
2034	143,921	1,055,422	733%
2035	128,828	1,056,616	820%
2036	114,609	1,048,442	915%
2037	101,347	1,028,248	1015%
2038	89,094	995,434	1117%
2039	77,794	957,668	1231%
2040	67,407	909,280	1349%
2041	57,956	856,976	1479%
2042	49,457	802,547	1623%
2043	41,922	746,281	1780%
2044	35,267	687,940	1951%
2045	29,452	624,775	2121%
2046	24,425	562,215	2302%
2047	20,116	503,890	2505%
2048	16,476	447,011	2713%
2049	13,407	392,221	2925%
2050	10,844	340,954	3144%
2051	8,727	293,792	3366%
2052	6,989	253,094	3622%
2053	5,581	219,742	3938%
2054	4,449	191,884	4313%
2055	3,541	167,422	4728%
2056	2,815	146,307	5198%
2057+	11,513	1,276,827	11090%

* Historical 2018 Experience - 1/1/2018 through 6/30/2018
** Projected 2018 Experience - 7/1/2018 through 12/31/2018

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2018	10,588,958	3,924,885	37%	10,588,958	3,924,885	37%
Present Value of Future to 6/30/2018	2,915,752	14,749,497	506%	3,639,148	12,847,058	353%
Total Values	13,504,710	18,674,383	138%	14,228,107	16,771,943	118%
(Discounted at 4.5%)						

Keith Burns, ASA, MAAA
Vice President and Actuary
Financial Management

The Prudential Insurance Company of America
Long Term Care Unit
751 Broad Street, 11th Floor
Newark, NJ 07102
Tel 402 715-4861
keith.burns@prudential.com

Date: June 20, 2019

To: Bobby Toone
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-130596260
Objection Letter Dated May 21, 2019
ILTC1-PreRS Re-Rate

Dear Mr. Toone,

This is in response to your questions on May 21, 2019.

1. **The experience projections submitted with the objection responses dated May 10, 2019, are inconsistent with our expectations relative to the experience projections submitted with the objection responses dated February 2, 2017. In particular, the historical experience for the initial years has changed (e.g., the aggregate earned premium amounts are not the same and aggregate paid claims do not match where no claim reserve was previously noted) and the relativity of the present value of future claims with the rate increase and the present value of future claims without the rate increase has changed materially. Please confirm that the assumptions used to project the future experience are consistent with the assumptions described in the actuarial memorandum. Please explain why the historical experience does not align where we would reasonably expect it to. If necessary, please revise the experience projections.**

I understand the historical experience has changed. Prudential invested a significant amount of time and resources to clean up our data as it pertains to our experience and projections. We have much more confidence in the numbers that we are now reflecting. We anticipate the shift in the historical experience is a one time change.

The change in the future claims is a result of a refinement to the projections. Prudential recently added benefit reductions due to rate increases to the future projections. Previously only shock lapse rates due to rate increases were reflected.

I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration. If there are any additional questions, please feel free to contact me.

Sincerely,

Keith Burns, Vice President & Actuary

Digitally signed by Keith Burns, Vice President & Actuary
DN: cn=Keith Burns, Vice President & Actuary, o=The Prudential Insurance Company of America, ou=LTC, email=keith.burns@prudential.com, c=US
Date: 2019.06.20 17:10:36 -04'00'

Keith Burns. ASA, MAAA
Vice President & Actuary

Ritu Jain, ASA, MAAA
Prudential Long Term Care
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Date: August 16th, 2019

To: Bobby Toone
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-130596260
Objection Letter Dated July 8th, 2019
ILTC1-PreRS Re-Rate

Dear Mr. Toone,

This is in response to your questions on July 8th, 2019.

1. In the objection responses dated June 20, 2019, the Company stated that the experience projections were updated to reflect the impact of benefit reductions due to the requested rate increase. Please state the assumed proportion of policyholders expected to reduce benefits and the average premium offset that benefit reductions are expected to have for policyholders reducing benefits, as well as the average premium offset that benefit reductions are expected to have across all policyholders. Please provide quantitative support for the assumptions underlying the experience projections.

The experience projections dated May 10, 2019 were updated to reflect the 2018 best estimate assumptions. The rates vary by product (ILTC and GLTC) and requested rate increase amounts. The projections include an annualized shock lapse rate of 14.1% assumed over the expected implementation period. The total rate includes a 9.5% shock lapse reduced to 8.55% due to the CNFO benefit, and adjusted to 14.1% to account for people electing benefit reductions. This lapse rate represents the estimated impact of policyholders lapsing their policy due to the rate increase but maintaining a nonforfeiture benefit as well as policyholders electing benefit reductions. The benefit reduction portion of the assumption is used to project the reduction in claim costs and premium associated with these polices after they take a benefit reduction at the time of a rate increase. Shock Lapses and benefit reductions are tied to rate increases and as such, the timing of shock lapses coincides with when a policyholder elects to reduce their benefits.

2. The projected incurred claims underlying the experience projections submitted with the objection responses dated May 10, 2019 are significantly higher relative to the experience projections submitted with the objection responses dated February 2, 2017. For example, for calendar year 2025, the May 10, 2019 exhibit shows projected incurred claims of approximately $162.4 million without the rate increase, whereas the February 2, 2017 exhibit shows projected incurred claims of approximately $104.8 million. This difference produces significantly higher loss ratios by calendar year than previously projected. Please confirm that the assumptions used to project the future experience are consistent with the assumptions described in the actuarial memorandum unless previously noted (i.e., incorporating benefit reductions into the projections). If not, please explain all assumptions that were revised and provide quantitative support for the assumptions that were revised. If the assumptions are consistent with those described in the actuarial memorandum, please explain why the projected incurred claims have increased significantly. If necessary, please revise the experience projections.

The assumptions used to project the future experience in the May 10, 2019 exhibit are no longer consistent with the assumptions described in the actuarial memorandum in 2015. The memo used the Best Estimate

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assumptions as of June 30, 2015. However, we have since updated our assumptions to reflect experience through June 30, 2018. Due to these updates, the projected incurred claims have increased.

The updated actuarial assumptions used to project the future premiums and claims are described below. The attached Appendix C describes the development of the best estimate morbidity, mortality and voluntary lapse assumptions and contains three exhibits that show actual to expected experience. The expected values in these exhibits reflect Prudential's current assumptions at this time. The assumptions are Prudential's 2018 best estimate expectations of future experience, and do not include any provisions for adverse experience.

Morbidity

The best estimate morbidity assumptions were developed based on a combination of Prudential's historical claim experience, the Milliman 2014 Long Term Care Guidelines (Guidelines) and judgment. The Guidelines reflect over 29 million life years of exposure and $25 billion of incurred claims and the experience and judgment of Milliman actuaries. The policy design and coverages and the underwriting applied at the time of issue were all considered when setting the claim cost assumptions. The claim cost assumptions reflect Prudential's 2018 best estimate of future morbidity. The best estimate assumptions do not include an assumption for morbidity improvement. The assumptions do not include any adverse selection from the rate increase or loads for moderately adverse experience.

Mortality

The mortality assumptions were developed from a mortality study conducted on Prudential's experience and judgment. The 2018 best estimate mortality assumption is the 2012 IAM Basic Table on an Age Last Birthday basis with mortality selection factors and mortality improvement. The mortality selection factors vary by issue age and duration. The factors are generally below 1 in the early durations and grade to 1.05 in the ultimate (dur 30+) period. Future mortality improvement of 1% per year for 20 years (2018 through 2038) is assumed. We assumed all remaining policies would terminate at attained age 120. The assumptions do not include any loads for moderately adverse experience.

Lapses

The voluntary lapse assumptions were developed from a policy persistency study conducted on Prudential's long-term care policy experience. The voluntary lapse assumptions are our expectations for policy terminations, by duration, for reasons other than death, benefit exhaustion or benefit buy-downs. The lapse assumptions represent the 2018 best estimate expectations of future experience and do not include any provisions for adverse experience. At time of premium rate increase notification, policyholders may elect a nonforfeiture benefit or an optional benefit reduction and the impact of these policyholder elections is modelled in our projections. Voluntary lapse rates for the Lifetime Premium Pay polices are shown below.

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Voluntary Lapse Rates – Lifetime Pay								
Duration	Cash				Reimbursement			
	Inflation		No Inflation		Inflation		No Inflation	
	Single	Married	Single	Married	Single	Married	Single	Married
1	5.45%	2.85%	7.15%	3.85%	8.35%	4.35%	11.00%	5.90%
2	3.70%	2.05%	4.30%	2.75%	6.20%	3.15%	6.65%	4.20%
3	1.10%	6.30%	2.10%	5.80%	6.20%	1.70%	2.40%	4.10%
4	1.10%	6.30%	2.10%	5.80%	1.50%	1.70%	2.40%	4.10%
5	1.10%	6.30%	2.10%	5.80%	1.50%	1.70%	2.40%	2.30%
6	1.10%	2.40%	2.10%	2.50%	1.50%	1.70%	2.40%	2.30%
7	1.10%	2.40%	2.10%	2.50%	1.50%	1.00%	2.40%	2.00%
8	1.10%	2.40%	2.10%	2.50%	1.50%	1.00%	2.40%	2.00%
9	1.10%	2.40%	2.10%	2.50%	1.50%	1.00%	2.40%	1.30%
10	1.10%	1.30%	2.10%	2.10%	1.50%	0.76%	2.40%	1.30%
11	1.10%	1.30%	2.10%	2.10%	1.50%	0.76%	2.40%	1.30%
12	1.10%	1.30%	2.10%	2.10%	1.50%	0.76%	2.40%	1.30%
13	1.10%	1.10%	2.10%	2.01%	1.50%	0.76%	2.40%	1.30%
14	1.10%	0.60%	2.10%	1.75%	1.50%	0.76%	2.40%	1.30%
15-20	1.10%	0.60%	2.10%	1.75%	1.50%	0.50%	2.40%	1.30%
21+	1.10%	0.50%	2.10%	1.50%	1.25%	0.50%	2.40%	1.30%

NOTE: No inflation includes plans without inflation and GPO.

Voluntary Lapse Rates – Limited Pay			
Duration	10 Pay	Premium Reduction at Age 65	Paid Up at Age 65
1	3.50%	4.50%	5.00%
2	2.50%	3.50%	4.50%
3	1.50%	3.00%	3.50%
4	1.00%	2.50%	2.50%
5	0.50%	2.00%	2.00%
6	0.50%	2.00%	2.00%
7	0.50%	1.50%	1.50%
8	0.50%	1.50%	1.50%
9	0.00%	1.50%	1.50%
10-20	0.00%	1.50%	1.25%
21+	0.00%	1.25%*	1.00%**

*Starting at age 55, grade into 0.5% ultimate lapse rate by attained age 65.
**Starting at age 55, grade into 0.0% ultimate lapse rate by attained age 65.

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3. Please provide an exhibit similar to Appendix B summarizing the projected experience using the assumptions associated with the most recently approved rate filing so that we may understand how the projected premium and claims differ as a result of changes in the underlying assumptions. Please provide this information separately for each policyholder cohort for which the proposed rate increase varies (e.g., policies with a cash rider and limited benefit period). Please ensure waiver of premium benefits, inclusion of margin for adverse deviation, etc., are presented in a manner that is consistent with how they were presented in Appendix B from the objection responses dated May 10, 2019.

Please see the attached file called "ILTC1 Pre-RS Prior Rate Appendix (Nov 2009).xlsx" for the projected experience submitted with the most recently approved rate filing. Note that at the time of this prior filing, we did not separate ILTC1 by Post-RS and Pre-RS policies. It would be difficult to recreate and split these old appendices by policyholder cohort as requested.

I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration. If there are any additional questions, please feel free to contact me.

Sincerely,

Ritu Jain, ASA, MAAA,
Director and Actuary

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Date: September 27th, 2019

To: Bobby Toone
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-130596260
Objection Letter Dated September 5th, 2019
ILTC-1 Pre-RS Re-Rate

Dear Mr. Toone,

This is in response to your questions on September 5th, 2019.

1. Please revise Appendix C to only include the experience of the policy forms associated with this filing so we may evaluate the appropriateness of the assumptions relative to the experience associated with this filing. Additionally, please revise Appendix C to include an actual-to-expected comparison by policy duration for the mortality assumptions.

Please see tabs Q1a-Q1c in the attached file "VA ILTC1 PreRS 2019.09.05 Objection Attachments.xlsx." The Company combines the experience for all individual products when setting the assumptions in order to create a more credible data set, since while the nationwide claims data just for ILTC1 may not be deemed sufficiently credible, the underlying data supporting the new assumptions would. In the process of developing assumptions, specific product differences, if applicable, are reviewed and assumptions are adjusted so that the assumptions are appropriate for each product.

2. Please provide quantitative support for the shock lapse and benefit buydown assumptions underlying the most recent experience projections.

The shock lapse assumption reflects the estimated impact of policyholders electing reduced benefits or a paid-up nonforfeiture benefit at time of premium rate increase notification. The shock lapse was derived from observed lapses from historical seriatim data in which the exact rate increase percentages was identified. The shock lapse rates were partitioned and studied separately within each rate increase band using historical lapse data. Please see tab Q2 in the attached file "VA ILTC1 PreRS 2019.09.05 Objection Attachments.xlsx" for quantitative support.

3. Please provide the maximum justifiable rate increase for each policyholder cohort for which the proposed rate increase varies (e.g., policies with a limited benefit period and reimbursement benefits) under the prospective present value method. Please ensure waiver of premium benefits, inclusion of margin for adverse deviation, etc., are presented in a manner that is consistent with how they were presented in Appendix B from the objection responses dated June 20, 2019. Additionally, please provide sufficient quantitative support so that we are able to assess the reasonableness of the calculation.

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The maximum justifiable rate increase for each policyholder cohort for which the proposed rate increase varies under the prospective present value method can be found in the table below using the 2018 best estimate assumptions. Please see tabs Q3a-Q3d in the attached file "VA ILTC1 PreRS 2019.09.05 Objection Attachments.xlsx" for quantitative support.

Benefit Cohort	Prospective Method Requested Rate Increase
Cash | Unlimited	1831.9%
Cash | Limited	779.4%
Reimbursement | Limited	259.2%
Reimbursement | Unlimited	698.8%

As previously noted in the response to the objection letter dated February 25th, 2019, the requested rate increases have not been adjusted to reflect the 2018 best estimate assumptions and do not take into account the maximum justifiable rate increase.

I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration. If there are any additional questions, please feel free to contact me.

Sincerely,

Meong Kwak,
Associate Actuary

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Date: October 31, 2019

To: Bobby Toone
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-130596260
Objection Letter Dated October 15th, 2019
ILTC-1 PreRS Re-Rate

Dear Mr. Toone,

This is in response to your questions on October 15th, 2019.

1. **Please explain why the future cash flows under the "original pricing" do not appear to align with the projected experience for 2019 and beyond for the experience projections provided in response to objection 3 from the objection responses dated August 16, 2019. While we would expect there to be differences with how the experience has evolved, the future cash flows under the "original pricing" show the block of business is projected to contract more quickly than the November 2009 projection. If necessary, please revise the demonstration of the prospective present value calculation so that the projected experience is based on all November 2009 assumptions.**

   Please see attached file "VA ILTC1 PreRS 2019.10.15 Objection Attachments.xlsx" for a version of the prospective method with the projections from the November 2009 projections. The prior filing projections are from the previously approved filing in November 2009. Prudential does not currently have the capability to project the current inforce policies using the November 2009 assumptions.

2. **Please confirm the projected future cash flows under the "original pricing" are based on the insured population as of June 30, 2018.**

   The projected future cash flows under the prior approved filing are based on the insured population in the approved filing in November 2009. However, we have applied a true up factor to the prior approved projections.

3. **Please confirm no shock lapses, benefit buydowns, or adverse selection as a result of the rate increase were reflected in either set of future cash flows. If necessary, please revise the cash flows to exclude the impact of these items.**

   There were no shock lapses, benefit buydowns, or adverse selection as a result of the rate increase reflected in either set of future cash flows.

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I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration. If there are any additional questions, please feel free to contact me.

Sincerely,

Meong Kwak,
Associate Actuary

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Hina Ahmad
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Date: November 25, 2019

To: Bobby Toone
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-130596260
Objection Letter Dated November 20th, 2019
ILTC-1 PreRS Re-Rate

Dear Mr. Toone,

This is in response to your questions on November 20th, 2019.

1. **Per our phone conversation on 11/20/2019, please provide the current national cumulative average increase, and what that average would be if all outstanding rate increase requests were approved for the full amount.**

   The current national cumulative average increase is 95%. Please note that in 2019 Prudential started a new round of rate increases. If all outstanding rate increase requests were approved for the full amount the cumulative average increase would increase to 224%

I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration. If there are any additional questions, please feel free to contact me.

Sincerely,

Hina Ahmad,
Actuarial Manager

Digitally signed by Hina Ahmad, Actuarial Manager
Date: 2019.11.26 13:51:56 -05'00'

Hina Ahmad
Manager, Actuarial
Prudential Long Term Care