Filing at a Glance

Company:	United Security Assurance Company of Pennsylvania
Product Name:	Trigon VA 2018 Rate Increase Filing
State:	Virginia
TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care
Sub-TOI:	LTC05I.001 Qualified
Filing Type:	Rate
Date Submitted:	11/16/2018
SERFF Tr Num:	USPA-131712591
SERFF Status:	Closed-Approved and Filed
State Tr Num:	USPA-131712591
State Status:	Approved & Filed
Co Tr Num:	TRIGON 2018 RATE INCREASE
Effective Date Requested:	On Approval
Author(s):	Martha Stephens, Tara Shiffert, William Neugroschel, Marge Haley, Gary Hulet
Reviewer(s):	Colleen Moore (primary), Bobby Toone
Disposition Date:	04/30/2021
Disposition Status:	Approved and Filed
Effective Date:	

State: *Virginia* **Filing Company:** *United Security Assurance Company of Pennsylvania*

TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*

Product Name: *Trigon VA 2018 Rate Increase Filing*

Project Name/Number: *2018 Trigon Rate Increase/*

General Information

Project Name: 2018 Trigon Rate Increase
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 33%

Deemer Date: 04/30/2021
Submitted By: Martha Stephens

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: not applicable
Market Type: Individual
Individual Market Type:
Filing Status Changed: 04/30/2021
State Status Changed: 04/30/2021
Created By: Martha Stephens
Corresponding Filing Tracking Number:
State TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care

Filing Description:

These policy forms were issued in Virginia by Trigon Blue Cross Blue Shield from 1996 through 2004. The business was assumed by United Security Assurance Company of PA ("United Security") on September 30, 2009. These policies are no longer being marketed in any jurisdiction.

While the rate increases justified under the Virginia statutes amount to a one time increase in excess of 1600%, the Company is accepting the VA BOI offer of a 1-time rate increase of 33.0% with additional increase requests to follow.

Company and Contact

Filing Contact Information

Martha Stephens, Vice President of Operations
673 Cherry Lane
Souderton, PA 18964-1260

mstephens@usa-cal.com

215-723-3044 [Phone] 124 [Ext]
215-723-8036 [FAX]

Filing Company Information

United Security Assurance Company of Pennsylvania
673 Cherry Lane
Souderton, PA 18964-1260
(215) 723-3044 ext. [Phone]

CoCode: 42129
Group Code:
Group Name:
FEIN Number: 23-2227246

State of Domicile: Pennsylvania
Company Type: Life, Accident/Health
State ID Number:

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Colleen Moore	04/30/2021	04/30/2021

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Colleen Moore	03/31/2021	03/31/2021
Info has been requested from company	Colleen Moore	03/23/2021	03/23/2021
Info has been requested from company	Colleen Moore	03/12/2021	03/12/2021
Info has been requested from company	Colleen Moore	03/09/2021	03/09/2021
Info has been requested from company	Colleen Moore	02/10/2021	02/10/2021
Info has been requested from company	Colleen Moore	01/19/2021	01/19/2021
Info has been requested from company	Colleen Moore	11/16/2020	11/16/2020
Info has been requested from company	Greg Smith	10/29/2020	10/29/2020
Info has been requested from company	Colleen Moore	10/19/2020	10/19/2020
Info has been requested from company	Colleen Moore	05/01/2020	05/13/2020

Response Letters

Responded By	Created On	Date Submitted
Martha Stephens	04/01/2021	04/01/2021
Martha Stephens	03/25/2021	03/25/2021
Gary Hulet	03/15/2021	03/16/2021
Martha Stephens	03/10/2021	03/10/2021
Martha Stephens	02/11/2021	02/11/2021
Martha Stephens	02/04/2021	02/04/2021
Gary Hulet	11/16/2020	11/16/2020
Gary Hulet	11/04/2020	11/04/2020
Martha Stephens	11/05/2020	11/05/2020
Martha Stephens	06/18/2020	06/18/2020

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Colleen Moore	05/13/2020	05/13/2020
Info has been requested from company	Colleen Moore	02/27/2020	02/27/2020
Info has been requested from company	Colleen Moore	11/12/2019	11/12/2019
Info has been requested from company	Colleen Moore	08/29/2019	08/29/2019
Info has been requested from company	Colleen Moore	07/18/2019	07/18/2019
Info has been requested from company	Colleen Moore	07/02/2019	07/02/2019
Info has been requested from company	Colleen Moore	05/24/2019	05/24/2019
Info has been requested from company	Colleen Moore	05/14/2019	05/14/2019
Info has been requested from company	Colleen Moore	04/10/2019	04/10/2019
Info has been requested from company	Colleen Moore	03/26/2019	03/26/2019
Info has been requested from company	Colleen Moore	02/19/2019	02/19/2019

Response Letters

Responded By	Created On	Date Submitted
Gary Hulet	05/21/2020	05/21/2020
Gary Hulet	04/27/2020	04/27/2020
Gary Hulet	11/19/2019	11/19/2019
Gary Hulet	08/30/2019	08/30/2019
Gary Hulet	08/12/2019	08/12/2019
Martha Stephens	07/15/2019	07/15/2019
Martha Stephens	06/03/2019	06/03/2019
Gary Hulet	05/15/2019	05/15/2019
Marge Haley	05/02/2019	05/02/2019
Martha Stephens	04/24/2019	04/24/2019
Martha Stephens	03/07/2019	03/07/2019

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
RRS	Reviewer Note	Colleen Moore	03/14/2019	

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Disposition

Disposition Date: 04/30/2021
Effective 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):
United Security Assurance Company of Pennsylvania	1,555.000%	33.000%	$488,786	805	$1,481,170	33.000%	33.000%

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	Submission Letter	Received & Acknowledged	Yes
Supporting Document	Response to Objection Letter dated 2/19/19	Received & Acknowledged	Yes
Supporting Document	Response to 5-14-19 Objection Letter	Received & Acknowledged	Yes
Supporting Document	Response to 4-10-19 request	Received & Acknowledged	Yes
Supporting Document	Response to May 24, 2019 Objection Letter	Received & Acknowledged	Yes
Supporting Document	Response to July 2, 2019 Objection and John Doe Policyholder Letters	Received & Acknowledged	Yes
Supporting Document	Approved Policy Change Endorsement Form PCE-U	Received & Acknowledged	Yes
Supporting Document	Response to 7-18-19 Objection Letter	Received & Acknowledged	Yes
Supporting Document	Response to 8-29-19 Objection Letter	Received & Acknowledged	Yes
Supporting Document	Response to 11-12-19 Objection Letter	Received & Acknowledged	Yes
Supporting Document	02-27-2020 Objection Response USPA-131712591	Received & Acknowledged	Yes
Supporting Document	05-13-2020 Objection Response USPA-131712591	Received & Acknowledged	Yes
Supporting Document (revised)	Response to 05-13-2020 Obj Letter re Policyholder Correspondence	Received & Acknowledged	Yes

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Option Letter Form TRI-CL2020 Attachment samples and SOV	Received & Acknowledged	Yes
Supporting Document	Response to 10-29-2020 Objection USPA-131712591	Received & Acknowledged	Yes
Supporting Document	Response to 10-19-2020 Objection Policyholder Notification	Received & Acknowledged	Yes
Supporting Document	Response to Objection 01-19-2021	Received & Acknowledged	Yes
Supporting Document (revised)	John Doe Versions of Form VA-RI and policyholder correspondence	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance	Withdrawn	No
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	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Response to 05-13-2020 Obj Letter re Policyholder Correspondence	Withdrawn	No
Supporting Document	Option Letter Form TRI-CL2020 Attachment samples and SOV	Withdrawn	No
Supporting Document	Option Letter Form TRI-CL2020 Attachment samples and SOV	Withdrawn	No
Supporting Document	Option Letter Form TRI-CL2020 Attachment samples and SOV	Withdrawn	No
Supporting Document	Option Letter Form TRI-CL2020 Attachment samples and SOV	Withdrawn	No
Supporting Document	Option Letter Form TRI-CL2020 Attachment samples and SOV	Withdrawn	No
Supporting Document	Option Letter Form TRI-CL2020 Attachment samples and SOV	Withdrawn	No
Supporting Document	Option Letter Form TRI-CL2020 Attachment samples and SOV	Withdrawn	No

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	John Doe Versions of Form VA-RI and policyholder correspondence	Withdrawn	No
Form (revised)	Policyholder Notification Template	Filed	Yes
Form (revised)	2nd Policyholder Notification	Withdrawn	No
Form (revised)	3rd Policyholder Notification	Withdrawn	No
Form (revised)	Cover Letter for Options	Filed	Yes
Form	Policyholder Notification Template	Withdrawn	No
Form	Policyholder Notification Template	Withdrawn	No
Form	Policyholder Notification Template	Withdrawn	No
Form	Policyholder Notification Template	Withdrawn	No
Form	Policyholder Notification 1	Withdrawn	No
Form	Policyholder Notification 1	Withdrawn	No
Form	Policyholder Notification 1	Withdrawn	No
Form	2nd Policyholder Notification	Withdrawn	No
Form	2nd Policyholder Notification	Withdrawn	No
Form	2nd Policyholder Notification	Withdrawn	No
Form	3rd Policyholder Notification	Withdrawn	No
Form	3rd Policyholder Notification	Withdrawn	No
Form	3rd Policyholder Notification	Withdrawn	No
Form	Cover Letter for Options	Withdrawn	No
Form	Cover Letter for Options	Withdrawn	No
Form	Cover Letter Options	Withdrawn	No
Rate (revised)	Proposed Rates 1	Approved	Yes
Rate (revised)	Proposed Rates 1	Approved	Yes
Rate (revised)	Proposed Rates 1	Approved	Yes
Rate (revised)	Proposed Rates 1	Approved	Yes
Rate (revised)	Proposed Rates 1	Approved	Yes
Rate (revised)	Proposed Rates 1	Approved	Yes
Rate (revised)	Proposed Rates 1	Approved	Yes
Rate (revised)	Proposed Rates 1	Approved	Yes
Rate (revised)	Proposed Rates 1	Approved	Yes
Rate (revised)	Form removed from filing	Withdrawn	No

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate (revised)	Withdrawn	Withdrawn	No
Rate (revised)	Proposed Rates 1	Approved	Yes
Rate (revised)	Proposed Rates 1	Approved	Yes
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Form removed from filing	Withdrawn	No

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No
Rate	Proposed Rates 1	Withdrawn	No

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/31/2021
Submitted Date	03/31/2021
Respond By Date	04/30/2021

Dear Martha Stephens,

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 must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)

- Cover Letter for Options, TRI-CL2020 (Form)

Comments: It appears the revised Options Cover Letter was attached in Supporting Documentation (under the heading "Option Letter Form TRI-CL2020 Attachment samples and SOV".

- Please attached the revised Options Cover Letter to row 4 of the Form Schedule.

- Also reattach the Option Samples document which was deleted with the 3/25/21 objection response.

Objection 2

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)

Comments: In the revised version of the Options Cover Letter, paragraph 4, it appears that either the bracket item [your policy will lapse] or the bracketed section [you will receive the Contingent Benefit .....] will appear in every letter. If so, please update the SOV according to clarify.

Objection 3

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

Comments: The current version of the Rate Request Summary does not include the narrative summary which was in previous versions. Please reattach the Rate Request Summary with the narrative included as page 2 under the heading "Long Term Care Insurance Rate Request Summary".

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 request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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.

Please let me know if you need additional clarification.

State:	Virginia	**Filing Company:**	United Security Assurance Company of Pennsylvania
TOI/Sub-TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified		
Product Name:	Trigon VA 2018 Rate Increase Filing		
Project Name/Number:	2018 Trigon Rate Increase/		

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/23/2021
Submitted Date	03/23/2021
Respond By Date	04/22/2021

Dear Martha Stephens,

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 must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Policyholder Notification Template, VA-RI (Form)

- Cover Letter for Options, TRI-CL2020 (Form)

Comments: We note that these letters are intended to be a template to be used for other filings, including USPA-132069185 and USPA-132508445. To include the variability and required language needed for those filings, please make the following revisions to the letters and corresponding revisions to the Statement of Variability:

1) Contingent Benefit Upon Lapse (CB) - this language is included in both letters as nonvariable. The actuarial memorandums indicate that the Company will provide the standard contingent non-forfeiture benefit to all policyholders who qualify for that option. To include variability for policyholders who would not qualify for CB, please revise the following sections so that the CB language is variable:

- Options Cover Letter, Page 1, paragraph 4

- Policyholder Notification Template, Page 3, paragraphs 5 and 7.

2) Post Stability Partnership Policies - if these forms will be used for post-stability filings which include Partnership policies, variable wording should be added into the Policyholder Notification Template for compliance with 14VAC5-200-75.D.2.c.

Objection 2

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

Comments: Please delete the document Rate Request Summary.pdf. Only the updated version should be attached.

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 request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/12/2021
Submitted Date	03/12/2021
Respond By Date	04/11/2021

Dear Martha Stephens,

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 must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

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

Comments: Several form numbers are missing from the document ltcratereq_sum updated.pdf: 920201, 920202, 920203. Please revise the Rate Request Summary so that the form numbers match the Rate/Rule Schedule exactly. These additional form numbers can be added onto a row with comparable data. Only the most recent version of the document should be attached under Supporting Documents - previous versions of the document should be removed.

Objection 2

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)

Comments: Thank you for making the revisions to the SOV requested in our previous objection. So that the order of the items in the SOV matches the order in the letter, on page 2 of the SOV please move the following items so that they show up after the section labeled Subsequent Increases:

The Virginia Bureau of Insurances webpage has been bracketed in case of future change.

The phone number and hours of operation for Coventry CareLink have been bracketed in case of future change.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please update the L&H Actuarial Memorandum section under Supporting Documentation with the most recent version of the Actuarial Memorandum and Trigon Exhibits (which were submitted under the heading "Response to 10-29-2020 Objection USPA-131712591".)

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 request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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.

Please let me know if you need additional clarification.

State:	Virginia	**Filing Company:**	United Security Assurance Company of Pennsylvania
TOI/Sub-TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified		
Product Name:	Trigon VA 2018 Rate Increase Filing		
Project Name/Number:	2018 Trigon Rate Increase/		

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/09/2021
Submitted Date	03/09/2021
Respond By Date	04/08/2021

Dear Martha Stephens,

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 must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)

Comments: Statement of Variability

1) It appears the variability explanation for the Coventry phone number and hours in the middle of page 2 of the Policyholder Notification Letter was added into the SOV on page 3 under Form TRI-CL2020 rather than the Policyholder Notification Letter section. Please revise the SOV as necessary.

2) Page 2, paragraph 3 beginning SUBSEQUENT INCREASES: For clarity, please revise the 2nd sentence to read: One of the next three paragraphs will appear as applicable to the subsequent increase.

3) Page 2 paragraph 5: For clarity, please revise the first line to read: Only one of the following bracketed sections appear in this area.

4) Page 2, paragraphs 5 and 6: Please remove the variability bracketing around the red wording.

Objection 2

- Policyholder Notification Template, VA-RI (Form)

Comments: Page 2, paragraphs 2, 3 and 4 - Please revise the bracketed sections showing [monthly, quarterly, semiannual, annual] to be [Modal]. Modal is defined in the SOV to be those variables.

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 request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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.

State:	Virginia	**Filing Company:**	United Security Assurance Company of Pennsylvania
TOI/Sub-TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified		
Product Name:	Trigon VA 2018 Rate Increase Filing		
Project Name/Number:	2018 Trigon Rate Increase/		

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/10/2021
Submitted Date	02/10/2021
Respond By Date	03/12/2021

Dear Martha Stephens,

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

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)

- Policyholder Notification Template, VA-RI (Form)

Comments: The bracketed reference to the date on page 1 and the subsequent page headers was changed from [DATE] to [mm/dd/year]. Please make a corresponding change to the SOV.

Objection 2

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)

- Policyholder Notification Template, VA-RI (Form)

Comments: Page 1, Decision Due Date - Please revise the bracketed wording on the policyholder letter to match the SOV: [MM/DD/YYYY].

Objection 3

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)

- Policyholder Notification Template, VA-RI (Form)

Comments: The table on page 1 was changed from 3 possible tables to 1 table with 2, 3 or 4 possible rows.

1) Please make a corresponding revision to the SOV.

2) Since the 3rd and 4th rows in the chart may or may not be included, please expand the bracketing around the premium figures in these rows to include the dollar signs.

Objection 4

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)

- Policyholder Notification Template, VA-RI (Form)

Comments: Page 2, paragraph beginning with "As administrator for your United Security Assurance Policy

The phone number and hours are bracketed as variable. Please add an explanation for the variability into the SOV.

Objection 5

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)

- Policyholder Notification Template, VA-RI (Form)

Comments: Page 2 - 2nd to the last paragraph

The letter includes variability marked as [series of increases] [increases] with no explanation in the SOV. Please add wording into the SOV explaining that only one of the 2 options would be included depending on how many increases are being implemented.

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Objection 6

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)

Comments: SOV - Since the red annotations have been removed from the letter under the Form Schedule tab, please delete item #2 under General References.

Objection 7

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)
- Cover Letter for Options, TRI-CL2020 (Form)

Comments: 1) It does not appear that the ending bracket on page 2 after DATE was revised to be "]".

2) The variable items on the SOV should match the letter exactly. Please revise the reference to [Date] on the SOV to reflect [DATE] as included in the letter.

Objection 8

- John Doe Versions of Form VA-RI and policyholder correspondence (Supporting Document)

Comments: Please remove the brackets around the phone number on page 2 of the John Doe Options Cover Letter.

Conclusion:

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

IMPORTANT! PLEASE NOTE: 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 and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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.

Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/19/2021
Submitted Date	01/19/2021
Respond By Date	02/18/2021

Dear Martha Stephens,

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

- Proposed Rates 1, [] (Rate)

Comments: Rate/Rule Schedule - Please include the applicable form numbers under Affected Form Numbers. They were deleted in the 11/4/20 revision.

Objection 2

- Policyholder Notification Template, VA-RI (Form)

Comments: There were several corrections which had been made in the 6/18/20 response that did not carry through to the template:

1) On page 2, please update the BOI website to be https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

2) On page 3, Ways to Reduce the Cost, please remove the reference to "less paid claims if any" in the contingent benefit upon lapse section. This wording is not in compliance with 14VAC5-200-185 E 3.

Objection 3

- Policyholder Notification Template, VA-RI (Form)

Comments: 1) The punctuation after "Dear [POLICYHOLDER]" appears to be missing from the template.

2) Page 1, Paragraph 1

- The sentence "The [xxx]%increase" should have a space before the word increase.

- Please explain why the colon at the end of the 1st paragraph is red.

Objection 4

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)

- Policyholder Notification Template, VA-RI (Form)

Comments: Page 2 of the policyholder letter, last paragraph

The SOV does not provide an explanation for the variability around [three]. However, the variability for this sentence needs to be revised to address both a single increase and a series of increases. For example, this sentence could read: "Based on current expectations, we believe this [series of increases] will be sufficient ...." with the variability option to be [increase].

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Objection 5

- Policyholder Notification Template, VA-RI (Form)

Comments: Page 3 - Please revise the last sentence in the first paragraph to read: Any future rate increases will not be implemented until the request has been filed with Virginias State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance.

Objection 6

- Policyholder Notification Template, VA-RI (Form)

Comments: Page 3, Why is this increase necessary?

The 6th sentence reads: "For these reasons, premiums must be increased to ensure that all claims are thoroughly funded." The Bureau has concerns with the reference to all claims being thoroughly funded on a fully insured plan. In addition, based on the current loss ratio projections, this increase will not bring the experience to that level. We recommend the sentenced be changed to read: For these reasons, premiums must be increased.

Objection 7

- Policyholder Notification Template, VA-RI (Form)

Comments: 14 VAC 5-100-50 3 provides that a form must be submitted in the final form in which it is intended to be used and marketed. Form VA-RI is an annotated version that explains the variability. While this version is very helpful to us in our review, it is not the final form in which it is intended to be used. Please attach the annotated version to Supporting Documentation with the Statement of Variability. Please attach the final form to the Form Schedule.

Objection 8

- Cover Letter for Options, TRI-CL2020 (Form)

Comments: Please revise the ending bracket in the date at the top of page 2 to be].

Objection 9

- Policyholder Notification Template, VA-RI (Form)
- Cover Letter for Options, TRI-CL2020 (Form)

Comments: Please provide John Doe versions of the policyholder notification template and the cover letter for options, without variability, illustrating how the letter will appear to a policyholder.

Objection 10

Comments: Readability

The readability certification, as required by 14 VAC 5-110-60, was not included in the submission. Please include this information in your resubmission.

Conclusion:

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

IMPORTANT! PLEASE NOTE: 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 and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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.

State:	Virginia	**Filing Company:**	United Security Assurance Company of Pennsylvania
TOI/Sub-TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified		
Product Name:	Trigon VA 2018 Rate Increase Filing		
Project Name/Number:	2018 Trigon Rate Increase/		

Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/16/2020
Submitted Date	11/16/2020
Respond By Date	12/16/2020

Dear Martha Stephens,

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

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

Comments: Please update the Rate Request Summary to reflect the revised 33% increase using the current version of the form, which can be found at: https://scc.virginia.gov/getattachment/0fe794b8-5496-49ef-8ef2-8e84c9458812/ltcratereq_sum.pdf. Please include the narrative as requested at the bottom of the form.

Conclusion:

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

IMPORTANT! PLEASE NOTE: 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 and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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.

Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/29/2020
Submitted Date	10/29/2020
Respond By Date	11/28/2020

Dear Martha Stephens,

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.

Please respond by the Respond By Date above. If an extension is required, submit your request prior to that date.

Objection 1

Comments: In accordance with the Note to Reviewer of 10/19/2020, please update all related factors and Loss Ratio projections in the Actuarial Memo and any related documents.

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 request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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.

Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Greg Smith
Principal Insurance Examiner

Sincerely,
Greg Smith

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/19/2020
Submitted Date	10/19/2020
Respond By Date	11/18/2020

Dear Martha Stephens,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review. Please respond by the Respond By Date above. If an extension is required, submit your request prior to that date.

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

- Response to 05-13-2020 Obj Letter re Policyholder Correspondence (Supporting Document)
- Policyholder Notification 1, VA-RI-1 (Form)
- 2nd Policyholder Notification, VA-RI-2 (Form)
- 3rd Policyholder Notification, VA-RI-3 (Form)

Comments: As discussed with Martha Stephens, the Company is interested in formatting the policyholder notification letter as a template which can be used for future filings of these forms was well as other form filings. To do so, the letter template should include variability to cover the following scenarios: a single increase, a set of 2 increases, and a set of 3 increases. The letter would also include variability so that it can be used for the 1st, 2nd or 3rd notification letter. We have summarized the approach below and would be happy to set up a call to discuss if needed.

1) Page 1, 1st Paragraph - Please move the last 2 sentences, starting with "The rate increase was reviewed " so that they follow the Billing Anniversary Date/Modal Premium chart and combine paragraphs 1 and 2 into a single paragraph. This will give the policyholders a clearer flow of information about the increases and the impact on their premium.

2) Paragraph 1, as combined per 1) above, would then have 3 sets of variable language to cover the following scenarios:
- If the Company implements a single increase,
- The initial letter if the Company implements the increase over multiple years, and
- For subsequent letters when the Company is implementing a multiple year increase.

3) The Premium Exhibit would also have 3 sets of variable language to cover the following scenarios:
- If the Company implements a single increase
- If the Company implements increases over 2 years
- If the Company implements increases over 3 years.

4) Page 2, Why is this increase necessary? As the reason for increases can change over time, the Company may want to mark this section as variable.

Objection 2

- Response to 05-13-2020 Obj Letter re Policyholder Correspondence (Supporting Document)
- Policyholder Notification 1, VA-RI-1 (Form)
- 2nd Policyholder Notification, VA-RI-2 (Form)
- 3rd Policyholder Notification, VA-RI-3 (Form)

Comments: 1) Item #3 Policy Number. There is inconsistency in the # of digits in the variability for the Policy Number

between the SOV, and the 3 letters (12 vs 13 vs 14). Please resolve this discrepancy.

2) Item #8 the SOV refers to {xxx.x] in the 1st and 2nd paragraphs of the letter.

- Please revise the beginning bracket in the SOV to begin with [

- Bracketed item descriptions on the SOV should match the item in the rate increase letter exactly. Paragraphs 1 and 2 of the letter do not include bracketed data showing xxx.x. Paragraph 1 shows [xx.x]% and paragraph 2 shows [xx.xx%.] and [xx.x%]. Please revise the SOV to address each bracketed item separately, in the order they appear in the document.

3) Please include an explanation in the SOV for the variability around the toll free number at the bottom of page 1 of the letter.

4) The variability for the extension in the toll free number on page 1 shows 3 digits (xxx) but on page 3 shows 4 digits (xxxx). Please resolve this discrepancy.

5) Include an explanation for the variability around the toll free number at the bottom of page 3.

6) Page 3 - include an explanation for the variability around the position title below the signature name.

7) Please correct the beginning bracketing around the Coventry CareLink address at the top of page 1 of VA-RI-2.

Objection 3

- Policyholder Notification 1, VA-RI-1 (Form)
- 2nd Policyholder Notification, VA-RI-2 (Form)
- 3rd Policyholder Notification, VA-RI-3 (Form)

Comments: 1) The Virginia SERFF guidelines require that all variable information must be bracketed. We note that the letter contains several different versions of the brackets: plain type, bold, italicized and in color. For our regulatory review, we request that the formatting for all variability brackets be consistent as they all have the same meaning. Please make the necessary revisions.

2) Page 1, Decision Due Date. Please walk through the timeline for the Policy Holder letters so that the Bureau can see the amount of time Policy Holders will have to make a decision. The company had confirmed the letters will be mailed 80 days prior to the date of the rate change. When is the decision due date - how far out from the billing anniversary date?

3) Page 1, 1st Paragraph - As United Security is the insurer of the coverage, in line 2 of paragraph 1 the words assumed by need to be changed to insured by.

4) Please confirm that column 3 (new modal premium) of the Billing Anniversary/Modal Premium chart will be correctly justified in the final letter.

5) Page 2, last sentence of 1st paragraph - this should be a clear expression of what the company thinks will happen. For clarity, if the company feels rates may increase if claims run worse than expected, please revise the wording "we cannot guarantee there will not be additional rate changes sometime in the future" to clearly state that there may be rate increases in the future.

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

6) What is the purpose of the blue type for the [Date] on the top of page 2 and 3? This appears in the 1st and 2nd letters, not the 3rd.

7) Page 2, Why is this increase necessary for compliance with 14VAC5-200-75.D.3, this section should include a clear identification of the driving factors of the premium rate increase. The statement common reasons for this include does not clearly identify the reasons for this increase.

8) Page 2, Bullet 1 - please remove the wording "unless you receive an additional notification letter". This letter should not include references to other notification letters.

9) Page 2, 3rd bullet - please expand this section to make it clear to the policyholder what would happen if they want to make a change but miss the Decision Date deadline.

10) Page 2, 4th bullet please clarify your administrative procedure for the following: Does an insured on WOP status have to make their benefit decisions now, within the timeline of this letter, or will they be given an opportunity make changes once they come off claim.

11) Pages 1 and 3 - the extension for the toll free number shows 3 digits (xxx) on page 1 but 4 digits on page 3. Please resolve this discrepancy.

Objection 4

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)
- Cover Letter Options, TRI-CL2020 (Form)

Comments: 1) As has been discussed on the Policyholder Notification Letter, the full and proper corporate name of the insurer must prominently appear on the first page of the policyholder letter pursuant to 14 VAC 5-101-60 2. Our objection would be resolved if the name and address of United Security appeared prominently at the top of the page followed by the words "administered by" and then the Coventry CareLink name and address.

2) The variable data shown in the brackets in the letter should match exactly to the data shown in the SOV. For example:
- [PH NAME] vs. [Name]
- [PH ADDRESS] vs [Address}

3) Please include an explanation in the SOV for the variability [PH CITY, STATE, ZIPCODE].

4) Please confirm it was your intention to change the font size in the last sentence of Paragraph 4, and Paragraph 5.

5) We note that the Options sample documents refer to CBUL, while the Options cover letter refers to it as CB. Please revise for consistency.

6) If there are items which are always included as enclosures when an option is selected, such as the option sample exhibit, or a return envelope, please detail those items under the Enclosures.

Conclusion:

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

IMPORTANT! PLEASE NOTE: A response to this objection (or request for information if more applicable) is expected within 30 days.

State:	Virginia	**Filing Company:**	United Security Assurance Company of Pennsylvania
TOI/Sub-TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified		
Product Name:	Trigon VA 2018 Rate Increase Filing		
Project Name/Number:	2018 Trigon Rate Increase/		

After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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.

Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Senior Insurance Market Examiner

Sincerely,
Colleen Moore

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/13/2020
Submitted Date	05/13/2020
Respond By Date	06/19/2020

Dear Martha Stephens,

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 1, VA-RI-1 (Form)

- 2nd Policyholder Notification, VA-RI-2 (Form)

- 3rd Policyholder Notification, VA-RI-3 (Form)

Comments: The Policyholder Notification Letters include variability. Therefore, as noted in the SERFF instructions, a Statement of Variability, which discusses the conditions under which each variable item may change, must be provided for each Form and placed under the Supporting Documentation section. The Statement of Variability must include an explanation of the variability in the same order in which it appears in the form.

Objection 2

- Policyholder Notification 1, VA-RI-1 (Form)

- 2nd Policyholder Notification, VA-RI-2 (Form)

- 3rd Policyholder Notification, VA-RI-3 (Form)

Comments: For compliance with 14VAC5-100-50.2, the full and proper corporate name of the insurer shall prominently appear on the firs page of the form. As currently formatted, the name and address of Coventry CareLink is more prominent than that of United Security Assurance Company of Pennsylvania. Our objection would be resolved if the name and address of United security appeared prominently at the top of the page followed by the words "administered by" and then the Coventry CareLink name and address.

Objection 3

- Policyholder Notification 1, VA-RI-1 (Form)

- 2nd Policyholder Notification, VA-RI-2 (Form)

- 3rd Policyholder Notification, VA-RI-3 (Form)

Comments: Contingent Benefit Upon Lapse description on Page 2

We have concerns regarding the statement that claims benefits already paid will be deducted from the paid-up benefit maximum. 14 VAC 5-200-185 E provides that the standard nonforfeiture benefit shall be 100% of the sum of all premiums paid prior to any changes in benefits, and is not to be less than 30 times the daily nursing home benefit at the time of lapse. The regulation does not support claims reduction from the standard calculation and that wording should be removed.

Objection 4

- Policyholder Notification 1, VA-RI-1 (Form)

- 2nd Policyholder Notification, VA-RI-2 (Form)

- 3rd Policyholder Notification, VA-RI-3 (Form)

Comments: Re: Electing the CBUL or other benefit option to reduce premiums

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

In the response to Objection #5 submitted 7/15/19, the Company indicated that policyholders are encouraged to call if they would like to discuss options available to them to reduce the premium. These options would then be confirmed in a special letter to the insured, which they can review before making a decision. The letter would ask them to select an option and return a copy of the letter with their selection.

Based on your response, we will need a copy of this letter for our review attached under the Form Schedule tab with the Contingent Benefit or other coverage change offer that will be sent to the policyholder for their signature. If variability is included in the letter, a Statement of Variability is required.

Objection 5

Comments: In the objection response to Objection #2 dated 4/24/19, the Company says the Policyholder Letter(s) will be mailed at least 75 days prior to the date of the increase. We have concerns that the policyholder may not have 75 days from the date that they receive the letter to make an informed decision.

Objection 6

- Policyholder Notification 1, VA-RI-1 (Form)
- 2nd Policyholder Notification, VA-RI-2 (Form)
- 3rd Policyholder Notification, VA-RI-3 (Form)
Comments: Page 3 - signature.

Please include an end "]" after the name Griffin.

Objection 7

- Approved Policy Change Endorsement Form PCE-U (Supporting Document)
Comments: The Statement of PCE Variables accompanying the Policy Change Endorsement approved in SERFF # USPA-128578761 does not appear to include variable language for the Contingent Benefit Upon Lapse option. Please confirm if there is a separate policy change endorsement which has been approved for the CBUL and if so, provide the SERFF tracking number.

Conclusion:

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

IMPORTANT! PLEASE NOTE: 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 and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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.

Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Insurance Market Examiner

State:	Virginia	**Filing Company:**	United Security Assurance Company of Pennsylvania
TOI/Sub-TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified		
Product Name:	Trigon VA 2018 Rate Increase Filing		
Project Name/Number:	2018 Trigon Rate Increase/		

Sincerely,
Colleen Moore

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/13/2020
Submitted Date	05/13/2020
Respond By Date	06/12/2020

Dear Martha Stephens,

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 provide a complete actual-to-expected analysis for morbidity, lapse and mortality for the entire history of this block.

2.The experience on this small block of business has very limited credibility even based on the entire history. Even so, the Company is using only one to five years of recent experience in setting the morbidity assumption. Please provide actuarial justification for this decision.

Conclusion:

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

IMPORTANT! PLEASE NOTE: 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 and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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.

Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Insurance Market Examiner

Sincerely,
Colleen Moore

State:	Virginia	**Filing Company:**	United Security Assurance Company of Pennsylvania
TOI/Sub-TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified		
Product Name:	Trigon VA 2018 Rate Increase Filing		
Project Name/Number:	2018 Trigon Rate Increase/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/27/2020
Submitted Date	02/27/2020
Respond By Date	04/27/2020

Dear Martha Stephens,

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. Your previous response (dated 8/30/19) states that the claims begin with the current actual incurred claim amounts. What time period of claims is being used for the calibration? Please also provide the actual calculations of the morbidity calibration.

2. Please provide all projections necessary to evaluate the requests based on both the Prospective Present Value Approach (or Texas Method) and the "If-Knew/ Makeup Blend" approach (or Minnesota Method).

3. It appears that the policyholder rate alternatives the company is proposing are limited to those options required by Virginia regulations. Given the large premium increase requested, and with the average attained age of the remaining policyholders at 84, in order to maximize the insureds ability to maintain their coverage at some level, would the Company be willing to consider options beyond those required by Virginia regulations?

Conclusion:

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

IMPORTANT! PLEASE NOTE: 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 and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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.

Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Insurance Market Examiner

State:	Virginia	**Filing Company:**	United Security Assurance Company of Pennsylvania
TOI/Sub-TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified		
Product Name:	Trigon VA 2018 Rate Increase Filing		
Project Name/Number:	2018 Trigon Rate Increase/		

Sincerely,
Colleen Moore

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Objection Letter

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

Dear Martha Stephens,

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

- Proposed Rates 1, [920200] (Rate)

Comments: 1) Please confirm the Overall Percentage of Last Rate Revision (189.400%) shown under the Rate/Rule Schedule. The final approved rate action in the prior filing (USPA-128450066) was 100%. Make any necessary revisions using a post submission update.

2) Item #8 - 920202: Please confirm the number for this policy form. In the previous filing there was a rate sheet approved with the form number 9200202, not 920202.

3) Item #2 - 920001: Please explain how the rates for this policy form ($353, $509 and $734 for years 1, 2 and 3) relate to the rates approved in the previous filing for this form ($1,469, $1,851 and $2,332 for years 1, 2 and 3). They do not appear to be for the same product. The current exhibit references home and community based care, while the prior exhibit references a nursing home policy.

4) Item #13 - NFO-1N92: The previous filing included rate pages showing rates for "No Inflation", "5% Compound for 20 Yrs" and "with FPO". These pages were not included in the current filing. Please explain.

Objection 2

Comments: In the previous filing, USPA-128450066, a series of 3 annual increases of 26% were approved on 7/22/13. In the current filing, the company indicates you feel an increase in excess of 1600% could be justified. Please explain the reason for waiting 3 years after the implementation of the 3rd increase before filing for another rate increase.

Conclusion:

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

IMPORTANT! PLEASE NOTE: 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 and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania

TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified

Product Name: Trigon VA 2018 Rate Increase Filing

Project Name/Number: 2018 Trigon Rate Increase/

to making a new SERFF submission.

Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Insurance Market Examiner

Sincerely,
Colleen Moore

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/29/2019
Submitted Date	08/29/2019
Respond By Date	09/28/2019

Dear Martha Stephens,

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.There is a discrepancy in the policy count of 843 in Exhibit 1 and 805 in section 18 of the memorandum. Please update and reconcile.

2.Please provide details of the actual adjustment factors that are being applied to the original morbidity assumptions and the underlying experience studies upon which those factors are based.

Conclusion:

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

IMPORTANT! PLEASE NOTE: 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 and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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.

Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Insurance Market Examiner

Sincerely,
Colleen Moore

State: *Virginia* **Filing Company:** *United Security Assurance Company of Pennsylvania*

TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*

Product Name: *Trigon VA 2018 Rate Increase Filing*

Project Name/Number: *2018 Trigon Rate Increase/*

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/18/2019
Submitted Date	07/18/2019
Respond By Date	

Dear Martha Stephens,

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 provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

2.The language in the memorandum regarding the morbidity assumptions is unclear as to exactly what the basis is for the current best estimate assumption. It starts out saying that the expected claim costs are the original pricing claim costs and then indicates that these were compared to the Milliman LTCGs, but doesnt indicate what is actually being used in the projections. Please provide clarification, including what version of the LTCGs are used, if any.

3.Please provide a discussion of credibility, including the actual number of claims for this block.

Conclusion:

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

IMPORTANT! PLEASE NOTE: 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 and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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.

Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Insurance Market Examiner

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Sincerely,
Colleen Moore

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/02/2019
Submitted Date	07/02/2019
Respond By Date	08/01/2019

Dear Martha Stephens,

Introduction:

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

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

Objection 1

- Policyholder Notification 1, VA-RI-1 (Form)

- 2nd Policyholder Notification, VA-RI-2 (Form)

- 3rd Policyholder Notification, VA-RI-3 (Form)

Comments: 1) In accordance with 14VAC5-100-50 2, the full and proper corporate name of the insurer shall prominently appear on the cover sheet of all policies, certificates, riders, endorsements, applications and other forms. Currently the name and logo of Coventry CareLink are large and prominent, but the name of United Security Assurance Company of Pennsylvania is included with other information. Please revise so that the name and address of the insuring company is prominent at the beginning of the letter.

2) The rate increase information appears in several sections of the memorandum. For the information to be clear to insureds, please reorder the memorandum so that the sentence After the three increases, the total amount of the premium rate increase is [xx.x%] is immediately followed by The first [xx.x%] increase will take effect on your Billing Anniversary date listed below and the chart with the billing anniversary date and premium amounts.

3) On page 2, the letter states Recent actuarial studies for the industry have shown a dramatic rise in long term care claim rates and the length of claim for older insureds. In accordance with 14VAC5-200-75 D 3, please revise the letter to include a clear explanation of the driving factors of the premium rate increase. The policyholder should be able to understand how the increase was developed and why an increase is needed.

4) If an insureds premium is currently being waived because they are on claim, please advise how this will be handled. Will they be required to select an option at the time they are notified of the increase, at the time that they come off claim, etc.?

5) Page 2, Ways to Reduce the Cost

- This section refers to a Contingent Non-Forfeiture benefit. In accordance with 14 VAC 5-200-185 C, please revise all references to the Contingent Non-Forfeiture Benefit to Contingent Benefit Upon Lapse.

- For compliance with 14VAC5-200-185 E 3, the benefit amount for the Contingent Benefit Upon Lapse should be restated to say 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 be payable if the policy remained in a premium paying status.

- Please include a clear explanation of the options available to reduce costs and show specific examples with a chart showing the cost impact.

- Please attach a copy of the Contingent Benefit Upon Lapse benefit election form.

6) Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the letter regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

7) If the Policyholder Letter is to include variability, please submit a Statement of Variability.

8) Please provide John Doe versions of the letters.

9) Please explain how a policy is updated to reflect any benefit changes the insured may choose to reduce the effects of the rate increase. If the policy is revised or changed in any way, the policyholder 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 the Form Schedule of this filing, if desired.
-If there are several options provided in the policyholder notification 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, provide a statement of variability.

10) Pursuant to 14VAC 5-100-40 A 3, please include a certification similar to the following for the policyholder notification letter, or any other filed form if applicable., signed by the General Counsel or an officer of the company or any attorney or actuary representing the company: 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.

Objection 2

- 3rd Policyholder Notification, VA-RI-3 (Form)

Comments: Please remove the last bullet on page 2, prior to the section Ways to Reduce the Cost.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Upon subsequent review, other concerns may require attention. Should you need clarification, please contact me.

IMPORTANT! PLEASE NOTE: 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.

Colleen Moore
Insurance Market Examiner

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Sincerely,

Colleen Moore

State:	Virginia	**Filing Company:**	United Security Assurance Company of Pennsylvania
TOI/Sub-TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified		
Product Name:	Trigon VA 2018 Rate Increase Filing		
Project Name/Number:	2018 Trigon Rate Increase/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/24/2019
Submitted Date	05/24/2019
Respond By Date	06/23/2019

Dear Martha Stephens,

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

- Response to 5-14-19 Objection Letter (Supporting Document)

Comments: 1) In the response to Objection 3, you confirmed the issue dates were 1991 - 2004. However, the experience exhibits begin with 1996. Please update the experience exhibits to include data back to 1991.

2) The attachment Trigon Exhibits 2018 rev.pdf, with Exhibits 1-6, 8 and 9 appears to have been deleted from the filing when the additional exhibits were submitted 5/15/19. Please reattach this document to the filing.

Conclusion:

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

IMPORTANT! PLEASE NOTE: 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 and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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.

Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Insurance Market Examiner

Sincerely,
Colleen Moore

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/14/2019
Submitted Date	05/14/2019
Respond By Date	06/13/2019

Dear Martha Stephens,

Introduction:

Thank you for your recent reply to our request for additional information. 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: The enrollment exhibit in Section 18 is missing Form 920204. Please revise the exhibit to include this form. If there are no longer any policyholders enrolled in Form 920204, please remove the rate sheets for this form from the Rate/Rule Schedule, and remove references to the form from the Actuarial Memorandum and experience exhibits.

Objection 2

- Response to 4-10-19 request (Supporting Document)

Comments: 1) Responses #9 and 10 refer to Exhibits 16 and 17. Exhibits 10-13 were attached to the response, but Exhibits 16 and 17 do not appear to have been attached. In addition, should there also be Exhibits 14 and 15?

2) Response #3, please provide the specific figure calculated as the originally anticipated loss ratio .

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1) Page 1 of the Actuarial Memorandum indicates the policy forms in this filing were issued from 1996 - 2004. In the previous filing, USPA-128450066, the policy issue dates were shown as 1991 - 2004. Please explain this discrepancy.

2) In Section 11, the Premium Modalization Rules are 27% for quarterly and 9% for monthly. In Section 11 of the previous filing, the quarterly modal factor was shown as 26.5% and monthly as 8.4%. Please explain this discrepancy.

Conclusion:

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

IMPORTANT! PLEASE NOTE: 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 and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

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.

State:	Virginia	**Filing Company:**	United Security Assurance Company of Pennsylvania
TOI/Sub-TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified		
Product Name:	Trigon VA 2018 Rate Increase Filing		
Project Name/Number:	2018 Trigon Rate Increase/		

Should you need clarification, please contact me.

Thank you for your courtesy and consideration in this matter.

Colleen Moore
Insurance Market Examiner

Sincerely,
Colleen Moore

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/10/2019
Submitted Date	04/10/2019
Respond By Date	05/10/2019

Dear Martha Stephens,

Introduction:

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

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1)Please expand the Actuarial Certification in #20 for compliance with 14VAC5-130-70 B 14.

2)Please provide calculations to demonstrate loss ratio compliance with 14VAC5-200-150 B.

3)Specify the lifetime loss ratio anticipated in the original filing (Section 14 indicates it was slightly over 60%).

4)Provide 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.

5)Please provide sufficient detail or documentation so that any projections can be recreated. Please provide a copy of all projections in Excel with working formulas.

6)Please provide an actual-to-expected analysis on the original assumptions and those included in the current filing.

7)Please provide a step-by-step quantification of the impact of the change in each assumption from the original assumptions to the current assumptions.

8)Please provide a loss ratio projection (both past and future) which reflects all 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)Provide a description, along with an exhibit, showing the anticipated policy reserves and additional reserves to be held in each future year for active lives.

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

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Upon subsequent review, other concerns may require attention. Should you need clarification, please contact me.

IMPORTANT! PLEASE NOTE: A response to this objection (or request for information if more applicable) is expected within 30 days.

State:	Virginia	**Filing Company:**	United Security Assurance Company of Pennsylvania
TOI/Sub-TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified		
Product Name:	Trigon VA 2018 Rate Increase Filing		
Project Name/Number:	2018 Trigon Rate Increase/		

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.

Colleen Moore
Insurance Market Examiner

Sincerely,
Colleen Moore

State:	Virginia	**Filing Company:**	United Security Assurance Company of Pennsylvania
TOI/Sub-TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified		
Product Name:	Trigon VA 2018 Rate Increase Filing		
Project Name/Number:	2018 Trigon Rate Increase/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/26/2019
Submitted Date	03/26/2019
Respond By Date	04/25/2019

Dear Martha Stephens,

Introduction:

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

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

Comments: Please expand the narrative in the Rate Summary so that any person reviewing this filing would understand the reason for the rate increase and its driving factors. Below is an example of what we would consider user friendly language:

When the policy was originally priced, premiums were based on projections regarding how long the policy stays in force, at what rate deaths occur, and when an insured voluntarily cancels their policy. The results are much higher than these original projections. The reasons for this are due to individuals living longer and keeping their policies longer. This has resulted in more claims. For these reasons, premiums must be increased to ensure that all claims are thoroughly funded.

Objection 2

Comments: 14VAC5-200-75 requires that any policyholder notifications regarding rate increases must be filed with the Commission at the time the premium rate increase is filed and must include the following information:

The insurer is required to provide the notice at least 75 days prior to the implementation of the premium rate schedule increase per 14VAC5-200-75 D;

14VAC5-200-75 A 1 which requires a statement indicating the policy may be subject to future rate increases;

14VAC5-200-75 A 2 which requires a statement that should there be future rate increases, options like those being offered now will be available and that benefits may be changed at any time and not just the time of a rate increase;

[SUGGESTED WORDING]: In the event of future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing your coverage and premiums, per the provisions of your policy.

14VAC5-200-75 A 3 which requires a statement indicating the premium rate or rate schedules that will be effect;

14VAC5-200-75 A 4 (a.) at which requires a description of when the premium rate or rate schedule adjustments will be effective; and (b.) which requires a statement that the insured has a right to a revised premium rate or rate schedule upon request.

A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:

- *An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183;*
- *A disclosure stating that all options available to the policyholder may not be of equal value. As a disclosure, this information should be emphasized by bolding, highlighting, using larger text or some other method that will bring attention to it;*
- *In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections. As stated above, the information should be emphasized to bring attention to it; and*
- *Contact information that will allow the policyholder to contact the insurer for additional options available;*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

A clear identification of the driving factors of the premium rate increase; and

A statement substantially like the following:

The rate increase request was reviewed by Virginias State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

Because the letter must be "filed", please attach the letter to the Form Schedule in SERFF in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a Certification of Compliance. The letter will require a form number in the lower left-hand corner. Please ensure the full and proper corporate name of the insurer prominently appears in the letter. Please include a Statement of Variability, if applicable.

If rate increases are to be phased in over multiple years, provide a letter that will be sent with each rate increase implementation notice.

The policyholder notification should address insureds who are on premium waiver due to a claim.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Upon subsequent review, other concerns may require attention. Should you need clarification, please contact me.

IMPORTANT! PLEASE NOTE: 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.

Colleen Moore
Insurance Market Examiner

Sincerely,
Colleen Moore

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/19/2019
Submitted Date	02/19/2019
Respond By Date	03/21/2019

Dear Martha Stephens,

Introduction:

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

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

Objection 1

Comments: Rate/ Rule Schedule - Company Rate Information

1) The Overall % Indicated Change in the Rate/Rule Schedule should reflect the percentage increase that would be required to meet the minimum loss ratio requirement as set forth in 14VAC5-200-150 B. Please amend accordingly.

2) The Overall % Rate Impact shows a 200% increase, while the Rate Action Information shows a Percentage Rate Change Requested of 189.4%. In addition, page 2 of the Actuarial Memorandum says the 3 rate increases are the equivalent to a one-time increase of 158.2%. Please explain this discrepancy.

3) Please include the applicable form number and carrier name on each rate sheet.

4) The Rate/Rule Schedule includes proposed rates for Affected Form Number GLTC-2N91. This form is not listed in the Actuarial Memorandum. It is our understanding (per discussion in the previous filing USPA-128450066) that Form GLTC-2N91 is a group policy form. If so, please delete this form from the Rate/Rule Schedule as this is an individual long term care filing. The group form will need to be submitted in a separate filing.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Upon subsequent review, other concerns may require attention. Should you need clarification, please contact me.

IMPORTANT! PLEASE NOTE: 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.

Colleen Moore
Insurance Market Examiner

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Sincerely,
Colleen Moore

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/01/2021
Submitted Date	04/01/2021

Dear Colleen Moore,

Introduction:

Response 1

Comments:

The Options Cover letter has been attached under Forms. The Options Samples are attached in Supporting Documents.

Related Objection 1

Applies To:

- Cover Letter for Options, TRI-CL2020 (Form)

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)

Comments: It appears the revised Options Cover Letter was attached in Supporting Documentation (under the heading "Option Letter Form TRI-CL2020 Attachment samples and SOV".

- Please attached the revised Options Cover Letter to row 4 of the Form Schedule.

- Also reattach the Option Samples document which was deleted with the 3/25/21 objection response.

Changed Items:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Option Letter Form TRI-CL2020 Attachment samples and SOV
Comments:	Three samples of option attachment to TRI-CL2020 Revised Statement of Variables for Forms VA-RI and TRI-CL2020 03-31-2021
Attachment(s):	Option samples Ver 3 11052020.pdf Statement of variables Forms VA-RI and TRI-CL2020_03-31-21.pdf
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Revised Statement of Variables for Forms VA-RI and TRI-CL2020 03-24-2021*
Attachment(s):	*TRI-CL2020 Options Cover Letter_032421.pdf* *Statement of variables Forms VA-RI and TRI-CL2020_03-24-21.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Revised Statement of Variables for Forms VA-RI and TRI-CL2020 03-15-2021*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020_03-15-21.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Revised Statement of Variables for Forms VA-RI and TRI-CL2020 031021*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020._031021.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Revised Statement of Variables for Forms VA-RI and TRI-CL2020 2-11-2021*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020._3.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Revised Statement of Variables for Forms VA-RI and TRI-CL2020*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020._2.pdf*
Previous Version	

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020 Statement of Variables for Forms VA-RI and TRI-CL2020*
Attachment(s):	*Option samples Ver 3 11052020.pdf Statement of variables Forms VA-RI and TRI-CL2020.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020 Statement of Variables for Form TRI-CL2020*
Attachment(s):	*Option Samples TRIGON.pdf TRI-CL2020 Satement of Variables.pdf*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Cover Letter for Options	TRI-CL2020	OTH	Initial			TRI-CL2020 Options Cover Letter_033121.pdf	Date Submitted: 04/01/2021 By: Martha Stephens
Previous Version								
1	*Cover Letter for Options*	*TRI-CL2020*	*OTH*	*Initial*			*TRI-CL2020 Options Cover Letter_rev.pdf*	*Date Submitted: 02/11/2021 By: Martha Stephens*
Previous Version								
1	*Cover Letter for Options*	*TRI-CL2020*	*OTH*	*Initial*			*TRI-CL2020 Options Cover Letter.pdf*	*Date Submitted: 11/05/2020 By: Martha Stephens*
Previous Version								
1	*Cover Letter Options*	*TRI-CL2020*	*OTH*	*Initial*			*TRI-CL2020 Options Cover Letter.pdf*	*Date Submitted: 06/18/2020 By: Martha Stephens*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

No Rate/Rule Schedule items changed.

Response 2

Comments:

We have revised the Options Cover Letter and changed Paragraph 4 into two paragraphs (4 and 5). Only one of those paragraphs would be used in a letter as applicable. Each paragraph has a variable. This is all explained in the revised Statement of Variability.

Related Objection 2

Applies To:

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)

Comments: In the revised version of the Options Cover Letter, paragraph 4, it appears that either the bracket item [your policy will lapse] or the bracketed section [you will receive the Contingent Benefit .....] will appear in every letter. If so, please update the SOV according to clarify.

Changed Items:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Option Letter Form TRI-CL2020 Attachment samples and SOV
Comments:	Three samples of option attachment to TRI-CL2020 Revised Statement of Variables for Forms VA-RI and TRI-CL2020 03-31-2021
Attachment(s):	Option samples Ver 3 11052020.pdf Statement of variables Forms VA-RI and TRI-CL2020_03-31-21.pdf
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Revised Statement of Variables for Forms VA-RI and TRI-CL2020 03-24-2021*
Attachment(s):	*TRI-CL2020 Options Cover Letter_032421.pdf* *Statement of variables Forms VA-RI and TRI-CL2020_03-24-21.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Revised Statement of Variables for Forms VA-RI and TRI-CL2020 03-15-2021*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020_03-15-21.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Revised Statement of Variables for Forms VA-RI and TRI-CL2020 031021*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020._031021.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Revised Statement of Variables for Forms VA-RI and TRI-CL2020 2-11-2021*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020._3.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Revised Statement of Variables for Forms VA-RI and TRI-CL2020*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020._2.pdf*
Previous Version	

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Satisfied - Item:	Option Letter Form TRI-CL2020 Attachment samples and SOV
Comments:	Three samples of option attachment to TRI-CL2020 Statement of Variables for Forms VA-RI and TRI-CL2020
Attachment(s):	Option samples Ver 3 11052020.pdf Statement of variables Forms VA-RI and TRI-CL2020.pdf
Previous Version	
Satisfied - Item:	Option Letter Form TRI-CL2020 Attachment samples and SOV
Comments:	Three samples of option attachment to TRI-CL2020 Statement of Variables for Form TRI-CL2020
Attachment(s):	Option Samples TRIGON.pdf TRI-CL2020 Satement of Variables.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

The narrative for the rate request summary has been added as requested.

Related Objection 3

Applies To:

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

Comments: The current version of the Rate Request Summary does not include the narrative summary which was in previous versions. Please reattach the Rate Request Summary with the narrative included as page 2 under the heading "Long Term Care Insurance Rate Request Summary".

Changed Items:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Attached is a revised LTC Rate Request Summary as requested
Attachment(s):	ltcratereq_sum updated 3 w narrative.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*Attached is a revised LTC Rate Request Summary as requested*
Attachment(s):	*ltcratereq_sum updated 2.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*Attached is a revised LTC Rate Request Summary as requested*
Attachment(s):	*Rate Request Summary.pdf* *ltcratereq_sum updated 2.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*Attached is a revised LTC Rate Request Summary as requested*
Attachment(s):	*Rate Request Summary.pdf* *ltcratereq_sum updated.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*Attached is a revised LTC Rate Request Summary as requested*
Attachment(s):	*Rate Request Summary.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*Attached is a revised LTC Rate Request Summary as requested*
Attachment(s):	*LTC Rate Req with Summary Statement.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*ltcratereq_sum w att.pdf*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for reviewing promptly.

Sincerely,

Martha Stephens

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/25/2021
Submitted Date	03/25/2021

Dear Colleen Moore,

Introduction:

Response 1

Comments:

1) I have modified the Policyholder Notification letter and the Cover Letter for Options as requested. In making the Contingent Benefit sections variables, it was necessary to relocate one paragraph on Page 3. The language was not changed.
2) These Forms will not be used for post-stability filings which include Partnership policies, so no changes were made.

Related Objection 1

Applies To:
- Cover Letter for Options, TRI-CL2020 (Form)
- Policyholder Notification Template, VA-RI (Form)

Comments: We note that these letters are intended to be a template to be used for other filings, including USPA-132069185 and USPA-132508445. To include the variability and required language needed for those filings, please make the following revisions to the letters and corresponding revisions to the Statement of Variability:

1) Contingent Benefit Upon Lapse (CB) - this language is included in both letters as nonvariable. The actuarial memorandums indicate that the Company will provide the standard contingent non-forfeiture benefit to all policyholders who qualify for that option. To include variability for policyholders who would not qualify for CB, please revise the following sections so that the CB language is variable:
- Options Cover Letter, Page 1, paragraph 4
- Policyholder Notification Template, Page 3, paragraphs 5 and 7.

2) Post Stability Partnership Policies - if these forms will be used for post-stability filings which include Partnership policies, variable wording should be added into the Policyholder Notification Template for compliance with 14VAC5-200-75.D.2.c.

Changed Items:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Option Letter Form TRI-CL2020 Attachment samples and SOV
Comments:	Three samples of option attachment to TRI-CL2020 Revised Statement of Variables for Forms VA-RI and TRI-CL2020 03-24-2021
Attachment(s):	TRI-CL2020 Options Cover Letter_032421.pdf Statement of variables Forms VA-RI and TRI-CL2020_03-24-21.pdf
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Revised Statement of Variables for Forms VA-RI and TRI-CL2020 03-15-2021*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020_03-15-21.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Revised Statement of Variables for Forms VA-RI and TRI-CL2020 031021*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020._031021.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Revised Statement of Variables for Forms VA-RI and TRI-CL2020 2-11-2021*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020._3.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Revised Statement of Variables for Forms VA-RI and TRI-CL2020*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020._2.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Statement of Variables for Forms VA-RI and TRI-CL2020*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020.pdf*
Previous Version	

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Satisfied - Item:	Option Letter Form TRI-CL2020 Attachment samples and SOV
Comments:	Three samples of option attachment to TRI-CL2020 Statement of Variables for Form TRI-CL2020
Attachment(s):	Option Samples TRIGON.pdf TRI-CL2020 Satement of Variables.pdf

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Template	VA-RI	OTH	Initial		52.000	VA-RI_032421.pdf	Date Submitted: 03/25/2021 By: Martha Stephens
Previous Version								
1	*Policyholder Notification Template*	*VA-RI*	*OTH*	*Initial*		*52.000*	*VA-RI_030921.pdf*	*Date Submitted: 03/10/2021 By: Martha Stephens*
Previous Version								
1	*Policyholder Notification Template*	*VA-RI*	*OTH*	*Initial*		*52.000*	*VA-RI-1.pdf*	*Date Submitted: 02/11/2021 By: Martha Stephens*
Previous Version								
1	*Policyholder Notification Template*	*VA-RI*	*OTH*	*Initial*		*52.000*	*VA-RI-1.pdf*	*Date Submitted: 02/04/2021 By: Martha Stephens*
Previous Version								
1	*Policyholder Notification Template*	*VA-RI*	*OTH*	*Initial*			*VA-RI Form.pdf*	*Date Submitted: 11/05/2020 By: Martha Stephens*
Previous Version								
1	*Policyholder Notification 1*	*VA-RI-1*	*OTH*	*Initial*			*VA 1st Policyholder Letter June 2020.pdf*	*Date Submitted: 06/18/2020 By: Martha Stephens*
Previous Version								
1	*Policyholder Notification 1*	*VA-RI-1*	*OTH*	*Initial*			*VA 1st Policyholder Letter revised.pdf*	*Date Submitted: 07/15/2019 By: Martha Stephens*
Previous Version								
1	*Policyholder Notification 1*	*VA-RI-1*	*OTH*	*Initial*			*VA 1st Policyholder*	*Date Submitted: 04/24/2019*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Template	VA-RI	OTH	Initial		52.000	VA-RI_032421.pdf	Date Submitted: 03/25/2021 By: Martha Stephens
							Letter.pdf	*By: Martha Stephens*

No Rate/Rule Schedule items changed.

Response 2

Comments:

The Supporting Document Rate Request Summary now includes only the updated version.

Related Objection 2

Applies To:

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

Comments: Please delete the document Rate Request Summary.pdf. Only the updated version should be attached.

Changed Items:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Attached is a revised LTC Rate Request Summary as requested
Attachment(s):	ltcratereq_sum updated 2.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*Attached is a revised LTC Rate Request Summary as requested*
Attachment(s):	*Rate Request Summary.pdf* *ltcratereq_sum updated 2.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*Attached is a revised LTC Rate Request Summary as requested*
Attachment(s):	*Rate Request Summary.pdf* *ltcratereq_sum updated.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*Attached is a revised LTC Rate Request Summary as requested*
Attachment(s):	*Rate Request Summary.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*Attached is a revised LTC Rate Request Summary as requested*
Attachment(s):	*LTC Rate Req with Summary Statement.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*ltcratereq_sum w att.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your assistance with this filing.

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Sincerely,
Martha Stephens

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/15/2021
Submitted Date	03/16/2021

Dear Colleen Moore,

Introduction:

Response 1

Comments:

ltcratereq_sum updated 2.pdf has been created and submitted under Supporting Documents.

Related Objection 1

Applies To:

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

Comments: Several form numbers are missing from the document ltcratereq_sum updated.pdf: 920201, 920202, 920203. Please revise the Rate Request Summary so that the form numbers match the Rate/Rule Schedule exactly. These additional form numbers can be added onto a row with comparable data. Only the most recent version of the document should be attached under Supporting Documents - previous versions of the document should be removed.

Changed Items:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Attached is a revised LTC Rate Request Summary as requested
Attachment(s):	Rate Request Summary.pdf ltcratereq_sum updated 2.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*Attached is a revised LTC Rate Request Summary as requested*
Attachment(s):	*Rate Request Summary.pdf* *ltcratereq_sum updated.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*Attached is a revised LTC Rate Request Summary as requested*
Attachment(s):	*Rate Request Summary.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*Attached is a revised LTC Rate Request Summary as requested*
Attachment(s):	*LTC Rate Req with Summary Statement.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*ltcratereq_sum w att.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

A revised SOV has been submitted under Supporting Documents

Related Objection 2

Applies To:

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)

Comments: Thank you for making the revisions to the SOV requested in our previous objection. So that the order of the items in the SOV matches the order in the letter, on page 2 of the SOV please move the following items so that they show up after the section labeled Subsequent Increases:

The Virginia Bureau of Insurances webpage has been bracketed in case of future change.

The phone number and hours of operation for Coventry CareLink have been bracketed in case of future change.

Changed Items:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Option Letter Form TRI-CL2020 Attachment samples and SOV
Comments:	Three samples of option attachment to TRI-CL2020 Revised Statement of Variables for Forms VA-RI and TRI-CL2020 03-15-2021
Attachment(s):	Option samples Ver 3 11052020.pdf Statement of variables Forms VA-RI and TRI-CL2020_03-15-21.pdf
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Revised Statement of Variables for Forms VA-RI and TRI-CL2020 031021*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020._031021.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Revised Statement of Variables for Forms VA-RI and TRI-CL2020 2-11-2021*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020._3.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Revised Statement of Variables for Forms VA-RI and TRI-CL2020*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020._2.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Statement of Variables for Forms VA-RI and TRI-CL2020*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Statement of Variables for Form TRI-CL2020*
Attachment(s):	*Option Samples TRIGON.pdf* *TRI-CL2020 Satement of Variables.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

The Actuarial Memo and Exhibits from "Reponse to 10-29-2020 Objection" have been attached under Supporting Documents.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please update the L&H Actuarial Memorandum section under Supporting Documentation with the most recent version of the Actuarial Memorandum and Trigon Exhibits (which were submitted under the heading "Response to 10-29-2020 Objection USPA-131712591".)

Changed Items:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	Attached are the Actuarial Memo and Exhibits from the 10-29-2020 objection response.
Attachment(s):	Exhibit 16.pdf Exhibit 17.pdf Exhibit 10.pdf Exhibit 11.pdf Exhibit 12.xlsx Exhibit 13.pdf Trigon Exhibits 2020.xlsx Trigon 2018 RI Actuarial Memorandum 33%.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	*I have attached PDF versions of Exhibit 10, 11 and 13 which were submitted in excel versions under Response to 4-10-19 request so they will be part of pipeline record. Exhibit 12 does not convert to PDF accurately.*
Attachment(s):	*Trigon 2018 RI Actuarial Memorandum.pdf* *Exhibit 16.pdf* *Exhibit 17.pdf* *Exhibit 10.pdf* *Exhibit 11.pdf* *Exhibit 12.xlsx* *Exhibit 13.pdf* *Trigon Exhibits 2018_rev.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	*I have attached PDF versions of Exhibit 10, 11 and 13 which were submitted in excel versions under Response to 4-10-19 request so they will be part of pipeline record. Exhibit 12 does not convert to PDF accurately.*
Attachment(s):	*Trigon 2018 RI Actuarial Memorandum.pdf* *Exhibit 16.pdf* *Exhibit 17.pdf* *Exhibit 10.pdf* *Exhibit 11.pdf* *Exhibit 12.xlsx* *Exhibit 13.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Trigon 2018 RI Actuarial Memorandum v4.pdf* *Trigon Exhibits 2018_rev.pdf*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Martha Stephens

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/10/2021
Submitted Date	03/10/2021

Dear Colleen Moore,

Introduction:

Response 1

Comments:

The Statement of Variability has been revised as requested.

Related Objection 1

Applies To:

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)

Comments: Statement of Variability

1) It appears the variability explanation for the Coventry phone number and hours in the middle of page 2 of the Policyholder Notification Letter was added into the SOV on page 3 under Form TRI-CL2020 rather than the Policyholder Notification Letter section. Please revise the SOV as necessary.

2) Page 2, paragraph 3 beginning SUBSEQUENT INCREASES: For clarity, please revise the 2nd sentence to read: One of the next three paragraphs will appear as applicable to the subsequent increase.

3) Page 2 paragraph 5: For clarity, please revise the first line to read: Only one of the following bracketed sections appear in this area.

4) Page 2, paragraphs 5 and 6: Please remove the variability bracketing around the red wording.

Changed Items:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Option Letter Form TRI-CL2020 Attachment samples and SOV
Comments:	Three samples of option attachment to TRI-CL2020 Revised Statement of Variables for Forms VA-RI and TRI-CL2020 031021
Attachment(s):	Option samples Ver 3 11052020.pdf Statement of variables Forms VA-RI and TRI-CL2020._031021.pdf
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Revised Statement of Variables for Forms VA-RI and TRI-CL2020 2-11-2021*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020._3.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Revised Statement of Variables for Forms VA-RI and TRI-CL2020*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020._2.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Statement of Variables for Forms VA-RI and TRI-CL2020*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Statement of Variables for Form TRI-CL2020*
Attachment(s):	*Option Samples TRIGON.pdf* *TRI-CL2020 Satement of Variables.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response 2

Comments:

The requested revision has been made and the Revised Form VA-RI uploaded.

Related Objection 2

Applies To:

- Policyholder Notification Template, VA-RI (Form)

Comments: Page 2, paragraphs 2, 3 and 4 - Please revise the bracketed sections showing [monthly, quarterly, semiannual, annual] to be [Modal]. Modal is defined in the SOV to be those variables.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Template	VA-RI	OTH	Initial		52.000	VA-RI_030921.pdf	Date Submitted: 03/10/2021 By: Martha Stephens
Previous Version								
1	*Policyholder Notification Template*	*VA-RI*	*OTH*	*Initial*		*52.000*	*VA-RI-1.pdf*	*Date Submitted: 02/11/2021 By: Martha Stephens*
Previous Version								
1	*Policyholder Notification Template*	*VA-RI*	*OTH*	*Initial*		*52.000*	*VA-RI-1.pdf*	*Date Submitted: 02/04/2021 By: Martha Stephens*
Previous Version								
1	*Policyholder Notification Template*	*VA-RI*	*OTH*	*Initial*			*VA-RI Form.pdf*	*Date Submitted: 11/05/2020 By: Martha Stephens*
Previous Version								
1	*Policyholder Notification 1*	*VA-RI-1*	*OTH*	*Initial*			*VA 1st Policyholder Letter June 2020.pdf*	*Date Submitted: 06/18/2020 By: Martha Stephens*
Previous Version								
1	*Policyholder Notification 1*	*VA-RI-1*	*OTH*	*Initial*			*VA 1st Policyholder Letter revised.pdf*	*Date Submitted: 07/15/2019 By: Martha Stephens*
Previous Version								
1	*Policyholder Notification 1*	*VA-RI-1*	*OTH*	*Initial*			*VA 1st Policyholder Letter.pdf*	*Date Submitted: 04/24/2019 By: Martha Stephens*

No Rate/Rule Schedule items changed.

Conclusion:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Thank you for your review.

Sincerely,

Martha Stephens

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/11/2021
Submitted Date	02/11/2021

Dear Colleen Moore,

Introduction:

I have modified 3 documents: The Form VA-RI, letter to policyholders; the Option letter, TRI-CL2020 John Doe version; and the Statement of Variables ("SOV").

Response 1

Comments:

Change made to the SOV

Related Objection 1

Applies To:

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)

- Policyholder Notification Template, VA-RI (Form)

Comments: The bracketed reference to the date on page 1 and the subsequent page headers was changed from [DATE] to [mm/dd/year]. Please make a corresponding change to the SOV.

Changed Items:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Option Letter Form TRI-CL2020 Attachment samples and SOV
Comments:	Three samples of option attachment to TRI-CL2020 Revised Statement of Variables for Forms VA-RI and TRI-CL2020 2-11-2021
Attachment(s):	Option samples Ver 3 11052020.pdf Statement of variables Forms VA-RI and TRI-CL2020._3.pdf
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Revised Statement of Variables for Forms VA-RI and TRI-CL2020*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020._2.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Statement of Variables for Forms VA-RI and TRI-CL2020*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Statement of Variables for Form TRI-CL2020*
Attachment(s):	*Option Samples TRIGON.pdf* *TRI-CL2020 Satement of Variables.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Change made to Form VA-RI as requested. There was no change required to the John Doe version.

Related Objection 2

Applies To:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)
- Policyholder Notification Template, VA-RI (Form)

Comments: Page 1, Decision Due Date - Please revise the bracketed wording on the policyholder letter to match the SOV: [MM/DD/YYYY].

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 Template	VA-RI	OTH	Initial		52.000	VA-RI-1.pdf	Date Submitted: 02/11/2021 By: Martha Stephens
Previous Version								
1	*Policyholder Notification Template*	*VA-RI*	*OTH*	*Initial*		*52.000*	*VA-RI-1.pdf*	*Date Submitted: 02/04/2021 By: Martha Stephens*
Previous Version								
1	*Policyholder Notification Template*	*VA-RI*	*OTH*	*Initial*			*VA-RI Form.pdf*	*Date Submitted: 11/05/2020 By: Martha Stephens*
Previous Version								
1	*Policyholder Notification 1*	*VA-RI-1*	*OTH*	*Initial*			*VA 1st Policyholder Letter June 2020.pdf*	*Date Submitted: 06/18/2020 By: Martha Stephens*
Previous Version								
1	*Policyholder Notification 1*	*VA-RI-1*	*OTH*	*Initial*			*VA 1st Policyholder Letter revised.pdf*	*Date Submitted: 07/15/2019 By: Martha Stephens*
Previous Version								
1	*Policyholder Notification 1*	*VA-RI-1*	*OTH*	*Initial*			*VA 1st Policyholder Letter.pdf*	*Date Submitted: 04/24/2019 By: Martha Stephens*

No Rate/Rule Schedule items changed.

Response 3

Comments:

Changes made as requested. Form and SOV attached with other Objection Responses.

Related Objection 3

Applies To:

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)
- Policyholder Notification Template, VA-RI (Form)

Comments: The table on page 1 was changed from 3 possible tables to 1 table with 2, 3 or 4 possible rows.

1) Please make a corresponding revision to the SOV.
2) Since the 3rd and 4th rows in the chart may or may not be included, please expand the bracketing around the premium figures in these rows to include the dollar signs.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Change made. Revised SOV attached above.

Related Objection 4

Applies To:

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)
- Policyholder Notification Template, VA-RI (Form)

Comments: Page 2, paragraph beginning with "As administrator for your United Security Assurance Policy

The phone number and hours are bracketed as variable. Please add an explanation for the variability into the SOV.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Change made. Revised SOV attached above.

Related Objection 5

Applies To:
- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)
- Policyholder Notification Template, VA-RI (Form)

Comments: Page 2 - 2nd to the last paragraph

The letter includes variability marked as [series of increases] [increases] with no explanation in the SOV. Please add wording into the SOV explaining that only one of the 2 options would be included depending on how many increases are being implemented.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

Change made. Revised SOV attached above.

Related Objection 6

Applies To:
- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)

Comments: SOV - Since the red annotations have been removed from the letter under the Form Schedule tab, please delete item #2 under General References.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

I apologize that I did not upload the TRI-CL2020 Cover Letter for Options in the last response. It is included here.
On the SOV, change was made. Revised SOV attached above.

Related Objection 7

Applies To:
- Cover Letter for Options, TRI-CL2020 (Form)
- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)

Comments: 1) It does not appear that the ending bracket on page 2 after DATE was revised to be "]".

2) The variable items on the SOV should match the letter exactly. Please revise the reference to [Date] on the SOV to reflect [DATE] as included in the letter.

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	Cover Letter for Options	TRI-CL2020	OTH	Initial			TRI-CL2020 Options Cover Letter_rev.pdf	Date Submitted: 02/11/2021 By: Martha Stephens
Previous Version								
1	*Cover Letter for Options*	*TRI-CL2020*	*OTH*	*Initial*			*TRI-CL2020 Options Cover Letter.pdf*	*Date Submitted: 11/05/2020 By: Martha Stephens*
Previous Version								
1	*Cover Letter Options*	*TRI-CL2020*	*OTH*	*Initial*			*TRI-CL2020 Options Cover Letter.pdf*	*Date Submitted: 06/18/2020 By: Martha Stephens*

No Rate/Rule Schedule items changed.

Response 8

Comments:

Change made. Revised John Doe Option Cover Letter. attached.

Related Objection 8

Applies To:

- John Doe Versions of Form VA-RI and policyholder correspondence (Supporting Document)

Comments: Please remove the brackets around the phone number on page 2 of the John Doe Options Cover Letter.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Doe Versions of Form VA-RI and policyholder correspondence
Comments:	Revised TRI-CL2020 Cover Letter John Doe version
Attachment(s):	VA-RI-1 - John Doe.pdf Trigon ILTC 33pct option John Doe.pdf TRI-CL2020 Options Cover Letter_JohnDoe.pdf
Previous Version	
Satisfied - Item:	*John Doe Versions of Form VA-RI and policyholder correspondence*
Comments:	
Attachment(s):	*VA-RI-1 - John Doe.pdf* *TRI-CL2020 Options Cover Letter_JohnDoe.pdf* *Trigon ILTC 33pct option John Doe.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

While I trust I have made the appropriate changes, please let me know if you have further concerns. Thank you for your thorough review.

Sincerely,

Martha Stephens

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/04/2021
Submitted Date	02/04/2021

Dear Colleen Moore,

Introduction:

Response 1

Comments:

Changes Made as requested.

Related Objection 1

Applies To:

- Proposed Rates 1, [] (Rate)

Comments: Rate/Rule Schedule - Please include the applicable form numbers under Affected Form Numbers. They were deleted in the 11/4/20 revision.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Proposed Rates 1	92000	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920000 Exhibit 7D.pdf,	02/04/2021 By: Martha Stephens
Previous Version						
1	*Proposed Rates 1*		*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33*	*920000 Exhibit 7D.pdf,*	*11/04/2020 By: Gary Hulet*
Previous Version						
1	*Proposed Rates 1*	*920000*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200*	*920000 Exhibit 7A.pdf, 920000 Exhibit 7B.pdf, 920000 Exhibit 7C.pdf,*	*03/07/2019 By: Martha Stephens*
Previous Version						
1	*Proposed Rates 1*	*920000*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920000_Exhibit 7A.pdf, 920000_Exhibit 7B.pdf, 920000_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
2	Proposed Rates 1	920001	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920001 Exhibit 7D.pdf,	02/04/2021 By: Martha Stephens
Previous Version						
2	*Proposed Rates 1*		*Revised*	*Previous State Filing Number:*	*920001 Exhibit 7D.pdf,*	*11/04/2020 By: Gary Hulet*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Rate/Rule Schedule Item Changes

				USPA-128450066 Percent Rate Change Request: 33		
Previous Version						
2	Proposed Rates 1	920001	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200	920001 Exhibit 7A.pdf, 920001 Exhibit 7B.pdf, 920001 Exhibit 7C.pdf,	03/07/2019 By: Martha Stephens
Previous Version						
2	Proposed Rates 1	920001	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4	Form 920001 Exh 7A.pdf, Form 920001 Exh 7B.pdf, Form 920001 Exh 7C.pdf,	11/16/2018 By: Martha Stephens
3	Proposed Rates 1	920002	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920002 Exhibit 7D.pdf,	02/04/2021 By: Martha Stephens
Previous Version						
3	Proposed Rates 1		Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920002 Exhibit 7D.pdf,	11/04/2020 By: Gary Hulet
Previous Version						
3	Proposed Rates 1	920002	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200	920002 Exhibit 7A.pdf, 920002 Exhibit 7B.pdf, 920002 Exhibit 7C.pdf,	03/07/2019 By: Martha Stephens
Previous Version						
3	Proposed Rates 1	920002	Revised	Previous State Filing Number: USPA-128450066	920002_Exhibit 7A.pdf, 920002_Exhibit 7B.pdf, 920002_Exhibit 7C.pdf,	11/16/2018 By: Martha Stephens

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Rate/Rule Schedule Item Changes

				Percent Rate Change Request: 189.4		
4	Proposed Rates 1	920003	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920003 Exhibit 7D.pdf,	02/04/2021 By: Martha Stephens
Previous Version						
4	*Proposed Rates 1*		*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33*	*920003 Exhibit 7D.pdf,*	*11/04/2020 By: Gary Hulet*
Previous Version						
4	*Proposed Rates 1*	*920003*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200*	*920003 Exhibit 7A.pdf, 920003 Exhibit 7B.pdf, 920003 Exhibit 7C.pdf,*	*03/07/2019 By: Martha Stephens*
Previous Version						
4	*Proposed Rates 1*	*920003*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920003_Exhibit 7A.pdf, 920003_Exhibit 7B.pdf, 920003_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
5	Proposed Rates 1	920009	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920009 Exhibit 7D.pdf,	02/04/2021 By: Martha Stephens
Previous Version						
5	*Proposed Rates 1*		*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request:*	*920009 Exhibit 7D.pdf,*	*11/04/2020 By: Gary Hulet*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Rate/Rule Schedule Item Changes

				33		
Previous Version						
5	*Proposed Rates 1*	*920009*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200*	*920009 Exhibit 7A.pdf, 920009 Exhibit 7B.pdf, 920009 Exhibit 7C.pdf,*	*03/07/2019 By: Martha Stephens*
Previous Version						
5	*Proposed Rates 1*	*920009*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920009_Exhibit 7A.pdf, 920009_Exhibit 7B.pdf, 920009_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
6	Proposed Rates 1	920200	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920200 Exhibit 7D.pdf,	02/04/2021 By: Martha Stephens
Previous Version						
6	*Proposed Rates 1*		*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33*	*920200 Exhibit 7D.pdf,*	*11/04/2020 By: Gary Hulet*
Previous Version						
6	*Proposed Rates 1*	*920200*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200*	*920200 Exhibit 7A.pdf, 920200 Exhibit 7B.pdf, 920200 Exhibit 7C.pdf,*	*03/07/2019 By: Martha Stephens*
Previous Version						
6	*Proposed Rates 1*	*920200*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920200_Exhibit 7A.pdf, 920200_Exhibit 7B.pdf, 920200_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Rate/Rule Schedule Item Changes

7	Proposed Rates 1	920201	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920201 Exhibit 7D.pdf,	02/04/2021 By: Martha Stephens
Previous Version						
7	*Proposed Rates 1*		*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33*	*920201 Exhibit 7D.pdf,*	*11/04/2020 By: Gary Hulet*
Previous Version						
7	*Proposed Rates 1*	*920201*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200*	*920201 Exhibit 7A.pdf, 920201 Exhibit 7B.pdf, 920201 Exhibit 7C.pdf,*	*03/07/2019 By: Martha Stephens*
Previous Version						
7	*Proposed Rates 1*	*920201*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920201_Exhibit 7A.pdf, 920201_Exhibit 7B.pdf, 920201_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
8	Proposed Rates 1	920202	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920202 Exhibit 7D.pdf,	02/04/2021 By: Martha Stephens
Previous Version						
8	*Proposed Rates 1*		*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33*	*920202 Exhibit 7D.pdf,*	*11/04/2020 By: Gary Hulet*
Previous Version						
8	*Proposed Rates 1*	*920202*	*Revised*	*Previous State Filing*	*920202 Exhibit 7A.pdf,*	*03/07/2019*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Rate/Rule Schedule Item Changes

				Number: USPA-128450066 Percent Rate Change Request: 200	*920202 Exhibit 7B.pdf, 920202 Exhibit 7C.pdf,*	*By: Martha Stephens*
Previous Version						
8	*Proposed Rates 1*	*920202*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920202_Exhibit 7A.pdf, 920202_Exhibit 7B.pdf, 920202_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
9	Proposed Rates 1	920203	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920203 Exhibit 7D.pdf,	02/04/2021 By: Martha Stephens
Previous Version						
9	*Proposed Rates 1*		*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33*	*920203 Exhibit 7D.pdf,*	*11/04/2020 By: Gary Hulet*
Previous Version						
9	*Proposed Rates 1*	*920203*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200*	*920203 Exhibit 7A.pdf, 920203 Exhibit 7B.pdf, 920203 Exhibit 7C.pdf,*	*03/07/2019 By: Martha Stephens*
Previous Version						
9	*Proposed Rates 1*	*920203*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920203_Exhibit 7A.pdf, 920203_Exhibit 7B.pdf, 920003_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
10	Proposed Rates 1	LTC-1L90	Revised	Previous State Filing Number: USPA-128450066	LTC-1L90 Exhibit 7D.pdf,	02/04/2021 By: Martha Stephens

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Rate/Rule Schedule Item Changes

				Percent Rate Change Request: 33		
Previous Version						
10	*Proposed Rates 1*		*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33*	*LTC-1L90 Exhibit 7D.pdf,*	*11/04/2020 By: Gary Hulet*
Previous Version						
10	*Proposed Rates 1*	*LTC-1L90*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200*	*LTC-1L90 Exhibit 7A.pdf, LTC-1L90 Exhibit 7B.pdf, LTC-1L90 Exhibit 7C.pdf,*	*03/07/2019 By: Martha Stephens*
Previous Version						
10	*Proposed Rates 1*	*LTC-1L90*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*LTC-1L90_Exhibit 7A.pdf, LTC-1L90_Exhibit 7B.pdf, LTC-1L90_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
11	Proposed Rates 1	NFO-1N92	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	NFO-1N92 Exhibit 7D.pdf,	02/04/2021 By: Martha Stephens
Previous Version						
11	*Proposed Rates 1*		*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33*	*NFO-1N92 Exhibit 7D.pdf,*	*11/04/2020 By: Gary Hulet*
Previous Version						
11	*Proposed Rates 1*	*NFO-1N92*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change*	*NFO-1N92 Exhibit 7A.pdf, NFO-1N92 Exhibit 7B.pdf, NFO-1N92 Exhibit 7C.pdf,*	*03/07/2019 By: Martha Stephens*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Rate/Rule Schedule Item Changes

				Request: 200		
Previous Version						
11	Proposed Rates 1	NFO-1N92	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4	NFO-1N92_Exhibit 7A.pdf, NFO-1N92_Exhibit 7B.pdf, NFO-1N92_Exhibit 7C.pdf,	11/16/2018 By: Martha Stephens

Response 2

Comments:

See Response Letter.

Related Objection 2

Applies To:

- Policyholder Notification Template, VA-RI (Form)

Comments: There were several corrections which had been made in the 6/18/20 response that did not carry through to the template:

1) On page 2, please update the BOI website to be https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

2) On page 3, Ways to Reduce the Cost, please remove the reference to "less paid claims if any" in the contingent benefit upon lapse section. This wording is not in compliance with 14VAC5-200-185 E 3.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection 01-19-2021
Comments:	Attached is a response letter to the Objection and the annotated version of Form VA-RI.
Attachment(s):	Response to Obj 1-19-21 USPA-131712591.pdf VA-RI-1_annotated.pdf

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification Template	VA-RI	OTH	Initial		52.000	VA-RI-1.pdf	Date Submitted: 02/04/2021 By: Martha Stephens
Previous Version								
1	*Policyholder Notification Template*	*VA-RI*	*OTH*	*Initial*			*VA-RI Form.pdf*	*Date Submitted: 11/05/2020 By: Martha Stephens*
Previous Version								
1	*Policyholder Notification 1*	*VA-RI-1*	*OTH*	*Initial*			*VA 1st Policyholder Letter June 2020.pdf*	*Date Submitted: 06/18/2020 By: Martha Stephens*
Previous Version								
1	*Policyholder Notification 1*	*VA-RI-1*	*OTH*	*Initial*			*VA 1st Policyholder Letter revised.pdf*	*Date Submitted: 07/15/2019 By: Martha Stephens*
Previous Version								
1	*Policyholder Notification 1*	*VA-RI-1*	*OTH*	*Initial*			*VA 1st Policyholder Letter.pdf*	*Date Submitted: 04/24/2019 By: Martha Stephens*

No Rate/Rule Schedule items changed.

Response 3

Comments:

See Response Letter.and revised Form

Related Objection 3

Applies To:

- *Policyholder Notification Template, VA-RI (Form)*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Comments: 1) The punctuation after "Dear [POLICYHOLDER]" appears to be missing from the template.

2) Page 1, Paragraph 1

- The sentence "The [xxx]%increase" should have a space before the word increase.

- Please explain why the colon at the end of the 1st paragraph is red.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

See response letter and document in Supporting documents

Related Objection 4

Applies To:
- Policyholder Notification Template, VA-RI (Form)
- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)

Comments: Page 2 of the policyholder letter, last paragraph

The SOV does not provide an explanation for the variability around [three]. However, the variability for this sentence needs to be revised to address both a single increase and a series of increases. For example, this sentence could read: "Based on current expectations, we believe this [series of increases] will be sufficient ...." with the variability option to be [increase].

Changed Items:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Option Letter Form TRI-CL2020 Attachment samples and SOV
Comments:	Three samples of option attachment to TRI-CL2020 Revised Statement of Variables for Forms VA-RI and TRI-CL2020
Attachment(s):	Option samples Ver 3 11052020.pdf Statement of variables Forms VA-RI and TRI-CL2020._2.pdf
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Statement of Variables for Forms VA-RI and TRI-CL2020*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Statement of Variables for Form TRI-CL2020*
Attachment(s):	*Option Samples TRIGON.pdf* *TRI-CL2020 Satement of Variables.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

See Response Letter.

Related Objection 5

Applies To:

- Policyholder Notification Template, VA-RI (Form)

Comments: Page 3 - Please revise the last sentence in the first paragraph to read: Any future rate increases will not be implemented until the request has been filed with Virginias State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

See Response Letter.

Related Objection 6

Applies To:

- Policyholder Notification Template, VA-RI (Form)

Comments: Page 3, Why is this increase necessary?

The 6th sentence reads: "For these reasons, premiums must be increased to ensure that all claims are thoroughly funded." The Bureau has concerns with the reference to all claims being thoroughly funded on a fully insured plan. In addition, based on the current loss ratio projections, this increase will not bring the experience to that level. We recommend the sentenced be changed to read: For these reasons, premiums must be increased.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

See Response Letter.

Related Objection 7

Applies To:

- Policyholder Notification Template, VA-RI (Form)

Comments: 14 VAC 5-100-50 3 provides that a form must be submitted in the final form in which it is intended to be used and marketed. Form VA-RI is an annotated version that explains the variability. While this version is very helpful to us in our review, it is not the final form in which it is intended to be used. Please attach the annotated version to Supporting Documentation with the Statement of Variability. Please attach the final form to the Form Schedule.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 8

Comments:

See Response Letter.

Related Objection 8

Applies To:

- Cover Letter for Options, TRI-CL2020 (Form)

Comments: Please revise the ending bracket in the date at the top of page 2 to be].

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 9

Comments:

See response letter and document in Supporting documents

Related Objection 9

Applies To:

- Policyholder Notification Template, VA-RI (Form)
- Cover Letter for Options, TRI-CL2020 (Form)

Comments: Please provide John Doe versions of the policyholder notification template and the cover letter for options, without variability, illustrating how the letter will appear to a policyholder.

Changed Items:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Option Letter Form TRI-CL2020 Attachment samples and SOV
Comments:	Three samples of option attachment to TRI-CL2020 Revised Statement of Variables for Forms VA-RI and TRI-CL2020
Attachment(s):	Option samples Ver 3 11052020.pdf Statement of variables Forms VA-RI and TRI-CL2020._2.pdf
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Statement of Variables for Forms VA-RI and TRI-CL2020*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Statement of Variables for Form TRI-CL2020*
Attachment(s):	*Option Samples TRIGON.pdf* *TRI-CL2020 Satement of Variables.pdf*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Option Letter Form TRI-CL2020 Attachment samples and SOV
Comments:	Three samples of option attachment to TRI-CL2020 Revised Statement of Variables for Forms VA-RI and TRI-CL2020
Attachment(s):	Option samples Ver 3 11052020.pdf Statement of variables Forms VA-RI and TRI-CL2020._2.pdf
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Statement of Variables for Forms VA-RI and TRI-CL2020*
Attachment(s):	*Option samples Ver 3 11052020.pdf* *Statement of variables Forms VA-RI and TRI-CL2020.pdf*
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Statement of Variables for Form TRI-CL2020*
Attachment(s):	*Option Samples TRIGON.pdf* *TRI-CL2020 Satement of Variables.pdf*

Satisfied - Item:	John Doe Versions of Form VA-RI and policyholder correspondence
Comments:	
Attachment(s):	VA-RI-1 - John Doe.pdf TRI-CL2020 Options Cover Letter_JohnDoe.pdf Trigon ILTC 33pct option John Doe.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 10

Comments:

See response letter and document in Supporting documents

Related Objection 10

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Comments: Readability

The readability certification, as required by 14 VAC 5-110-60, was not included in the submission. Please include this information in your resubmission.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	Readability Certification.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA Certification of Compliance.pdf*
Previous Version	
Bypassed - Item:	*Certification of Compliance*
Bypass Reason:	*No Forms filed*
Attachment(s):	

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Martha Stephens

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/16/2020
Submitted Date	11/16/2020

Dear Colleen Moore,

Introduction:

Response 1

Comments:

A new rate request summary has been submitted under Supporting Documents

Related Objection 1

Applies To:

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

Comments: Please update the Rate Request Summary to reflect the revised 33% increase using the current version of the form, which can be found at: https://scc.virginia.gov/getattachment/0fe794b8-5496-49ef-8ef2-8e84c9458812/ltcratereq_sum.pdf. Please include the narrative as requested at the bottom of the form.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Attached is a revised LTC Rate Request Summary as requested
Attachment(s):	Rate Request Summary.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*Attached is a revised LTC Rate Request Summary as requested*
Attachment(s):	*LTC Rate Req with Summary Statement.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*ltcratereq_sum w att.pdf*

No Form Schedule items changed.

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Gary Hulet

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/04/2020
Submitted Date	11/04/2020

Dear Colleen Moore,

Introduction:

Response 1

Comments:

The Actuarial Memorandum and Exhibits 1 through 10 have been updated for the proposed 33% rate increase (there is no Exhibit 5).

Related Objection 1

Comments: In accordance with the Note to Reviewer of 10/19/2020, please update all related factors and Loss Ratio projections in the Actuarial Memo and any related documents.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to 10-29-2020 Objection USPA-131712591
Comments:	
Attachment(s):	Trigon 2018 RI Actuarial Memorandum 33%.pdf Trigon Exhibits 2020.xlsx

No Form Schedule items changed.

State: *Virginia* **Filing Company:** *United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *Trigon VA 2018 Rate Increase Filing*
Project Name/Number: *2018 Trigon Rate Increase/*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Form removed from filing	920204	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request:		11/04/2020 By: Gary Hulet
Previous Version						
1	*Form removed from filing*	*920204*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request:*		*05/15/2019 By: Martha Stephens*
Previous Version						
1	*Proposed Rates 1*	*920204*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200*	*920204 Exhibit 7A.pdf, 920204 Exhibit 7B.pdf, 920204 Exhibit 7C.pdf,*	*03/07/2019 By: Martha Stephens*
Previous Version						
1	*Proposed Rates 1*	*920204*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920204_Exhibit 7A.pdf, 920203_Exhibit 7B.pdf, 920203_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
2	Proposed Rates 1		Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920000 Exhibit 7D.pdf,	11/04/2020 By: Gary Hulet
Previous Version						
2	*Proposed Rates 1*	*920000*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change*	*920000 Exhibit 7A.pdf, 920000 Exhibit 7B.pdf, 920000 Exhibit 7C.pdf,*	*03/07/2019 By: Martha Stephens*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Rate/Rule Schedule Item Changes

				Request: 200		
Previous Version						
2	*Proposed Rates 1*	*920000*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920000_Exhibit 7A.pdf, 920000_Exhibit 7B.pdf, 920000_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
3	Proposed Rates 1		Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920001 Exhibit 7D.pdf,	11/04/2020 By: Gary Hulet
Previous Version						
3	*Proposed Rates 1*	*920001*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200*	*920001 Exhibit 7A.pdf, 920001 Exhibit 7B.pdf, 920001 Exhibit 7C.pdf,*	*03/07/2019 By: Martha Stephens*
Previous Version						
3	*Proposed Rates 1*	*920001*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*Form 920001 Exh 7A.pdf, Form 920001 Exh 7B.pdf, Form 920001 Exh 7C.pdf,*	*11/16/2018 By: Martha Stephens*
4	Proposed Rates 1		Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920002 Exhibit 7D.pdf,	11/04/2020 By: Gary Hulet
Previous Version						
4	*Proposed Rates 1*	*920002*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200*	*920002 Exhibit 7A.pdf, 920002 Exhibit 7B.pdf, 920002 Exhibit 7C.pdf,*	*03/07/2019 By: Martha Stephens*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Rate/Rule Schedule Item Changes

Previous Version						
4	*Proposed Rates 1*	*920002*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920002_Exhibit 7A.pdf, 920002_Exhibit 7B.pdf, 920002_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
5	Proposed Rates 1		Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920003 Exhibit 7D.pdf,	11/04/2020 By: Gary Hulet
Previous Version						
5	*Proposed Rates 1*	*920003*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200*	*920003 Exhibit 7A.pdf, 920003 Exhibit 7B.pdf, 920003 Exhibit 7C.pdf,*	*03/07/2019 By: Martha Stephens*
Previous Version						
5	*Proposed Rates 1*	*920003*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920003_Exhibit 7A.pdf, 920003_Exhibit 7B.pdf, 920003_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
6	Proposed Rates 1		Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920009 Exhibit 7D.pdf,	11/04/2020 By: Gary Hulet
Previous Version						
6	*Proposed Rates 1*	*920009*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200*	*920009 Exhibit 7A.pdf, 920009 Exhibit 7B.pdf, 920009 Exhibit 7C.pdf,*	*03/07/2019 By: Martha Stephens*
Previous Version						
6	*Proposed Rates 1*	*920009*	*Revised*	*Previous State Filing*	*920009_Exhibit 7A.pdf,*	*11/16/2018*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Rate/Rule Schedule Item Changes

				Number: USPA-128450066 Percent Rate Change Request: 189.4	*920009_Exhibit 7B.pdf, 920009_Exhibit 7C.pdf,*	*By: Martha Stephens*
7	Proposed Rates 1		Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920200 Exhibit 7D.pdf,	11/04/2020 By: Gary Hulet
Previous Version						
7	*Proposed Rates 1*	*920200*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200*	*920200 Exhibit 7A.pdf, 920200 Exhibit 7B.pdf, 920200 Exhibit 7C.pdf,*	*03/07/2019 By: Martha Stephens*
Previous Version						
7	*Proposed Rates 1*	*920200*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920200_Exhibit 7A.pdf, 920200_Exhibit 7B.pdf, 920200_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
8	Proposed Rates 1		Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920201 Exhibit 7D.pdf,	11/04/2020 By: Gary Hulet
Previous Version						
8	*Proposed Rates 1*	*920201*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200*	*920201 Exhibit 7A.pdf, 920201 Exhibit 7B.pdf, 920201 Exhibit 7C.pdf,*	*03/07/2019 By: Martha Stephens*
Previous Version						
8	*Proposed Rates 1*	*920201*	*Revised*	*Previous State Filing Number: USPA-128450066*	*920201_Exhibit 7A.pdf, 920201_Exhibit 7B.pdf, 920201_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*

State: *Virginia* **Filing Company:** *United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *Trigon VA 2018 Rate Increase Filing*
Project Name/Number: *2018 Trigon Rate Increase/*

Rate/Rule Schedule Item Changes

				Percent Rate Change Request: 189.4		
9	Proposed Rates 1		Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920202 Exhibit 7D.pdf,	11/04/2020 By: Gary Hulet
Previous Version						
9	*Proposed Rates 1*	*920202*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200*	*920202 Exhibit 7A.pdf, 920202 Exhibit 7B.pdf, 920202 Exhibit 7C.pdf,*	*03/07/2019 By: Martha Stephens*
Previous Version						
9	*Proposed Rates 1*	*920202*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920202_Exhibit 7A.pdf, 920202_Exhibit 7B.pdf, 920202_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
10	Proposed Rates 1		Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920203 Exhibit 7D.pdf,	11/04/2020 By: Gary Hulet
Previous Version						
10	*Proposed Rates 1*	*920203*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200*	*920203 Exhibit 7A.pdf, 920203 Exhibit 7B.pdf, 920203 Exhibit 7C.pdf,*	*03/07/2019 By: Martha Stephens*
Previous Version						
10	*Proposed Rates 1*	*920203*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request:*	*920203_Exhibit 7A.pdf, 920203_Exhibit 7B.pdf, 920003_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Rate/Rule Schedule Item Changes

				189.4		
11	Proposed Rates 1		Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	LTC-1L90 Exhibit 7D.pdf,	11/04/2020 By: Gary Hulet
Previous Version						
11	*Proposed Rates 1*	*LTC-1L90*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200*	*LTC-1L90 Exhibit 7A.pdf, LTC-1L90 Exhibit 7B.pdf, LTC-1L90 Exhibit 7C.pdf,*	*03/07/2019 By: Martha Stephens*
Previous Version						
11	*Proposed Rates 1*	*LTC-1L90*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*LTC-1L90_Exhibit 7A.pdf, LTC-1L90_Exhibit 7B.pdf, LTC-1L90_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
12	Proposed Rates 1		Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	NFO-1N92 Exhibit 7D.pdf,	11/04/2020 By: Gary Hulet
Previous Version						
12	*Proposed Rates 1*	*NFO-1N92*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200*	*NFO-1N92 Exhibit 7A.pdf, NFO-1N92 Exhibit 7B.pdf, NFO-1N92 Exhibit 7C.pdf,*	*03/07/2019 By: Martha Stephens*
Previous Version						
12	*Proposed Rates 1*	*NFO-1N92*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*NFO-1N92_Exhibit 7A.pdf, NFO-1N92_Exhibit 7B.pdf, NFO-1N92_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*

Conclusion:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Sincerely,
Gary Hulet

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/05/2020
Submitted Date	11/05/2020

Dear Colleen Moore,

Introduction:

Response 1

Comments:

I replaced the three policyholder notification letters with one Form VA-RI as a template.

Related Objection 1

Applies To:

- *Policyholder Notification 1, VA-RI-1 (Form)*
- *2nd Policyholder Notification, VA-RI-2 (Form)*
- *3rd Policyholder Notification, VA-RI-3 (Form)*
- *Response to 05-13-2020 Obj Letter re Policyholder Correspondence (Supporting Document)*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Comments: As discussed with Martha Stephens, the Company is interested in formatting the policyholder notification letter as a template which can be used for future filings of these forms was well as other form filings. To do so, the letter template should include variability to cover the following scenarios: a single increase, a set of 2 increases, and a set of 3 increases. The letter would also include variability so that it can be used for the 1st, 2nd or 3rd notification letter. We have summarized the approach below and would be happy to set up a call to discuss if needed.

1) Page 1, 1st Paragraph - Please move the last 2 sentences, starting with "The rate increase was reviewed " so that they follow the Billing Anniversary Date/Modal Premium chart and combine paragraphs 1 and 2 into a single paragraph. This will give the policyholders a clearer flow of information about the increases and the impact on their premium.

2) Paragraph 1, as combined per 1) above, would then have 3 sets of variable language to cover the following scenarios:
- If the Company implements a single increase,
- The initial letter if the Company implements the increase over multiple years, and
- For subsequent letters when the Company is implementing a multiple year increase.

3) The Premium Exhibit would also have 3 sets of variable language to cover the following scenarios:
- If the Company implements a single increase
- If the Company implements increases over 2 years
- If the Company implements increases over 3 years.

4) Page 2, Why is this increase necessary? As the reason for increases can change over time, the Company may want to mark this section as variable.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to 05-13-2020 Obj Letter re Policyholder Correspondence
Comments:	See Response to 10-19-2020 Objection for revised Policyholder Notification Template
Attachment(s):	
Previous Version	
Satisfied - Item:	*Response to 05-13-2020 Obj Letter re Policyholder Correspondence*
Comments:	*Response letter and SOV for PH letters, red-line version of VA- RI-1 letter*
Attachment(s):	*PH Ltr SOV VA Trigon.pdf* *Red-line VA 1st Policyholder Letter June 2020.pdf* *Response to Trigon Obj #2 USPA-13171291 .pdf*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	2nd Policyholder Notification	VA-RI-2	OTH	Initial				Date Submitted: 11/05/2020 By: Martha Stephens
Previous Version								
1	*2nd Policyholder Notification*	*VA-RI-2*	*OTH*	*Initial*			*VA 2nd Policyholder Letter June 2020.pdf*	*Date Submitted: 06/18/2020 By: Martha Stephens*
Previous Version								
1	*2nd Policyholder Notification*	*VA-RI-2*	*OTH*	*Initial*			*VA 2nd Policyholder Letter revised.pdf*	*Date Submitted: 07/15/2019 By: Martha Stephens*
Previous Version								
1	*2nd Policyholder Notification*	*VA-RI-2*	*OTH*	*Initial*			*VA 2nd Policyholder Letter.pdf*	*Date Submitted: 04/24/2019 By: Martha Stephens*
2	3rd Policyholder Notification	VA-RI-3	OTH	Initial				Date Submitted: 11/05/2020 By: Martha Stephens
Previous Version								
2	*3rd Policyholder Notification*	*VA-RI-3*	*OTH*	*Initial*			*VA 3rd Policyholder Letter June 2020.pdf*	*Date Submitted: 06/18/2020 By: Martha Stephens*
Previous Version								
2	*3rd Policyholder Notification*	*VA-RI-3*	*OTH*	*Initial*			*VA 3rd Policyholder Letter revised.pdf*	*Date Submitted: 07/15/2019 By: Martha Stephens*
Previous Version								
2	*3rd Policyholder Notification*	*VA-RI-3*	*OTH*	*Initial*			*VA 3rd Policyholder Letter.pdf*	*Date Submitted: 04/24/2019 By: Martha Stephens*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	2nd Policyholder Notification	VA-RI-2	OTH	Initial				Date Submitted: 11/05/2020 By: Martha Stephens
3	Policyholder Notification Template	VA-RI	OTH	Initial			VA-RI Form.pdf	Date Submitted: 11/05/2020 By: Martha Stephens
Previous Version								
3	*Policyholder Notification 1*	*VA-RI-1*	*OTH*	*Initial*			*VA 1st Policyholder Letter June 2020.pdf*	*Date Submitted: 06/18/2020 By: Martha Stephens*
Previous Version								
3	*Policyholder Notification 1*	*VA-RI-1*	*OTH*	*Initial*			*VA 1st Policyholder Letter revised.pdf*	*Date Submitted: 07/15/2019 By: Martha Stephens*
Previous Version								
3	*Policyholder Notification 1*	*VA-RI-1*	*OTH*	*Initial*			*VA 1st Policyholder Letter.pdf*	*Date Submitted: 04/24/2019 By: Martha Stephens*

No Rate/Rule Schedule items changed.

Response 2

Comments:

I replaced the three policyholder notification letters with one Form VA-RI as a template. See Response to 10-19-2020 Objection for revised Policyholder Notification Template

Related Objection 2

Applies To:

- *Policyholder Notification 1, VA-RI-1 (Form)*
- *2nd Policyholder Notification, VA-RI-2 (Form)*
- *3rd Policyholder Notification, VA-RI-3 (Form)*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

- Response to 05-13-2020 Obj Letter re Policyholder Correspondence (Supporting Document)

Comments: 1) Item #3 Policy Number. There is inconsistency in the # of digits in the variability for the Policy Number between the SOV, and the 3 letters (12 vs 13 vs 14). Please resolve this discrepancy.

2) Item #8 the SOV refers to {xxx.x] in the 1st and 2nd paragraphs of the letter.

- Please revise the beginning bracket in the SOV to begin with [

- Bracketed item descriptions on the SOV should match the item in the rate increase letter exactly. Paragraphs 1 and 2 of the letter do not include bracketed data showing xxx.x. Paragraph 1 shows [xx.x]% and paragraph 2 shows [xx.xx%.] and [xx.x%]. Please revise the SOV to address each bracketed item separately, in the order they appear in the document.

3) Please include an explanation in the SOV for the variability around the toll free number at the bottom of page 1 of the letter.

4) The variability for the extension in the toll free number on page 1 shows 3 digits (xxx) but on page 3 shows 4 digits (xxxx). Please resolve this discrepancy.

5) Include an explanation for the variability around the toll free number at the bottom of page 3.

6) Page 3 - include an explanation for the variability around the position title below the signature name.

7) Please correct the beginning bracketing around the Coventry CareLink address at the top of page 1 of VA-RI-2.

Changed Items:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to 05-13-2020 Obj Letter re Policyholder Correspondence
Comments:	See Response to 10-19-2020 Objection for revised Policyholder Notification Template
Attachment(s):	
Previous Version	
Satisfied - Item:	*Response to 05-13-2020 Obj Letter re Policyholder Correspondence*
Comments:	*Response letter and SOV for PH letters, red-line version of VA- RI-1 letter*
Attachment(s):	*PH Ltr SOV VA Trigon.pdf* *Red-line VA 1st Policyholder Letter June 2020.pdf* *Response to Trigon Obj #2 USPA-13171291 .pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

See Response to 10-19-2020 Objection and revised Policyholder Notification Template

Related Objection 3

Applies To:

- *Policyholder Notification 1, VA-RI-1 (Form)*
- *2nd Policyholder Notification, VA-RI-2 (Form)*
- *3rd Policyholder Notification, VA-RI-3 (Form)*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Comments: 1) The Virginia SERFF guidelines require that all variable information must be bracketed. We note that the letter contains several different versions of the brackets: plain type, bold, italicized and in color. For our regulatory review, we request that the formatting for all variability brackets be consistent as they all have the same meaning. Please make the necessary revisions.

2) Page 1, Decision Due Date. Please walk through the timeline for the Policy Holder letters so that the Bureau can see the amount of time Policy Holders will have to make a decision. The company had confirmed the letters will be mailed 80 days prior to the date of the rate change. When is the decision due date - how far out from the billing anniversary date?

3) Page 1, 1st Paragraph - As United Security is the insurer of the coverage, in line 2 of paragraph 1 the words assumed by need to be changed to insured by.

4) Please confirm that column 3 (new modal premium) of the Billing Anniversary/Modal Premium chart will be correctly justified in the final letter.

5) Page 2, last sentence of 1st paragraph - this should be a clear expression of what the company thinks will happen. For clarity, if the company feels rates may increase if claims run worse than expected, please revise the wording "we cannot guarantee there will not be additional rate changes sometime in the future" to clearly state that there may be rate increases in the future.

6) What is the purpose of the blue type for the [Date] on the top of page 2 and 3? This appears in the 1st and 2nd letters, not the 3rd.

7) Page 2, Why is this increase necessary for compliance with 14VAC5-200-75.D.3, this section should include a clear identification of the driving factors of the premium rate increase. The statement common reasons for this include does not clearly identify the reasons for this increase.

8) Page 2, Bullet 1 - please remove the wording "unless you receive an additional notification letter". This letter should not include references to other notification letters.

9) Page 2, 3rd bullet - please expand this section to make it clear to the policyholder what would happen if they want to make a change but miss the Decision Date deadline.

10) Page 2, 4th bullet please clarify your administrative procedure for the following: Does an insured on WOP status have to make their benefit decisions now, within the timeline of this letter, or will they be given an opportunity make changes once they come off claim.

11) Pages 1 and 3 - the extension for the toll free number shows 3 digits (xxx) on page 1 but 4 digits on page 3. Please resolve this discrepancy.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response 4

Comments:

See Response to 10-19-2020 Objection and revised Option Cover Letter. with revised Sample Options. A new Statement of Variability for Forms VA-RI and TRI-CL202 is also submitted.

Related Objection 4

Applies To:

- Cover Letter Options, TRI-CL2020 (Form)
- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)

Comments: 1) As has been discussed on the Policyholder Notification Letter, the full and proper corporate name of the insurer must prominently appear on the first page of the policyholder letter pursuant to 14 VAC 5-101-60 2. Our objection would be resolved if the name and address of United Security appeared prominently at the top of the page followed by the words "administered by" and then the Coventry CareLink name and address.

2) The variable data shown in the brackets in the letter should match exactly to the data shown in the SOV. For example:
- [PH NAME] vs. [Name]
- [PH ADDRESS] vs [Address}

3) Please include an explanation in the SOV for the variability [PH CITY, STATE, ZIPCODE].

4) Please confirm it was your intention to change the font size in the last sentence of Paragraph 4, and Paragraph 5.

5) We note that the Options sample documents refer to CBUL, while the Options cover letter refers to it as CB. Please revise for consistency.

6) If there are items which are always included as enclosures when an option is selected, such as the option sample exhibit, or a return envelope, please detail those items under the Enclosures.

Changed Items:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Option Letter Form TRI-CL2020 Attachment samples and SOV
Comments:	Three samples of option attachment to TRI-CL2020 Statement of Variables for Forms VA-RI and TRI-CL2020
Attachment(s):	Option samples Ver 3 11052020.pdf Statement of variables Forms VA-RI and TRI-CL2020.pdf
Previous Version	
Satisfied - Item:	*Option Letter Form TRI-CL2020 Attachment samples and SOV*
Comments:	*Three samples of option attachment to TRI-CL2020* *Statement of Variables for Form TRI-CL2020*
Attachment(s):	*Option Samples TRIGON.pdf* *TRI-CL2020 Satement of Variables.pdf*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Cover Letter for Options	TRI-CL2020	OTH	Initial			TRI-CL2020 Options Cover Letter.pdf	Date Submitted: 11/05/2020 By: Martha Stephens
Previous Version								
1	*Cover Letter Options*	*TRI-CL2020*	*OTH*	*Initial*			*TRI-CL2020 Options Cover Letter.pdf*	*Date Submitted: 06/18/2020 By: Martha Stephens*

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your assistance. Please call me if you have any questions.

Sincerely,

Martha Stephens

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/18/2020
Submitted Date	06/18/2020

Dear Colleen Moore,

Introduction:

Response 1

Comments:

See the Statement of Variability under Supporting Documents.

Related Objection 1

Applies To:

- *Policyholder Notification 1, VA-RI-1 (Form)*
- *2nd Policyholder Notification, VA-RI-2 (Form)*
- *3rd Policyholder Notification, VA-RI-3 (Form)*

Comments: The Policyholder Notification Letters include variability. Therefore, as noted in the SERFF instructions, a Statement of Variability, which discusses the conditions under which each variable item may change, must be provided for each Form and placed under the Supporting Documentation section. The Statement of Variability must include an explanation of the variability in the same order in which it appears in the form.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to 05-13-2020 Obj Letter re Policyholder Correspondence
Comments:	Response letter and SOV for PH letters, red-line version of VA- RI-1 letter
Attachment(s):	PH Ltr SOV VA Trigon.pdf Red-line VA 1st Policyholder Letter June 2020.pdf Response to Trigon Obj #2 USPA-13171291 .pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

See revised Forms and Response to Objection under Supporting Documents..

Related Objection 2

Applies To:

- *Policyholder Notification 1, VA-RI-1 (Form)*
- *2nd Policyholder Notification, VA-RI-2 (Form)*
- *3rd Policyholder Notification, VA-RI-3 (Form)*

Comments: For compliance with 14VAC5-100-50.2, the full and proper corporate name of the insurer shall prominently appear on the firs page of the form. As currently formatted, the name and address of Coventry CareLink is more prominent than that of United Security Assurance Company of Pennsylvania. Our objection would be resolved if the name and address of United security appeared prominently at the top of the page followed by the words "administered by" and then the Coventry CareLink name and address.

Changed Items:

No Supporting Documents changed.

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification 1	VA-RI-1	OTH	Initial			VA 1st Policyholder Letter June 2020.pdf	Date Submitted: 06/18/2020 By: Martha Stephens
Previous Version								
1	*Policyholder Notification 1*	*VA-RI-1*	*OTH*	*Initial*			*VA 1st Policyholder Letter revised.pdf*	*Date Submitted: 07/15/2019 By: Martha Stephens*
Previous Version								
1	*Policyholder Notification 1*	*VA-RI-1*	*OTH*	*Initial*			*VA 1st Policyholder Letter.pdf*	*Date Submitted: 04/24/2019 By: Martha Stephens*
2	2nd Policyholder Notification	VA-RI-2	OTH	Initial			VA 2nd Policyholder Letter June 2020.pdf	Date Submitted: 06/18/2020 By: Martha Stephens
Previous Version								
2	*2nd Policyholder Notification*	*VA-RI-2*	*OTH*	*Initial*			*VA 2nd Policyholder Letter revised.pdf*	*Date Submitted: 07/15/2019 By: Martha Stephens*
Previous Version								
2	*2nd Policyholder Notification*	*VA-RI-2*	*OTH*	*Initial*			*VA 2nd Policyholder Letter.pdf*	*Date Submitted: 04/24/2019 By: Martha Stephens*
3	3rd Policyholder Notification	VA-RI-3	OTH	Initial			VA 3rd Policyholder Letter June 2020.pdf	Date Submitted: 06/18/2020 By: Martha Stephens
Previous Version								
3	*3rd Policyholder Notification*	*VA-RI-3*	*OTH*	*Initial*			*VA 3rd Policyholder Letter revised.pdf*	*Date Submitted: 07/15/2019 By: Martha Stephens*
Previous Version								

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification 1	VA-RI-1	OTH	Initial			VA 1st Policyholder Letter June 2020.pdf	Date Submitted: 06/18/2020 By: Martha Stephens
3	*3rd Policyholder Notification*	*VA-RI-3*	*OTH*	*Initial*			*VA 3rd Policyholder Letter.pdf*	*Date Submitted: 04/24/2019 By: Martha Stephens*

No Rate/Rule Schedule items changed.

Response 3

Comments:

See Form changes and the Response Letter under Supporting Documents

Related Objection 3

Applies To:

- *Policyholder Notification 1, VA-RI-1 (Form)*
- *2nd Policyholder Notification, VA-RI-2 (Form)*
- *3rd Policyholder Notification, VA-RI-3 (Form)*

Comments: Contingent Benefit Upon Lapse description on Page 2

We have concerns regarding the statement that claims benefits already paid will be deducted from the paid-up benefit maximum. 14 VAC 5-200-185 E provides that the standard nonforfeiture benefit shall be 100% of the sum of all premiums paid prior to any changes in benefits, and is not to be less than 30 times the daily nursing home benefit at the time of lapse. The regulation does not support claims reduction from the standard calculation and that wording should be removed.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

See Cover Letter Form TRI-CL2020

Related Objection 4

Applies To:

- *Policyholder Notification 1, VA-RI-1 (Form)*
- *2nd Policyholder Notification, VA-RI-2 (Form)*
- *3rd Policyholder Notification, VA-RI-3 (Form)*

Comments: Re: Electing the CBUL or other benefit option to reduce premiums

In the response to Objection #5 submitted 7/15/19, the Company indicated that policyholders are encouraged to call if they would like to discuss options available to them to reduce the premium. These options would then be confirmed in a special letter to the insured, which they can review before making a decision. The letter would ask them to select an option and return a copy of the letter with their selection.

Based on your response, we will need a copy of this letter for our review attached under the Form Schedule tab with the Contingent Benefit or other coverage change offer that will be sent to the policyholder for their signature. If variability is included in the letter, a Statement of Variability is required.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Option Letter Form TRI-CL2020 Attachment samples and SOV
Comments:	Three samples of option attachment to TRI-CL2020 Statement of Variables for Form TRI-CL2020
Attachment(s):	Option Samples TRIGON.pdf TRI-CL2020 Satement of Variables.pdf

No Rate/Rule Schedule items changed.

Response 5

Comments:

See the Response Letter under supporting documents. To address your concerns we will mail letters at least 80 days prior to rate increase to allow for mail delivery.

Related Objection 5

Comments: In the objection response to Objection #2 dated 4/24/19, the Company says the Policyholder Letter(s) will be mailed at least 75 days prior to the date of the increase. We have concerns that the policyholder may not have 75 days from the date that they receive the letter to make an informed decision.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

Thank you. Correction made.

Related Objection 6

Applies To:
- *Policyholder Notification 1, VA-RI-1 (Form)*
- *2nd Policyholder Notification, VA-RI-2 (Form)*
- *3rd Policyholder Notification, VA-RI-3 (Form)*

Comments: Page 3 - signature.

Please include an end "]" after the name Griffin.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

See Response letter under Supporting Documents.

Related Objection 7

Applies To:
- *Approved Policy Change Endorsement Form PCE-U (Supporting Document)*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Comments: The Statement of PCE Variables accompanying the Policy Change Endorsement approved in SERFF # USPA-128578761 does not appear to include variable language for the Contingent Benefit Upon Lapse option. Please confirm if there is a separate policy change endorsement which has been approved for the CBUL and if so, provide the SERFF tracking number.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Martha Stephens

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/21/2020
Submitted Date	05/21/2020

Dear Colleen Moore,

Introduction:

Response 1

Comments:

Please see response under Supporting Documents.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1.Please provide a complete actual-to-expected analysis for morbidity, lapse and mortality for the entire history of this block.

2.The experience on this small block of business has very limited credibility even based on the entire history. Even so, the Company is using only one to five years of recent experience in setting the morbidity assumption. Please provide actuarial justification for this decision.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	05-13-2020 Objection Response USPA-131712591
Comments:	
Attachment(s):	VA Trigon Obj Response for 05-13-2020 USPA-131712591.pdf Exhibit 13 Updated.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Gary Hulet

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/27/2020
Submitted Date	04/27/2020

Dear Colleen Moore,

Introduction:

Response 1

Comments:

Please see document and files attached under supporting documents

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Your previous response (dated 8/30/19) states that the claims begin with the current actual incurred claim amounts. What time period of claims is being used for the calibration? Please also provide the actual calculations of the morbidity calibration.

2. Please provide all projections necessary to evaluate the requests based on both the Prospective Present Value Approach (or Texas Method) and the "If-Knew/ Makeup Blend" approach (or Minnesota Method).

3. It appears that the policyholder rate alternatives the company is proposing are limited to those options required by Virginia regulations. Given the large premium increase requested, and with the average attained age of the remaining policyholders at 84, in order to maximize the insureds ability to maintain their coverage at some level, would the Company be willing to consider options beyond those required by Virginia regulations?

Changed Items:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	02-27-2020 Objection Response USPA-131712591
Comments:	Please see attached objection response letter. Additional information after discussion with Colleen Moore the afternoon of Monday, 4/27/2020: The attached file TGN RI #3 TMA 7 ben mod example 042720.xlsx is an example of all the options we consider when a policyholder requests a premium modification to offset (partially or completely) a rate increase. We first make sure that we can reproduce exactly the original issue premium, then apply prior rate increase and then make one or more modifications to offset the new rate increase and provide that information to the policyholder for approval and/or other changes.
Attachment(s):	VA Trigon Obj Response for 02-27-2020 USPA-131712591.pdf New Exhibits.pdf Projected Incrd Clms.xlsx PPV TGN Test.xlsx If-Knew Blend Exh 3.xlsx TGN RI #3 TMA 7 ben mod example 042720.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Gary Hulet

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/19/2019
Submitted Date	11/19/2019

Dear Colleen Moore,

Introduction:

Response 1

Comments:

Please see response under Supporting Documents

Related Objection 1

Applies To:

- Proposed Rates 1, [920200] (Rate)

Comments: 1) Please confirm the Overall Percentage of Last Rate Revision (189.400%) shown under the Rate/Rule Schedule. The final approved rate action in the prior filing (USPA-128450066) was 100%. Make any necessary revisions using a post submission update.

2) Item #8 - 920202: Please confirm the number for this policy form. In the previous filing there was a rate sheet approved with the form number 9200202, not 920202.

3) Item #2 - 920001: Please explain how the rates for this policy form ($353, $509 and $734 for years 1, 2 and 3) relate to the rates approved in the previous filing for this form ($1,469, $1,851 and $2,332 for years 1, 2 and 3). They do not appear to be for the same product. The current exhibit references home and community based care, while the prior exhibit references a nursing home policy.

4) Item #13 - NFO-1N92: The previous filing included rate pages showing rates for "No Inflation", "5% Compound for 20 Yrs" and "with FPO". These pages were not included in the current filing. Please explain.

Changed Items:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to 11-12-19 Objection Letter
Comments:	
Attachment(s):	Trigon RI Obj Response 11-12-19_USPA-131712591.pdf Form 920001.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see response under Supporting Documents.

Related Objection 2

Comments: In the previous filing, USPA-128450066, a series of 3 annual increases of 26% were approved on 7/22/13. In the current filing, the company indicates you feel an increase in excess of 1600% could be justified. Please explain the reason for waiting 3 years after the implementation of the 3rd increase before filing for another rate increase.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Gary Hulet

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/30/2019
Submitted Date	08/30/2019

Dear Colleen Moore,

Introduction:

Response 1

Comments:

Please see attached response under Supporting Documents

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1.There is a discrepancy in the policy count of 843 in Exhibit 1 and 805 in section 18 of the memorandum. Please update and reconcile.

2.Please provide details of the actual adjustment factors that are being applied to the original morbidity assumptions and the underlying experience studies upon which those factors are based.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to 8-29-19 Objection Letter
Comments:	
Attachment(s):	VA Trigon Objection 8-29-2019 response.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Gary Hulet

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/12/2019
Submitted Date	08/12/2019

Dear Colleen Moore,

Introduction:

Response 1

Comments:

Please see attached Response letter

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1.Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

2.The language in the memorandum regarding the morbidity assumptions is unclear as to exactly what the basis is for the current best estimate assumption. It starts out saying that the expected claim costs are the original pricing claim costs and then indicates that these were compared to the Milliman LTCGs, but doesnt indicate what is actually being used in the projections. Please provide clarification, including what version of the LTCGs are used, if any.

3.Please provide a discussion of credibility, including the actual number of claims for this block.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to 7-18-19 Objection Letter
Comments:	
Attachment(s):	VA Trigon Objection 7-18-2019 response.pdf Exhibit 18.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Sincerely,
Gary Hulet

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/15/2019
Submitted Date	07/15/2019

Dear Colleen Moore,

Introduction:

Response 1

Comments:

See response letter attached under Supporting Documents.

Related Objection 1

Applies To:

- *Policyholder Notification 1, VA-RI-1 (Form)*
- *2nd Policyholder Notification, VA-RI-2 (Form)*
- *3rd Policyholder Notification, VA-RI-3 (Form)*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Comments: 1) In accordance with 14VAC5-100-50 2, the full and proper corporate name of the insurer shall prominently appear on the cover sheet of all policies, certificates, riders, endorsements, applications and other forms. Currently the name and logo of Coventry CareLink are large and prominent, but the name of United Security Assurance Company of Pennsylvania is included with other information. Please revise so that the name and address of the insuring company is prominent at the beginning of the letter.

2) The rate increase information appears in several sections of the memorandum. For the information to be clear to insureds, please reorder the memorandum so that the sentence After the three increases, the total amount of the premium rate increase is [xx.x%] is immediately followed by The first [xx.x%] increase will take effect on your Billing Anniversary date listed below and the chart with the billing anniversary date and premium amounts.

3) On page 2, the letter states Recent actuarial studies for the industry have shown a dramatic rise in long term care claim rates and the length of claim for older insureds. In accordance with 14VAC5-200-75 D 3, please revise the letter to include a clear explanation of the driving factors of the premium rate increase. The policyholder should be able to understand how the increase was developed and why an increase is needed.

4) If an insureds premium is currently being waived because they are on claim, please advise how this will be handled. Will they be required to select an option at the time they are notified of the increase, at the time that they come off claim, etc.?

5) Page 2, Ways to Reduce the Cost
- This section refers to a Contingent Non-Forfeiture benefit. In accordance with 14 VAC 5-200-185 C, please revise all references to the Contingent Non-Forfeiture Benefit to Contingent Benefit Upon Lapse.
- For compliance with 14VAC5-200-185 E 3, the benefit amount for the Contingent Benefit Upon Lapse should be restated to say 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 be payable if the policy remained in a premium paying status.
- Please include a clear explanation of the options available to reduce costs and show specific examples with a chart showing the cost impact.
- Please attach a copy of the Contingent Benefit Upon Lapse benefit election form.

6) Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the letter regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

7) If the Policyholder Letter is to include variability, please submit a Statement of Variability.

8) Please provide John Doe versions of the letters.

9) Please explain how a policy is updated to reflect any benefit changes the insured may choose to reduce the effects of the rate increase. If the policy is revised or changed in any way, the policyholder 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 the Form Schedule of this filing, if desired.
-If there are several options provided in the policyholder notification 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, provide a statement of variability.

10) Pursuant to 14VAC 5-100-40 A 3, please include a certification similar to the following for the policyholder notification letter, or any other filed form if applicable., signed by the General Counsel or an officer of the company or any attorney or actuary representing the company: 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.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to July 2, 2019 Objection and John Doe Policyholder Letters
Comments:	
Attachment(s):	VA Trigon Objection 7-2-19 response ltr.pdf VA-RI-1-JD.pdf VA-RI-2-JD.pdf VA-RI-3-JD.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to July 2, 2019 Objection and John Doe Policyholder Letters
Comments:	
Attachment(s):	VA Trigon Objection 7-2-19 response ltr.pdf VA-RI-1-JD.pdf VA-RI-2-JD.pdf VA-RI-3-JD.pdf

Satisfied - Item:	Approved Policy Change Endorsement Form PCE-U
Comments:	SERFF filing information including Form and Statement of Variability
Attachment(s):	Policy Change Endorsement USPA-128578761.pdf

State: *Virginia* **Filing Company:** *United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*
Product Name: *Trigon VA 2018 Rate Increase Filing*
Project Name/Number: *2018 Trigon Rate Increase/*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to July 2, 2019 Objection and John Doe Policyholder Letters
Comments:	
Attachment(s):	VA Trigon Objection 7-2-19 response ltr.pdf VA-RI-1-JD.pdf VA-RI-2-JD.pdf VA-RI-3-JD.pdf

Satisfied - Item:	Approved Policy Change Endorsement Form PCE-U
Comments:	SERFF filing information including Form and Statement of Variability
Attachment(s):	Policy Change Endorsement USPA-128578761.pdf

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Certification of Compliance.pdf
Previous Version	
Bypassed - Item:	*Certification of Compliance*
Bypass Reason:	*No Forms filed*
Attachment(s):	

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Notification 1	VA-RI-1	OTH	Initial			VA 1st Policyholder Letter revised.pdf	Date Submitted: 07/15/2019 By: Martha Stephens
Previous Version								
1	*Policyholder Notification 1*	*VA-RI-1*	*OTH*	*Initial*			*VA 1st Policyholder Letter.pdf*	*Date Submitted: 04/24/2019 By: Martha Stephens*
2	2nd Policyholder Notification	VA-RI-2	OTH	Initial			VA 2nd Policyholder Letter revised.pdf	Date Submitted: 07/15/2019 By: Martha Stephens
Previous Version								
2	*2nd Policyholder Notification*	*VA-RI-2*	*OTH*	*Initial*			*VA 2nd Policyholder Letter.pdf*	*Date Submitted: 04/24/2019 By: Martha Stephens*
3	3rd Policyholder Notification	VA-RI-3	OTH	Initial			VA 3rd Policyholder Letter revised.pdf	Date Submitted: 07/15/2019 By: Martha Stephens
Previous Version								
3	*3rd Policyholder Notification*	*VA-RI-3*	*OTH*	*Initial*			*VA 3rd Policyholder Letter.pdf*	*Date Submitted: 04/24/2019 By: Martha Stephens*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Removed as requested.

Related Objection 2

Applies To:

- *3rd Policyholder Notification, VA-RI-3 (Form)*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Comments: Please remove the last bullet on page 2, prior to the section Ways to Reduce the Cost.

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	3rd Policyholder Notification	VA-RI-3	OTH	Initial			VA 3rd Policyholder Letter revised.pdf	Date Submitted: 07/15/2019 By: Martha Stephens
Previous Version								
1	*3rd Policyholder Notification*	*VA-RI-3*	*OTH*	*Initial*			*VA 3rd Policyholder Letter.pdf*	*Date Submitted: 04/24/2019 By: Martha Stephens*

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Martha Stephens

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/03/2019
Submitted Date	06/03/2019

Dear Colleen Moore,

Introduction:

Response 1

Comments:

Please see the response letter under Supporting Documents.

I have also reattached the Trigon Exhibits 2018.rev.pdf under the Actuarial Memorandum section.

Related Objection 1

Applies To:

- Response to 5-14-19 Objection Letter (Supporting Document)

Comments: 1) In the response to Objection 3, you confirmed the issue dates were 1991 - 2004. However, the experience exhibits begin with 1996. Please update the experience exhibits to include data back to 1991.

2) The attachment Trigon Exhibits 2018 rev.pdf, with Exhibits 1-6, 8 and 9 appears to have been deleted from the filing when the additional exhibits were submitted 5/15/19. Please reattach this document to the filing.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to May 24, 2019 Objection Letter
Comments:	
Attachment(s):	VA Trigon Objection 5-24-2019_response signed.pdf

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to May 24, 2019 Objection Letter
Comments:	
Attachment(s):	VA Trigon Objection 5-24-2019_response signed.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	I have attached PDF versions of Exhibit 10, 11 and 13 which were submitted in excel versions under Response to 4-10-19 request so they will be part of pipeline record. Exhibit 12 does not convert to PDF accurately.
Attachment(s):	Trigon 2018 RI Actuarial Memorandum.pdf Exhibit 16.pdf Exhibit 17.pdf Exhibit 10.pdf Exhibit 11.pdf Exhibit 12.xlsx Exhibit 13.pdf Trigon Exhibits 2018_rev.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	*I have attached PDF versions of Exhibit 10, 11 and 13 which were submitted in excel versions under Response to 4-10-19 request so they will be part of pipeline record. Exhibit 12 does not convert to PDF accurately.*
Attachment(s):	*Trigon 2018 RI Actuarial Memorandum.pdf* *Exhibit 16.pdf* *Exhibit 17.pdf* *Exhibit 10.pdf* *Exhibit 11.pdf* *Exhibit 12.xlsx* *Exhibit 13.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Trigon 2018 RI Actuarial Memorandum v4.pdf* *Trigon Exhibits 2018_rev.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Sincerely,
Martha Stephens

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/15/2019
Submitted Date	05/15/2019

Dear Colleen Moore,

Introduction:

Response 1

Comments:

Form 920204 removed since no policies in force on that Form.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The enrollment exhibit in Section 18 is missing Form 920204. Please revise the exhibit to include this form. If there are no longer any policyholders enrolled in Form 920204, please remove the rate sheets for this form from the Rate/Rule Schedule, and remove references to the form from the Actuarial Memorandum and experience exhibits.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to 5-14-19 Objection Letter
Comments:	The Actuarial Memorandum Section has been updated as requested with a revised Memorandum and the Exhibits 16 and 17.. We have also included Exhibit 10, 11, 12 and 13 in that area.
Attachment(s):	VA Trigon Objection 5-14-2019 response.pdf

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to 5-14-19 Objection Letter
Comments:	The Actuarial Memorandum Section has been updated as requested with a revised Memorandum and the Exhibits 16 and 17.. We have also included Exhibit 10, 11, 12 and 13 in that area.
Attachment(s):	VA Trigon Objection 5-14-2019 response.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	I have attached PDF versions of Exhibit 10, 11 and 13 which were submitted in excel versions under Response to 4-10-19 request so they will be part of pipeline record. Exhibit 12 does not convert to PDF accurately.
Attachment(s):	Trigon 2018 RI Actuarial Memorandum.pdf Exhibit 16.pdf Exhibit 17.pdf Exhibit 10.pdf Exhibit 11.pdf Exhibit 12.xlsx Exhibit 13.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*Trigon 2018 RI Actuarial Memorandum v4.pdf* *Trigon Exhibits 2018_rev.pdf*

No Form Schedule items changed.

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Form removed from filing	920204	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request:		05/15/2019 By: Martha Stephens
Previous Version						
1	*Proposed Rates 1*	*920204*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200*	*920204 Exhibit 7A.pdf, 920204 Exhibit 7B.pdf, 920204 Exhibit 7C.pdf,*	*03/07/2019 By: Martha Stephens*
Previous Version						
1	*Proposed Rates 1*	*920204*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920204_Exhibit 7A.pdf, 920203_Exhibit 7B.pdf, 920203_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*

Response 2

Comments:

Exhibits have been added under the Actuarial Memorandum. There are no Exhibits 14 and 15 as explained in the response letter.

Related Objection 2

Applies To:

- Response to 4-10-19 request (Supporting Document)

Comments: 1) Responses #9 and 10 refer to Exhibits 16 and 17. Exhibits 10-13 were attached to the response, but Exhibits 16 and 17 do not appear to have been attached. In addition, should there also be Exhibits 14 and 15?

2) Response #3, please provide the specific figure calculated as the originally anticipated loss ratio .

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

See response under Supporting Documents. The Actuarial Memorandum and Exhibits have been updated.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1) Page 1 of the Actuarial Memorandum indicates the policy forms in this filing were issued from 1996 - 2004. In the previous filing, USPA-128450066, the policy issue dates were shown as 1991 - 2004. Please explain this discrepancy.

2) In Section 11, the Premium Modalization Rules are 27% for quarterly and 9% for monthly. In Section 11 of the previous filing, the quarterly modal factor was shown as 26.5% and monthly as 8.4%. Please explain this discrepancy.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Martha Stephens

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/02/2019
Submitted Date	05/02/2019

Dear Colleen Moore,

Introduction:

Response 1

Comments:

Attached is the response to your April 10, 2019 request.

Related Objection 1

Applies To:

- *L&H Actuarial Memorandum (Supporting Document)*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Comments: 1)Please expand the Actuarial Certification in #20 for compliance with 14VAC5-130-70 B 14.

2)Please provide calculations to demonstrate loss ratio compliance with 14VAC5-200-150 B.

3)Specify the lifetime loss ratio anticipated in the original filing (Section 14 indicates it was slightly over 60%).

4)Provide 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.

5)Please provide sufficient detail or documentation so that any projections can be recreated. Please provide a copy of all projections in Excel with working formulas.

6)Please provide an actual-to-expected analysis on the original assumptions and those included in the current filing.

7)Please provide a step-by-step quantification of the impact of the change in each assumption from the original assumptions to the current assumptions.

8)Please provide a loss ratio projection (both past and future) which reflects all 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)Provide a description, along with an exhibit, showing the anticipated policy reserves and additional reserves to be held in each future year for active lives.

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

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to 4-10-19 request
Comments:	
Attachment(s):	VA Trigon Objection 4-10-2019_response.pdf Trigon 2018 RI Actuarial Memorandum v5.pdf Exhibit 10.xlsx Exhibit 11.xlsx Exhibit 12.xlsx Exhibit 13.xlsx

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Marge Haley

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/24/2019
Submitted Date	04/24/2019

Dear Colleen Moore,

Introduction:

Response 1

Comments:

We have modified the narrative in the Rate Request Summary as directed.

Related Objection 1

Applies To:

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

Comments: Please expand the narrative in the Rate Summary so that any person reviewing this filing would understand the reason for the rate increase and its driving factors. Below is an example of what we would consider user friendly language:

When the policy was originally priced, premiums were based on projections regarding how long the policy stays in force, at what rate deaths occur, and when an insured voluntarily cancels their policy. The results are much higher than these original projections. The reasons for this are due to individuals living longer and keeping their policies longer. This has resulted in more claims. For these reasons, premiums must be increased to ensure that all claims are thoroughly funded.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Attached is a revised LTC Rate Request Summary as requested
Attachment(s):	LTC Rate Req with Summary Statement.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*ltcratereq_sum w att.pdf*

No Form Schedule items changed.

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

No Rate/Rule Schedule items changed.

Response 2

Comments:

We have attached three Policyholder Rate Increase Notification letters in the Form Schedule as requested. The letter(s) will be mailed at least 75 days prior to the date of the increase.

Related Objection 2

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Comments: 14VAC5-200-75 requires that any policyholder notifications regarding rate increases must be filed with the Commission at the time the premium rate increase is filed and must include the following information:

The insurer is required to provide the notice at least 75 days prior to the implementation of the premium rate schedule increase per 14VAC5-200-75 D;

14VAC5-200-75 A 1 which requires a statement indicating the policy may be subject to future rate increases;

14VAC5-200-75 A 2 which requires a statement that should there be future rate increases, options like those being offered now will be available and that benefits may be changed at any time and not just the time of a rate increase;

[SUGGESTED WORDING]: In the event of future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing your coverage and premiums, per the provisions of your policy.

14VAC5-200-75 A 3 which requires a statement indicating the premium rate or rate schedules that will be effect;

14VAC5-200-75 A 4 (a.) at which requires a description of when the premium rate or rate schedule adjustments will be effective; and (b.) which requires a statement that the insured has a right to a revised premium rate or rate schedule upon request.

A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:

- An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183;
- A disclosure stating that all options available to the policyholder may not be of equal value. As a disclosure, this information should be emphasized by bolding, highlighting, using larger text or some other method that will bring attention to it;
- In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections. As stated above, the information should be emphasized to bring attention to it; and
- Contact information that will allow the policyholder to contact the insurer for additional options available;

A clear identification of the driving factors of the premium rate increase; and

A statement substantially like the following:

The rate increase request was reviewed by Virginias State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

Because the letter must be "filed", please attach the letter to the Form Schedule in SERFF in compliance with the requirements of Chapter 100 of Title 14 of the Virginia

Administrative Code including a Certification of Compliance. The letter will require a form number in the lower left-hand corner. Please ensure the full and proper corporate name of the insurer prominently appears in the letter. Please include a Statement of Variability, if applicable.

If rate increases are to be phased in over multiple years, provide a letter that will be sent with each rate increase implementation notice.

The policyholder notification should address insureds who are on premium waiver due to a claim.

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 1	VA-RI-1	OTH	Initial			VA 1st Policyholder Letter.pdf	Date Submitted: 04/24/2019 By: Martha Stephens
2	2nd Policyholder Notification	VA-RI-2	OTH	Initial			VA 2nd Policyholder Letter.pdf	Date Submitted: 04/24/2019 By: Martha Stephens
3	3rd Policyholder Notification	VA-RI-3	OTH	Initial			VA 3rd Policyholder Letter.pdf	Date Submitted: 04/24/2019 By: Martha Stephens

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Martha Stephens

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/07/2019
Submitted Date	03/07/2019

Dear Colleen Moore,

Introduction:

Response 1

Comments:

A post-submission update has been created for item 1. A response to the Objection is attached under supporting documents.

Related Objection 1

Comments: Rate/ Rule Schedule - Company Rate Information

1) The Overall % Indicated Change in the Rate/Rule Schedule should reflect the percentage increase that would be required to meet the minimum loss ratio requirement as set forth in 14VAC5-200-150 B. Please amend accordingly.

2) The Overall % Rate Impact shows a 200% increase, while the Rate Action Information shows a Percentage Rate Change Requested of 189.4%. In addition, page 2 of the Actuarial Memorandum says the 3 rate increases are the equivalent to a one-time increase of 158.2%. Please explain this discrepancy.

3) Please include the applicable form number and carrier name on each rate sheet.

4) The Rate/Rule Schedule includes proposed rates for Affected Form Number GLTC-2N91. This form is not listed in the Actuarial Memorandum. It is our understanding (per discussion in the previous filing USPA-128450066) that Form GLTC-2N91 is a group policy form. If so, please delete this form from the Rate/Rule Schedule as this is an individual long term care filing. The group form will need to be submitted in a separate filing.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Letter dated 2/19/19
Comments:	Please see the attached letter from our Actuary.
Attachment(s):	VA Trigon Objection 3-7-2019_response.pdf

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

No Form Schedule items changed.

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Withdrawn	GLTC-2N91	Other	Previous State Filing Number: Rate Action Other Explanation: withdrawn		03/07/2019 By: Martha Stephens
Previous Version						
1	*Proposed Rates 1*	*GLTC-2N91*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920204_Exhibit 7A.pdf, 920204_Exhibit 7B.pdf, 920204_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
2	Proposed Rates 1	920000	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200	920000 Exhibit 7A.pdf, 920000 Exhibit 7B.pdf, 920000 Exhibit 7C.pdf,	03/07/2019 By: Martha Stephens
Previous Version						
2	*Proposed Rates 1*	*920000*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920000_Exhibit 7A.pdf, 920000_Exhibit 7B.pdf, 920000_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
3	Proposed Rates 1	920001	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200	920001 Exhibit 7A.pdf, 920001 Exhibit 7B.pdf, 920001 Exhibit 7C.pdf,	03/07/2019 By: Martha Stephens
Previous Version						
3	*Proposed Rates 1*	*920001*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change*	*Form 920001 Exh 7A.pdf, Form 920001 Exh 7B.pdf, Form 920001 Exh 7C.pdf,*	*11/16/2018 By: Martha Stephens*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Rate/Rule Schedule Item Changes

				Request: 189.4		
4	Proposed Rates 1	920002	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200	920002 Exhibit 7A.pdf, 920002 Exhibit 7B.pdf, 920002 Exhibit 7C.pdf,	03/07/2019 By: Martha Stephens
Previous Version						
4	*Proposed Rates 1*	*920002*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920002_Exhibit 7A.pdf, 920002_Exhibit 7B.pdf, 920002_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
5	Proposed Rates 1	920003	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200	920003 Exhibit 7A.pdf, 920003 Exhibit 7B.pdf, 920003 Exhibit 7C.pdf,	03/07/2019 By: Martha Stephens
Previous Version						
5	*Proposed Rates 1*	*920003*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920003_Exhibit 7A.pdf, 920003_Exhibit 7B.pdf, 920003_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
6	Proposed Rates 1	920009	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200	920009 Exhibit 7A.pdf, 920009 Exhibit 7B.pdf, 920009 Exhibit 7C.pdf,	03/07/2019 By: Martha Stephens
Previous Version						
6	*Proposed Rates 1*	*920009*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920009_Exhibit 7A.pdf, 920009_Exhibit 7B.pdf, 920009_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
7	Proposed Rates 1	920200	Revised	Previous State Filing	920200 Exhibit 7A.pdf,	03/07/2019

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Rate/Rule Schedule Item Changes

				Number: USPA-128450066 Percent Rate Change Request: 200	920200 Exhibit 7B.pdf, 920200 Exhibit 7C.pdf,	By: Martha Stephens
Previous Version						
7	*Proposed Rates 1*	*920200*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920200_Exhibit 7A.pdf, 920200_Exhibit 7B.pdf, 920200_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
8	Proposed Rates 1	920201	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200	920201 Exhibit 7A.pdf, 920201 Exhibit 7B.pdf, 920201 Exhibit 7C.pdf,	03/07/2019 By: Martha Stephens
Previous Version						
8	*Proposed Rates 1*	*920201*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920201_Exhibit 7A.pdf, 920201_Exhibit 7B.pdf, 920201_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
9	Proposed Rates 1	920202	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200	920202 Exhibit 7A.pdf, 920202 Exhibit 7B.pdf, 920202 Exhibit 7C.pdf,	03/07/2019 By: Martha Stephens
Previous Version						
9	*Proposed Rates 1*	*920202*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920202_Exhibit 7A.pdf, 920202_Exhibit 7B.pdf, 920202_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
10	Proposed Rates 1	920203	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request:	920203 Exhibit 7A.pdf, 920203 Exhibit 7B.pdf, 920203 Exhibit 7C.pdf,	03/07/2019 By: Martha Stephens

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Rate/Rule Schedule Item Changes

				200		
Previous Version						
10	*Proposed Rates 1*	*920203*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920203_Exhibit 7A.pdf, 920203_Exhibit 7B.pdf, 920003_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
11	Proposed Rates 1	920204	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200	920204 Exhibit 7A.pdf, 920204 Exhibit 7B.pdf, 920204 Exhibit 7C.pdf,	03/07/2019 By: Martha Stephens
Previous Version						
11	*Proposed Rates 1*	*920204*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*920204_Exhibit 7A.pdf, 920203_Exhibit 7B.pdf, 920203_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
12	Proposed Rates 1	LTC-1L90	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200	LTC-1L90 Exhibit 7A.pdf, LTC-1L90 Exhibit 7B.pdf, LTC-1L90 Exhibit 7C.pdf,	03/07/2019 By: Martha Stephens
Previous Version						
12	*Proposed Rates 1*	*LTC-1L90*	*Revised*	*Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 189.4*	*LTC-1L90_Exhibit 7A.pdf, LTC-1L90_Exhibit 7B.pdf, LTC-1L90_Exhibit 7C.pdf,*	*11/16/2018 By: Martha Stephens*
13	Proposed Rates 1	NFO-1N92	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 200	NFO-1N92 Exhibit 7A.pdf, NFO-1N92 Exhibit 7B.pdf, NFO-1N92 Exhibit 7C.pdf,	03/07/2019 By: Martha Stephens
Previous Version						
13	*Proposed Rates 1*	*NFO-1N92*	*Revised*	*Previous State Filing*	*NFO-1N92_Exhibit*	*11/16/2018*

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Rate/Rule Schedule Item Changes

				Number: USPA-128450066 Percent Rate Change Request: 189.4	7A.pdf, NFO-1N92_Exhibit 7B.pdf, NFO-1N92_Exhibit 7C.pdf,	By: Martha Stephens

Conclusion:

Sincerely,
Martha Stephens

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Reviewer Note

Created By:

Colleen Moore on 03/14/2019 03:23 PM

Last Edited By:

Colleen Moore

Submitted On:

04/09/2021 11:55 AM

Subject:

RRS

Comments:

Rate Review Summary

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number: United Security Assurance Company of Pennsylvania - #42129

SERFF Tracking Number: USPA-131712591

Revised Rates

Average Annual Premium Per Member: 1840

Average Requested Percentage Rate Change Per Member: 33.0%

Range of Requested Rate Changes: 33.0%

Number of Virginia Policyholders Affected: 805

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
920000	Guaranteed Renewable LTC	1991-2004	July 2013 series of 3 annual 26% increases	As the current historical LR is 96.5% and with this expected rate increase the Lifetime LR is expected to be 133.8%, another increase is likely.
920001	Guaranteed Renewable LTC	1991-2004	July 2013 series of 3 annual 26% increases	As the current historical LR is 96.5% and with this expected rate increase the Lifetime LR is expected to be 133.8%, another increase is likely.
920002	Guaranteed Renewable LTC	1991-2004	July 2013 series of 3 annual 26% increases	As the current historical LR is 96.5% and with this expected rate increase the Lifetime LR is expected to be 133.8%, another increase is likely.
920003	Guaranteed Renewable LTC	1991-2004	July 2013 series of 3 annual 26% increases	As the current historical LR is 96.5% and with this expected rate increase the Lifetime LR is expected to be 133.8%, another increase is likely.
920009	Guaranteed Renewable NH	1991-2004	July 2013 series of 3 annual 26% increases	As the current historical LR is 96.5% and with this expected rate increase the Lifetime LR is expected to be 133.8%, another increase is likely.
920200 920201 920202 920203	Guaranteed Renewable LTC	1991-2004	July 2013 series of 3 annual 26% increases	As the current historical LR is 96.5% and with this expected rate increase the Lifetime LR is expected to be 133.8%, another increase is likely.
LTC-1L90	Individual LTC Insurance	1991-2004	July 2013 series of 3 annual 26% increases	As the current historical LR is 96.5% and with this expected rate increase the Lifetime LR is expected to be 133.8%, another increase is likely.
NFO-1N92	Individual Nursing Facility Ins	1991-2004	July 2013 series of 3 annual 26% increases	As the current historical LR is 96.5% and with this expected rate increase the Lifetime LR is expected to be 133.8%, another increase is likely.

Attach a narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is prepared by the carrier to help explain the requested rate change and 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 at https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx.

During the last 6 years since the prior rate increase on these policies, actual claim payments have been much higher than expected. This is because there have been more claims submitted with higher claim reimbursements and for longer benefit periods. Due to these higher than expected claims, premiums must be increased again to ensure that all current and future claims are adequately funded.

State:	*Virginia*	**Filing Company:**	*United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI:	*LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified*		
Product Name:	*Trigon VA 2018 Rate Increase Filing*		
Project Name/Number:	*2018 Trigon Rate Increase/*		

Post Submission Update Request Processed On 10/29/2020

Status:	Allowed
Created By:	Gary Hulet
Processed By:	Greg Smith
Comments:	

General Information:

Field Name	Requested Change	Prior Value
Overall Rate Impact	33	200

Company Rate Information:

Company Name:United Security Assurance Company of Pennsylvania

Field Name	Requested Change	Prior Value
Overall % Rate Impact	33.000%	200.000%
Written Premium Change for this Program	$488786	$2962344
Maximum %Change (where required)	33.000%	200.000%
Minimum %Change (where required)	33.000%	200.000%

Filing Description:

Requested Value:

These policy forms were issued in Virginia by Trigon Blue Cross Blue Shield from 1996 through 2004. The business was assumed by United Security Assurance Company of PA ("United Security") on September 30, 2009. These policies are no longer being marketed in any jurisdiction.

While the rate increases justified under the Virginia statutes amount to a one time increase in excess of 1600%, the Company is accepting the VA BOI offer of a 1-time rate increase of 33.0% with additional increase requests to follow.

Prior Value:

These policy forms were issued in Virginia by Trigon Blue Cross Blue Shield from 1996 through 2004. The business was assumed by United Security Assurance Company of PA ("United Security") on September 30, 2009. These policies are no longer being marketed in any jurisdiction.

While the rate increases justified under the Virginia statutes amount to a one time increase in excess of 1600%, the Company is proposing that three rate increases of 44.225% each for the next three years be implemented (this is the equivalent of a one-time rate increase of 158.2%) approximately mid-year, each year.

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

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	Filed 04/30/2021	Policyholder Notification Template	VA-RI	OTH	Initial		52.000	VA-RI_032421.pdf
2	Filed 04/30/2021	Cover Letter for Options	TRI-CL2020	OTH	Initial			TRI-CL2020 Options Cover Letter_033121.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

United Security Assurance Company of Pennsylvania
[673 East Cherry Lane, P.O. Box 64477
Souderton, Pennsylvania 18964]

Administered By:
Coventry CareLink Insurance Services, LLC
[1302 Concourse Drive, Suite 303 Linthicum, Maryland 21090
(410) 850-9060 TEL
(410) 850-9070 FAX]

[mm/dd/yyyy]

Notice of Rate Increase and Your Options

Policy Number: [xxxxxxxxxxx]

Decision Due Date: [MM/DD/YYYY]

[PH NAME]
[PH ADDRESS]
[PH CITY, STATE, ZIPCODE]

Dear [POLICYHOLDER]:

[I am writing you today from Coventry CareLink Insurance Services, as administrator of your long term care insurance policy insured by United Security Assurance Company of Pennsylvania ("USA"). We will be implementing a premium rate increase of [xxx]%. The [xxx]% increase will take effect on your Billing Anniversary date listed below. Your new modal premium amount and the date due for the scheduled rate increase is as follows:]

[I am writing you today from Coventry CareLink Insurance Services, as administrator of your long term care insurance policy insured by United Security Assurance Company of Pennsylvania ("USA"). We will be implementing a premium rate increase of [xxx]% each year for the next two years. After the two increases, the total amount of the premium rate increase is [xxx]%. The [xxx]% increase will take effect on your Billing Anniversary date listed below. Your new modal premium amount and the date due for the scheduled rate increases are as follows:]

[I am writing you today from Coventry CareLink Insurance Services, as administrator of your long term care insurance policy insured by United Security Assurance Company of Pennsylvania ("USA"). We will be implementing a premium rate increase of [xxx]% each year for the next three years. After the three increases, the total amount of the premium rate increase is [xxx]%. The [xxx]% increase will take effect on your Billing Anniversary date listed below. Your new modal premium amount and the date due for the scheduled rate increases are as follows:]

Billing Anniversary Date	Prior [Modal] Premium	New [Modal] Premium
[mm/dd/yyyy]	$[xxxx.xx]	$[xxxx.xx]
[mm/dd/yyyy]	[$xxxx.xx]	[$xxxx.xx]
[mm/dd/yyyy]	[$xxxx.xx]	[$xxxx.xx]

[I am writing you today from Coventry CareLink Insurance Services, as administrator of your long term care insurance policy insured by United Security Assurance Company of Pennsylvania ("USA"). As you may recall, we previously wrote to inform you of a premium rate increase on your

USA Long Term Care Policy that would be implemented in multiple stages. Currently, we are writing to inform you of the subsequent premium rate increase.]

[The second premium increase for your policy is [xxx]%. Your [Modal] premium payment of [$xxxx.xx] will change to [$xxxx.xx]. This increase will take effect on [MM/DD/YYYY].

[The second premium increase for your policy is [xxx]%. Your [Modal] premium payment of [$xxxx.xx] will change to [$xxxx.xx]. This increase will take effect on [MM/DD/YYYY]. A subsequent increase for your policy will be [xxx%]. This will take effect no earlier than one year from the current rate increase effective date. You will receive notice prior to the third rate increase.]

[The third premium increase for your policy is [xxx]%. Your [Modal] premium payment of [$xxxx.xx] will change to [$xxxx.xx]. This increase will take effect on [MM/DD/YYYY].]

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at [https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx].

As administrator for your United Security Assurance Policy, Coventry CareLink will be implementing the increase. Our toll-free number is: [1-877-782-4663 ext. xxx] and we are available Monday through Friday between [8:30 a.m. and 4:30 pm EST].

This premium rate increase is being implemented on all policies issued in Virginia on your Policy Form, and not on you as an individual. This rate increase is related to past and expected future claims and is not based on current economic conditions. [Based on current expectations, we believe that this [series of increases] [increase] will be sufficient to bring premiums into greater balance with claims. However, if future claims are worse than currently expected, we cannot guarantee there will not be additional rate changes sometime in the future.] [We anticipate that additional premium increase(s) will be necessary in the future, but we do not presently know the date or amount of any future increase.] Any future rate increases will not be implemented until the request has been filed with Virginia's State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance.

Why is this increase necessary?

[Premium increases are necessary when benefits paid, past and future, exceed what was expected when the policy was initially priced. We evaluated assumptions such as the amount of claims we expect to pay, the life expectancy of our insureds, the number of insureds who will voluntarily cancel their coverage, and prevailing interest rates. The results are much higher than these original projections. The reasons for this are due to individuals living longer and keeping their policies longer. This has resulted in more claims. For these reasons, premiums must be increased.] While the rates need to be increased, we want to explain the specific change to your premium and tell you how you can continue to have access to your long term care insurance coverage even if you can't afford the rate increase. So, here is what you need to know:

- If you have other policies with United Security Assurance, they will not be affected by this premium increase. This increase applies only to the Policy number shown at the top of this letter.
- You have the right to a revised premium rate or rate schedule if your premium rate or rate schedule is changed.
- **If you currently pay your premium by an automatic bank plan or credit card, your new premium amount will be automatically drafted from your account when it is due, unless you notify us prior to the Decision Due Date at the top of this letter. If you do not contact us by that date, you can still make changes to be effective at the next premium due date.**
- If you are currently receiving benefits and on waiver of premium status, any Policy changes requested will be processed once the Policy is removed from waiver and you are no longer on claim. Your premiums will not increase until you are required to begin paying premiums again. You do not have to make a decision by the Decision Due Date and can decide at the time you are coming off claim.

Ways to Reduce the Cost

If you would like to keep your current benefits, you must pay the increased premium amount. [If you choose not to pay the increased premium, you will receive a Contingent Benefit Upon Lapse ("CB"). Under CB you will pay no more premiums and will have a paid-up benefit equal to the greater of 100% of the sum of all premiums you have already 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 be payable if the Policy remained in a premium paying status. **In many cases, the decision to elect the CB option may result in a significant reduction in benefits.]**

If you feel you may have difficulty affording the new premium amount, there are other ways to avoid paying the rate increase [besides accepting the CB benefit described in the above paragraph].

Options available to you may be to:

1. Reduce the Daily Benefit amount, and/or
2. Reduce the Benefit Period of your Policy, and/or
3. Increase the Elimination Period, and/or
4. Remove or adjust optional Riders, if applicable.

You should be aware that all options available to you may not be of equal value. Please call us if you want to know the options available for <u>your</u> Policy.

For future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing your coverage and premiums, per the provisions of your Policy.

How to get Help

You may wish to consult with family members and advisors about this rate increase and the options you have to minimize the effect of the increase.

You can also contact the Virginia Insurance Counseling and Assistance Program (VICAP) at Toll-Free:[1-800-552-3402 (Nationwide Voice/TTY); or (804) 662-9333, or visit their Web site: www.vda.virginia.gov/vicap.htm.] VICAP is a free, unbiased, confidential counseling program that offers health insurance information, education, and assistance to seniors and adults with disabilities (and their families) in understanding Medicare and making decisions about long term care insurance. The Virginia Department for Aging and Rehabilitative Services and the Bureau of Insurance has worked closely together to develop this insurance counseling program in Virginia.

We encourage you to call our customer service department if you have any questions regarding this rate increase or would like to discuss all of your options. As administrator for your United Security Assurance Policy, Coventry CareLink will be implementing the increase. Our toll free number is: [***1-877-782-4663, ext xxx***] ***and we are available between [8:30 a.m. and 4:30 pm EST].***

We appreciate and thank you for the opportunity to service your long term care insurance.

Sincerely,

[Elaine Griffin]
[Director of Operations]

United Security Assurance

Company of Pennsylvania
[673 East Cherry Lane, P.O. Box 64477
Souderton, Pennsylvania 18964]

Administered By

[1302 Concourse Drive, Suite 303
Linthicum, Maryland 21090
(410) 850-9060 TEL
(410) 850-9070 FAX]

[DATE]

[PH NAME]
[PH ADDRESS]
[PH CITY, STATE, ZIPCODE]

Policy Number: [xxxxxxxxxxx]

Dear [Ms./Mrs./Mr. PH LASTNAME],

You have contacted our Customer Service Department in response to the letter regarding the rate increase for your United Security Assurance Company of Pennsylvania long term care policy.

[Per your request, attached please find options available to reduce your premium. As noted on the attachment, if you decide to make one of these changes, please check the appropriate selection, sign, date and return to our office in the enclosed envelope. The option selected will become effective on the date noted on the attached illustration.]

[Because your Policy benefits are already at the lowest level, we are unable to offer you the option of reducing your coverage in order to offset the amount of your premium increase.]

[If you [do not choose one of the options and] do not pay the premium with the rate increase, your policy will lapse.]

[If you [do not choose one of the options and] do not pay the premium with the rate increase, you will receive the Contingent Benefit Upon Lapse ("CB") described in the rate increase letter [and shown in the options attachment]. Under CB you will have a paid-up benefit equal to the greater of 100% of the sum of all premiums you have paid or 30 times the daily nursing home benefit at the time of lapse. Under CB your current Maximum Daily Benefit and Elimination Period will remain the same and you will pay no more premium. In no event will the paid-up value exceed the maximum benefits which would be payable if the Policy remained in

a premium paying status. All benefits paid while the policy is in a premium paying status and in the paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status.]

[Any changes to your Policy will be confirmed with a Policy Change Endorsement which we will send to you.]

If you have any questions or concerns, please contact our Customer Service Department at [1-877-782-4663].

Sincerely,

Customer Service Department
Coventry CareLink Insurance Services, LLC

[Enclosures:
Options attachment
Return Envelope]

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	100.000%
Effective Date of Last Rate Revision:	07/22/2013
Filing Method of Last Filing:	SERFF
SERFF Tracking Number of Last Filing:	USPA-128450066

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):
United Security Assurance Company of Pennsylvania	1,555.000%	33.000%	$488,786	805	$1,481,170	33.000%	33.000%

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Rate/Rule Schedule

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Proposed Rates 1	92000	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920000 Exhibit 7D.pdf,
2		Proposed Rates 1	920001	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920001 Exhibit 7D.pdf,
3		Proposed Rates 1	920002	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920002 Exhibit 7D.pdf,
4		Proposed Rates 1	920003	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920003 Exhibit 7D.pdf,
5		Proposed Rates 1	920009	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920009 Exhibit 7D.pdf,
6		Proposed Rates 1	920200	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920200 Exhibit 7D.pdf,
7		Proposed Rates 1	920201	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920201 Exhibit 7D.pdf,
8		Proposed Rates 1	920202	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920202 Exhibit 7D.pdf,
9		Proposed Rates 1	920203	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	920203 Exhibit 7D.pdf,
10		Proposed Rates 1	LTC-1L90	Revised	Previous State Filing Number: USPA-128450066	LTC-1L90 Exhibit 7D.pdf,

					Percent Rate Change Request: 33	
11		Proposed Rates 1	NFO-1N92	Revised	Previous State Filing Number: USPA-128450066 Percent Rate Change Request: 33	NFO-1N92 Exhibit 7D.pdf,

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51	59	64	69	85
45-49	56	67	72	77	96
50-54	67	80	88	93	120
55	80	93	104	112	144
56	82	101	112	120	152
57	88	106	117	125	162
58	96	114	128	138	176
59	104	125	138	149	192
60	112	136	152	165	208
61	122	149	165	178	226
62	133	160	178	192	245
63	141	170	192	208	263
64	152	186	208	223	285
65	162	197	218	234	301
66	173	210	234	253	327
67	186	229	258	279	357
68	205	250	279	301	388
69	223	277	311	338	428
70	245	303	341	370	468
71	269	333	375	407	516
72	295	367	415	452	575
73	327	410	463	503	639
74	364	455	513	559	710
75	404	505	575	625	788
76	447	561	636	692	873
77	495	620	705	769	963
78	545	686	780	849	1062
79	599	753	857	934	1168
80	657				
81	716				
82	780				
83	862				
84	944				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61	72	80	85	109
45-49	67	80	88	93	120
50-54	77	96	106	114	149
55	90	109	122	133	173
56	96	117	130	141	181
57	101	122	136	146	189
58	109	130	146	157	205
59	117	144	160	173	221
60	128	154	173	186	237
61	138	168	186	200	255
62	149	181	202	218	277
63	160	194	218	237	298
64	170	208	234	253	322
65	181	218	245	263	341
66	192	237	266	287	372
67	210	258	290	314	404
68	229	282	319	346	442
69	247	306	346	375	484
70	274	341	383	415	532
71	298	372	420	458	583
72	330	412	466	505	649
73	364	458	519	564	721
74	402	508	577	631	798
75	447	564	644	702	889
76	495	628	716	782	984
77	548	694	790	862	1083
78	601	766	875	958	1195
79	660	838	958	1048	1314
80	721				
81	788				
82	857				
83	947				
84	1038				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	93	117	133	146	186
45-49	104	130	146	160	208
50-54	128	160	181	197	263
55	149	186	210	229	306
56	157	197	223	245	325
57	165	208	234	255	341
58	176	221	250	271	362
59	189	234	266	290	386
60	200	250	285	311	410
61	216	269	303	330	436
62	229	287	325	354	466
63	245	306	346	375	498
64	261	327	370	402	532
65	277	346	394	428	564
66	293	370	420	458	604
67	317	399	452	492	652
68	341	431	490	535	705
69	370	468	532	580	758
70	396	503	572	625	819
71	431	545	623	681	889
72	466	591	676	740	966
73	505	644	737	806	1054
74	553	705	806	883	1149
75	604	772	883	968	1250
76	657	841	963	1056	1360
77	716	918	1051	1152	1482
78	772	992	1141	1253	1607
79	833	1078	1240	1362	1740
80	897				
81	963				
82	1035				
83	1120				
84	1208				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	109	138	157	170	221
45-49	122	154	176	192	245
50-54	152	189	216	234	309
55	170	216	247	271	354
56	178	226	258	282	370
57	186	237	271	298	388
58	200	253	287	314	412
59	213	269	306	335	439
60	226	285	325	354	466
61	242	303	346	378	495
62	258	325	367	399	524
63	274	343	391	426	559
64	293	367	418	455	599
65	311	388	442	482	633
66	330	418	476	521	676
67	354	447	511	559	729
68	380	482	551	601	785
69	410	521	596	652	846
70	442	564	644	705	915
71	482	612	700	766	995
72	519	665	761	833	1080
73	561	724	830	910	1179
74	612	788	905	992	1282
75	670	862	990	1085	1394
76	729	936	1075	1179	1516
77	790	1019	1171	1285	1650
78	854	1107	1274	1399	1788
79	918	1195	1381	1519	1937
80	990				
81	1062				
82	1133				
83	1229				
84	1322				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	69	88	98	106	138
45-49	77	96	109	120	154
50-54	101	125	141	154	200
55	117	146	165	178	239
56	125	154	173	186	253
57	130	162	184	200	269
58	141	176	200	218	290
59	152	189	216	234	311
60	165	205	231	253	335
61	178	221	250	271	362
62	192	239	271	295	388
63	205	258	293	319	418
64	221	277	314	343	450
65	234	293	333	362	482
66	253	314	357	388	516
67	274	343	388	423	561
68	295	372	426	466	612
69	325	407	463	505	668
70	351	444	505	551	726
71	383	484	553	604	795
72	420	535	609	665	873
73	458	585	670	734	958
74	505	644	737	806	1054
75	556	710	814	891	1155
76	609	780	894	979	1264
77	668	854	979	1072	1383
78	726	931	1070	1173	1509
79	788	1016	1168	1282	1642
80	851				
81	918				
82	990				
83	1078				
84	1168				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	85	106	120	130	168
45-49	96	117	133	144	186
50-54	117	146	168	184	234
55	136	170	194	213	277
56	144	181	205	223	295
57	152	189	216	234	311
58	162	205	231	253	333
59	176	221	250	271	357
60	186	234	266	290	380
61	202	253	287	314	407
62	216	271	309	338	436
63	231	290	330	359	468
64	250	314	357	388	505
65	263	330	375	410	540
66	282	357	404	442	577
67	309	386	439	479	628
68	333	420	479	524	684
69	359	455	519	567	745
70	391	498	567	620	814
71	428	543	620	678	889
72	466	596	681	745	974
73	511	654	750	822	1070
74	561	718	825	905	1173
75	615	790	907	995	1288
76	673	867	995	1091	1407
77	737	950	1091	1197	1540
78	798	1035	1192	1309	1679
79	867	1125	1298	1429	1828
80	939				
81	1011				
82	1085				
83	1184				
84	1280				

Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

Benefit Maximum	30	60	90	180	365
730x,1095x	0.89	0.84	0.80	0.69	0.60
1460x,1825x	0.91	0.86	0.82	0.72	0.63
Lifetime	0.93	0.89	0.86	0.78	0.70

Multi-Life Discount

A. A 10% discount to the rates will be made if the following conditions are met:

For Associations of 200 lives or more:

1. Discount is applicable to all lives regardless of Health Group.
2. Minimum of 10 lives must be submitted.

B. A 5% discount to the rates will be made if the following conditions are met:

For Associations of less than 200 lives:

1. Discount is applicable to all lives regardless of Health Group.
2. Minimum of 10 lives must be submitted.

Spousal Discount

A 10% discount to the rates will be made if the following conditions are met:

1. Discount is applicable to all lives regardless of Health Group.
2. If both spouses apply for coverage and are both issued, discount applies to both policies.

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59	69	74	82	101
45-49	67	77	85	90	112
50-54	77	93	104	109	141
55	93	109	122	130	170
56	96	120	130	141	178
57	104	125	138	146	192
58	112	136	149	162	208
59	122	146	162	176	226
60	130	160	178	194	245
61	144	176	194	210	266
62	157	189	210	226	287
63	165	200	226	245	309
64	178	218	245	263	335
65	192	231	255	277	354
66	202	247	277	298	386
67	218	269	303	330	420
68	242	295	330	354	458
69	263	325	367	396	503
70	287	357	402	436	551
71	317	391	442	479	607
72	349	431	490	532	676
73	386	482	545	591	750
74	428	535	604	657	835
75	476	596	676	734	926
76	527	660	748	814	1027
77	583	729	830	905	1133
78	641	809	918	998	1248
79	705	886	1008	1099	1373
80	774				
81	841				
82	918				
83	1014				
84	1112				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72	85	93	101	128
45-49	77	93	104	109	141
50-54	90	112	125	136	176
55	106	128	144	157	202
56	112	138	154	165	213
57	120	144	160	173	223
58	128	154	173	184	242
59	138	170	189	202	261
60	149	181	202	218	279
61	162	197	218	234	301
62	176	213	237	255	325
63	189	229	255	279	351
64	200	245	277	298	378
65	213	255	287	309	402
66	226	279	314	338	439
67	247	303	341	370	476
68	269	333	375	407	519
69	290	359	407	442	569
70	322	402	450	490	625
71	351	439	495	537	686
72	388	484	548	596	764
73	428	537	609	662	849
74	474	599	678	742	939
75	527	662	758	827	1046
76	583	740	841	921	1157
77	644	817	929	1014	1274
78	708	902	1030	1128	1405
79	777	987	1128	1234	1546
80	849				
81	926				
82	1008				
83	1115				
84	1221				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	109	138	157	173	218
45-49	122	154	173	189	245
50-54	149	189	213	231	309
55	176	218	247	269	359
56	184	231	263	287	383
57	194	245	277	301	402
58	208	261	295	319	426
59	223	277	314	341	455
60	234	295	335	367	482
61	253	317	357	388	513
62	269	338	383	415	548
63	287	359	407	442	585
64	306	386	436	474	625
65	325	407	463	503	662
66	343	436	495	537	710
67	372	468	532	580	766
68	402	508	575	628	830
69	436	551	625	681	891
70	466	591	673	734	963
71	508	641	732	801	1046
72	548	694	795	870	1136
73	596	758	867	947	1240
74	652	830	947	1040	1352
75	710	907	1040	1139	1471
76	774	990	1133	1242	1599
77	841	1080	1237	1354	1743
78	907	1168	1344	1474	1892
79	979	1266	1458	1602	2046
80	1054				
81	1133				
82	1219				
83	1317				
84	1421				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	128	162	184	200	261
45-49	144	181	208	226	287
50-54	178	223	253	277	362
55	200	253	290	319	415
56	210	266	303	333	436
57	218	279	319	351	458
58	234	298	338	370	484
59	250	317	359	394	516
60	266	335	383	415	548
61	285	357	407	444	583
62	303	383	431	468	617
63	322	404	460	500	657
64	343	431	492	535	705
65	367	458	519	567	745
66	388	492	561	615	795
67	415	527	601	657	857
68	447	567	649	708	923
69	482	615	702	766	995
70	519	662	758	830	1078
71	567	721	822	902	1171
72	609	782	894	979	1272
73	660	851	976	1070	1386
74	721	926	1064	1168	1509
75	788	1014	1165	1277	1639
76	857	1101	1264	1386	1785
77	929	1200	1378	1511	1940
78	1006	1301	1501	1647	2104
79	1080	1405	1626	1788	2277
80	1165				
81	1248				
82	1333				
83	1447				
84	1556				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	82	104	117	125	162
45-49	90	112	128	141	181
50-54	120	146	165	181	234
55	138	173	194	210	282
56	146	181	202	218	298
57	154	192	216	234	317
58	165	208	234	255	341
59	178	223	253	277	367
60	194	242	271	298	394
61	210	261	295	319	426
62	226	282	319	349	458
63	242	303	343	375	492
64	261	325	370	404	529
65	277	343	391	426	567
66	298	370	420	458	607
67	322	404	458	498	660
68	349	439	500	548	721
69	383	479	545	596	785
70	412	521	596	649	854
71	450	569	652	710	936
72	495	628	716	782	1027
73	537	689	788	865	1128
74	596	758	867	947	1240
75	654	835	958	1048	1360
76	716	918	1051	1152	1487
77	785	1006	1152	1261	1628
78	854	1096	1258	1381	1775
79	926	1195	1373	1509	1932
80	1000				
81	1080				
82	1165				
83	1266				
84	1373				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	101	125	141	154	197
45-49	112	138	157	170	218
50-54	138	173	197	216	277
55	160	200	229	250	325
56	170	213	242	263	349
57	178	223	253	277	367
58	192	242	271	298	391
59	208	261	295	319	420
60	218	277	314	341	447
61	237	298	338	370	479
62	253	319	362	396	513
63	271	341	388	423	551
64	295	370	420	458	596
65	309	388	442	482	636
66	333	420	476	519	678
67	362	455	516	564	740
68	391	495	564	617	803
69	423	535	609	668	875
70	460	585	668	729	958
71	503	639	729	798	1046
72	548	702	801	875	1147
73	601	769	883	968	1258
74	660	846	971	1064	1381
75	724	929	1067	1171	1514
76	793	1022	1171	1282	1655
77	867	1117	1282	1407	1812
78	939	1219	1402	1540	1974
79	1022	1325	1527	1681	2150
80	1104				
81	1189				
82	1277				
83	1394				
84	1506				

THIS PAGE IS BLANK

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44					
45-49					325
50-54					

Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

Benefit Maximum	30	60	90	180	365
730x,1095x	0.89	0.84	0.80	0.69	0.60
1460x,1825x	0.91	0.86	0.82	0.72	0.63
Lifetime	0.93	0.89	0.86	0.78	0.70

Multi-Life Discount

A. A 10% discount to the rates will be made if the following conditions are met:

For Associations of 200 lives or more:

1. Discount is applicable to all lives regardless of Health Group.
2. Minimum of 10 lives must be submitted.

B. A 5% discount to the rates will be made if the following conditions are met:

For Associations of less than 200 lives:

1. Discount is applicable to all lives regardless of Health Group.
2. Minimum of 10 lives must be submitted.

Spousal Discount

A 10% discount to the rates will be made if the following conditions are met:

1. Discount is applicable to all lives regardless of Health Group.
2. If both spouses apply for coverage and are both issued, discount applies to both policies.

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56	67	72	77	96
45-49	61	72	80	85	106
50-54	74	88	98	106	133
55	90	106	117	125	160
56	93	112	125	136	170
57	98	117	130	141	181
58	106	128	144	154	197
59	117	138	154	165	216
60	125	152	170	184	234
61	138	168	186	200	255
62	149	181	202	218	277
63	160	194	216	231	298
64	170	208	234	253	322
65	184	221	247	266	341
66	197	239	266	287	370
67	213	261	293	317	404
68	234	285	319	346	442
69	255	317	357	386	490
70	282	349	391	423	537
71	309	383	431	468	593
72	341	423	479	521	662
73	380	474	537	585	742
74	426	532	601	654	830
75	476	596	676	737	926
76	529	662	750	817	1032
77	588	737	838	913	1144
78	652	819	931	1016	1269
79	721	907	1030	1123	1405
80	795				
81	870				
82	955				
83	1062				
84	1168				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	69	82	93	101	128
45-49	77	93	104	112	141
50-54	90	112	125	136	176
55	106	128	144	154	202
56	112	138	154	168	213
57	120	144	160	173	221
58	128	154	173	186	242
59	138	168	189	205	261
60	152	184	205	221	279
61	162	197	221	239	301
62	176	213	239	258	327
63	189	231	258	279	351
64	202	247	277	298	380
65	216	261	290	311	404
66	229	282	317	343	442
67	250	309	346	375	482
68	274	338	380	412	527
69	295	367	415	452	580
70	330	407	460	500	639
71	359	450	508	553	702
72	399	498	564	615	785
73	444	556	631	686	878
74	492	623	708	772	976
75	551	697	793	865	1093
76	612	777	886	968	1219
77	681	862	984	1075	1349
78	753	958	1096	1200	1495
79	830	1056	1205	1317	1655
80	913				
81	1003				
82	1096				
83	1219				
84	1344				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	106	130	146	160	208
45-49	117	144	162	176	231
50-54	144	178	202	221	295
55	168	208	234	255	343
56	176	221	250	271	364
57	186	231	263	287	383
58	197	247	282	309	407
59	213	263	298	325	434
60	223	282	319	349	460
61	242	301	341	370	492
62	258	322	364	396	524
63	277	346	391	426	561
64	295	370	418	455	601
65	314	394	447	487	639
66	333	418	476	519	684
67	359	452	513	559	740
68	388	490	559	609	803
69	423	535	609	665	867
70	455	577	657	718	942
71	498	631	718	785	1024
72	537	684	780	851	1115
73	588	750	857	936	1224
74	647	825	942	1030	1344
75	710	907	1038	1136	1469
76	777	995	1139	1248	1607
77	851	1091	1250	1370	1761
78	923	1189	1365	1498	1921
79	1003	1296	1493	1639	2094
80	1085				
81	1173				
82	1266				
83	1378				
84	1495				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	130	162	184	200	258
45-49	144	181	205	223	287
50-54	178	223	253	274	362
55	200	253	290	317	415
56	210	266	303	333	434
57	218	279	319	349	458
58	234	295	338	370	484
59	250	317	359	391	516
60	266	335	383	418	548
61	285	359	407	444	583
62	303	380	434	474	617
63	325	407	463	505	660
64	346	436	495	540	708
65	370	463	524	569	750
66	391	498	567	620	803
67	420	532	607	662	867
68	455	577	657	718	936
69	490	623	713	780	1014
70	532	678	774	846	1099
71	580	737	843	923	1200
72	628	803	921	1008	1306
73	684	881	1011	1109	1434
74	750	963	1107	1213	1570
75	825	1062	1219	1336	1716
76	902	1160	1330	1458	1878
77	984	1269	1458	1599	2054
78	1070	1386	1596	1753	2237
79	1155	1503	1737	1913	2440
80	1253				
81	1352				
82	1450				
83	1583				
84	1711				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	77	96	109	120	157
45-49	85	106	122	133	173
50-54	114	141	157	170	223
55	130	162	184	200	269
56	141	173	194	210	282
57	146	181	205	223	301
58	160	197	223	242	325
59	170	213	242	263	351
60	186	231	261	282	378
61	200	250	282	306	407
62	216	269	306	333	439
63	231	290	330	359	471
64	250	311	354	386	508
65	266	333	378	412	545
66	287	357	404	439	585
67	311	388	442	482	639
68	338	426	484	529	697
69	372	466	529	577	764
70	404	511	580	633	833
71	442	559	639	697	915
72	484	615	702	769	1008
73	532	681	780	854	1112
74	591	753	862	944	1232
75	654	835	958	1048	1357
76	721	923	1056	1157	1493
77	793	1016	1165	1277	1644
78	870	1115	1280	1402	1804
79	947	1221	1405	1543	1974
80	1030				
81	1117				
82	1211				
83	1328				
84	1445				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	101	125	141	154	197
45-49	112	138	157	170	218
50-54	138	173	197	216	274
55	160	202	229	250	325
56	168	210	239	261	346
57	178	223	253	274	367
58	192	239	271	295	391
59	208	261	295	322	420
60	218	277	314	343	447
61	239	298	338	367	479
62	255	322	364	396	516
63	274	343	391	426	553
64	295	372	423	460	599
65	311	391	444	484	641
66	335	423	482	527	686
67	367	460	521	567	748
68	396	503	572	625	817
69	431	545	623	681	891
70	471	596	681	745	979
71	516	654	748	817	1072
72	564	721	825	902	1179
73	623	795	913	1000	1301
74	686	881	1008	1104	1437
75	756	974	1117	1226	1586
76	833	1072	1232	1352	1743
77	918	1181	1357	1490	1918
78	1000	1296	1493	1642	2102
79	1091	1415	1634	1796	2301
80	1189				
81	1288				
82	1389				
83	1524				
84	1655				

Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

Benefit Maximum	30	60	90	180	365
730x,1095x	0.89	0.84	0.80	0.69	0.60
1460x,1825x	0.91	0.86	0.82	0.72	0.63
Lifetime	0.93	0.89	0.86	0.78	0.70

Multi-Life Discount

A. A 10% discount to the rates will be made if the following conditions are met:

For Associations of 200 lives or more:

1. Discount is applicable to all lives regardless of Health Group.
2. Minimum of 10 lives must be submitted.

B. A 5% discount to the rates will be made if the following conditions are met:

For Associations of less than 200 lives:

1. Discount is applicable to all lives regardless of Health Group.
2. Minimum of 10 lives must be submitted.

Spousal Discount

A 10% discount to the rates will be made if the following conditions are met:

1. Discount is applicable to all lives regardless of Health Group.
2. If both spouses apply for coverage and are both issued, discount applies to both policies.

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	67	77	85	90	112
45-49	72	85	93	101	125
50-54	88	104	117	125	157
55	106	125	138	146	189
56	109	130	146	160	200
57	117	138	154	165	213
58	125	149	170	181	231
59	138	162	181	194	253
60	146	178	200	216	277
61	162	197	218	234	301
62	176	213	237	255	325
63	189	229	253	271	351
64	200	245	277	298	378
65	216	261	290	314	402
66	231	282	314	338	436
67	250	306	343	372	476
68	277	335	375	407	519
69	301	372	420	455	575
70	333	410	460	498	633
71	362	450	508	551	697
72	402	498	564	615	780
73	447	556	633	689	873
74	500	625	708	769	976
75	561	702	795	867	1088
76	623	780	883	960	1213
77	692	867	987	1075	1346
78	766	963	1096	1195	1493
79	849	1067	1211	1320	1652
80	936				
81	1024				
82	1123				
83	1248				
84	1373				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	82	96	109	120	149
45-49	90	109	122	130	165
50-54	106	130	146	160	208
55	125	149	170	181	237
56	130	162	181	197	250
57	141	170	189	202	261
58	149	181	202	218	285
59	162	197	223	242	306
60	178	216	242	261	330
61	192	231	261	282	354
62	208	250	282	303	386
63	223	271	303	330	412
64	237	290	325	351	447
65	253	306	341	367	476
66	269	333	372	404	519
67	295	362	407	442	567
68	322	396	447	484	620
69	349	431	490	532	681
70	388	479	543	588	750
71	423	529	599	652	827
72	468	585	662	724	923
73	521	654	742	809	1032
74	580	732	833	907	1149
75	649	819	934	1016	1288
76	721	915	1043	1139	1434
77	801	1014	1157	1264	1586
78	886	1128	1290	1413	1759
79	976	1242	1418	1548	1947
80	1075				
81	1181				
82	1290				
83	1434				
84	1580				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	125	154	173	189	245
45-49	138	170	192	208	271
50-54	170	210	237	261	349
55	197	245	277	301	404
56	208	261	295	319	428
57	218	271	309	338	450
58	231	290	333	362	479
59	250	309	351	383	511
60	263	333	375	410	543
61	285	354	402	436	580
62	303	378	428	466	617
63	325	407	460	500	660
64	349	436	492	535	708
65	370	463	527	572	750
66	391	492	561	609	803
67	423	532	604	657	870
68	458	575	657	716	944
69	498	628	716	782	1022
70	535	678	774	846	1107
71	585	742	846	923	1205
72	633	803	918	1000	1312
73	692	883	1008	1101	1439
74	761	971	1107	1211	1580
75	835	1067	1221	1336	1727
76	915	1171	1341	1469	1892
77	1000	1282	1471	1612	2073
78	1085	1399	1607	1761	2259
79	1181	1524	1756	1929	2464
80	1277				
81	1381				
82	1490				
83	1620				
84	1759				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	154	192	216	234	303
45-49	170	213	242	263	338
50-54	210	263	298	322	426
55	234	298	341	372	490
56	247	314	357	391	511
57	255	330	375	410	537
58	277	349	396	436	569
59	295	372	423	460	607
60	314	394	450	492	644
61	335	423	479	521	686
62	357	447	511	556	726
63	383	479	545	596	777
64	407	513	583	636	833
65	436	545	617	670	883
66	460	585	668	729	944
67	495	625	713	780	1022
68	535	678	774	846	1101
69	575	732	838	918	1192
70	625	798	910	995	1293
71	681	867	992	1085	1413
72	740	944	1083	1187	1538
73	803	1035	1189	1306	1687
74	883	1133	1301	1426	1846
75	971	1248	1434	1572	2019
76	1062	1365	1564	1716	2211
77	1157	1493	1716	1881	2416
78	1258	1631	1878	2062	2631
79	1360	1769	2043	2251	2871
80	1474				
81	1591				
82	1705				
83	1862				
84	2011				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	90	112	128	141	184
45-49	101	125	144	157	202
50-54	136	165	184	200	263
55	154	192	216	234	317
56	165	202	229	247	333
57	173	213	242	263	354
58	189	231	263	285	383
59	200	250	285	309	412
60	218	271	306	333	444
61	234	295	333	359	479
62	253	317	359	391	516
63	271	341	388	423	553
64	295	367	415	455	599
65	314	391	444	484	641
66	338	420	476	516	689
67	367	458	519	567	750
68	396	500	569	623	819
69	439	548	623	678	899
70	476	601	681	745	979
71	519	657	750	819	1078
72	569	724	827	905	1187
73	625	801	918	1006	1309
74	694	886	1014	1112	1450
75	769	982	1128	1234	1596
76	849	1085	1242	1362	1756
77	934	1195	1370	1503	1934
78	1024	1312	1506	1650	2123
79	1115	1437	1652	1814	2323
80	1211				
81	1314				
82	1423				
83	1562				
84	1700				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	120	146	165	181	231
45-49	130	162	184	200	255
50-54	162	202	231	253	322
55	189	237	269	295	383
56	197	247	282	306	407
57	210	263	298	322	431
58	226	282	319	349	460
59	245	306	349	378	495
60	255	325	370	404	527
61	282	351	396	431	564
62	301	378	428	466	607
63	322	404	460	500	652
64	349	439	498	543	705
65	367	460	521	569	756
66	394	498	567	620	809
67	431	543	615	668	881
68	466	591	673	734	960
69	508	641	732	801	1048
70	553	702	801	875	1152
71	607	769	881	960	1261
72	662	849	971	1062	1386
73	732	936	1075	1176	1530
74	809	1035	1187	1298	1689
75	889	1147	1314	1442	1865
76	979	1261	1450	1591	2051
77	1080	1389	1596	1753	2256
78	1176	1524	1756	1932	2472
79	1282	1665	1921	2112	2708
80	1399				
81	1514				
82	1634				
83	1793				
84	1947				

THIS PAGE IS BLANK

Annual Premium per $10 of Long-Term Care Daily Benefit

	PREFERRED RATES			STANDARD RATES		
ISSUE AGE	No Inflation	Compound Inflation	Simple Inflation	No Inflation	Compound Inflation	Simple Inflation
18-44	179	181	95	207	215	115
45-49	197	204	107	230	240	125
50-54	197	204	107	230	240	125
55	197	204	107	230	240	125
56	197	204	107	230	240	125
57	197	204	107	230	240	125
58	245	258	135	289	304	158
59	245	258	135	289	304	158
60	245	258	135	289	304	158
61	245	258	135	289	304	158
62	245	258	135	289	304	158
63	281	296	171	329	352	204
64	296	306	186	347	363	220
65	306	329	204	363	386	238
66	337	337	207	396	396	245
67	363	355	222	427	419	263
68	388	375	235	460	437	273
69	419	393	248	493	462	291
70	455	404	263	536	475	309
71	488	432	284	575	506	332
72	529	457	304	623	536	358
73	562	483	329	664	564	388
74	616	503	340	723	593	404
75	669	539	370	789	633	437
76	733	570	404	863	669	473
77	807	603	434	948	713	511
78	889	641	475	1045	756	559
79	978	692	513	1152	815	603

Annual Premium per $10 of Nursing Home Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45	51	56	59	61
45-49	51	56	61	64	69
50-54	61	69	74	80	88
55	72	82	90	96	112
56	74	88	96	101	122
57	80	93	104	112	133
58	88	104	114	122	146
59	96	114	125	133	160
60	104	122	136	146	176
61	114	136	149	160	192
62	125	146	162	173	210
63	133	160	176	189	226
64	144	170	189	202	242
65	152	181	202	218	258
66	162	192	213	229	277
67	173	210	237	255	303
68	192	229	253	271	330
69	210	258	290	314	367
70	229	279	314	341	399
71	253	309	346	375	444
72	277	341	383	415	492
73	309	378	426	460	548
74	346	420	471	508	615
75	383	471	529	575	676
76	423	521	585	633	750
77	468	577	649	702	833
78	516	639	718	780	915
79	567	700	790	857	1008
80	623				
81	678				
82	740				
83	817				
84	897				

Annual Premium per $10 of Nursing Home Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21306-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	85	104	114	122	152
45-49	93	114	128	138	168
50-54	114	141	160	173	213
55	136	168	189	205	255
56	146	178	200	216	271
57	154	189	210	226	287
58	165	202	226	245	306
59	176	216	242	263	327
60	186	229	258	279	351
61	200	245	277	301	375
62	213	263	298	325	402
63	229	282	319	346	431
64	245	303	341	370	460
65	258	319	362	394	487
66	274	341	383	415	524
67	298	367	415	450	567
68	319	396	450	490	617
69	349	434	490	532	662
70	372	463	524	569	713
71	404	505	572	623	772
72	439	548	620	673	841
73	476	596	676	737	915
74	521	654	742	809	1003
75	569	716	814	889	1093
76	620	782	891	974	1187
77	676	854	974	1064	1298
78	729	926	1056	1155	1407
79	788	1006	1149	1258	1524
80	849				
81	913				
82	984				
83	1062				
84	1147				

Annual Premium per $10 of Nursing Home Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21307-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61	74	85	93	109
45-49	67	82	93	101	120
50-54	93	112	125	136	162
55	109	130	146	157	194
56	114	138	154	168	208
57	120	146	162	176	221
58	130	157	176	189	239
59	141	170	192	208	261
60	152	186	210	229	285
61	165	202	226	245	309
62	178	221	247	269	335
63	192	237	266	287	362
64	205	255	287	311	391
65	218	271	306	333	418
66	237	290	325	351	450
67	255	317	357	386	490
68	277	346	391	426	532
69	306	378	426	463	583
70	330	412	466	505	631
71	359	450	511	556	694
72	396	495	561	612	761
73	431	545	620	676	835
74	476	599	681	742	923
75	524	662	753	822	1008
76	575	726	827	905	1107
77	631	795	907	990	1211
78	689	870	990	1080	1322
79	745	947	1083	1184	1437
80	806				
81	870				
82	939				
83	1022				
84	1109				

Annual Premium per $10 of Nursing Home Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53	59	67	69	72
45-49	59	67	72	74	82
50-54	72	82	88	93	104
55	85	96	106	112	130
56	88	104	112	120	144
57	93	109	122	130	157
58	104	122	136	144	173
59	112	136	146	157	189
60	122	144	160	173	208
61	136	160	176	189	226
62	146	173	192	202	247
63	157	189	208	223	266
64	170	200	223	237	285
65	178	213	237	255	303
66	192	226	250	269	325
67	202	247	279	301	357
68	226	269	298	319	388
69	247	303	341	370	431
70	269	330	370	402	468
71	298	362	407	442	521
72	325	402	450	490	580
73	362	444	500	543	644
74	407	495	553	599	724
75	450	553	623	676	795
76	498	615	689	745	883
77	551	678	764	827	979
78	607	750	846	918	1078
79	668	822	929	1008	1187
80	732				
81	798				
82	870				
83	960				
84	1054				

Annual Premium per $10 of Nursing Home Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21306-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	101	122	136	144	178
45-49	109	136	149	162	197
50-54	136	165	189	202	250
55	160	197	223	242	301
56	173	210	234	253	319
57	181	223	247	266	338
58	194	237	266	287	359
59	208	253	285	309	386
60	218	269	303	330	412
61	234	287	325	354	442
62	250	309	351	383	474
63	269	333	375	407	508
64	287	357	402	436	543
65	303	375	426	463	572
66	322	402	450	490	617
67	351	431	490	529	668
68	375	466	529	575	726
69	410	511	575	625	780
70	439	545	617	670	838
71	476	596	673	732	907
72	516	644	729	793	990
73	561	702	795	867	1078
74	615	769	873	952	1181
75	670	841	958	1046	1288
76	729	921	1048	1147	1397
77	795	1006	1147	1253	1527
78	857	1088	1242	1360	1655
79	926	1184	1352	1479	1793
80	998				
81	1075				
82	1157				
83	1248				
84	1349				

Annual Premium per $10 of Nursing Home Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21307-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72	88	101	109	128
45-49	77	96	109	120	141
50-54	109	130	146	160	192
55	128	154	173	184	229
56	136	162	181	197	245
57	141	173	192	208	261
58	154	184	208	223	282
59	165	200	226	245	306
60	178	218	247	269	335
61	194	237	266	287	362
62	210	261	290	317	394
63	226	279	314	338	426
64	242	301	338	367	460
65	255	319	359	391	492
66	279	341	383	412	529
67	301	372	420	455	575
68	325	407	460	500	625
69	359	444	500	545	686
70	388	484	548	596	742
71	423	529	601	654	817
72	466	583	660	721	894
73	508	641	729	795	982
74	561	705	801	873	1085
75	617	780	886	968	1187
76	676	854	974	1064	1301
77	742	936	1067	1165	1423
78	811	1024	1165	1272	1556
79	875	1115	1274	1394	1689
80	947				
81	1024				
82	1104				
83	1203				
84	1306				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51	59	64	69	85
45-49	56	67	72	77	96
50-54	67	80	88	93	120
55	80	93	104	112	144
56	82	101	112	120	152
57	88	106	117	125	162
58	96	114	128	138	176
59	104	125	138	149	192
60	112	136	152	165	208
61	122	149	165	178	226
62	133	160	178	192	245
63	141	170	192	208	263
64	152	186	208	223	285
65	162	197	218	234	301
66	173	210	234	253	327
67	186	229	258	279	357
68	205	250	279	301	388
69	223	277	311	338	428
70	245	303	341	370	468
71	269	333	375	407	516
72	295	367	415	452	575
73	327	410	463	503	639
74	364	455	513	559	710
75	404	505	575	625	788
76	447	561	636	692	873
77	495	620	705	769	963
78	545	686	780	849	1062
79	599	753	857	934	1168
80	657				
81	716				
82	780				
83	862				
84	944				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61	72	80	85	109
45-49	67	80	88	93	120
50-54	77	96	106	114	149
55	90	109	122	133	173
56	96	117	130	141	181
57	101	122	136	146	189
58	109	130	146	157	205
59	117	144	160	173	221
60	128	154	173	186	237
61	138	168	186	200	255
62	149	181	202	218	277
63	160	194	218	237	298
64	170	208	234	253	322
65	181	218	245	263	341
66	192	237	266	287	372
67	210	258	290	314	404
68	229	282	319	346	442
69	247	306	346	375	484
70	274	341	383	415	532
71	298	372	420	458	583
72	330	412	466	505	649
73	364	458	519	564	721
74	402	508	577	631	798
75	447	564	644	702	889
76	495	628	716	782	984
77	548	694	790	862	1083
78	601	766	875	958	1195
79	660	838	958	1048	1314
80	721				
81	788				
82	857				
83	947				
84	1038				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER 920008

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	93	117	133	146	186
45-49	104	130	146	160	208
50-54	128	160	181	197	263
55	149	186	210	229	306
56	157	197	223	245	325
57	165	208	234	255	341
58	176	221	250	271	362
59	189	234	266	290	386
60	200	250	285	311	410
61	216	269	303	330	436
62	229	287	325	354	466
63	245	306	346	375	498
64	261	327	370	402	532
65	277	346	394	428	564
66	293	370	420	458	604
67	317	399	452	492	652
68	341	431	490	535	705
69	370	468	532	580	758
70	396	503	572	625	819
71	431	545	623	681	889
72	466	591	676	740	966
73	505	644	737	806	1054
74	553	705	806	883	1149
75	604	772	883	968	1250
76	657	841	963	1056	1360
77	716	918	1051	1152	1482
78	772	992	1141	1253	1607
79	833	1078	1240	1362	1740
80	897				
81	963				
82	1035				
83	1120				
84	1208				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER 920008

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	109	138	157	170	221
45-49	122	154	176	192	245
50-54	152	189	216	234	309
55	170	216	247	271	354
56	178	226	258	282	370
57	186	237	271	298	388
58	200	253	287	314	412
59	213	269	306	335	439
60	226	285	325	354	466
61	242	303	346	378	495
62	258	325	367	399	524
63	274	343	391	426	559
64	293	367	418	455	599
65	311	388	442	482	633
66	330	418	476	521	676
67	354	447	511	559	729
68	380	482	551	601	785
69	410	521	596	652	846
70	442	564	644	705	915
71	482	612	700	766	995
72	519	665	761	833	1080
73	561	724	830	910	1179
74	612	788	905	992	1282
75	670	862	990	1085	1394
76	729	936	1075	1179	1516
77	790	1019	1171	1285	1650
78	854	1107	1274	1399	1788
79	918	1195	1381	1519	1937
80	990				
81	1062				
82	1133				
83	1229				
84	1322				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER 920007

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	69	88	98	106	138
45-49	77	96	109	120	154
50-54	101	125	141	154	200
55	117	146	165	178	239
56	125	154	173	186	253
57	130	162	184	200	269
58	141	176	200	218	290
59	152	189	216	234	311
60	165	205	231	253	335
61	178	221	250	271	362
62	192	239	271	295	388
63	205	258	293	319	418
64	221	277	314	343	450
65	234	293	333	362	482
66	253	314	357	388	516
67	274	343	388	423	561
68	295	372	426	466	612
69	325	407	463	505	668
70	351	444	505	551	726
71	383	484	553	604	795
72	420	535	609	665	873
73	458	585	670	734	958
74	505	644	737	806	1054
75	556	710	814	891	1155
76	609	780	894	979	1264
77	668	854	979	1072	1383
78	726	931	1070	1173	1509
79	788	1016	1168	1282	1642
80	851				
81	918				
82	990				
83	1078				
84	1168				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER 920007

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	85	106	120	130	168
45-49	96	117	133	144	186
50-54	117	146	168	184	234
55	136	170	194	213	277
56	144	181	205	223	295
57	152	189	216	234	311
58	162	205	231	253	333
59	176	221	250	271	357
60	186	234	266	290	380
61	202	253	287	314	407
62	216	271	309	338	436
63	231	290	330	359	468
64	250	314	357	388	505
65	263	330	375	410	540
66	282	357	404	442	577
67	309	386	439	479	628
68	333	420	479	524	684
69	359	455	519	567	745
70	391	498	567	620	814
71	428	543	620	678	889
72	466	596	681	745	974
73	511	654	750	822	1070
74	561	718	825	905	1173
75	615	790	907	995	1288
76	673	867	995	1091	1407
77	737	950	1091	1197	1540
78	798	1035	1192	1309	1679
79	867	1125	1298	1429	1828
80	939				
81	1011				
82	1085				
83	1184				
84	1280				

Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

Benefit Maximum	20	30	60	90	100	180	365
730x,1095x	0.92	0.89	0.84	0.80	0.79	0.69	0.60
1460x,1825x	0.94	0.91	0.86	0.82	0.81	0.72	0.63
Lifetime	0.96	0.93	0.89	0.86	0.85	0.78	0.70

Health Rating Group Factors

Rates shown are for Preferred Rating Group and Standard Rating Group. Rates for Health Groups II, III, IV and V are calculated by multiplying Standard rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5% or 10% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 10% discount to the rates is available to married couples if both spouses apply for coverage.

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59	69	74	82	101
45-49	67	77	85	90	112
50-54	77	93	104	109	141
55	93	109	122	130	170
56	96	120	130	141	178
57	104	125	138	146	192
58	112	136	149	162	208
59	122	146	162	176	226
60	130	160	178	194	245
61	144	176	194	210	266
62	157	189	210	226	287
63	165	200	226	245	309
64	178	218	245	263	335
65	192	231	255	277	354
66	202	247	277	298	386
67	218	269	303	330	420
68	242	295	330	354	458
69	263	325	367	396	503
70	287	357	402	436	551
71	317	391	442	479	607
72	349	431	490	532	676
73	386	482	545	591	750
74	428	535	604	657	835
75	476	596	676	734	926
76	527	660	748	814	1027
77	583	729	830	905	1133
78	641	809	918	998	1248
79	705	886	1008	1099	1373
80	774				
81	841				
82	918				
83	1014				
84	1112				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72	85	93	101	128
45-49	77	93	104	109	141
50-54	90	112	125	136	176
55	106	128	144	157	202
56	112	138	154	165	213
57	120	144	160	173	223
58	128	154	173	184	242
59	138	170	189	202	261
60	149	181	202	218	279
61	162	197	218	234	301
62	176	213	237	255	325
63	189	229	255	279	351
64	200	245	277	298	378
65	213	255	287	309	402
66	226	279	314	338	439
67	247	303	341	370	476
68	269	333	375	407	519
69	290	359	407	442	569
70	322	402	450	490	625
71	351	439	495	537	686
72	388	484	548	596	764
73	428	537	609	662	849
74	474	599	678	742	939
75	527	662	758	827	1046
76	583	740	841	921	1157
77	644	817	929	1014	1274
78	708	902	1030	1128	1405
79	777	987	1128	1234	1546
80	849				
81	926				
82	1008				
83	1115				
84	1221				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER 920008

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	109	138	157	173	218
45-49	122	154	173	189	245
50-54	149	189	213	231	309
55	176	218	247	269	359
56	184	231	263	287	383
57	194	245	277	301	402
58	208	261	295	319	426
59	223	277	314	341	455
60	234	295	335	367	482
61	253	317	357	388	513
62	269	338	383	415	548
63	287	359	407	442	585
64	306	386	436	474	625
65	325	407	463	503	662
66	343	436	495	537	710
67	372	468	532	580	766
68	402	508	575	628	830
69	436	551	625	681	891
70	466	591	673	734	963
71	508	641	732	801	1046
72	548	694	795	870	1136
73	596	758	867	947	1240
74	652	830	947	1040	1352
75	710	907	1040	1139	1471
76	774	990	1133	1242	1599
77	841	1080	1237	1354	1743
78	907	1168	1344	1474	1892
79	979	1266	1458	1602	2046
80	1054				
81	1133				
82	1219				
83	1317				
84	1421				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER 920008

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	128	162	184	200	261
45-49	144	181	208	226	287
50-54	178	223	253	277	362
55	200	253	290	319	415
56	210	266	303	333	436
57	218	279	319	351	458
58	234	298	338	370	484
59	250	317	359	394	516
60	266	335	383	415	548
61	285	357	407	444	583
62	303	383	431	468	617
63	322	404	460	500	657
64	343	431	492	535	705
65	367	458	519	567	745
66	388	492	561	615	795
67	415	527	601	657	857
68	447	567	649	708	923
69	482	615	702	766	995
70	519	662	758	830	1078
71	567	721	822	902	1171
72	609	782	894	979	1272
73	660	851	976	1070	1386
74	721	926	1064	1168	1509
75	788	1014	1165	1277	1639
76	857	1101	1264	1386	1785
77	929	1200	1378	1511	1940
78	1006	1301	1501	1647	2104
79	1080	1405	1626	1788	2277
80	1165				
81	1248				
82	1333				
83	1447				
84	1556				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER 920007

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	82	104	117	125	162
45-49	90	112	128	141	181
50-54	120	146	165	181	234
55	138	173	194	210	282
56	146	181	202	218	298
57	154	192	216	234	317
58	165	208	234	255	341
59	178	223	253	277	367
60	194	242	271	298	394
61	210	261	295	319	426
62	226	282	319	349	458
63	242	303	343	375	492
64	261	325	370	404	529
65	277	343	391	426	567
66	298	370	420	458	607
67	322	404	458	498	660
68	349	439	500	548	721
69	383	479	545	596	785
70	412	521	596	649	854
71	450	569	652	710	936
72	495	628	716	782	1027
73	537	689	788	865	1128
74	596	758	867	947	1240
75	654	835	958	1048	1360
76	716	918	1051	1152	1487
77	785	1006	1152	1261	1628
78	854	1096	1258	1381	1775
79	926	1195	1373	1509	1932
80	1000				
81	1080				
82	1165				
83	1266				
84	1373				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER 920007

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	101	125	141	154	197
45-49	112	138	157	170	218
50-54	138	173	197	216	277
55	160	200	229	250	325
56	170	213	242	263	349
57	178	223	253	277	367
58	192	242	271	298	391
59	208	261	295	319	420
60	218	277	314	341	447
61	237	298	338	370	479
62	253	319	362	396	513
63	271	341	388	423	551
64	295	370	420	458	596
65	309	388	442	482	636
66	333	420	476	519	678
67	362	455	516	564	740
68	391	495	564	617	803
69	423	535	609	668	875
70	460	585	668	729	958
71	503	639	729	798	1046
72	548	702	801	875	1147
73	601	769	883	968	1258
74	660	846	971	1064	1381
75	724	929	1067	1171	1514
76	793	1022	1171	1282	1655
77	867	1117	1282	1407	1812
78	939	1219	1402	1540	1974
79	1022	1325	1527	1681	2150
80	1104				
81	1189				
82	1277				
83	1394				
84	1506				

THIS PAGE IS BLANK

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56	67	72	77	96
45-49	61	72	80	85	106
50-54	74	88	98	106	133
55	90	106	117	125	160
56	93	112	125	136	170
57	98	117	130	141	181
58	106	128	144	154	197
59	117	138	154	165	216
60	125	152	170	184	234
61	138	168	186	200	255
62	149	181	202	218	277
63	160	194	216	231	298
64	170	208	234	253	322
65	184	221	247	266	341
66	197	239	266	287	370
67	213	261	293	317	404
68	234	285	319	346	442
69	255	317	357	386	490
70	282	349	391	423	537
71	309	383	431	468	593
72	341	423	479	521	662
73	380	474	537	585	742
74	426	532	601	654	830
75	476	596	676	737	926
76	529	662	750	817	1032
77	588	737	838	913	1144
78	652	819	931	1016	1269
79	721	907	1030	1123	1405
80	795				
81	870				
82	955				
83	1062				
84	1168				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	69	82	93	101	128
45-49	77	93	104	112	141
50-54	90	112	125	136	176
55	106	128	144	154	202
56	112	138	154	168	213
57	120	144	160	173	221
58	128	154	173	186	242
59	138	168	189	205	261
60	152	184	205	221	279
61	162	197	221	239	301
62	176	213	239	258	327
63	189	231	258	279	351
64	202	247	277	298	380
65	216	261	290	311	404
66	229	282	317	343	442
67	250	309	346	375	482
68	274	338	380	412	527
69	295	367	415	452	580
70	330	407	460	500	639
71	359	450	508	553	702
72	399	498	564	615	785
73	444	556	631	686	878
74	492	623	708	772	976
75	551	697	793	865	1093
76	612	777	886	968	1219
77	681	862	984	1075	1349
78	753	958	1096	1200	1495
79	830	1056	1205	1317	1655
80	913				
81	1003				
82	1096				
83	1219				
84	1344				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER 920008

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	106	130	146	160	208
45-49	117	144	162	176	231
50-54	144	178	202	221	295
55	168	208	234	255	343
56	176	221	250	271	364
57	186	231	263	287	383
58	197	247	282	309	407
59	213	263	298	325	434
60	223	282	319	349	460
61	242	301	341	370	492
62	258	322	364	396	524
63	277	346	391	426	561
64	295	370	418	455	601
65	314	394	447	487	639
66	333	418	476	519	684
67	359	452	513	559	740
68	388	490	559	609	803
69	423	535	609	665	867
70	455	577	657	718	942
71	498	631	718	785	1024
72	537	684	780	851	1115
73	588	750	857	936	1224
74	647	825	942	1030	1344
75	710	907	1038	1136	1469
76	777	995	1139	1248	1607
77	851	1091	1250	1370	1761
78	923	1189	1365	1498	1921
79	1003	1296	1493	1639	2094
80	1085				
81	1173				
82	1266				
83	1378				
84	1495				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER 920008

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	130	162	184	200	258
45-49	144	181	205	223	287
50-54	178	223	253	274	362
55	200	253	290	317	415
56	210	266	303	333	434
57	218	279	319	349	458
58	234	295	338	370	484
59	250	317	359	391	516
60	266	335	383	418	548
61	285	359	407	444	583
62	303	380	434	474	617
63	325	407	463	505	660
64	346	436	495	540	708
65	370	463	524	569	750
66	391	498	567	620	803
67	420	532	607	662	867
68	455	577	657	718	936
69	490	623	713	780	1014
70	532	678	774	846	1099
71	580	737	843	923	1200
72	628	803	921	1008	1306
73	684	881	1011	1109	1434
74	750	963	1107	1213	1570
75	825	1062	1219	1336	1716
76	902	1160	1330	1458	1878
77	984	1269	1458	1599	2054
78	1070	1386	1596	1753	2237
79	1155	1503	1737	1913	2440
80	1253				
81	1352				
82	1450				
83	1583				
84	1711				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER 920007

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	77	96	109	120	157
45-49	85	106	122	133	173
50-54	114	141	157	170	223
55	130	162	184	200	269
56	141	173	194	210	282
57	146	181	205	223	301
58	160	197	223	242	325
59	170	213	242	263	351
60	186	231	261	282	378
61	200	250	282	306	407
62	216	269	306	333	439
63	231	290	330	359	471
64	250	311	354	386	508
65	266	333	378	412	545
66	287	357	404	439	585
67	311	388	442	482	639
68	338	426	484	529	697
69	372	466	529	577	764
70	404	511	580	633	833
71	442	559	639	697	915
72	484	615	702	769	1008
73	532	681	780	854	1112
74	591	753	862	944	1232
75	654	835	958	1048	1357
76	721	923	1056	1157	1493
77	793	1016	1165	1277	1644
78	870	1115	1280	1402	1804
79	947	1221	1405	1543	1974
80	1030				
81	1117				
82	1211				
83	1328				
84	1445				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER 920007

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	101	125	141	154	197
45-49	112	138	157	170	218
50-54	138	173	197	216	274
55	160	202	229	250	325
56	168	210	239	261	346
57	178	223	253	274	367
58	192	239	271	295	391
59	208	261	295	322	420
60	218	277	314	343	447
61	239	298	338	367	479
62	255	322	364	396	516
63	274	343	391	426	553
64	295	372	423	460	599
65	311	391	444	484	641
66	335	423	482	527	686
67	367	460	521	567	748
68	396	503	572	625	817
69	431	545	623	681	891
70	471	596	681	745	979
71	516	654	748	817	1072
72	564	721	825	902	1179
73	623	795	913	1000	1301
74	686	881	1008	1104	1437
75	756	974	1117	1226	1586
76	833	1072	1232	1352	1743
77	918	1181	1357	1490	1918
78	1000	1296	1493	1642	2102
79	1091	1415	1634	1796	2301
80	1189				
81	1288				
82	1389				
83	1524				
84	1655				

Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

Benefit Maximum	20	30	60	90	100	180	365
730x,1095x	0.92	0.89	0.84	0.80	0.79	0.69	0.60
1460x,1825x	0.94	0.91	0.86	0.82	0.81	0.72	0.63
Lifetime	0.96	0.93	0.89	0.86	0.85	0.78	0.70

Health Rating Group Factors

Rates shown are for Preferred Rating Group and Standard Rating Group. Rates for Health Groups II, III, IV and V are calculated by multiplying Standard rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5% or 10% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 10% discount to the rates is available to married couples if both spouses apply for coverage.

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	67	77	85	90	112
45-49	72	85	93	101	125
50-54	88	104	117	125	157
55	106	125	138	146	189
56	109	130	146	160	200
57	117	138	154	165	213
58	125	149	170	181	231
59	138	162	181	194	253
60	146	178	200	216	277
61	162	197	218	234	301
62	176	213	237	255	325
63	189	229	253	271	351
64	200	245	277	298	378
65	216	261	290	314	402
66	231	282	314	338	436
67	250	306	343	372	476
68	277	335	375	407	519
69	301	372	420	455	575
70	333	410	460	498	633
71	362	450	508	551	697
72	402	498	564	615	780
73	447	556	633	689	873
74	500	625	708	769	976
75	561	702	795	867	1088
76	623	780	883	960	1213
77	692	867	987	1075	1346
78	766	963	1096	1195	1493
79	849	1067	1211	1320	1652
80	936				
81	1024				
82	1123				
83	1248				
84	1373				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	82	96	109	120	149
45-49	90	109	122	130	165
50-54	106	130	146	160	208
55	125	149	170	181	237
56	130	162	181	197	250
57	141	170	189	202	261
58	149	181	202	218	285
59	162	197	223	242	306
60	178	216	242	261	330
61	192	231	261	282	354
62	208	250	282	303	386
63	223	271	303	330	412
64	237	290	325	351	447
65	253	306	341	367	476
66	269	333	372	404	519
67	295	362	407	442	567
68	322	396	447	484	620
69	349	431	490	532	681
70	388	479	543	588	750
71	423	529	599	652	827
72	468	585	662	724	923
73	521	654	742	809	1032
74	580	732	833	907	1149
75	649	819	934	1016	1288
76	721	915	1043	1139	1434
77	801	1014	1157	1264	1586
78	886	1128	1290	1413	1759
79	976	1242	1418	1548	1947
80	1075				
81	1181				
82	1290				
83	1434				
84	1580				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER 920008

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	125	154	173	189	245
45-49	138	170	192	208	271
50-54	170	210	237	261	349
55	197	245	277	301	404
56	208	261	295	319	428
57	218	271	309	338	450
58	231	290	333	362	479
59	250	309	351	383	511
60	263	333	375	410	543
61	285	354	402	436	580
62	303	378	428	466	617
63	325	407	460	500	660
64	349	436	492	535	708
65	370	463	527	572	750
66	391	492	561	609	803
67	423	532	604	657	870
68	458	575	657	716	944
69	498	628	716	782	1022
70	535	678	774	846	1107
71	585	742	846	923	1205
72	633	803	918	1000	1312
73	692	883	1008	1101	1439
74	761	971	1107	1211	1580
75	835	1067	1221	1336	1727
76	915	1171	1341	1469	1892
77	1000	1282	1471	1612	2073
78	1085	1399	1607	1761	2259
79	1181	1524	1756	1929	2464
80	1277				
81	1381				
82	1490				
83	1620				
84	1759				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER 920008

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	154	192	216	234	303
45-49	170	213	242	263	338
50-54	210	263	298	322	426
55	234	298	341	372	490
56	247	314	357	391	511
57	255	330	375	410	537
58	277	349	396	436	569
59	295	372	423	460	607
60	314	394	450	492	644
61	335	423	479	521	686
62	357	447	511	556	726
63	383	479	545	596	777
64	407	513	583	636	833
65	436	545	617	670	883
66	460	585	668	729	944
67	495	625	713	780	1022
68	535	678	774	846	1101
69	575	732	838	918	1192
70	625	798	910	995	1293
71	681	867	992	1085	1413
72	740	944	1083	1187	1538
73	803	1035	1189	1306	1687
74	883	1133	1301	1426	1846
75	971	1248	1434	1572	2019
76	1062	1365	1564	1716	2211
77	1157	1493	1716	1881	2416
78	1258	1631	1878	2062	2631
79	1360	1769	2043	2251	2871
80	1474				
81	1591				
82	1705				
83	1862				
84	2011				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER 920007

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	90	112	128	141	184
45-49	101	125	144	157	202
50-54	136	165	184	200	263
55	154	192	216	234	317
56	165	202	229	247	333
57	173	213	242	263	354
58	189	231	263	285	383
59	200	250	285	309	412
60	218	271	306	333	444
61	234	295	333	359	479
62	253	317	359	391	516
63	271	341	388	423	553
64	295	367	415	455	599
65	314	391	444	484	641
66	338	420	476	516	689
67	367	458	519	567	750
68	396	500	569	623	819
69	439	548	623	678	899
70	476	601	681	745	979
71	519	657	750	819	1078
72	569	724	827	905	1187
73	625	801	918	1006	1309
74	694	886	1014	1112	1450
75	769	982	1128	1234	1596
76	849	1085	1242	1362	1756
77	934	1195	1370	1503	1934
78	1024	1312	1506	1650	2123
79	1115	1437	1652	1814	2323
80	1211				
81	1314				
82	1423				
83	1562				
84	1700				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER 920007

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	120	146	165	181	231
45-49	130	162	184	200	255
50-54	162	202	231	253	322
55	189	237	269	295	383
56	197	247	282	306	407
57	210	263	298	322	431
58	226	282	319	349	460
59	245	306	349	378	495
60	255	325	370	404	527
61	282	351	396	431	564
62	301	378	428	466	607
63	322	404	460	500	652
64	349	439	498	543	705
65	367	460	521	569	756
66	394	498	567	620	809
67	431	543	615	668	881
68	466	591	673	734	960
69	508	641	732	801	1048
70	553	702	801	875	1152
71	607	769	881	960	1261
72	662	849	971	1062	1386
73	732	936	1075	1176	1530
74	809	1035	1187	1298	1689
75	889	1147	1314	1442	1865
76	979	1261	1450	1591	2051
77	1080	1389	1596	1753	2256
78	1176	1524	1756	1932	2472
79	1282	1665	1921	2112	2708
80	1399				
81	1514				
82	1634				
83	1793				
84	1947				

THIS PAGE IS BLANK

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45	51	56	59	61
45-49	51	56	61	64	69
50-54	61	69	74	80	88
55	72	82	90	96	112
56	74	88	96	101	122
57	80	93	104	112	133
58	88	104	114	122	146
59	96	114	125	133	160
60	104	122	136	146	176
61	114	136	149	160	192
62	125	146	162	173	210
63	133	160	176	189	226
64	144	170	189	202	242
65	152	181	202	218	258
66	162	192	213	229	277
67	173	210	237	255	303
68	192	229	253	271	330
69	210	258	290	314	367
70	229	279	314	341	399
71	253	309	346	375	444
72	277	341	383	415	492
73	309	378	426	460	548
74	346	420	471	508	615
75	383	471	529	575	676
76	423	521	585	633	750
77	468	577	649	702	833
78	516	639	718	780	915
79	567	700	790	857	1008
80	623				
81	678				
82	740				
83	817				
84	897				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER 920013

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	85	104	114	122	152
45-49	93	114	128	138	168
50-54	114	141	160	173	213
55	136	168	189	205	255
56	146	178	200	216	271
57	154	189	210	226	287
58	165	202	226	245	306
59	176	216	242	263	327
60	186	229	258	279	351
61	200	245	277	301	375
62	213	263	298	325	402
63	229	282	319	346	431
64	245	303	341	370	460
65	258	319	362	394	487
66	274	341	383	415	524
67	298	367	415	450	567
68	319	396	450	490	617
69	349	434	490	532	662
70	372	463	524	569	713
71	404	505	572	623	772
72	439	548	620	673	841
73	476	596	676	737	915
74	521	654	742	809	1003
75	569	716	814	889	1093
76	620	782	891	974	1187
77	676	854	974	1064	1298
78	729	926	1056	1155	1407
79	788	1006	1149	1258	1524
80	849				
81	913				
82	984				
83	1062				
84	1147				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER 920014

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61	74	85	93	109
45-49	67	82	93	101	120
50-54	93	112	125	136	162
55	109	130	146	157	194
56	114	138	154	168	208
57	120	146	162	176	221
58	130	157	176	189	239
59	141	170	192	208	261
60	152	186	210	229	285
61	165	202	226	245	309
62	178	221	247	269	335
63	192	237	266	287	362
64	205	255	287	311	391
65	218	271	306	333	418
66	237	290	325	351	450
67	255	317	357	386	490
68	277	346	391	426	532
69	306	378	426	463	583
70	330	412	466	505	631
71	359	450	511	556	694
72	396	495	561	612	761
73	431	545	620	676	835
74	476	599	681	742	923
75	524	662	753	822	1008
76	575	726	827	905	1107
77	631	795	907	990	1211
78	689	870	990	1080	1322
79	745	947	1083	1184	1437
80	806				
81	870				
82	939				
83	1022				
84	1109				

Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

Benefit Maximum	20	30	60	90	100	180	365
730x,1095x	0.92	0.89	0.84	0.80	0.79	0.69	0.60
1460x,1825x	0.94	0.91	0.86	0.82	0.81	0.72	0.63
Lifetime	0.96	0.93	0.89	0.86	0.85	0.78	0.70

Health Rating Group Factors

Rates shown are for Preferred Rating Group and Standard Rating Group. Rates for Health Groups II, III, IV and V are calculated by multiplying Standard rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5% or 10% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 10% discount to the rates is available to married couples if both spouses apply for coverage.

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53	59	67	69	72
45-49	59	67	72	74	82
50-54	72	82	88	93	104
55	85	96	106	112	130
56	88	104	112	120	144
57	93	109	122	130	157
58	104	122	136	144	173
59	112	136	146	157	189
60	122	144	160	173	208
61	136	160	176	189	226
62	146	173	192	202	247
63	157	189	208	223	266
64	170	200	223	237	285
65	178	213	237	255	303
66	192	226	250	269	325
67	202	247	279	301	357
68	226	269	298	319	388
69	247	303	341	370	431
70	269	330	370	402	468
71	298	362	407	442	521
72	325	402	450	490	580
73	362	444	500	543	644
74	407	495	553	599	724
75	450	553	623	676	795
76	498	615	689	745	883
77	551	678	764	827	979
78	607	750	846	918	1078
79	668	822	929	1008	1187
80	732				
81	798				
82	870				
83	960				
84	1054				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER 920013

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	101	122	136	144	178
45-49	109	136	149	162	197
50-54	136	165	189	202	250
55	160	197	223	242	301
56	173	210	234	253	319
57	181	223	247	266	338
58	194	237	266	287	359
59	208	253	285	309	386
60	218	269	303	330	412
61	234	287	325	354	442
62	250	309	351	383	474
63	269	333	375	407	508
64	287	357	402	436	543
65	303	375	426	463	572
66	322	402	450	490	617
67	351	431	490	529	668
68	375	466	529	575	726
69	410	511	575	625	780
70	439	545	617	670	838
71	476	596	673	732	907
72	516	644	729	793	990
73	561	702	795	867	1078
74	615	769	873	952	1181
75	670	841	958	1046	1288
76	729	921	1048	1147	1397
77	795	1006	1147	1253	1527
78	857	1088	1242	1360	1655
79	926	1184	1352	1479	1793
80	998				
81	1075				
82	1157				
83	1248				
84	1349				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER 920014

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72	88	101	109	128
45-49	77	96	109	120	141
50-54	109	130	146	160	192
55	128	154	173	184	229
56	136	162	181	197	245
57	141	173	192	208	261
58	154	184	208	223	282
59	165	200	226	245	306
60	178	218	247	269	335
61	194	237	266	287	362
62	210	261	290	317	394
63	226	279	314	338	426
64	242	301	338	367	460
65	255	319	359	391	492
66	279	341	383	412	529
67	301	372	420	455	575
68	325	407	460	500	625
69	359	444	500	545	686
70	388	484	548	596	742
71	423	529	601	654	817
72	466	583	660	721	894
73	508	641	729	795	982
74	561	705	801	873	1085
75	617	780	886	968	1187
76	676	854	974	1064	1301
77	742	936	1067	1165	1423
78	811	1024	1165	1272	1556
79	875	1115	1274	1394	1689
80	947				
81	1024				
82	1104				
83	1203				
84	1306				

THIS PAGE IS BLANK

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64	74	80	88	106
45-49	69	82	90	96	120
50-54	82	101	109	117	149
55	101	117	130	141	181
56	104	128	141	149	189
57	109	133	146	157	202
58	120	144	160	173	221
59	130	157	173	186	239
60	141	170	189	208	261
61	154	186	208	223	282
62	168	200	223	239	306
63	176	213	239	261	330
64	189	234	261	279	357
65	202	247	274	293	375
66	216	263	293	317	410
67	234	287	322	349	447
68	255	314	349	375	487
69	279	346	388	423	535
70	306	380	426	463	585
71	335	415	468	508	647
72	370	460	519	567	718
73	410	513	580	628	798
74	455	569	641	700	889
75	505	633	718	782	984
76	559	702	795	865	1091
77	620	774	881	960	1205
78	681	859	974	1062	1328
79	748	942	1072	1168	1461
80	822				
81	894				
82	974				
83	1078				
84	1181				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	77	90	101	106	136
45-49	82	101	109	117	149
50-54	96	120	133	144	186
55	114	136	154	168	216
56	120	146	162	176	226
57	128	154	170	184	237
58	136	162	184	197	255
59	146	181	200	216	277
60	160	194	216	234	295
61	173	210	234	250	319
62	186	226	253	274	346
63	200	242	274	295	372
64	213	261	293	317	402
65	226	274	306	330	426
66	239	295	333	359	466
67	263	322	362	394	505
68	287	354	399	434	553
69	309	383	434	468	607
70	343	426	479	519	665
71	372	466	527	572	729
72	412	516	583	633	811
73	455	572	649	705	902
74	503	636	721	788	998
75	559	705	806	878	1112
76	620	785	894	979	1232
77	686	867	987	1078	1354
78	753	958	1093	1197	1493
79	825	1048	1197	1312	1644
80	902				
81	984				
82	1072				
83	1184				
84	1298				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER 920008

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	117	146	168	184	234
45-49	130	162	184	200	261
50-54	160	200	226	247	330
55	186	234	263	287	383
56	197	247	279	306	407
57	208	261	293	319	426
58	221	277	314	341	452
59	237	293	333	362	482
60	250	314	357	388	513
61	269	335	380	412	545
62	287	359	407	442	583
63	306	383	434	468	623
64	327	410	463	503	665
65	346	434	492	535	705
66	367	463	527	572	756
67	396	500	567	615	814
68	426	540	612	668	881
69	463	585	665	726	947
70	495	628	716	782	1024
71	540	681	780	851	1112
72	583	740	846	926	1208
73	633	806	921	1008	1317
74	692	881	1008	1104	1437
75	756	966	1104	1211	1564
76	822	1051	1205	1320	1700
77	894	1147	1314	1439	1852
78	966	1240	1426	1567	2009
79	1040	1346	1551	1703	2176
80	1120				
81	1205				
82	1293				
83	1399				
84	1511				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER 920008

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	136	173	197	213	277
45-49	154	194	221	239	306
50-54	189	237	269	293	386
55	213	269	309	341	442
56	223	282	322	354	463
57	234	295	341	372	487
58	250	317	359	394	516
59	266	335	383	420	548
60	282	357	407	442	583
61	303	380	434	474	620
62	322	407	460	500	654
63	343	428	490	532	700
64	367	460	521	569	748
65	388	487	553	601	793
66	412	521	596	652	846
67	442	559	639	700	913
68	476	601	689	753	982
69	513	652	745	814	1059
70	553	705	806	881	1144
71	601	766	875	958	1245
72	649	833	952	1040	1352
73	702	905	1038	1139	1474
74	766	984	1131	1240	1604
75	838	1078	1237	1357	1743
76	913	1171	1344	1474	1897
77	987	1274	1463	1607	2062
78	1067	1383	1594	1751	2235
79	1147	1493	1727	1900	2421
80	1237				
81	1328				
82	1418				
83	1538				
84	1652				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER 920007

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	88	109	122	133	173
45-49	96	120	136	149	194
50-54	128	157	176	194	250
55	146	184	208	223	301
56	157	194	216	234	317
57	162	202	229	250	335
58	176	221	250	274	362
59	189	237	269	293	388
60	208	255	290	317	420
61	223	277	314	341	452
62	239	301	341	370	487
63	255	322	367	399	521
64	277	346	394	428	561
65	293	367	415	452	601
66	317	394	447	487	647
67	343	428	487	529	702
68	370	466	532	583	766
69	407	508	580	633	835
70	439	556	633	689	907
71	479	607	692	756	995
72	527	668	761	833	1091
73	572	732	838	918	1197
74	633	806	921	1008	1317
75	694	889	1019	1115	1445
76	761	974	1117	1224	1580
77	835	1067	1224	1341	1729
78	907	1165	1338	1466	1886
79	984	1272	1461	1604	2051
80	1064				
81	1147				
82	1237				
83	1346				
84	1461				

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER 920007

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	106	133	149	162	210
45-49	120	146	168	181	234
50-54	146	184	210	229	293
55	170	213	242	266	346
56	181	226	255	279	370
57	189	237	269	293	388
58	202	255	290	317	415
59	221	277	314	341	447
60	234	293	333	362	476
61	253	317	359	394	508
62	269	341	386	423	545
63	290	362	412	450	585
64	314	394	447	487	633
65	330	412	468	513	676
66	354	447	505	553	721
67	386	482	548	599	785
68	415	527	599	654	854
69	450	569	649	708	931
70	490	623	708	774	1019
71	535	678	774	849	1112
72	583	745	851	931	1219
73	639	819	939	1027	1338
74	702	899	1032	1131	1466
75	769	987	1133	1245	1610
76	841	1085	1245	1365	1759
77	921	1187	1365	1498	1926
78	998	1293	1490	1636	2099
79	1085	1407	1623	1785	2285
80	1173				
81	1264				
82	1357				
83	1479				
84	1599				

Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

Benefit Maximum	20	30	60	90	100	180	365
730x,1095x	0.92	0.89	0.84	0.80	0.79	0.69	0.60
1460x,1825x	0.94	0.91	0.86	0.82	0.81	0.72	0.63
Lifetime	0.96	0.93	0.89	0.86	0.85	0.78	0.70

Health Rating Group Factors

Rates shown are for Preferred Rating Group and Standard Rating Group. Rates for Health Groups II, III, IV and V are calculated by multiplying Standard rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5% or 10% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 10% discount to the rates is available to married couples if both spouses apply for coverage.

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	74	88	93	104	125
45-49	82	96	106	112	141
50-54	96	120	128	138	176
55	120	138	154	165	213
56	122	149	165	176	223
57	128	157	173	184	237
58	141	170	189	202	261
59	154	184	202	218	282
60	165	200	223	245	306
61	181	218	245	263	333
62	197	234	263	282	359
63	208	250	282	306	388
64	223	277	306	330	420
65	237	290	322	343	442
66	253	309	343	372	482
67	277	338	378	410	527
68	301	370	410	442	572
69	330	407	458	498	628
70	359	447	500	545	689
71	394	490	551	599	761
72	436	543	609	668	846
73	482	604	681	740	939
74	535	670	756	822	1046
75	596	745	846	921	1157
76	657	827	936	1016	1282
77	729	910	1035	1131	1418
78	801	1011	1147	1248	1562
79	881	1107	1261	1373	1719
80	968				
81	1051				
82	1147				
83	1266				
84	1389				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	90	106	120	125	160
45-49	96	120	128	138	176
50-54	112	141	157	170	218
55	136	160	181	197	253
56	141	173	192	208	266
57	149	181	200	216	279
58	160	192	216	231	301
59	173	213	234	253	325
60	189	229	253	277	349
61	202	247	277	295	375
62	218	266	298	322	407
63	234	285	322	349	439
64	250	306	343	372	474
65	266	322	359	388	500
66	282	349	391	423	548
67	309	378	426	463	596
68	338	415	468	511	652
69	362	450	511	551	713
70	404	500	564	609	782
71	439	548	620	673	857
72	484	607	686	745	955
73	535	673	764	830	1062
74	591	748	849	926	1173
75	657	830	947	1032	1309
76	729	923	1051	1152	1450
77	809	1022	1160	1266	1594
78	886	1128	1288	1407	1756
79	971	1234	1407	1543	1934
80	1062				
81	1157				
82	1261				
83	1394				
84	1527				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER 920008

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	138	173	197	216	277
45-49	154	192	216	234	306
50-54	189	234	266	290	388
55	218	277	309	338	450
56	231	290	330	359	479
57	245	306	343	375	500
58	261	325	370	402	532
59	279	343	391	426	567
60	295	370	420	458	604
61	317	394	447	484	641
62	338	423	479	519	686
63	359	450	511	551	732
64	386	482	545	591	782
65	407	511	580	628	830
66	431	545	620	673	889
67	466	588	668	724	958
68	500	636	721	785	1035
69	545	689	782	854	1115
70	583	740	841	921	1205
71	636	801	918	1000	1309
72	686	870	995	1088	1421
73	745	947	1083	1187	1548
74	814	1035	1187	1298	1689
75	889	1136	1298	1423	1841
76	968	1237	1418	1554	2001
77	1051	1349	1546	1692	2179
78	1136	1458	1679	1844	2363
79	1224	1583	1825	2003	2559
80	1317				
81	1418				
82	1522				
83	1647				
84	1777				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER 920008

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	160	202	231	250	325
45-49	181	229	261	282	359
50-54	223	279	317	343	455
55	250	317	362	402	519
56	263	333	378	415	545
57	277	349	402	439	572
58	295	372	423	463	607
59	314	394	450	495	644
60	333	420	479	519	686
61	357	447	511	556	729
62	378	479	543	588	769
63	404	503	575	625	822
64	431	543	615	670	881
65	458	572	652	708	934
66	484	615	702	766	995
67	519	657	750	822	1075
68	561	708	811	886	1155
69	604	766	875	958	1245
70	652	830	947	1035	1346
71	708	902	1030	1128	1466
72	764	979	1120	1224	1591
73	827	1064	1221	1341	1735
74	902	1157	1330	1458	1886
75	987	1266	1455	1596	2051
76	1075	1378	1580	1735	2232
77	1160	1501	1721	1892	2426
78	1256	1628	1876	2059	2629
79	1349	1756	2033	2235	2849
80	1455				
81	1562				
82	1668				
83	1809				
84	1945				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER 920007

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	104	128	144	157	202
45-49	112	141	160	176	229
50-54	149	184	208	229	295
55	173	216	245	263	354
56	184	229	253	277	372
57	192	237	269	295	394
58	208	261	295	322	426
59	223	279	317	343	458
60	245	301	341	372	495
61	263	325	370	402	532
62	282	354	402	436	572
63	301	378	431	468	615
64	325	407	463	503	660
65	343	431	490	532	708
66	372	463	527	572	761
67	404	503	572	623	827
68	436	548	625	686	902
69	479	599	681	745	982
70	516	654	745	811	1067
71	564	713	814	889	1171
72	620	785	894	979	1282
73	673	862	987	1080	1407
74	745	947	1083	1187	1548
75	817	1046	1200	1312	1700
76	894	1147	1314	1439	1860
77	982	1256	1439	1578	2035
78	1067	1370	1575	1724	2219
79	1157	1495	1719	1886	2413
80	1253				
81	1349				
82	1455				
83	1583				
84	1719				

Annual Premium per $10 of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER 920007

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	125	157	176	192	247
45-49	141	173	197	213	277
50-54	173	216	247	269	343
55	200	250	285	314	407
56	213	266	301	330	436
57	223	279	317	343	458
58	237	301	341	372	490
59	261	325	370	402	527
60	277	343	391	426	561
61	298	372	423	463	599
62	317	402	455	498	641
63	341	426	484	529	689
64	370	463	527	572	745
65	388	484	551	604	795
66	415	527	596	652	849
67	455	567	644	705	923
68	490	620	705	769	1006
69	529	670	764	833	1096
70	575	732	833	910	1200
71	628	798	910	998	1309
72	686	875	1000	1096	1434
73	750	963	1104	1208	1575
74	827	1059	1213	1330	1724
75	905	1160	1333	1466	1894
76	990	1277	1466	1607	2070
77	1083	1397	1607	1761	2267
78	1173	1522	1753	1926	2469
79	1277	1655	1910	2099	2690
80	1381				
81	1487				
82	1596				
83	1740				
84	1881				

THIS PAGE IS BLANK

United Security Assurance Co. of PA

BLUE CROSS BLUE SHIELD OF VIRGINIA
POLICY FORM # LTC1L90 LTC1L90

20 DAY EP / 2 YR BP 2 020

Daily Home Care Benefit Amount is 75% of Daily Nursing Home Benefit 075

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	43	53	59
41	45	59	67
42	48	61	69
43	51	67	77
44	56	69	82
45	59	74	85
46	61	80	90
47	64	85	96
48	67	90	109
49	72	96	114
50	77	104	122
51	82	112	136
52	88	122	146
53	93	133	157
54	101	144	176
55	112	157	186
56	120	173	205
57	130	189	223
58	141	205	247
59	157	226	266
60	170	247	295
61	189	271	319
62	208	298	349
63	229	327	375
64	253	359	412
65	279	396	447
66	311	439	492
67	346	484	540
68	386	535	593
69	428	588	654
70	479	649	718
71	535	718	785
72	596	790	859
73	662	870	942
74	737	958	1027
75	822	1051	1120
76	915	1157	1224
77	1019	1272	1336
78	1128	1391	1458
79	1242	1514	1578
80	1357	1636	1695
81	1471	1751	1809
82	1583	1865	1921
83	1700	1982	2033
84	1822	2107	2155
85	1955	2248	2291

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

United Security Assurance Co. of PA

BLUE CROSS BLUE SHIELD OF VIRGINIA
POLICY FORM # LTC1L90 LTC1L90

20 DAY EP / 3 YR BP 3 020

Daily Home Care Benefit Amount is 75% of Daily Nursing Home Benefit 075

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	48	59	67
41	51	64	74
42	53	69	80
43	56	74	88
44	61	80	93
45	64	85	98
46	69	90	106
47	72	98	114
48	77	104	122
49	80	112	133
50	85	120	146
51	93	130	157
52	101	144	173
53	109	154	186
54	117	170	202
55	128	186	223
56	141	205	242
57	154	223	266
58	168	245	290
59	184	269	319
60	202	295	351
61	223	325	383
62	245	357	415
63	271	391	452
64	301	431	495
65	335	479	543
66	372	529	593
67	415	583	652
68	463	644	716
69	516	710	788
70	577	788	865
71	647	870	947
72	721	960	1040
73	803	1056	1141
74	894	1163	1245
75	998	1280	1362
76	1112	1407	1490
77	1242	1551	1628
78	1378	1700	1780
79	1519	1852	1929
80	1660	2003	2078
81	1801	2147	2219
82	1942	2288	2357
83	2088	2434	2501
84	2240	2591	2650
85	2405	2770	2817

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

United Security Assurance Co. of PA

BLUE CROSS BLUE SHIELD OF VIRGINIA
POLICY FORM # LTC1L90 LTC1L90

20 DAY EP / 4 YR BP 4 020

Daily Home Care Benefit Amount is 75% of Daily Nursing Home Benefit 075

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	51	64	74
41	53	69	80
42	56	74	85
43	61	80	93
44	64	85	101
45	69	93	109
46	74	98	114
47	77	106	125
48	82	114	133
49	88	122	146
50	93	133	160
51	101	144	173
52	109	157	189
53	120	170	208
54	130	186	226
55	141	205	247
56	154	226	269
57	170	247	295
58	184	271	325
59	202	298	357
60	223	330	391
61	247	362	428
62	274	399	466
63	301	439	508
64	335	484	551
65	372	535	609
66	418	593	665
67	466	654	732
68	519	724	803
69	580	798	886
70	649	886	976
71	726	979	1070
72	811	1080	1171
73	905	1192	1288
74	1008	1312	1402
75	1125	1445	1538
76	1256	1591	1681
77	1402	1753	1844
78	1559	1924	2011
79	1721	2096	2187
80	1884	2269	2352
81	2043	2437	2517
82	2206	2599	2674
83	2373	2767	2841
84	2549	2948	3014
85	2738	3150	3209

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

United Security Assurance Co. of PA

BLUE CROSS BLUE SHIELD OF VIRGINIA
POLICY FORM # LTC1L90 LTC1L90

20 DAY EP / 5 YR BP 5 020

Daily Home Care Benefit Amount is 75% of Daily Nursing Home Benefit 075

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	51	67	77
41	56	72	82
42	59	77	90
43	64	82	96
44	67	90	104
45	72	98	114
46	77	104	122
47	82	112	133
48	85	120	141
49	93	130	154
50	98	141	168
51	106	154	186
52	117	168	202
53	125	184	218
54	138	200	239
55	152	221	263
56	165	242	290
57	181	266	317
58	197	290	349
59	218	319	383
60	239	354	418
61	266	388	458
62	293	428	500
63	325	471	545
64	359	519	593
65	402	575	652
66	450	639	713
67	500	705	790
68	559	780	870
69	623	862	955
70	700	955	1051
71	785	1056	1152
72	875	1168	1266
73	976	1288	1389
74	1091	1418	1516
75	1216	1562	1663
76	1360	1721	1822
77	1519	1897	1998
78	1689	2083	2179
79	1865	2272	2368
80	2041	2461	2554
81	2216	2645	2730
82	2394	2823	2908
83	2578	3009	3089
84	2772	3206	3278
85	2977	3427	3491

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

United Security Assurance Co. of PA

BLUE CROSS BLUE SHIELD OF VIRGINIA
POLICY FORM # LTC1L90 LTC1L90

20 DAY EP / 6 YR BP 6 020

Daily Home Care Benefit Amount is 75% of Daily Nursing Home Benefit 075

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	53	69	80
41	56	74	85
42	61	80	93
43	64	88	104
44	69	93	109
45	74	101	117
46	80	109	128
47	85	117	138
48	90	125	149
49	96	136	160
50	104	146	176
51	112	160	192
52	120	176	210
53	130	192	229
54	144	210	250
55	157	229	277
56	173	253	301
57	189	277	333
58	208	303	364
59	226	335	399
60	250	370	439
61	279	407	482
62	306	450	521
63	341	495	569
64	378	545	620
65	420	604	686
66	471	670	756
67	524	740	830
68	585	819	910
69	654	905	1000
70	734	1003	1107
71	825	1112	1213
72	921	1229	1333
73	1027	1354	1458
74	1147	1493	1596
75	1280	1644	1751
76	1434	1814	1921
77	1602	2001	2107
78	1780	2198	2299
79	1966	2400	2498
80	2155	2599	2695
81	2341	2794	2884
82	2530	2982	3070
83	2724	3179	3262
84	2929	3389	3464
85	3147	3624	3690

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

United Security Assurance Co. of PA

BLUE CROSS BLUE SHIELD OF VIRGINIA
POLICY FORM # LTC1L90 LTC1L90

20 DAY EP / LIFETIME BP 9 020

Daily Home Care Benefit Amount is 75% of Daily Nursing Home Benefit 075

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	88	125	144
41	93	133	154
42	98	141	165
43	104	152	176
44	112	160	186
45	117	170	200
46	122	184	213
47	130	194	229
48	136	205	242
49	144	218	261
50	154	237	279
51	165	253	303
52	176	274	327
53	189	298	354
54	205	322	386
55	223	351	420
56	245	386	460
57	269	428	508
58	295	468	559
59	322	511	607
60	349	548	647
61	372	575	676
62	391	593	692
63	412	615	708
64	439	644	732
65	479	689	777
66	529	756	846
67	588	830	926
68	654	921	1022
69	734	1022	1128
70	825	1136	1245
71	926	1261	1373
72	1038	1397	1511
73	1163	1543	1663
74	1301	1708	1828
75	1461	1894	2014
76	1642	2099	2216
77	1838	2320	2437
78	2051	2559	2676
79	2283	2815	2929
80	2533	3086	3198
81	2796	3368	3477
82	3070	3661	3765
83	3366	3972	4073
84	3693	4313	4408
85	4065	4696	4784

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

United Security Assurance Co. of PA

BLUE CROSS BLUE SHIELD OF VIRGINIA
POLICY FORM # LTC1L90 LTC1L90

20 DAY EP / 2 YR BP 2 020

Daily Home Care Benefit Amount is 100% of Daily Nursing Home 100

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	48	61	67
41	51	64	74
42	56	69	77
43	59	74	85
44	61	80	90
45	64	85	96
46	69	90	104
47	72	96	109
48	77	101	122
49	80	109	128
50	85	117	138
51	93	128	154
52	98	138	165
53	106	149	178
54	114	165	197
55	125	178	213
56	136	197	234
57	149	213	253
58	162	234	279
59	178	255	303
60	194	282	338
61	216	309	364
62	237	341	396
63	261	372	428
64	287	410	468
65	319	452	508
66	357	500	561
67	394	553	617
68	439	609	678
69	490	673	748
70	548	742	822
71	612	822	899
72	681	905	982
73	758	995	1078
74	843	1096	1176
75	939	1203	1282
76	1048	1322	1402
77	1165	1455	1530
78	1293	1594	1671
79	1423	1735	1806
80	1554	1873	1942
81	1684	2006	2073
82	1814	2136	2203
83	1947	2269	2331
84	2088	2413	2469
85	2240	2575	2626

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

United Security Assurance Co. of PA

BLUE CROSS BLUE SHIELD OF VIRGINIA
POLICY FORM # LTC1L90 LTC1L90

20 DAY EP / 3 YR BP 3 020

Daily Home Care Benefit Amount is 100% of Daily Nursing Home 100

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	53	67	74
41	56	72	82
42	59	77	88
43	64	82	98
44	69	88	104
45	72	96	112
46	77	104	120
47	80	109	128
48	85	117	138
49	90	125	152
50	98	136	165
51	106	149	176
52	114	162	197
53	122	176	210
54	133	192	231
55	146	210	253
56	160	231	277
57	173	253	303
58	192	277	330
59	208	306	364
60	231	335	402
61	255	370	436
62	279	407	474
63	309	447	513
64	343	492	564
65	380	545	617
66	426	604	676
67	474	665	745
68	527	734	817
69	591	811	899
70	660	899	990
71	740	995	1083
72	825	1099	1189
73	921	1211	1306
74	1024	1330	1426
75	1141	1463	1559
76	1274	1612	1705
77	1421	1775	1865
78	1578	1945	2038
79	1740	2120	2208
80	1902	2293	2381
81	2065	2461	2541
82	2224	2623	2700
83	2392	2791	2865
84	2567	2972	3036
85	2756	3171	3230

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

United Security Assurance Co. of PA

BLUE CROSS BLUE SHIELD OF VIRGINIA
POLICY FORM # LTC1L90 LTC1L90

20 DAY EP / 4 YR BP 4 020

Daily Home Care Benefit Amount is 100% of Daily Nursing Home 100

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	56	72	82
41	59	77	90
42	64	82	96
43	67	88	104
44	72	96	114
45	77	104	122
46	82	112	128
47	88	120	141
48	93	128	152
49	98	138	165
50	106	149	181
51	114	162	197
52	125	178	213
53	136	194	234
54	146	213	255
55	160	234	279
56	176	258	306
57	192	282	335
58	210	309	370
59	231	341	407
60	255	375	447
61	282	412	490
62	311	455	529
63	343	500	580
64	383	551	628
65	426	612	694
66	476	676	761
67	532	748	835
68	591	825	918
69	662	913	1014
70	742	1011	1115
71	830	1120	1221
72	929	1237	1338
73	1035	1362	1471
74	1155	1501	1604
75	1288	1652	1761
76	1439	1822	1926
77	1607	2006	2110
78	1785	2203	2304
79	1969	2402	2504
80	2155	2599	2692
81	2341	2791	2881
82	2527	2977	3065
83	2719	3171	3254
84	2921	3379	3453
85	3137	3610	3677

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

United Security Assurance Co. of PA

BLUE CROSS BLUE SHIELD OF VIRGINIA
POLICY FORM # LTC1L90 LTC1L90

20 DAY EP / 5 YR BP 5 020

Daily Home Care Benefit Amount is 100% of Daily Nursing Home 100

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	59	74	85
41	61	80	93
42	67	88	98
43	72	93	106
44	77	101	117
45	82	109	130
46	88	117	138
47	90	128	149
48	98	136	160
49	104	146	176
50	112	160	189
51	122	173	210
52	130	189	229
53	144	208	247
54	157	226	271
55	170	250	298
56	186	274	330
57	205	301	362
58	223	330	396
59	247	364	436
60	274	402	476
61	303	444	521
62	335	490	569
63	370	537	620
64	410	593	676
65	458	657	742
66	513	729	814
67	572	806	902
68	636	889	992
69	713	984	1091
70	798	1091	1203
71	897	1208	1320
72	1000	1336	1447
73	1117	1471	1588
74	1248	1623	1735
75	1391	1788	1902
76	1556	1971	2086
77	1740	2174	2288
78	1934	2386	2496
79	2136	2605	2714
80	2339	2820	2924
81	2541	3030	3129
82	2743	3235	3331
83	2953	3448	3538
84	3177	3674	3757
85	3411	3927	4001

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

United Security Assurance Co. of PA

BLUE CROSS BLUE SHIELD OF VIRGINIA
POLICY FORM # LTC1L90 LTC1L90

20 DAY EP / 6 YR BP 6 020

Daily Home Care Benefit Amount is 100% of Daily Nursing Home 100

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	59	77	90
41	64	82	96
42	67	90	104
43	72	96	114
44	77	104	122
45	85	114	133
46	90	122	144
47	96	130	157
48	101	141	170
49	109	152	181
50	117	165	200
51	125	181	218
52	136	197	237
53	149	216	261
54	162	237	285
55	178	261	314
56	197	287	343
57	213	317	378
58	234	346	415
59	258	380	455
60	287	420	500
61	317	466	551
62	351	511	596
63	386	564	649
64	431	623	708
65	482	689	782
66	537	766	862
67	599	846	947
68	668	936	1040
69	748	1035	1144
70	841	1147	1264
71	942	1272	1386
72	1054	1405	1524
73	1176	1551	1668
74	1312	1708	1825
75	1466	1884	2003
76	1639	2078	2198
77	1833	2291	2410
78	2038	2517	2631
79	2253	2746	2863
80	2469	2977	3086
81	2682	3198	3304
82	2900	3419	3517
83	3123	3642	3738
84	3358	3884	3969
85	3608	4153	4230

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

United Security Assurance Co. of PA

BLUE CROSS BLUE SHIELD OF VIRGINIA
POLICY FORM # LTC1L90 LTC1L90

20 DAY EP / LIFETIME BP 9 020

Daily Home Care Benefit Amount is 100% of Daily Nursing Home 100

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	98	138	160
41	104	149	170
42	109	157	184
43	117	168	197
44	125	181	210
45	133	192	226
46	138	205	239
47	146	218	255
48	154	231	274
49	162	247	293
50	173	266	317
51	186	287	343
52	200	311	370
53	216	338	402
54	231	367	436
55	253	399	476
56	279	439	524
57	306	487	580
58	338	535	636
59	367	583	692
60	399	625	737
61	423	654	769
62	447	678	788
63	471	700	806
64	503	734	835
65	548	788	889
66	607	862	966
67	673	950	1059
68	748	1051	1165
69	838	1168	1288
70	944	1298	1423
71	1059	1442	1570
72	1187	1596	1729
73	1330	1767	1902
74	1490	1955	2091
75	1673	2168	2304
76	1878	2402	2538
77	2104	2655	2791
78	2349	2929	3065
79	2615	3222	3355
80	2903	3536	3664
81	3203	3858	3983
82	3517	4193	4313
83	3855	4549	4667
84	4233	4943	5052
85	4659	5382	5481

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

United Security Assurance Co. of PA

BLUE CROSS BLUE SHIELD OF VIRGINIA

POLICY FORM # LTC1L90 LTC1L90

90 DAY EP / 2 YR BP 2 090

Daily Home Care Benefit Amount is 75% of Daily Nursing Home Benefit 075

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	43	51	59
41	45	56	61
42	48	59	67
43	48	61	69
44	51	67	74
45	53	69	80
46	56	74	85
47	61	80	93
48	64	85	96
49	67	90	104
50	72	96	112
51	77	104	122
52	82	114	136
53	88	122	149
54	96	133	160
55	104	146	176
56	112	160	189
57	122	176	208
58	133	192	229
59	146	210	250
60	160	231	274
61	176	253	298
62	194	279	325
63	213	306	351
64	234	335	383
65	261	370	415
66	290	410	458
67	322	450	505
68	357	498	553
69	399	548	607
70	444	607	662
71	498	670	732
72	553	737	803
73	617	811	878
74	686	894	958
75	766	984	1048
76	857	1085	1149
77	955	1195	1258
78	1062	1312	1375
79	1173	1431	1493
80	1288	1554	1610
81	1402	1673	1727
82	1522	1793	1844
83	1647	1918	1966
84	1775	2049	2094
85	1910	2195	2232

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

United Security Assurance Co. of PA

BLUE CROSS BLUE SHIELD OF VIRGINIA

POLICY FORM # LTC1L90 LTC1L90

90 DAY EP / 3 YR BP 3 090

Daily Home Care Benefit Amount is 75% of Daily Nursing Home Benefit 075

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	45	56	64
41	48	61	69
42	51	64	77
43	53	69	80
44	59	74	85
45	61	80	90
46	64	85	98
47	67	90	109
48	72	98	114
49	74	104	122
50	80	112	136
51	88	122	146
52	93	133	160
53	101	144	176
54	109	160	189
55	120	173	205
56	133	192	229
57	144	210	250
58	157	229	274
59	173	253	303
60	192	279	330
61	210	306	359
62	231	335	394
63	255	370	426
64	282	407	463
65	314	450	508
66	351	498	556
67	391	551	615
68	434	607	676
69	484	670	740
70	543	742	817
71	609	822	894
72	678	907	987
73	756	998	1075
74	843	1101	1181
75	942	1213	1288
76	1056	1338	1418
77	1179	1477	1556
78	1314	1623	1703
79	1453	1775	1846
80	1596	1929	1998
81	1743	2081	2150
82	1894	2232	2301
83	2051	2389	2450
84	2214	2557	2615
85	2384	2740	2788

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

BLUE CROSS BLUE SHIELD OF VIRGINIA
POLICY FORM # LTC1L90 LTC1L90

90 DAY EP / 4 YR BP 4 090

Daily Home Care Benefit Amount is 75% of Daily Nursing Home Benefit 075

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	48	61	69
41	51	67	74
42	53	69	80
43	59	74	88
44	61	80	93
45	64	88	98
46	69	93	109
47	72	98	117
48	77	106	125
49	82	114	136
50	88	125	149
51	96	136	160
52	104	146	176
53	112	160	192
54	120	176	210
55	133	192	229
56	146	213	255
57	160	234	279
58	176	255	303
59	192	282	335
60	213	311	370
61	234	343	404
62	258	378	439
63	285	415	476
64	317	458	521
65	354	505	572
66	394	561	628
67	439	620	689
68	490	684	758
69	545	756	835
70	612	838	921
71	686	926	1014
72	766	1024	1109
73	854	1131	1219
74	955	1245	1333
75	1067	1375	1463
76	1195	1519	1607
77	1338	1676	1764
78	1490	1844	1929
79	1650	2017	2102
80	1814	2192	2272
81	1985	2368	2442
82	2158	2543	2618
83	2339	2727	2796
84	2527	2921	2985
85	2724	3129	3187

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

BLUE CROSS BLUE SHIELD OF VIRGINIA
POLICY FORM # LTC1L90 LTC1L90

90 DAY EP / 5 YR BP 5 090

Daily Home Care Benefit Amount is 75% of Daily Nursing Home Benefit 075

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	51	64	72
41	53	69	77
42	56	74	82
43	61	80	90
44	64	85	98
45	69	90	106
46	72	98	117
47	77	106	125
48	80	112	133
49	88	122	144
50	93	133	160
51	101	144	173
52	109	157	186
53	117	170	208
54	128	189	223
55	141	208	247
56	154	229	271
57	170	250	301
58	186	274	327
59	208	303	362
60	229	335	399
61	253	370	436
62	279	407	474
63	309	447	516
64	341	492	561
65	380	545	615
66	426	604	678
67	474	668	748
68	527	740	822
69	591	817	902
70	662	907	995
71	742	1003	1096
72	830	1109	1203
73	926	1224	1320
74	1035	1352	1447
75	1157	1493	1586
76	1298	1650	1743
77	1453	1822	1916
78	1620	2003	2096
79	1796	2195	2285
80	1974	2386	2474
81	2160	2578	2661
82	2352	2772	2855
83	2551	2974	3049
84	2759	3187	3259
85	2974	3416	3477

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

United Security Assurance Co. of PA

BLUE CROSS BLUE SHIELD OF VIRGINIA

POLICY FORM # LTC1L90 LTC1L90

90 DAY EP / 6 YR BP 6 090

Daily Home Care Benefit Amount is 75% of Daily Nursing Home Benefit 075

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	51	67	74
41	53	72	82
42	59	77	88
43	61	82	96
44	67	88	104
45	69	96	109
46	74	101	120
47	80	109	128
48	85	117	141
49	90	128	149
50	96	138	168
51	104	149	178
52	114	165	200
53	122	178	213
54	133	197	237
55	146	216	261
56	162	239	285
57	178	263	317
58	197	287	346
59	216	319	378
60	239	351	420
61	266	388	455
62	293	428	498
63	322	471	543
64	359	519	591
65	399	575	647
66	447	636	716
67	498	705	785
68	556	777	862
69	620	862	952
70	697	955	1051
71	782	1059	1152
72	873	1171	1266
73	976	1290	1391
74	1091	1426	1527
75	1221	1575	1676
76	1370	1740	1838
77	1535	1924	2025
78	1711	2118	2216
79	1897	2320	2418
80	2088	2525	2618
81	2285	2730	2817
82	2490	2937	3020
83	2703	3150	3233
84	2924	3379	3453
85	3153	3624	3690

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

United Security Assurance Co. of PA

BLUE CROSS BLUE SHIELD OF VIRGINIA

POLICY FORM # LTC1L90 LTC1L90

90 DAY EP / LIFETIME BP 9 090

Daily Home Care Benefit Amount is 75% of Daily Nursing Home Benefit 075

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	82	117	133
41	88	125	144
42	93	133	152
43	98	141	162
44	104	149	173
45	109	160	186
46	117	170	200
47	122	181	210
48	128	192	223
49	133	202	239
50	144	218	258
51	152	234	279
52	165	253	301
53	176	274	327
54	189	298	354
55	208	325	386
56	226	357	423
57	247	391	466
58	274	431	511
59	298	468	553
60	322	500	591
61	341	527	615
62	359	543	631
63	378	561	644
64	402	585	668
65	439	628	708
66	484	686	769
67	537	756	841
68	599	835	926
69	668	929	1024
70	750	1030	1128
71	841	1141	1242
72	939	1261	1365
73	1051	1394	1501
74	1176	1540	1647
75	1317	1705	1812
76	1477	1886	1993
77	1652	2083	2190
78	1841	2296	2400
79	2049	2522	2623
80	2269	2762	2860
81	2498	3006	3102
82	2738	3262	3355
83	2993	3530	3621
84	3278	3826	3911
85	3602	4156	4233

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

BLUE CROSS BLUE SHIELD OF VIRGINIA
POLICY FORM # LTC1L90 LTC1L90

90 DAY EP / 2 YR BP 2 090

Daily Home Care Benefit Amount is 100% of Daily Nursing Home 100

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	48	59	64
41	51	61	67
42	53	64	74
43	56	69	80
44	59	74	82
45	61	80	88
46	64	82	98
47	67	88	106
48	72	96	109
49	74	101	117
50	80	109	128
51	85	120	138
52	93	128	154
53	98	138	168
54	106	152	181
55	117	165	200
56	128	181	213
57	138	200	234
58	152	218	261
59	165	239	287
60	184	263	311
61	202	290	341
62	221	317	370
63	242	349	399
64	269	383	436
65	298	423	474
66	330	466	521
67	367	513	575
68	407	567	633
69	455	625	692
70	508	692	758
71	569	766	835
72	633	843	918
73	705	929	1003
74	785	1024	1096
75	878	1128	1200
76	979	1242	1314
77	1093	1367	1442
78	1216	1503	1575
79	1344	1642	1708
80	1474	1780	1844
81	1607	1918	1979
82	1745	2054	2110
83	1886	2198	2253
84	2033	2349	2400
85	2190	2514	2559

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

United Security Assurance Co. of PA

BLUE CROSS BLUE SHIELD OF VIRGINIA

POLICY FORM # LTC1L90 LTC1L90

90 DAY EP / 3 YR BP 3 090

Daily Home Care Benefit Amount is 100% of Daily Nursing Home 100

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	51	64	72
41	53	69	77
42	59	72	85
43	61	77	90
44	64	82	96
45	69	90	101
46	72	96	112
47	77	104	122
48	80	109	128
49	85	117	136
50	90	128	154
51	98	138	165
52	106	152	181
53	114	165	197
54	125	181	213
55	136	197	234
56	149	218	261
57	165	237	285
58	178	261	311
59	197	287	346
60	218	317	375
61	239	349	410
62	263	383	450
63	293	420	487
64	322	466	527
65	359	513	580
66	402	569	633
67	447	628	702
68	498	692	772
69	553	766	846
70	620	849	931
71	694	939	1022
72	777	1038	1128
73	865	1144	1229
74	966	1261	1352
75	1080	1389	1474
76	1208	1532	1623
77	1352	1692	1783
78	1503	1860	1950
79	1663	2033	2115
80	1828	2208	2288
81	1995	2381	2461
82	2168	2557	2637
83	2349	2738	2807
84	2535	2929	2998
85	2732	3139	3195

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

United Security Assurance Co. of PA

BLUE CROSS BLUE SHIELD OF VIRGINIA

POLICY FORM # LTC1L90 LTC1L90

90 DAY EP / 4 YR BP 4 090

Daily Home Care Benefit Amount is 100% of Daily Nursing Home 100

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	53	69	77
41	56	72	85
42	61	77	90
43	64	85	98
44	69	90	104
45	72	98	112
46	77	104	122
47	82	112	133
48	88	120	141
49	93	130	154
50	98	141	168
51	106	152	181
52	117	168	197
53	125	181	216
54	138	200	237
55	152	218	261
56	165	242	290
57	181	266	317
58	200	293	346
59	218	322	383
60	242	354	420
61	269	391	460
62	295	431	500
63	325	474	543
64	362	521	596
65	402	577	654
66	450	639	716
67	500	708	788
68	559	780	867
69	623	865	952
70	700	958	1051
71	785	1059	1157
72	875	1171	1269
73	976	1293	1394
74	1091	1426	1527
75	1221	1572	1673
76	1367	1737	1838
77	1532	1918	2019
78	1705	2112	2208
79	1889	2309	2408
80	2078	2512	2605
81	2272	2714	2799
82	2472	2916	2998
83	2679	3123	3203
84	2897	3347	3421
85	3121	3586	3653

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

United Security Assurance Co. of PA

BLUE CROSS BLUE SHIELD OF VIRGINIA

POLICY FORM # LTC1L90 LTC1L90

90 DAY EP / 5 YR BP 5 090

Daily Home Care Benefit Amount is 100% of Daily Nursing Home 100

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	56	72	80
41	59	77	88
42	64	82	93
43	67	88	101
44	72	96	109
45	77	104	120
46	82	112	130
47	85	120	141
48	90	128	152
49	98	138	162
50	106	149	181
51	114	162	197
52	122	178	210
53	133	194	234
54	146	213	253
55	160	234	282
56	176	258	309
57	194	285	341
58	213	314	372
59	234	346	412
60	261	380	455
61	287	420	498
62	317	463	540
63	351	511	588
64	388	561	639
65	434	623	702
66	484	692	774
67	540	764	854
68	601	843	939
69	673	934	1032
70	756	1035	1139
71	849	1147	1253
72	947	1269	1375
73	1059	1399	1511
74	1184	1546	1655
75	1325	1708	1817
76	1485	1886	1995
77	1663	2086	2195
78	1854	2296	2400
79	2057	2514	2618
80	2261	2735	2833
81	2474	2953	3049
82	2695	3177	3270
83	2924	3408	3491
84	3161	3653	3735
85	3408	3916	3985

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

United Security Assurance Co. of PA

BLUE CROSS BLUE SHIELD OF VIRGINIA

POLICY FORM # LTC1L90 LTC1L90

90 DAY EP / 6 YR BP 6 090

Daily Home Care Benefit Amount is 100% of Daily Nursing Home 100

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	56	74	82
41	61	80	93
42	64	85	98
43	69	90	106
44	74	98	114
45	80	106	122
46	85	114	136
47	90	122	144
48	96	133	160
49	101	144	168
50	109	157	189
51	117	170	202
52	128	186	223
53	138	202	242
54	152	223	269
55	168	245	295
56	184	271	325
57	202	298	359
58	223	327	394
59	245	362	431
60	274	402	479
61	303	442	519
62	333	487	569
63	367	535	620
64	407	591	676
65	455	654	737
66	511	726	817
67	569	803	894
68	633	889	984
69	710	984	1088
70	795	1091	1200
71	894	1211	1317
72	1000	1338	1450
73	1117	1477	1594
74	1248	1631	1745
75	1397	1801	1918
76	1567	1993	2104
77	1756	2203	2317
78	1961	2426	2538
79	2174	2658	2770
80	2392	2892	2998
81	2618	3126	3227
82	2852	3366	3461
83	3097	3610	3706
84	3350	3871	3956
85	3613	4153	4228

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

United Security Assurance Co. of PA

BLUE CROSS BLUE SHIELD OF VIRGINIA

POLICY FORM # LTC1L90 LTC1L90

90 DAY EP / LIFETIME BP 9 090

Daily Home Care Benefit Amount is 100% of Daily Nursing Home 100

Issue Age	Base	Base+IPO Simple	Base+IPO Compounded
40	93	130	149
41	98	138	160
42	104	149	170
43	109	157	184
44	117	168	194
45	125	181	210
46	130	192	223
47	136	202	237
48	144	216	253
49	152	229	271
50	162	247	293
51	173	266	317
52	186	287	341
53	200	311	370
54	216	338	402
55	234	367	439
56	258	404	482
57	282	447	529
58	311	490	583
59	338	532	631
60	367	572	673
61	388	599	702
62	410	620	718
63	431	639	734
64	460	668	761
65	500	718	809
66	553	785	878
67	612	862	960
68	684	955	1059
69	764	1059	1168
70	857	1176	1290
71	960	1304	1421
72	1075	1442	1562
73	1203	1594	1716
74	1344	1764	1886
75	1509	1950	2073
76	1689	2158	2280
77	1892	2384	2506
78	2110	2629	2748
79	2344	2887	3004
80	2597	3161	3275
81	2860	3445	3554
82	3134	3735	3842
83	3429	4047	4148
84	3757	4385	4483
85	4126	4765	4853

Above rates are for a single person. There is a 10% discount off these rates for both spouses who purchase identical coverage.

BLUE CROSS AND BLUE SHIELD OF VIRGINIA
INDIVIDUAL NURSING FACILITY INSURANCE

POLICY FORM # NFO-1 N92, ET AL NFO-1N92
STANDARD ANNUAL PREMIUMS PER $10
OF DAILY NURSING FACILITY BENEFIT

PLAN A 2
30 DAY - 2 YEARS 30

ISSUE AGE	BASIC PLAN	5% IPO 20 YEAR SIMPLE	5% IPO 20 YEAR COMPOUND
50	56	82	96
51	61	88	104
52	64	96	114
53	69	104	122
54	74	112	133
55	77	120	141
56	82	122	146
57	85	125	149
58	88	128	149
59	93	133	154
60	98	144	162
61	109	157	178
62	120	173	197
63	133	192	218
64	149	213	239
65	168	237	266
66	184	261	290
67	202	285	319
68	223	314	349
69	247	343	380
70	279	383	420
71	314	423	463
72	351	471	511
73	394	521	564
74	442	577	620
75	495	641	681
76	553	708	748
77	615	780	819
78	684	854	897
79	758	939	979
80	843	1030	1067

The above rates are for a Standard Risk who is a single applicant. A Preferred Non-Smoker will have rates 10% less than the above. A married person purchasing the same policy form as spouse will have rates 10% less than the above.

If both discount features apply, the premium will be 19% less than the above rates.

BLUE CROSS AND BLUE SHIELD OF VIRGINIA
INDIVIDUAL NURSING FACILITY INSURANCE

POLICY FORM # NFO-1 N92, ET AL
STANDARD ANNUAL PREMIUMS PER $10
OF DAILY NURSING FACILITY BENEFIT

PLAN A 2
100 DAY - 2 YEARS 100

ISSUE AGE	BASIC PLAN	5% IPO 20 YEAR SIMPLE	5% IPO 20 YEAR COMPOUND
50	51	74	85
51	56	80	93
52	59	85	101
53	61	93	109
54	67	98	117
55	69	106	125
56	74	109	128
57	74	112	130
58	77	114	133
59	82	117	136
60	88	125	144
61	96	138	157
62	106	152	173
63	120	168	192
64	133	186	210
65	146	208	231
66	162	226	255
67	178	247	277
68	197	271	303
69	216	301	330
70	242	333	364
71	271	367	402
72	306	407	442
73	341	452	487
74	383	500	535
75	428	553	588
76	479	609	644
77	529	670	705
78	588	734	769
79	652	806	841
80	724	883	915

The above rates are for a Standard Risk who is a single applicant. A Preferred Non-Smoker will have rates 10% less than the above. A married person purchasing the same policy form as spouse will have rates 10% less than the above.

If both discount features apply, the premium will be 19% less than the above rates.

BLUE CROSS AND BLUE SHIELD OF VIRGINIA
INDIVIDUAL NURSING FACILITY INSURANCE

POLICY FORM # NFO-1 N92, ET AL
STANDARD ANNUAL PREMIUMS PER $10
OF DAILY NURSING FACILITY BENEFIT

PLAN B 4
30 DAY - 4 YEARS 30

ISSUE AGE	BASIC PLAN	5% IPO 20 YEAR SIMPLE	5% IPO 20 YEAR COMPOUND
50	74	112	133
51	80	122	144
52	85	133	160
53	93	144	173
54	101	157	186
55	106	168	200
56	112	173	205
57	114	176	208
58	120	181	213
59	128	189	218
60	136	200	231
61	152	221	253
62	168	245	279
63	189	271	309
64	210	303	343
65	234	335	380
66	261	372	418
67	290	410	458
68	319	450	500
69	357	498	551
70	399	551	607
71	450	615	670
72	505	681	740
73	569	758	817
74	639	841	902
75	718	934	992
76	806	1032	1093
77	899	1139	1200
78	1003	1256	1314
79	1117	1381	1439
80	1245	1519	1575

The above rates are for a Standard Risk who is a single applicant. A Preferred Non-Smoker will have rates 10% less than the above. A married person purchasing the same policy form as spouse will have rates 10% less than the above.

If both discount features apply, the premium will be 19% less than the above rates.

BLUE CROSS AND BLUE SHIELD OF VIRGINIA
INDIVIDUAL NURSING FACILITY INSURANCE

POLICY FORM # NFO-1 N92, ET AL
STANDARD ANNUAL PREMIUMS PER $10
OF DAILY NURSING FACILITY BENEFIT

PLAN B 4
100 DAY - 4 YEARS 100

ISSUE AGE	BASIC PLAN	5% IPO 20 YEAR SIMPLE	5% IPO 20 YEAR COMPOUND
50	69	104	122
51	74	112	133
52	80	122	144
53	85	133	157
54	93	144	170
55	98	152	181
56	104	157	186
57	106	160	189
58	109	165	192
59	117	170	197
60	125	184	210
61	138	200	229
62	154	221	253
63	170	245	279
64	192	274	311
65	213	303	343
66	237	335	375
67	261	367	412
68	287	404	450
69	319	444	492
70	359	495	543
71	404	548	599
72	455	609	662
73	508	676	729
74	572	750	803
75	641	830	886
76	718	918	971
77	801	1014	1067
78	891	1115	1165
79	992	1224	1274
80	1101	1346	1394

The above rates are for a Standard Risk who is a single applicant. A Preferred Non-Smoker will have rates 10% less than the above. A married person purchasing the same policy form as spouse will have rates 10% less than the above.

If both discount features apply, the premium will be 19% less than the above rates.

BLUE CROSS AND BLUE SHIELD OF VIRGINIA
INDIVIDUAL NURSING FACILITY INSURANCE

POLICY FORM # NFO-1 N92, ET AL
STANDARD ANNUAL PREMIUMS PER $10
OF DAILY NURSING FACILITY BENEFIT

PLAN C 6
30 DAY - 6 YEARS 30

ISSUE AGE	BASIC PLAN	5% IPO 20 YEAR SIMPLE	5% IPO 20 YEAR COMPOUND
50	85	130	154
51	93	141	168
52	98	154	184
53	109	168	202
54	117	181	218
55	125	194	231
56	130	202	239
57	136	205	242
58	138	210	247
59	146	218	253
60	160	234	269
61	176	255	293
62	194	282	325
63	218	314	359
64	242	351	396
65	271	388	439
66	303	431	484
67	335	474	529
68	370	521	580
69	412	575	636
70	463	639	702
71	521	710	774
72	585	788	854
73	657	873	939
74	737	968	1035
75	827	1072	1141
76	929	1189	1258
77	1038	1314	1381
78	1157	1447	1514
79	1290	1594	1660
80	1437	1751	1817

The above rates are for a Standard Risk who is a single applicant. A Preferred Non-Smoker will have rates 10% less than the above. A married person purchasing the same policy form as spouse will have rates 10% less than the above.

If both discount features apply, the premium will be 19% less than the above rates.

BLUE CROSS AND BLUE SHIELD OF VIRGINIA
INDIVIDUAL NURSING FACILITY INSURANCE

POLICY FORM # NFO-1 N92, ET AL
STANDARD ANNUAL PREMIUMS PER $10
OF DAILY NURSING FACILITY BENEFIT

PLAN C 6
100 DAY - 6 YEARS 100

ISSUE AGE	BASIC PLAN	5% IPO 20 YEAR SIMPLE	5% IPO 20 YEAR COMPOUND
50	80	120	141
51	85	130	154
52	93	141	170
53	101	154	186
54	106	168	200
55	114	178	213
56	120	184	218
57	125	189	223
58	128	194	226
59	136	200	231
60	146	213	247
61	162	234	269
62	178	258	295
63	200	287	327
64	223	319	362
65	247	354	399
66	277	391	439
67	303	428	479
68	338	471	524
69	375	519	575
70	420	577	633
71	471	639	697
72	527	710	769
73	591	785	846
74	662	870	931
75	745	963	1024
76	833	1067	1128
77	931	1176	1237
78	1038	1296	1354
79	1155	1423	1482
80	1282	1564	1620

The above rates are for a Standard Risk who is a single applicant. A Preferred Non-Smoker will have rates 10% less than the above. A married person purchasing the same policy form as spouse will have rates 10% less than the above.

If both discount features apply, the premium will be 19% less than the above rates.

BLUE CROSS AND BLUE SHIELD OF VIRGINIA
INDIVIDUAL NURSING FACILITY INSURANCE

POLICY FORM # NFO-1 N92, ET AL
STANDARD ANNUAL PREMIUMS PER $10
OF DAILY NURSING FACILITY BENEFIT

PLAN D 9
30 DAY - LIFETIME 30

ISSUE AGE	BASIC PLAN	5% IPO 20 YEAR SIMPLE	5% IPO 20 YEAR COMPOUND
50	101	152	178
51	106	165	194
52	117	178	213
53	125	194	231
54	133	208	247
55	144	221	263
56	149	231	271
57	154	237	277
58	162	242	279
59	170	250	287
60	184	266	306
61	200	290	330
62	221	317	362
63	242	351	399
64	269	388	439
65	301	428	484
66	335	474	532
67	370	521	580
68	410	572	636
69	455	633	697
70	511	700	769
71	572	777	846
72	641	859	931
73	716	950	1022
74	801	1051	1123
75	899	1163	1237
76	1008	1288	1362
77	1128	1423	1498
78	1261	1572	1642
79	1402	1729	1798
80	1556	1894	1963

The above rates are for a Standard Risk who is a single applicant. A Preferred Non-Smoker will have rates 10% less than the above. A married person purchasing the same policy form as spouse will have rates 10% less than the above.

If both discount features apply, the premium will be 19% less than the above rates.

BLUE CROSS AND BLUE SHIELD OF VIRGINIA
INDIVIDUAL NURSING FACILITY INSURANCE

POLICY FORM # NFO-1 N92, ET AL
STANDARD ANNUAL PREMIUMS PER $10
OF DAILY NURSING FACILITY BENEFIT

PLAN D 9
100 DAY - LIFETIME 100

ISSUE AGE	BASIC PLAN	5% IPO 20 YEAR SIMPLE	5% IPO 20 YEAR COMPOUND
50	93	141	165
51	101	152	178
52	106	165	194
53	117	178	213
54	125	192	229
55	133	202	242
56	138	210	250
57	144	216	253
58	149	221	258
59	157	229	263
60	168	245	279
61	184	266	301
62	202	290	330
63	223	319	362
64	247	354	399
65	274	391	439
66	303	428	482
67	335	471	527
68	372	519	575
69	412	572	631
70	463	633	694
71	519	700	764
72	577	774	835
73	644	854	918
74	721	942	1008
75	806	1043	1107
76	905	1152	1219
77	1011	1274	1338
78	1125	1402	1466
79	1253	1540	1602
80	1386	1687	1748

The above rates are for a Standard Risk who is a single applicant. A Preferred Non-Smoker will have rates 10% less than the above. A married person purchasing the same policy form as spouse will have rates 10% less than the above.

If both discount features apply, the premium will be 19% less than the above rates.

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	Readability Certification.pdf
Item Status:	Received & Acknowledged
Status Date:	04/09/2021

Bypassed - Item:	Product Checklist
Bypass Reason:	Rate increase filing
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	04/09/2021

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	Attached are the Actuarial Memo and Exhibits from the 10-29-2020 objection response.
Attachment(s):	Exhibit 16.pdf Exhibit 17.pdf Exhibit 10.pdf Exhibit 11.pdf Exhibit 12.xlsx Exhibit 13.pdf Trigon Exhibits 2020.xlsx Trigon 2018 RI Actuarial Memorandum 33%.pdf
Item Status:	Received & Acknowledged
Status Date:	04/09/2021

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Attached is a revised LTC Rate Request Summary as requested
Attachment(s):	ltcratereq_sum updated 3 w narrative.pdf
Item Status:	Received & Acknowledged
Status Date:	04/09/2021

Satisfied - Item:	Submission Letter
Comments:	
Attachment(s):	Trigon RI Submission Ltr Nov 2018.pdf
Item Status:	Received & Acknowledged
Status Date:	04/09/2021

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Satisfied - Item:	Response to Objection Letter dated 2/19/19
Comments:	Please see the attached letter from our Actuary.
Attachment(s):	VA Trigon Objection 3-7-2019_response.pdf
Item Status:	Received & Acknowledged
Status Date:	04/09/2021

Satisfied - Item:	Response to 5-14-19 Objection Letter
Comments:	The Actuarial Memorandum Section has been updated as requested with a revised Memorandum and the Exhibits 16 and 17.. We have also included Exhibit 10, 11, 12 and 13 in that area.
Attachment(s):	VA Trigon Objection 5-14-2019 response.pdf
Item Status:	Received & Acknowledged
Status Date:	04/09/2021

Satisfied - Item:	Response to 4-10-19 request
Comments:	
Attachment(s):	VA Trigon Objection 4-10-2019_response.pdf Trigon 2018 RI Actuarial Memorandum v5.pdf Exhibit 10.xlsx Exhibit 11.xlsx Exhibit 12.xlsx Exhibit 13.xlsx
Item Status:	Received & Acknowledged
Status Date:	04/09/2021

Satisfied - Item:	Response to May 24, 2019 Objection Letter
Comments:	
Attachment(s):	VA Trigon Objection 5-24-2019_response signed.pdf
Item Status:	Received & Acknowledged
Status Date:	04/09/2021

Satisfied - Item:	Response to July 2, 2019 Objection and John Doe Policyholder Letters
Comments:	
Attachment(s):	VA Trigon Objection 7-2-19 response ltr.pdf VA-RI-1-JD.pdf VA-RI-2-JD.pdf VA-RI-3-JD.pdf
Item Status:	Received & Acknowledged
Status Date:	04/09/2021

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Satisfied - Item:	Approved Policy Change Endorsement Form PCE-U
Comments:	SERFF filing information including Form and Statement of Variability
Attachment(s):	Policy Change Endorsement USPA-128578761.pdf
Item Status:	Received & Acknowledged
Status Date:	04/09/2021

Satisfied - Item:	Response to 7-18-19 Objection Letter
Comments:	
Attachment(s):	VA Trigon Objection 7-18-2019 response.pdf Exhibit 18.pdf
Item Status:	Received & Acknowledged
Status Date:	04/09/2021

Satisfied - Item:	Response to 8-29-19 Objection Letter
Comments:	
Attachment(s):	VA Trigon Objection 8-29-2019 response.pdf
Item Status:	Received & Acknowledged
Status Date:	04/09/2021

Satisfied - Item:	Response to 11-12-19 Objection Letter
Comments:	
Attachment(s):	Trigon RI Obj Response 11-12-19_USPA-131712591.pdf Form 920001.pdf
Item Status:	Received & Acknowledged
Status Date:	04/09/2021

Satisfied - Item:	02-27-2020 Objection Response USPA-131712591
Comments:	Please see attached objection response letter. Additional information after discussion with Colleen Moore the afternoon of Monday, 4/27/2020: The attached file TGN RI #3 TMA 7 ben mod example 042720.xlsx is an example of all the options we consider when a policyholder requests a premium modification to offset (partially or completely) a rate increase. We first make sure that we can reproduce exactly the original issue premium, then apply prior rate increase and then make one or more modifications to offset the new rate increase and provide that information to the policyholder for approval and/or other changes.
Attachment(s):	VA Trigon Obj Response for 02-27-2020 USPA-131712591.pdf New Exhibits.pdf Projected Incrd Clms.xlsx PPV TGN Test.xlsx If-Knew Blend Exh 3.xlsx TGN RI #3 TMA 7 ben mod example 042720.xlsx

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Item Status:	Received & Acknowledged
Status Date:	04/09/2021

Satisfied - Item:	05-13-2020 Objection Response USPA-131712591
Comments:	
Attachment(s):	VA Trigon Obj Response for 05-13-2020 USPA-131712591.pdf Exhibit 13 Updated.pdf
Item Status:	Received & Acknowledged
Status Date:	04/09/2021

Satisfied - Item:	Response to 05-13-2020 Obj Letter re Policyholder Correspondence
Comments:	See Response to 10-19-2020 Objection for revised Policyholder Notification Template
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	04/09/2021

Satisfied - Item:	Option Letter Form TRI-CL2020 Attachment samples and SOV
Comments:	Three samples of option attachment to TRI-CL2020 Revised Statement of Variables for Forms VA-RI and TRI-CL2020 03-31-2021
Attachment(s):	Option samples Ver 3 11052020.pdf Statement of variables Forms VA-RI and TRI-CL2020_03-31-21.pdf
Item Status:	Received & Acknowledged
Status Date:	04/09/2021

Satisfied - Item:	Response to 10-29-2020 Objection USPA-131712591
Comments:	
Attachment(s):	Trigon 2018 RI Actuarial Memorandum 33%.pdf Trigon Exhibits 2020.xlsx
Item Status:	Received & Acknowledged
Status Date:	04/09/2021

Satisfied - Item:	Response to 10-19-2020 Objection Policyholder Notification
Comments:	We have submitted 2 revised Forms and the Statement of Variability for both forms is on one SOV under the Option Letter Form attachment samples
Attachment(s):	Response to Obj 10-19-20 USPA-131712591.pdf
Item Status:	Received & Acknowledged
Status Date:	04/09/2021

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Satisfied - Item:	Response to Objection 01-19-2021
Comments:	Attached is a response letter to the Objection and the annotated version of Form VA-RI.
Attachment(s):	Response to Obj 1-19-21 USPA-131712591.pdf VA-RI-1_annotated.pdf
Item Status:	Received & Acknowledged
Status Date:	04/09/2021

Satisfied - Item:	John Doe Versions of Form VA-RI and policyholder correspondence
Comments:	Revised TRI-CL2020 Cover Letter John Doe version
Attachment(s):	VA-RI-1 - John Doe.pdf Trigon ILTC 33pct option John Doe.pdf TRI-CL2020 Options Cover Letter_JohnDoe.pdf
Item Status:	Received & Acknowledged
Status Date:	04/09/2021

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: Trigon VA 2018 Rate Increase Filing
Project Name/Number: 2018 Trigon Rate Increase/

Attachment Exhibit 12.xlsx is not a PDF document and cannot be reproduced here.

Attachment Trigon Exhibits 2020.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 10.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 11.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 12.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 13.xlsx is not a PDF document and cannot be reproduced here.

Attachment Projected Incrd Clms.xlsx is not a PDF document and cannot be reproduced here.

Attachment PPV TGN Test.xlsx is not a PDF document and cannot be reproduced here.

Attachment If-Knew Blend Exh 3.xlsx is not a PDF document and cannot be reproduced here.

Attachment TGN RI #3 TMA 7 ben mod example 042720.xlsx is not a PDF document and cannot be reproduced here.

Attachment Trigon Exhibits 2020.xlsx is not a PDF document and cannot be reproduced here.

Certification

The Flesch reading ease score of the filed Form is 52.

I represent that a review of the enclosed form has been conducted, and I certify that, to the best of my knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the applicable rules and regulations. I understand that a failure to comply with these requirements will result in a disapproval of the filing.

Martha Stephens, Vice President, Operations Date 2-2-2021

United Security Assurance Company of Pennsylvania

Exhibit 16
United Security Assurance Company of PA
Assumed Trigon LTC Block of Business
(excluding form GLTC-2N91 and Policy TMA00005974)

Year	Actual Active Life Reserves
2009	17,948,787
2010	18,505,804
2011	19,007,724
2012	17,189,025
2013	15,305,963
2014	14,643,411
2015	13,791,809
2016	12,426,150
2017	12,163,506

Year	Projected Active Live Reserves
2018	11,673,418
2019	11,194,180
2020	10,735,143
2021	10,216,353
2022	9,662,848
2023	9,088,858
2024	8,501,399
2025	7,905,992
2026	7,305,390
2027	6,712,384
2028	6,134,212
2029	5,573,350
2030	5,034,001
2031	4,516,904
2032	4,026,572
2033	3,564,436
2034	3,130,389
2035	2,728,313
2036	2,358,085
2037	2,021,257
2038	1,716,546
2039	1,443,029
2040	1,201,139
2041	989,443
2042	805,906
2043	647,818
2044	513,182
2045	399,809
2046	306,714
2047	231,150
2048	171,184
2049	124,856
2050	89,667
2051	63,317

Exhibit 17
United Security Assurance Company of PA
Business Assumed from TRIGON
Current Experience with 1 time 158.2% rate increase mid-year 2019
Nationwide/VA

Year	Cash Premium	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Active Life Rsvs Since Assumption
1996	-	516,101	-	41,544	8.0%	
1997	-	2,043,863	-	73,301	3.6%	
1998	-	2,225,267	-	444,111	20.0%	
1999	-	2,335,488	-	580,774	24.9%	
2000	-	2,377,763	-	421,991	17.7%	
2001	-	2,301,666	-	1,129,741	49.1%	
2002	-	2,187,343	-	827,304	37.8%	
2003	-	2,093,227	-	1,155,486	55.2%	
2004	-	1,938,259	-	1,143,011	59.0%	
2005	-	1,997,867	-	1,946,241	97.4%	
2006	-	1,902,591	-	1,545,566	81.2%	
2007	-	1,796,851	-	2,057,350	114.5%	
2008	-	1,699,072	-	1,055,220	62.1%	
2009	-	1,584,165	-	1,414,154	89.3%	17,948,787
2010	1,515,877	1,522,912	487,311	1,904,800	125.1%	18,505,804
2011	1,630,956	1,666,907	1,382,112	3,022,803	181.3%	19,007,724
2012	1,491,258	1,588,146	1,867,768	3,417,799	215.2%	17,189,025
2013	1,335,730	1,384,664	2,228,930	3,341,767	241.3%	15,305,963
2014	1,348,025	1,349,755	3,210,964	6,067,854	449.6%	14,643,411
2015	1,441,045	1,387,501	3,475,253	4,311,695	310.8%	13,791,809
2016	1,496,996	1,478,922	3,893,975	2,664,192	180.1%	12,426,150
2017	1,318,741	1,255,782	3,591,247	3,543,551	282.2%	12,163,506
Cumulative @ 4.50%		66,980,357		58,113,815	86.8%	175,884,170
2018		1,135,983		3,552,450	312.7%	11,673,418
2019		1,641,028		3,495,640	213.0%	11,194,180
2020		2,355,647		3,378,551	143.4%	10,735,143
2021		2,090,926		3,247,975	155.3%	10,216,353
2022		1,843,994		3,096,175	167.9%	9,662,848
2023		1,615,732		2,949,708	182.6%	9,088,858
2024		1,406,635		2,795,449	198.7%	8,501,399
2025		1,216,819		2,664,478	219.0%	7,905,992
2026		1,046,037		2,534,164	242.3%	7,305,390
2027		893,713		2,384,949	266.9%	6,712,384
2028		759,000		2,229,745	293.8%	6,134,212
2029		640,834		2,077,649	324.2%	5,573,350
2030		538,001		1,925,676	357.9%	5,034,001
2031		449,190		1,780,800	396.4%	4,516,904
2032		373,045		1,634,890	438.3%	4,026,572
2033		308,205		1,494,255	484.8%	3,564,436
2034		253,350		1,361,102	537.2%	3,130,389
2035		207,229		1,227,550	592.4%	2,728,313
2036		168,679		1,101,272	652.9%	2,358,085
2037		136,637		978,607	716.2%	2,021,257
2038		110,144		865,174	785.5%	1,716,546
2039		88,350		759,430	859.6%	1,443,029
2040		70,507		658,390	933.8%	1,201,139
2041		55,967		565,458	1010.3%	989,443
2042		44,172		481,268	1089.5%	805,906
2043		34,649		406,604	1173.5%	647,818
2044		26,995		339,613	1258.1%	513,182
2045		20,875		280,242	1342.5%	399,809
2046		16,009		226,111	1412.4%	306,714
2047		12,163		180,219	1481.7%	231,150
2048		9,144		140,591	1537.6%	171,184
2049		6,793		107,017	1575.4%	124,856
2050		4,980		80,089	1608.3%	89,667
2051		3,597		59,027	1641.2%	63,317
PV of Future @ 4.50%		14,552,869		34,264,413	235.4%	98,952,602
Total		81,533,226		92,378,228	113.3%	274,836,773
Cumulative @ 7.40%		97,370,641		72,955,623	74.9%	
PV of Future @ 7.40%		12,350,046		27,817,040	225.2%	
Total Using 7.40% Int		109,720,686		100,772,663	91.8%	

VA Objection dated 4/10/2019, Item #10 = -223.8%

Exhibit 10
Demonstration that Lifetime Incurred Claims with Requested 158.2% (or series of 3 annual 44.225%) Increase(s)
are not less than the Lifetime Earned Premium with Prescribed Factors of 14VAC5-200-150B
Assumed Trigon LTC Block of Business
All Policies

1	Accumulated Value of Initial Earned Premium	64,430,412	x	60% =	38,658,247
2a	Accumulated Value of Earned Premium	66,980,357			
2b	Accumulated Value of Prior Premium Rate Schedule Increases (2a - 1)	2,549,945	x	80% =	2,039,956
3	Present Value of Future Projected Initial Earned Premium	3,472,949	x	60% =	2,083,770
4a	Present Value of Future Projected Premium	14,552,869			
4b	Present Value of Future Projected Premium in excess of initial earned premiums (4a -	11,079,919	x	80% =	8,863,936
5	Lifetime Earned Premium Times Prescribed Factor: (1 + 2b + 3 + 4b)				51,645,908
6a	Accumulated Value of Incurred Claims without Inclusion of Active Life Reserves				58,113,815
6b	Present Value of Future Projected Incurred Claims without Inclusion of Active Life Reserves				34,264,413
7	Lifetime Incurred Claims (6a + 6b)				92,378,228
8	Test: 7 greater than or equal to 5				Pass
	Ratio of Incurred Claims to Prescribed Factor Premium				178.9%

Exhibit 5
United Security Assurance Company of PA
Business Assumed from TRIGON
Current Experience with 1 time 158.2% rate increase mid-year 2019
Nationwide/VA

Year	Cash Premium	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Reverse Rate Increases	All Rate Incrs Since Inception	Since Inception Loss Ratios
1996	-	516,101	-	41,544	8.0%	6.00	3,097,190.93	1.3%
1997	-	2,043,863	-	73,301	3.6%	6.00	12,265,494.44	0.6%
1998	-	2,225,267	-	444,111	20.0%	6.00	13,354,124.04	3.3%
1999	-	2,335,488	-	580,774	24.9%	6.00	14,015,574.96	4.1%
2000	-	2,377,763	-	421,991	17.7%	6.00	14,269,272.87	3.0%
2001	-	2,301,666	-	1,129,741	49.1%	6.00	13,812,604.62	8.2%
2002	-	2,187,343	-	827,304	37.8%	6.00	13,126,537.06	6.3%
2003	-	2,093,227	-	1,155,486	55.2%	6.00	12,561,734.39	9.2%
2004	-	1,938,259	-	1,143,011	59.0%	6.00	11,631,750.75	9.8%
2005	-	1,997,867	-	1,946,241	97.4%	6.00	11,989,466.31	16.2%
2006	-	1,902,591	-	1,545,566	81.2%	6.00	11,417,702.33	13.5%
2007	-	1,796,851	-	2,057,350	114.5%	6.00	10,783,142.49	19.1%
2008	-	1,699,072	-	1,055,220	62.1%	6.00	10,196,357.67	10.3%
2009	-	1,584,165	-	1,414,154	89.3%	6.00	9,506,785.44	14.9%
2010	1,515,877	1,522,912	487,311	1,904,800	125.1%	6.00	9,139,195.83	20.8%
2011	1,630,956	1,666,907	1,382,112	3,022,803	181.3%	6.00	10,003,330.67	30.2%
2012	1,491,258	1,588,146	1,867,768	3,417,799	215.2%	6.00	9,530,673.57	35.9%
2013	1,335,730	1,384,664	2,228,930	3,341,767	241.3%	5.6642269	7,843,051.26	42.6%
2014	1,348,025	1,349,755	3,210,964	6,067,854	449.6%	4.49541817	6,067,715.35	100.0%
2015	1,441,045	1,387,501	3,475,253	4,311,695	310.8%	3.5677922	4,950,315.93	87.1%
2016	1,496,996	1,478,922	3,893,975	2,664,192	180.1%	3.00000268	4,436,769.10	60.0%
2017	1,318,741	1,255,782	3,591,247	3,543,551	282.2%	3.00000268	3,767,348.59	94.1%
Cumulative @ 4.50%		66,980,357		58,113,815	86.8%	4.50%	386,655,493	15.0%
2018		1,135,983		3,552,450	312.7%	3.00000268	3,407,952.69	104.2%
2019		1,641,028		3,495,640	213.0%	2.49805139	4,099,371.29	85.3%
2020		2,355,647		3,378,551	143.4%	1.73205158	4,080,102.82	82.8%
2021		2,090,926		3,247,975	155.3%	1.20093713	2,511,071.18	129.3%
2022		1,843,994		3,096,175	167.9%	1	1,843,993.75	167.9%
2023		1,615,732		2,949,708	182.6%	1	1,615,731.74	182.6%
2024		1,406,635		2,795,449	198.7%	1	1,406,635.39	198.7%
2025		1,216,819		2,664,478	219.0%	1	1,216,819.17	219.0%
2026		1,046,037		2,534,164	242.3%	1	1,046,036.78	242.3%
2027		893,713		2,384,949	266.9%	1	893,713.12	266.9%
2028		759,000		2,229,745	293.8%	1	758,999.72	293.8%
2029		640,834		2,077,649	324.2%	1	640,833.84	324.2%
2030		538,001		1,925,676	357.9%	1	538,000.78	357.9%
2031		449,190		1,780,800	396.4%	1	449,190.01	396.4%
2032		373,045		1,634,890	438.3%	1	373,044.55	438.3%
2033		308,205		1,494,255	484.8%	1	308,204.71	484.8%
2034		253,350		1,361,102	537.2%	1	253,349.82	537.2%
2035		207,229		1,227,550	592.4%	1	207,229.02	592.4%
2036		168,679		1,101,272	652.9%	1	168,679.22	652.9%
2037		136,637		978,607	716.2%	1	136,637.02	716.2%
2038		110,144		865,174	785.5%	1	110,144.43	785.5%

Year	Cash Premium	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Reverse Rate Increases	All Rate Incrs Since Inception	Since Inception Loss Ratios
2039		88,350		759,430	859.6%	1	88,350.07	859.6%
2040		70,507		658,390	933.8%	1	70,507.15	933.8%
2041		55,967		565,458	1010.3%	1	55,967.05	1010.3%
2042		44,172		481,268	1089.5%	1	44,172.39	1089.5%
2043		34,649		406,604	1173.5%	1	34,648.53	1173.5%
2044		26,995		339,613	1258.1%	1	26,994.73	1258.1%
2045		20,875		280,242	1342.5%	1	20,875.06	1342.5%
2046		16,009		226,111	1412.4%	1	16,008.84	1412.4%
2047		12,163		180,219	1481.7%	1	12,162.70	1481.7%
2048		9,144		140,591	1537.6%	1	9,143.74	1537.6%
2049		6,793		107,017	1575.4%	1	6,793.05	1575.4%
2050		4,980		80,089	1608.3%	1	4,979.85	1608.3%
2051		3,597		59,027	1641.2%	1	3,596.66	1641.2%
PV of Future @ 4.50%		14,552,869		34,264,413	235.4%		20,841,633	164.4%
Total		81,533,226		92,378,228	113.3%		407,497,126	22.7%
Cumulative @ 7.40%		97,370,641		72,955,623	74.9%	7.40%		
PV of Future @ 7.40%		12,350,046		27,817,040	225.2%			
Total Using 7.40% Int		109,720,686		100,772,663	91.8%			

Exhibit 13D
United Security Assurance Company of PA
Business Assumed from Trigon
Nationwide/Virginia (as of 12/31/2017)
Actual to Expected Morbidity Comparison

Morbidity Study Year	Cumulative Actual Claims	Cumulative Expected Claims	Actual / Expected
1996	41,544	89,535	46.40%
1997	114,845	492,819	23.30%
1998	558,956	977,032	57.20%
1999	1,139,730	1,535,280	74.20%
2000	1,561,721	2,160,000	72.30%
2001	2,691,462	2,833,651	95.00%
2002	3,518,766	3,552,790	99.00%
2003	4,674,252	4,325,248	108.10%
2004	5,817,263	5,143,834	113.10%
2005	7,763,504	6,045,659	128.40%
2006	9,309,070	7,010,070	132.80%
2007	11,366,420	8,041,859	141.30%
2008	12,421,640	9,137,256	135.90%
2009	13,835,794	10,290,426	134.50%
2010	15,740,594	11,517,529	136.70%
2011	18,763,397	12,868,893	145.80%
2012	22,181,196	14,331,399	154.80%
2013	25,522,963	15,853,724	161.00%
2014	31,590,818	17,434,358	181.20%
2015	35,902,513	19,060,780	188.40%
2016	38,566,705	20,718,709	186.10%
2017	42,110,255	22,401,067	188.00%
22 Yr Totals	305,193,408	195,821,918	155.85%

Exhibit 13A
United Security Assurance Company of PA
Business Assumed from Trigon
Nationwide/Virginia (as of 12/31/2017)
Actual/Expected Total Terminations by Issue Age

Iss Ages	Actual 7 Years End-of-Year Lives by IssAge	Pricing Expectation Dur 3+	Actual Expectation Dur 3+	Actual/ Expected Terminations
18-54	1,881	4.40%	2.34%	53.10%
54-59	998	4.40%	2.44%	55.54%
60-64	1,743	7.10%	4.96%	69.88%
65-69	2,947	7.50%	7.27%	96.92%
70-74	1,211	9.00%	12.12%	134.66%
75-79	250	11.40%	18.57%	162.87%
80-84	23	17.80%	32.35%	181.76%
Total All Ages	9,053	6.85%	6.48%	94.56%

Exhibit 13B
United Security Assurance Company of PA
Business Assumed from Trigon
Nationwide/Virginia (as of 12/31/2017)
Actual to Expected Average Premium per Policy

Policy Form	Expected Pricing Average Premium	Actual Average Premium	Actual/ Expected
920000	$1,300.00	$1,750.64	134.7%
920001	$1,500.00	$2,333.28	155.6%
920002	$1,300.00	$1,811.06	139.3%
920003	$1,500.00	$2,129.23	141.9%
920009	$1,250.00	$1,713.90	137.1%
920200	$1,500.00	$1,848.43	123.2%
920201	$1,500.00	$2,386.73	159.1%
920202	$1,250.00	$2,002.17	160.2%
920203	$1,500.00	$2,755.96	183.7%
LTC-1L90	$1,841.00	$1,638.80	89.0%
NFO-1N92	$702.00	$1,328.16	189.2%
		$1,841.59	

Exhibit 13C
United Security Assurance Company of PA
Business Assumed from Trigon
Nationwide/Virginia (as of 12/31/2017)
Actual vs. Expected Investment Earnings

Form	Rate	Annl Prem	Rate X AP	Actual 2017 Investment Yield	Actual/ Expected
920xxx	7.600%	1,267,837	96,356	3.290%	43.289%
LTC-1L90	6.500%	198,295	12,889	3.290%	50.615%
NFO-1N92	6.500%	86,331	5,611	3.290%	50.615%
Premium weighted		1,552,462	114,856		
Avg Earnings Rate=	7.398%			3.290%	44.470%

UNITED SECURITY ASSURANCE COMPANY OF PA
Address: 673 Cherry Lane, P. O. Box 64477, Souderton, PA 18964
Actuarial Memorandum for Long Term Care Policies
November 5, 2018

Product	Policy Forms	Rider Forms
Long Term Care	920000, 920001, 920002, 920003, 920009, 920200, 920201, 920202, 920203, LTC-1L90, NFO-1N92	

These policy forms were issued in Virginia by Trigon Blue Cross Blue Shield from 1991 through 2004. The business was assumed by United Security Assurance Company of PA ("United Security") as of September 30, 2009. These policies are no longer being marketed in any jurisdiction.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of demonstrating that the requested rate increase of this product meets the minimum requirements and demonstrates compliance with your jurisdiction. This filing may not be suitable for other purposes.

The rate increase being requested will not apply to those policies whose premiums are being waived at the time the rate increase becomes effective but will apply if/when such policies return to a premium-paying status.

All but 1 policy inforce was issued prior to Virginia's rate stabilization regulation. This one policy was omitted from this filing and I have assumed no rate action will occur at this time with respect to this policy. All of the remaining policies will be impacted by this filing. In order to obtain a 60% lifetime loss ratio, a large rate increase is implied based on actual past experience and expected future experience. Even though a larger increase could be justified in order to obtain a 60% lifetime loss ratio, the rate increase included in this filing is much lower than justified because of our concern for the burden of rate increases on policyholders. As noted in our 2012 rate increase filing, "the analysis of the actual-to-expected data related to the Trigon Block (excluding the GLTC-2N91 policy form and policy #TMA00005974 which was issued after 2/1/2004) indicated that the emerging data was significantly higher than the expected data. Industry data from the Society of Actuaries (SOA) LTC studies, demonstrated significant shifts in the incidence rates for persons over age 75 since the early studies and in the continuance on claim for all age groups, including the older population. Beyond these factors, mortality rates for the older population have continued to decline …". All of these factors represent factors which have affected the majority of insurers of similar products. As a result, they fall within the definition of "exceptional increases" under Virginia regulation 14 VAC5-200-40. The combined factors indicate that the data supports rate increases significantly above what the Company is comfortable implementing at this time.

As further proof of the then (2012) anticipated emergence of a longer term trend in adverse experience, the anticipated loss ratio for years 2012 through 2019 was 224.9% without any increases, and 161.5% with the granted increases. However, the actual experience of those 8

years, *with* the granted rate increases, has materialized at a 306.1% loss ratio, almost double the anticipated amount.

As a result, while the rate increase justified under the Virginia statutes amount to a one time increase in excess of 1600%, in consideration of the impact on policyholders, the Company is proposing a 1-time rate increase of 33.0%.

In addition to moderating the rate increase request (which still may be a financial burden to the affected policyholders, particularly the most senior of insureds), the Company will continue providing policy modifications as an alternative to the approved rate increase(s) or as a means by which to mitigate their full impact. In these calculations, the reduced purchasing power is represented by using a premium equal to the policy's current actual premium reduced by a rate increase offset. The current premium is reduced by the rate increase factor and the revised benefits are determined by 'looking up' the benefit that could have been initially purchased by the insured at the original date of issue and age at issue. In real-time, this would be one possible option for the insured to consider in addition to any other insured-specific alternatives expressed by the insured. The ultimate objective of the Company is to construct a policy benefit for each affected insured that is notably more favorable than the contingent non-forfeiture benefit (a value equal to premiums paid) while staying within the scope of previously approved rates and factors (changes in the Elimination Period, for example).

As part of the Company's normal rate increase notification process, the Company will communicate clearly, at the time of notification, that the insured has the opportunity to discuss policy modifications designed to either moderate or fully offset the rate increase as described above. Modifications can include adjustments to the maximum daily benefit and/or other components of the policy. The Company will also provide the standard contingent non-forfeiture benefit to all policyholders who qualify for that option.

2. Description of Benefits

Each form is an individually underwritten policy form. The available coverage includes: home and community-based care benefits, long-term care facility benefit, and nursing home benefit. Each form has benefit eligibility requirements which involve activities of daily living (ADL) deficiencies or cognitive impairment. Waiver of premium is provided when certain benefits are being paid. A return of premium benefit is available under forms LTC-1L90, and NFO-1N92. The daily benefit, benefit period, and elimination period were selected at issue.

At issue the insured had the option to choose a compound inflation option under form NFO-1N92. The compound inflation option provides for benefit levels that increase on each anniversary date by 5% compounded annually for a maximum of 20 years. The increasing benefits apply even when the insured is in claim status.

The distribution of this business by benefit period, coverage type, elimination period, rating group, inflation option, and form, can be found in the attached Exhibit 1.

3. Renewability

These policies are guaranteed renewable for life.

4. Applicability

As these policy forms are no longer being sold, this filing is applicable to inforce policies only. The premium changes will apply to the base forms as well as all applicable options and riders.

5. Actuarial Assumptions

a. Morbidity - Expected Claim Costs are the original pricing claim costs (also the basis for reserves), which include durational adjustment factors like selection. The calculation of expected future premiums and incurred claims, using these actuarial assumptions listed in this Section 5, includes a 'true-up' factor to match the beginning projection amounts with the ending actual historical amounts. The following table presents the historical product experience, split by calendar year, utilizing work performed for the Company by Milliman consultants in 2013, to produce a hypothetical projection of expected earned premium and incurred claims, based on the original pricing assumptions (shown in Exhibit 2).

Since the acquisition of this block of policies from Trigon Blue Cross and Blue Shield of Virginia, annual loss ratios have been well above 100%, and the cumulative loss ratio for calendar years 2010 through 2019 (sum of earned premiums divided by sum of annual incurred claims) is 270.8%. There is no indication of any improvement in claims to lower future expected loss ratios. Even with the implementation of prior accepted rate increases, the anticipated lifetime loss ratio (LLR) is 136.0% at a discount rate of 4.50% (the anticipated LLR is 103.9% at a discount rate of 7.398% - see Exhibit 9 for discount rate details).

The following summarizes the range of actual-to-expected results for this block of policies.

Morbidity Study Year	Cumulative Actual Claims	Cumulative Expected Claims	Actual / Expected
1996	41,544	89,535	46.4%
1997	114,845	492,819	23.3%
1998	558,956	977,032	57.2%
1999	1,139,730	1,535,280	74.2%
2000	1,561,721	2,160,000	72.3%
2001	2,691,462	2,833,651	95.0%
2002	3,518,766	3,552,790	99.0%
2003	4,674,252	4,325,248	108.1%
2004	5,817,263	5,143,834	113.1%
2005	7,763,504	6,045,659	128.4%
2006	9,309,070	7,010,070	132.8%
2007	11,366,420	8,041,859	141.3%
2008	12,421,640	9,137,256	135.9%

2009	13,835,794	10,290,426	134.5%
2010	15,740,594	11,517,529	136.7%
2011	18,763,397	12,868,893	145.8%
2012	22,181,196	14,331,399	154.8%
2013	25,522,963	15,853,724	161.0%
2014	31,590,818	17,434,358	181.2%
2015	35,902,513	19,060,780	188.4%
2016	38,566,705	20,718,709	186.1%
2017	42,110,255	22,401,067	188.0%
2018	45,655,692	24,097,658	189.5%
2019	50,970,360	25,806,983	197.5%

We reviewed the expected claim costs as well. These were compared to industry claim experience as prepared in the Milliman *Long-Term Care Guidelines* (Milliman LTCGs) representing a compilation of industry experience. The Milliman LTCGs provide a flexible, but consistent, basis for the determination of claim costs for a wide variety of long-term care benefit packages. Estimating future claim costs for long-term care insurance is a complicated process. The Milliman LTCGs analyzed industry LTC insurance incurred claims experience from a large number of major LTC carriers. The Guidelines are presented on a best estimate basis and do not include margins.

As shown in Exhibit 1 (nationwide = Virginia demographics) the average attained age (weighted by annual premium) is 84.4, while for those currently in claim, the average age at date of incurral is 85.0.

b. Voluntary Termination Rates are assumed to be 1%. For further information, see section 5.c.

c. Mortality is assumed to follow the gender specific 1994 Group Annuitant Mortality (GAM) Table. This is also the basis for reserves.

The following table compares the actual total termination rate with the total termination rate implied by the combination of the mortality rates and voluntary termination rates noted above. The results shown are for years ending September 30 to coincide with the annual cash flow testing analysis and assumption setting. Exhibit 8 provides some termination details.

Termination Study Year	Actual Total Term Rate	Expected Total Term Rate	Actual Less Expected
2011	5.7%	5.8%	-0.1%
2012	6.0%	6.3%	-0.2%
2013	5.2%	6.6%	-1.4%
2014	7.0%	6.9%	0.1%
2015	7.0%	7.3%	-0.2%
2016	7.6%	7.6%	0.0%
2017	7.3%	8.0%	-0.7%

d. Adverse Selection: We have not modeled any shock lapse or adverse selection associated with this rate increase. Any contingent benefit in light of the rate increase is assumed to offset future expected premiums and benefits due to the combined impact of reduced benefit options and contingent benefit upon lapse election.

e. Expenses. Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate.

These assumptions are based on the experience of the particular policy forms in this filing. The assumptions used in this filing are considered best-estimate. As stated earlier, actual morbidity levels are in excess of expected levels, in large part due to the higher than expected claims experience for older ages. These factors are the primary drivers for this request.

In establishing the assumptions described in this section, the policy design, underwriting, and claims adjudication practices for the above-referenced policy forms were taken into consideration.

6. Marketing Method

These policy forms were marketed in Virginia by agents and brokers of Trigon. These forms are no longer marketed or sold.

7. Underwriting Description

These policies were fully underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician's statement, telephone interview and/or face-to-face assessment.

8. Premiums

Premiums are unisex and payable for life. The premiums may vary by issue age, benefit period, initial daily benefit, elimination period, inflation option, premium payment option, risk class, and the selection of any riders.

9. Issue Age Range

Issue ages are from 22 to 83. As shown in Exhibit 1 the average issue age (weighted by annual premium) is 62.6.

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors are applied to the annual premium (AP): annual 100%, semi-annual 52%, quarterly 27% and monthly 9%.

12. Reserves

Active life reserves have not been used in this rate increase analysis and not included in the projected loss ratios or incurred claims. Claim reserves as of December 31, 2017 have been discounted to the incurral date of each respective claim and included in historical incurred claims. A best estimate of the incurred but not reported (IBNR) reserve balance as of December 31, 2017 has been allocated to the 2017 calendar year of incurral and included in historic incurred claims.

As requested with the prior 2013 rate increase request, Exhibit 6 shows the historical yearly reserve results for this block of individual LTCi policies.

13. Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

14. Past and Future Experience

Since all policies in this block are issued in Virginia, nationwide experience is equal to the Virginia block and therefore a separate table was not included for nationwide.

Historical experience is shown on a calendar year basis. A historical loss ratio is calculated without interest as historical incurred claims divided by historical earned premiums. Actual historical incurred claims are determined as claims paid in the calendar year plus the change in claim reserves. These items are then accumulated at both a 4.5% interest rate and the original composite pricing rate of 7.398% (the issue weighted average original interest rate) to produce two separate accumulated loss ratios of past experience. For purposes of accumulating historical experience for a historical or lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value.

A future annual loss ratio is calculated without interest as anticipated incurred claims divided by anticipated earned premiums. The anticipated incurred claims and earned premium are projected at a granular cell level (where a cell is defined based on unique policy characteristics) from an asset share model representing actual contracts in force as of December 31, 2017. These anticipated values are then summed to produce a total for each calendar year. For purposes of accumulating experience for an anticipated or lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value. The present value of future expected experience utilizes a discount rate. Both the 4.5% current interest rate (valuation rate) and the original composite pricing rate of 7.398% are shown.

A lifetime loss ratio as of December 31, 2019 is calculated as the sum of accumulated historical experience and discounted future experience where accumulation and discounting of calendar year values to December 31, 2019 occurs assuming mid-year values. Present and accumulated values are determined using both the 4.5% valuation interest rate and the 7.398% original composite pricing rate. All computed loss ratios do not include any future active life reserves.

Exhibit 3 provides a demonstration of the lifetime loss ratios, one for each of the two discount rates mentioned above, as of December 31, 2019 assuming a no future rate increase(s).

Exhibit 4 provides a demonstration of the lifetime loss ratio, one for each of the two discount rates mentioned above, as of December 31, 2019 assuming one implementation of the requested rate increase of 33.0%.

The anticipated loss ratio as of December 31, 2019 is equal to the ratio of the present value of anticipated incurred claims to the present value of anticipated earned premium, discounted at both rates. The lifetime loss ratio anticipated in the original filing was slightly over 60%.

15. History of Previous Rate Revisions

Virginia did approve a series of 3 annual rate increases of 26.0% each on this block of policies in July of 2013. As mentioned earlier in this memorandum, at that time, the anticipated experience loss ratio for the 6 policy years 2012 through 2017, with the approved increases, was 124.8%. However, the actual experience loss ratio for those 6 years (with the implemented rate increases) was 276.5%, more than 2 times the expected rate. That significant deterioration of experience is what is prompting this subsequent rate increase request.

16. Analysis Performed to Consider a Rate Increase

The initial premium schedule was based on pricing assumptions believed to be appropriate, given industry experience available when the initial rate schedule was developed. A description of these is as follows:

a. Original Pricing Claim Costs

Forms 920000, 920001, 920002, 920003, 920009, 920200, 920201, 920202, 920203:

Original pricing expected nursing home and home health care incidence rates, average length of stay, and continuance tables were taken from early SOA and NCHS studies. All values were adjusted to reflect the effects of elimination periods, benefit periods, policy maximums, and the eligibility standards.

Forms LTC-1L90, NFO-1N92:

Original pricing morbidity assumptions were based on 1985 National Nursing Home Study, Connecticut Longitudinal Study, and various other studies.

b. Original Pricing Termination Assumptions

Original pricing expected total termination rates were based on CNA long-term care termination experience at the time of the original pricing. These rates varied by issue age and duration. For attained ages 65 and above, total terminations were floored at deaths plus 4%.

Forms LTC-1L90, NFO-1N92:

Original pricing expected mortality was based on 1983 Individual Annuitants Table with underwriting selection factors. Original pricing expected voluntary termination rates varied by duration. The key assumption is the ultimate lapse rate assumed to be 6% or 8% depending on issue age.

c. Original Pricing Expected Investment Earnings

7.6% for forms 920000, 920001, 920002, 920003, 920009, 920200, 920201, 920202, and 920203.

6.5% after duration 4 for forms LTC-1L90 and NFO-1N92.

United Security management determined that since experience and future expectations have deteriorated from the company's original reinsurance analysis, a rate schedule increase would be considered.

As part of the in-force management of the business, United Security monitors the performance of the business by completing periodic analysis of morbidity and persistency. At the time of the prior rate increase request, these analyses indicated deterioration since the original reinsurance analysis. Currently, they indicate a further deterioration over the last 6 years, far outpacing the implemented rate increases.

The assumptions used in this filing (described in Section 5) are based on actual in-force experience of this block of business as well as industry experience and judgment. While actual persistency (based on total terminations) has been consistent with pricing (see Table in Section 5.c.), morbidity has been notably higher than that expected in pricing.

17. Requested Rate Increase and Demonstration of Satisfaction of Rate Stabilization Model Requirements

Although a much larger rate increase is justified at this time (about 1600%), the Company is requesting a one-time 33.0% rate increase on all premium paying policies in force, with the understanding that experience will continue to be monitored and further modest rate action might be taken in the future if experience continues to justify as much..

Since industry experience indicates that no state would authorize a 1600% rate increase, "further modest rate action" means that unless this requested increase provides some stability to this block, we may file additional rate increases in the future. To mitigate the impact of this rate increase on policyholders, we offer policy modifications to partially or completely offset the rate increase. We are in agreement that additional rate increases are unpleasant and unfortunate. To have to persist in the filing and implementation of them is a burden on both the company and the policyholder. We did not price and market these forms but are simply attempting to mitigate the adverse consequences of this aging assumed block and bring premium levels into appropriate balance with the benefits being offered.

Corresponding rate tables reflecting the proposed increase for each year are included with this memorandum in Exhibit 7.

18. Number of Insureds and Annualized Premium

Based on September 30, 2020 in-force premium paying policies, the number of insureds and annualized premium that will be affected by this increase in this jurisdiction (which is the nationwide number of insureds) are shown in the table below. Further nationwide splits by key benefit characteristics are shown in Exhibit 1.

Policy Form	Number of Policies	Current Annualized Premium Before Increase	Average Annualized Premium Before Increase	Annual Premium After 33.0% Increase	Average Annual Premium After Increase
920000	96	171,826	1,790	228,529	2,381
920001	1	2,333	2,333	3,103	3,103
920002	132	231,083	1,751	307,340	2,328
920003	7	15,857	2,265	21,090	3,013
920009	8	12,711	1,589	16,906	2,113
920200	127	217,263	1,711	288,960	2,275
920201	95	213,461	2,247	283,903	2,999
920202	10	18,542	1,854	24,660	2,466
920203	1	2,756	2,756	3,665	3,665
LTC-1L90	98	157,516	1,607	209,496	2,138
NFO-1N92	41	49,685	1,212	66,081	1,612
Total	616	1,096,034	1,774	1,453,735	2,360

19. Proposed Effective Date

This rate increase will apply to policies on their next premium payment date following a 75-day policyholder notification period following approval.

20. Actuarial Certification

I am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No. 8 and 18.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the Commonwealth of Virginia and, with this increase, the premiums are reasonable in relation to the benefits provided. In my opinion the rates are not excessive or unfairly discriminatory. This filing will enhance premium adequacy.

Gary R. Hulet, ASA, MAAA
Staff Actuary
United Security Assurance Company of Pennsylvania
Date: November 4, 2020

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number: United Security Assurance Company of Pennsylvania - #42129

SERFF Tracking Number: USPA-131712591

Revised Rates

Average Annual Premium Per Member: 1840

Average Requested Percentage Rate Change Per Member: 33.0%

Range of Requested Rate Changes: 33.0%

Number of Virginia Policyholders Affected: 805

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
920000	Guaranteed Renewable LTC	1991-2004	July 2013 series of 3 annual 26% increases	As the current historical LR is 96.5% and with this expected rate increase the Lifetime LR is expected to be 133.8%, another increase is likely.
920001	Guaranteed Renewable LTC	1991-2004	July 2013 series of 3 annual 26% increases	As the current historical LR is 96.5% and with this expected rate increase the Lifetime LR is expected to be 133.8%, another increase is likely.
920002	Guaranteed Renewable LTC	1991-2004	July 2013 series of 3 annual 26% increases	As the current historical LR is 96.5% and with this expected rate increase the Lifetime LR is expected to be 133.8%, another increase is likely.
920003	Guaranteed Renewable LTC	1991-2004	July 2013 series of 3 annual 26% increases	As the current historical LR is 96.5% and with this expected rate increase the Lifetime LR is expected to be 133.8%, another increase is likely.
920009	Guaranteed Renewable NH	1991-2004	July 2013 series of 3 annual 26% increases	As the current historical LR is 96.5% and with this expected rate increase the Lifetime LR is expected to be 133.8%, another increase is likely.
920200 920201 920202 920203	Guaranteed Renewable LTC	1991-2004	July 2013 series of 3 annual 26% increases	As the current historical LR is 96.5% and with this expected rate increase the Lifetime LR is expected to be 133.8%, another increase is likely.
LTC-1L90	Individual LTC Insurance	1991-2004	July 2013 series of 3 annual 26% increases	As the current historical LR is 96.5% and with this expected rate increase the Lifetime LR is expected to be 133.8%, another increase is likely.
NFO-1N92	Individual Nursing Facility Ins	1991-2004	July 2013 series of 3 annual 26% increases	As the current historical LR is 96.5% and with this expected rate increase the Lifetime LR is expected to be 133.8%, another increase is likely.

Attach a narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is prepared by the carrier to help explain the requested rate change and 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 at https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx.

During the last 6 years since the prior rate increase on these policies, actual claim payments have been much higher than expected. This is because there have been more claims submitted with higher claim reimbursements and for longer benefit periods. Due to these higher than expected claims, premiums must be increased again to ensure that all current and future claims are adequately funded.

United Security Assurance Company of Pennsylvania
673 East Cherry Lane, P.O. Box 64477,
Souderton, Pennsylvania 18964
(800) 872-3044

November 14 2018

Virginia Department of Insurance
Bureau of Insurance
Tyler Building
1300 E. Main Street
Richmond, Virginia 23219

RE: United Security Assurance Company of Pennsylvania – NAIC # 42129
Rate Increase Request for Policies Assumed from Trigon Blue Cross Blue Shield

Dear Examiner:

Enclosed for your review is a filing for rate increases on Long Term Care policies issued by Trigon Blue Cross Blue Shield and assumed by United Security Assurance Company of Pennsylvania. The increases is being requested on in force business only as these forms are no longer marketed. The assumption was approved by the department on September 30, 2009.

While the rate increases justified under the Virginia statutes amount to a one time increase in excess of 1600%, the Company is proposing that three rate increases of 44.225% each for the next three years be implemented (this is the equivalent of a one-time rate increase of 158.2%) approximately mid-year, each year.

Thank you for your consideration of this filing. If you have any questions please feel free to contact me at 1-800-872-3044.

Sincerely,

Martha Stephens
Vice President, Operations

Enclosures

United Security Assurance Company of Pennsylvania
673 East Cherry Lane, P.O. Box 64477,
Souderton, Pennsylvania 18964

March 7, 2019

Ms. Colleen Moore
Insurance Market Examiner
Bureau of Insurance
Tyler Building, 6th floor
1300 E. Main St.
Richmond, Virginia 23219

Re: United Security Assurance Company of PA
Trigon VA 2018 Rate Increase Filing
SERFF Tracking # USPA-131712591
Your Objection Dated 2/19/2019

Dear Ms. Moore:

Listed below are the responses to your items of objection regarding the above referenced filing. Each item is listed in italics with the response immediately following.

1) The Overall % Indicated Change in the Rate/Rule Schedule should reflect the percentage increase that would be required to meet the minimum loss ratio requirement as set forth in 14VAC5-200-150 B. Please amend accordingly.

Please correct me if I am wrong, but my understanding of 14VAC5-200-150B is that VA desires the amount of rate increase which would produce the 60% of the present value of past and future original premiums plus 80% of the present value of all rate increased premiums (past and future) equal to the present value of past and future incurred claims. On this block of policies, given past actual experience and the anticipated future experience, it would require a rate increase of at least 1,555% (which seems like an absurd amount) to achieve that. As we are only requesting a 200% increase in rates, it seems to me that that would be the more appropriate amount to list in the Rate/Rule Schedule. However, we have listed the 1,555% as requested.

2) The Overall % Rate Impact shows a 200% increase, while the Rate Action Information shows a Percentage Rate Change Requested of 189.4%. In addition, page 2 of the Actuarial Memorandum says the 3 rate increases are the equivalent to a one-time increase of 158.2%. Please explain this discrepancy.

We are requesting a series of 3 annual rate increases of 44.225% each and the mathematical result of such is 144.225% ^ 3 – 1 = 200.0%. Calculating the one-time actuarially equivalent rate increase required to produce the same results as the series of 3 annual 44.225% rate increases (effective at the same time as the first of the 3) requires an increase of 158.2%. This one-time rate increase amount considers the effect of lapsation, mortality, and morbidity which makes it different from the mathematical result of the series of 3 increases. The 189.4% was the prior approved rate increase of 2013 and should not have been used with the rate pages submission. This has been corrected by a Post-Submission Update.

3) Please include the applicable form number and carrier name on each rate sheet.

We apologize for the oversight of neglecting to include the Company name and form numbers on the rate sheets. That has been corrected and they have been re-submitted.

4) The Rate/Rule Schedule includes proposed rates for Affected Form Number GLTC-2N91. This form is not listed in the Actuarial Memorandum. It is our understanding (per discussion in the previous filing USPA-128450066) that Form GLTC-2N91 is a group policy form. If so, please delete this form from the Rate/Rule Schedule as this is an individual long term care filing. The group form will need to be submitted in a separate filing.

As specified in the 3rd paragraph of Section 1 of the Actuarial Memorandum, the Form GLTC-2N91 is not included in this rate increase request. We are sorry that form was mistakenly included in the rate sheets filed. They have been removed.

Hopefully this action addresses your concerns on this rate filing. If you have additional questions or objections, please let me know.

Sincerely,

Gary R. Hulet, ASA, MAAA
Staff Actuary
United Security Assurance Company of PA
20 Bayberry Drive
Leesburg, FL 34788
407-474-1727

cc: Bill Neugroschel
Duff Winkenwerder
Martha Stephens

May 15, 2019

Ms. Colleen Moore
Insurance Market Examiner
Bureau of Insurance
Tyler Building, 6th floor
1300 E. Main St.
Richmond, Virginia 23219

Re: United Security Assurance Company of PA
Trigon VA 2018 Rate Increase Filing
SERFF Tracking # USPA-131712591
Your Objection Dated 4/10/2019

Dear Ms. Moore:

Listed below are the responses to your items of objection regarding the above referenced filing. Each item is listed in italics with the response immediately following.

Objection 1) The enrollment exhibit in Section 18 is missing Form 920204. Please revise the exhibit to include this form. If there are no longer any policyholders enrolled in Form 920204, please remove the rate sheets for this form from the Rate/Rule Schedule, and remove references to the form from the Actuarial Memorandum and experience exhibits.

Form 920204 does not have any policies in force. It was included in the Memorandum for completeness, as it was part of the original filing. I am including an updated Memo with Form 920204 removed.

Objection 2) Comment 1) Responses #9 and 10 refer to Exhibits 16 and 17. Exhibits 10-13 were attached to the response, but Exhibits 16 and 17 do not appear to have been attached. In addition, should there also be Exhibits 14 and 15?

At the time I created the answers for #9 and #10, I thought I might need a couple of exhibits (14 and 15) in the response to #7 (which was the most work and last to be answered). But that did not happen, so there are no Exhibits 14 and 15. I apologize for the omission of Exhibits 16 and 17, which are being sent with this response.

Objection 2) Comment 2) Response #3, please provide the specific figure calculated as the originally anticipated loss ratio.

As stated previously, we did not price nor develop these policies, but assumed them from Trigon Blue Cross Blue Shield in 2009. I provided the information which we have in Response #3: The anticipated loss ratio for this policy form is in excess of 60%. The minimum anticipated loss ratio presumed reasonable, as specified in 14VAC 5-130-60, is 60%.

Objection 3) Comment 1) Page 1 of the Actuarial Memorandum indicates the policy forms in this filing were issued from 1996 - 2004. In the previous filing, USPA-128450066, the policy issue dates were shown as 1991 - 2004. Please explain this discrepancy.

Inclusion of 1996 in the issue years was a typing error. As there are still 4 policies in force with 1991 issue dates, 1991-2004 is the obvious issue year range. Sorry for the error.

Objection 3) Comment 2) In Section 11, the Premium Modalization Rules are 27% for quarterly and 9% for monthly. In Section 11 of the previous filing, the quarterly modal factor was shown as 26.5% and monthly as 8.4%. Please explain this discrepancy.

The modal factors of 27% and 9% are correct for this block of policies. The previous filing, which was prepared by our consultants, included the wrong modal factors by mistake.

Hopefully this response addresses your concerns on this rate filing. If you have additional questions or objections, please let me know.

Sincerely,

Gary R. Hulet, ASA, MAAA
Staff Actuary
United Security Assurance Company of PA
20 Bayberry Drive
Leesburg, FL 34788
407-474-1727

cc: Bill Neugroschel
Duff Winkenwerder
Martha Stephens

April 30, 2019

Ms. Colleen Moore
Insurance Market Examiner
Bureau of Insurance
Tyler Building, 6th floor
1300 E. Main St.
Richmond, Virginia 23219

Re: United Security Assurance Company of PA
Trigon VA 2018 Rate Increase Filing
SERFF Tracking # USPA-131712591
Your Objection Dated 4/10/2019

Dear Ms. Moore:

Listed below are the responses to your items of objection regarding the above referenced filing. Each item is listed in italics with the response immediately following.

1) Please expand the Actuarial Certification in #20 for compliance with 14VAC5-130-70 B 14.

I have added additional wording to Section 20 to comply with 14VAC5-130-70 B 14.

2) Please provide calculations to demonstrate loss ratio compliance with 14VAC5-200-150 B.

Please see Exhibit 10.

3) Specify the lifetime loss ratio anticipated in the original filing (Section 14 indicates it was slightly over 60%).

In the original Actuarial Memorandums approved by Virginia, the exact wording is:

ANTICIPATED LOSS RATIO:
The loss ratio $(L/R)_t$ for a particular year t is defined as follows:

$$(L/R)_t = \frac{(\text{Incurred Claims})_t}{(\text{Earned Premium})_t}$$

Year Since Inception of Policy	Loss Ratio
1	12.4%
2	16.2
3	20.3
4	23.7
5	27.0
6	31.7
7	37.5
8	44.7
9	51.7
10	61.6

The overall loss ratio for the life of the policy is defined to be the ratio of the sum of the present value of expected benefits for each year to the sum of the present value of the expected premium for each year, at 5% interest. The anticipated loss ratio for this policy form is in excess of 60%. The minimum anticipated loss ratio presumed reasonable, as specified in 14VAC 5-130-60, is 60%.

Hence, I interpreted "is in excess of 60%" as "slightly over 60%".

4) Provide 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 see Exhibit 11.

5) Please provide sufficient detail or documentation so that any projections can be recreated. Please provide a copy of all projections in Excel with working formulas.

Please see Exhibit 12, Projection Numbers tab. The first step in creating the projected Earned Premium and Incurred Claims is to extract the seriatim calculated premium and claim amounts generated by our ALR calculation workbook. Rows 2 through 999 are the expected persistency counts by policy by calendar year (policy numbers highlighted in yellow are no longer in force). Rows 1000 through 1999 are the expected premium amounts. Rows 2000 through 2999 are the expected incurred claim amounts. Rows 3005 and 3006 are the sum of the seriatim values above. Rows 3012 and 3013 reflect the true-up of the summed amounts to the 2017 actual year-end values (highlighted in yellow). Rows 3014 through 3021 show an adjustment or smoothing effort to fix the 'uneven' ratios differences of row 3015 to produce the 'better' ratio differences of rows 3016 and 3021 (resulting incurred claim amounts highlighted in orange). Projection amounts actually used in the Exhibits are highlighted in blue.

Next, refer to tabs Exh. 3 (referring to the originally filed Exhibit 3), Exh. 4C (referring to the originally filed Exhibit 4C) and Exh. 5 w\Formulas (referring to the originally filed Exhibit 5 – each with formulas). You will note that the projection rows (years 2018 through 2051) come directly from rows 3025 and 3024 of the Projection Numbers tab. Exhibit 3 numbers do not include any requested rate increase amounts. Exhibits 4C shows the calculation effect of the requested series of 3 annual 44.225% rate increases and Exhibit 5 shows the calculation effect of the actuarially equivalent one-time rate increase of 158.2%.

6) Please provide an actual-to-expected analysis on the original assumptions and those included in the current filing.

Please see Exhibit 13.

7) Please provide a step-by-step quantification of the impact of the change in each assumption from the original assumptions to the current assumptions.

Using our current modelling/projection system, the step-by-step quantification of the impact of the change in each assumption from the original assumptions, to the current assumptions produces:

Original assumptions anticipated lifetime loss ratio (ALLR) = 80.0%
Original assumptions with current 4.5% interest rate ALLR = 94.6%
Original lapse+mortality with 4.5%+current morbidity ALLR = 110.1%
Original lapse of 7% + current morb., mort., 4.5% Int ALLR = 110.6%
Current assumptions anticipated lifetime loss ratio (ALLR) = 125.5%

8) Please provide a loss ratio projection (both past and future) which reflects all 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.

Past experience is not influenced by the original pricing assumptions. The present value loss ratio of past experience is 86.8%. The present value of the anticipated future loss ratio using current assumptions (without the requested rate increase) and current mix of business is 514.8%. The present value of the anticipated future loss ratio using the current mix of business, current model and pricing assumptions is 199.1%.

9) Provide a description, along with an exhibit, showing the anticipated policy reserves and additional reserves to be held in each future year for active lives.

The policy reserves are calculated in an Excel workbook, using the assumptions listed in Exhibit 6. A seriatim calculation is performed, as mentioned in the response to Objection Item # 5 above. The by-policy results are summed for each policy year. Please see Exhibit 16 for the resulting values. There are no additional reserves held.

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

Please see Exhibit 17. This calculation produces an anticipated loss ratio of -223.8%. What is the purpose of such a calculation?

Hopefully this action addresses your concerns on this rate filing. If you have additional questions or objections, please let me know.

Sincerely,

Gary R. Hulet, ASA, MAAA
Staff Actuary
United Security Assurance Company of PA
20 Bayberry Drive
Leesburg, FL 34788
407-474-1727

cc: Bill Neugroschel
Duff Winkenwerder
Martha Stephens

UNITED SECURITY ASSURANCE COMPANY OF PA
Address: 673 Cherry Lane, P. O. Box 64477, Souderton, PA 18964
Actuarial Memorandum for Long Term Care Policies
November 5, 2018

Product	Policy Forms	Rider Forms
Long Term Care	920000, 920001, 920002, 920003, 920009, 920200, 920201, 920202, 920203, 920204, LTC-1L90, NFO-1N92	

These policy forms were issued in Virginia by Trigon Blue Cross Blue Shield from 1996 through 2004. The business was assumed by United Security Assurance Company of PA ("United Security") as of September 30, 2009. These policies are no longer being marketed in any jurisdiction.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of demonstrating that the requested rate increase of this product meets the minimum requirements and demonstrates compliance with your jurisdiction. This filing may not be suitable for other purposes.

The rate increase being requested will not apply to those policies whose premiums are being waived at the time the rate increase becomes effective but will apply if/when such policies return to a premium-paying status.

All but 1 policy inforce was issued prior to Virginia's rate stabilization regulation. This one policy was omitted from this filing and I have assumed no rate action will occur at this time with respect to this policy. All of the remaining policies will be impacted by this filing. In order to obtain a 60% lifetime loss ratio, a large rate increase is implied based on actual past experience and expected future experience. Even though a larger increase could be justified in order to obtain a 60% lifetime loss ratio, the rate increase included in this filing is much lower than justified because of our concern for the burden of rate increases on policyholders. As noted in our 2012 rate increase filing, "the analysis of the actual-to-expected data related to the Trigon Block (excluding the GLTC-2N91 policy form and policy #TMA00005974 which was issued after 2/1/2004) indicated that the emerging data was significantly higher than the expected data. Industry data from the Society of Actuaries (SOA) LTC studies, demonstrated significant shifts in the incidence rates for persons over age 75 since the early studies and in the continuance on claim for all age groups, including the older population. Beyond these factors, mortality rates for the older population have continued to decline …". All of these factors represent factors which have affected the majority of insurers of similar products. As a result, they fall within the definition of "exceptional increases" under Virginia regulation 14 VAC5-200-40. The combined factors indicate that the data supports rate increases significantly above what the Company is comfortable implementing at this time.

As further proof of the then (2012) anticipated emergence of a longer term trend in adverse experience, the anticipated loss ratio for years 2012 through 2017 was 205.5% without any increases, and 122.8% with the granted increases. However, the actual experience of those 6

years, *with* the granted rate increases, has materialized at a 276.5% loss ratio, more than double the anticipated amount.

As a result, while the rate increases justified under the Virginia statutes amount to a one time increase in excess of 1600%, the Company is proposing that three rate increases of 44.225% each for the next three years be implemented (this is the equivalent of a one-time rate increase of 158.2%) approximately mid-year, each year.

In addition to moderating the rate increase request (which still may be a financial burden to the affected policyholders, particularly the most senior of insureds), the Company will continue providing policy modifications as an alternative to the approved rate increase(s) or as a means by which to mitigate their full impact. In these calculations, the reduced purchasing power is represented by using a premium equal to the policy's current actual premium reduced by a rate increase offset. The current premium is reduced by the rate increase factor and the revised benefits are determined by 'looking up' the benefit that could have been initially purchased by the insured at the original date of issue and age at issue. In real-time, this would be one possible option for the insured to consider in addition to any other insured-specific alternatives expressed by the insured. The ultimate objective of the Company is to construct a policy benefit for each affected insured that is notably more favorable than the contingent non-forfeiture benefit (a value equal to premiums paid) while staying within the scope of previously approved rates and factors (changes in the Elimination Period, for example).

As part of the Company's normal rate increase notification process, the Company will communicate clearly, at the time of notification, that the insured has the opportunity to discuss policy modifications designed to either moderate or fully offset the rate increase as described above. Modifications can include adjustments to the maximum daily benefit and/or other components of the policy. The Company will also provide the standard contingent non-forfeiture benefit to all policyholders who qualify for that option.

2. Description of Benefits

Each form is an individually underwritten policy form. The available coverage includes: home and community-based care benefits, long-term care facility benefit, and nursing home benefit. Each form has benefit eligibility requirements which involve activities of daily living (ADL) deficiencies or cognitive impairment. Waiver of premium is provided when certain benefits are being paid. A return of premium benefit is available under forms LTC-1L90, and NFO-1N92. The daily benefit, benefit period, and elimination period were selected at issue.

At issue the insured had the option to choose a compound inflation option under form NFO-1N92. The compound inflation option provides for benefit levels that increase on each anniversary date by 5% compounded annually for a maximum of 20 years. The increasing benefits apply even when the insured is in claim status.

The distribution of this business by benefit period, coverage type, elimination period, rating group, inflation option, and form, can be found in the attached Exhibit 1.

3. Renewability

These policies are guaranteed renewable for life.

4. Applicability

As these policy forms are no longer being sold, this filing is applicable to inforce policies only. The premium changes will apply to the base forms as well as all applicable options and riders.

5. Actuarial Assumptions

a. Morbidity - Expected Claim Costs are the original pricing claim costs (also the basis for reserves), which include durational adjustment factors like selection. The calculation of expected future premiums and incurred claims, using these actuarial assumptions listed in this Section 5, includes a 'true-up' factor to match the beginning projection amounts with the ending actual historical amounts. The following table presents the historical product experience, split by calendar year, utilizing work performed for the Company by Milliman consultants in 2013, to produce a hypothetical projection of expected earned premium and incurred claims, based on the original pricing assumptions (shown in Exhibit 2).

Since the acquisition of this block of policies from Trigon Blue Cross and Blue Shield of Virginia, annual loss ratios have been well above 100%, and the cumulative loss ratio for calendar years 2010 through 2017 (sum of earned premiums divided by sum of annual incurred claims) is 243.0%. There is no indication of any improvement in claims to lower future expected loss ratios. Even with the implementation of prior accepted rate increases, the anticipated lifetime loss ratio (LLR) is 124.8% at a discount rate of 4.50% (the anticipated LLR is 97.3% at a discount rate of 7.398% - see Exhibit 9 for discount rate details).

The following summarizes the range of actual-to-expected results for this block of policies.

Morbidity Study Year	Cumulative Actual Claims	Cumulative Expected Claims	Actual / Expected
1996	41,544	89,535	46.4%
1997	114,845	492,819	23.3%
1998	558,956	977,032	57.2%
1999	1,139,730	1,535,280	74.2%
2000	1,561,721	2,160,000	72.3%
2001	2,691,462	2,833,651	95.0%
2002	3,518,766	3,552,790	99.0%
2003	4,674,252	4,325,248	108.1%
2004	5,817,263	5,143,834	113.1%
2005	7,763,504	6,045,659	128.4%
2006	9,309,070	7,010,070	132.8%
2007	11,366,420	8,041,859	141.3%
2008	12,421,640	9,137,256	135.9%

2009	13,835,794	10,290,426	134.5%
2010	15,740,594	11,517,529	136.7%
2011	18,763,397	12,868,893	145.8%
2012	22,181,196	14,331,399	154.8%
2013	25,522,963	15,853,724	161.0%
2014	31,590,818	17,434,358	181.2%
2015	35,902,513	19,060,780	188.4%
2016	38,566,705	20,718,709	186.1%
2017	42,110,255	22,401,067	188.0%

We reviewed the expected claim costs as well. These were compared to industry claim experience as prepared in the Milliman *Long-Term Care Guidelines* (Milliman LTCGs) representing a compilation of industry experience. The Milliman LTCGs provide a flexible, but consistent, basis for the determination of claim costs for a wide variety of long-term care benefit packages. Estimating future claim costs for long-term care insurance is a complicated process. The Milliman LTCGs analyzed industry LTC insurance incurred claims experience from a large number of major LTC carriers. The Guidelines are presented on a best estimate basis and do not include margins.

As shown in Exhibit 1 (nationwide = Virginia demographics) the average attained age (weighted by annual premium) is 84.4, while for those currently in claim, the average age at date of incurral is 85.0.

b. Voluntary Termination Rates are assumed to be 1%. For further information, see section 5.c.

c. Mortality is assumed to follow the gender specific 1994 Group Annuitant Mortality (GAM) Table. This is also the basis for reserves.

The following table compares the actual total termination rate with the total termination rate implied by the combination of the mortality rates and voluntary termination rates noted above. The results shown are for years ending September 30 to coincide with the annual cash flow testing analysis and assumption setting. Exhibit 8 provides some termination details.

Termination Study Year	Actual Total Term Rate	Expected Total Term Rate	Actual Less Expected
2011	5.7%	5.8%	-0.1%
2012	6.0%	6.3%	-0.2%
2013	5.2%	6.6%	-1.4%
2014	7.0%	6.9%	0.1%
2015	7.0%	7.3%	-0.2%
2016	7.6%	7.6%	0.0%
2017	7.3%	8.0%	-0.7%

d. Adverse Selection: We have not modeled any shock lapse or adverse selection associated with this rate increase. Any contingent benefit in light of the rate increase is assumed to offset future expected premiums and benefits due to the combined impact of reduced benefit options and contingent benefit upon lapse election.

e. Expenses. Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate.

These assumptions are based on the experience of the particular policy forms in this filing. The assumptions used in this filing are considered best-estimate. As stated earlier, actual morbidity levels are in excess of expected levels, in large part due to the higher than expected claims experience for older ages. These factors are the primary drivers for this request.

In establishing the assumptions described in this section, the policy design, underwriting, and claims adjudication practices for the above-referenced policy forms were taken into consideration.

6. Marketing Method

These policy forms were marketed in Virginia by agents and brokers of Trigon. These forms are no longer marketed or sold.

7. Underwriting Description

These policies were fully underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician's statement, telephone interview and/or face-to-face assessment.

8. Premiums

Premiums are unisex and payable for life. The premiums may vary by issue age, benefit period, initial daily benefit, elimination period, inflation option, premium payment option, risk class, and the selection of any riders.

9. Issue Age Range

Issue ages are from 22 to 83. As shown in Exhibit 1 the average issue age (weighted by annual premium) is 62.6.

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors are applied to the annual premium (AP): annual 100%, semi-annual 52%, quarterly 27% and monthly 9%.

12. Reserves

Active life reserves have not been used in this rate increase analysis and not included in the projected loss ratios or incurred claims. Claim reserves as of December 31, 2017 have been discounted to the incurral date of each respective claim and included in historical incurred claims. A best estimate of the incurred but not reported (IBNR) reserve balance as of December 31, 2017 has been allocated to the 2017 calendar year of incurral and included in historic incurred claims.

As requested with the prior 2013 rate increase request, Exhibit 6 shows the historical yearly reserve results for this block of individual LTCi policies.

13. Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

14. Past and Future Experience

Since all policies in this block are issued in Virginia, nationwide experience is equal to the Virginia block and therefore a separate table was not included for nationwide.

Historical experience is shown on a calendar year basis. A historical loss ratio is calculated without interest as historical incurred claims divided by historical earned premiums. Actual historical incurred claims are determined as claims paid in the calendar year plus the change in claim reserves. These items are then accumulated at both a 4.5% interest rate and the original composite pricing rate of 7.398% (the issue weighted average original interest rate) to produce two separate accumulated loss ratios of past experience. For purposes of accumulating historical experience for a historical or lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value.

A future annual loss ratio is calculated without interest as anticipated incurred claims divided by anticipated earned premiums. The anticipated incurred claims and earned premium are projected at a granular cell level (where a cell is defined based on unique policy characteristics) from an asset share model representing actual contracts in force as of December 31, 2017. These anticipated values are then summed to produce a total for each calendar year. For purposes of accumulating experience for an anticipated or lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value. The present value of future expected experience utilizes a discount rate. Both the 4.5% current interest rate (valuation rate) and the original composite pricing rate of 7.398% are shown.

A lifetime loss ratio as of December 31, 2017 is calculated as the sum of accumulated historical experience and discounted future experience where accumulation and discounting of calendar year values to December 31, 2017 occurs assuming mid-year values. Present and accumulated values are determined using both the 4.5% valuation interest rate and the 7.398% original composite pricing rate. All computed loss ratios do not include any future active life reserves.

Exhibit 3 provides a demonstration of the lifetime loss ratios, one for each of the two discount rates mentioned above, as of December 31, 2017 assuming a no future rate increase(s).

Exhibit 4A provides a demonstration of the lifetime loss ratio, one for each of the two discount rates mentioned above, as of December 31, 2017 assuming one implementation of the requested rate increase of 44.225%.

Exhibit 4B provides a demonstration of the lifetime loss ratio, one for each of the two discount rates mentioned above, as of December 31, 2017 assuming two implementations of the rate increase of 44.225%.

Exhibit 4C provides a demonstration of the lifetime loss ratio, one for each of the two discount rates mentioned above, as of December 31, 2017, assuming full implementation of the requested rate increase of 44.225% per year for the next three years. As shown, the anticipated lifetime loss ratio, under either discount rate, as of December 31, 2017 is far greater than the lifetime loss ratio anticipated in the original filing.

The projection in Exhibit 5 provides a demonstration, using a 1 time rate increase equivalent to the requested series of three 44.225% increases, that the sum of the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the 60% original lifetime loss ratio.

The anticipated loss ratio as of December 31, 2017 is equal to the ratio of the present value of anticipated incurred claims to the present value of anticipated earned premium, discounted at both rates. The lifetime loss ratio anticipated in the original filing was slightly over 60%.

15. History of Previous Rate Revisions

Virginia did approve a series of 3 annual rate increases of 26.0% each on this block of policies in July of 2013. As mentioned earlier in this memorandum, at that time, the anticipated experience loss ratio for the 6 policy years 2012 through 2017, with the approved increases, was 124.8%. However, the actual experience loss ratio for those 6 years (with the implemented rate increases) was 276.5%, more than 2 times the expected rate. That significant deterioration of experience is what is prompting this subsequent rate increase request.

16. Analysis Performed to Consider a Rate Increase

The initial premium schedule was based on pricing assumptions believed to be appropriate, given industry experience available when the initial rate schedule was developed. A description of these is as follows:

a. Original Pricing Claim Costs

Forms 920000, 920001, 920002, 920003, 920009, 920200, 920201, 920202, 920203, 920204:

Original pricing expected nursing home and home health care incidence rates, average length of stay, and continuance tables were taken from early SOA and NCHS studies. All values were adjusted to reflect the effects of elimination periods, benefit periods, policy maximums, and the eligibility standards.

Forms LTC-1L90, NFO-1N92:

Original pricing morbidity assumptions were based on 1985 National Nursing Home Study, Connecticut Longitudinal Study, and various other studies.

b. Original Pricing Termination Assumptions

Original pricing expected total termination rates were based on CNA long-term care termination experience at the time of the original pricing. These rates varied by issue age and duration. For attained ages 65 and above, total terminations were floored at deaths plus 4%.

Forms LTC-1L90, NFO-1N92:

Original pricing expected mortality was based on 1983 Individual Annuitants Table with underwriting selection factors. Original pricing expected voluntary termination rates varied by duration. The key assumption is the ultimate lapse rate assumed to be 6% or 8% depending on issue age.

c. Original Pricing Expected Investment Earnings

7.6% for forms 920000, 920001, 920002, 920003, 920009, 920200, 920201, 920202, 920203, and 920204.

6.5% after duration 4 for forms LTC-1L90 and NFO-1N92.

United Security management determined that since experience and future expectations have deteriorated from the company's original reinsurance analysis, a rate schedule increase would be considered.

As part of the in-force management of the business, United Security monitors the performance of the business by completing periodic analysis of morbidity and persistency. At the time of the prior rate increase request, these analyses indicated deterioration since the original reinsurance analysis. Currently, they indicate a further deterioration over the last 6 years, far outpacing the implemented rate increases.

The assumptions used in this filing (described in Section 5) are based on actual in-force experience of this block of business as well as industry experience and judgment. While actual persistency (based on total terminations) has been consistent with pricing (see Table in Section 5.c.), morbidity has been notably higher than that expected in pricing.

17. Requested Rate Increase and Demonstration of Satisfaction of Rate Stabilization Model Requirements

Although a much larger rate increase is justified at this time (about 1600%), the Company is requesting a series of 3 annual 44.225% rate increases on all premium paying policies in force, with the understanding that experience will continue to be monitored and further modest rate action might be taken in the future if experience continues to justify as much..

Since industry experience indicates that no state would authorize a 1600% rate increase, "further modest rate action" means that unless these requested increases provide some stability to this block, we may file additional rate increases in the future. To mitigate the impact of these rate increases on policyholders, we offer policy modifications to partially or completely offset the rate increases. We are in agreement that additional rate increases are unpleasant and unfortunate. To have to persist in the filing and implementation of them is a burden on both the company and the policyholder. We did not price and market these forms but are simply attempting to mitigate the adverse consequences of this aging assumed block and bring premium levels into appropriate balance with the benefits being offered.

Corresponding rate tables reflecting the proposed increase for each year are included with this memorandum in Exhibit 7A through 7C. The first increase is shown in Exhibit 7A, the rates after the second increase are shown in Exhibit 7B, and the final increase rates are shown in Exhibit 7C. If projected experience on this block improves, United Security will adjust the final year's increase to achieve the revised lifetime loss ratio and file the revision with the Department as specified in VA regulations.

18. Number of Insureds and Annualized Premium

Based on June 30, 2018 in-force premium paying policies, the number of insureds and annualized premium that will be affected by this increase in this jurisdiction (which is the nationwide number of insureds) are shown in the table below. Further nationwide splits by key benefit characteristics are shown in Exhibit 1.

Policy Form	Number of Policies	Current Annualized Premium Before Increase	Average Annualized Premium Before Increase	Annual Premium After 1st Increase	Average Annual Premium After 1st Increase	Annual Premium After 2nd Increase	Average Annual Premium After 2nd Increase	Annual Premium After 3rd Increase	Average Annual Premium After 3rd Increase
920000	135	239,604	1,775	345,569	2,560	498,397	3,692	718,813	5,325
920001	1	2,333	2,333	3,365	3,365	4,853	4,853	7,000	7,000
920002	162	292,700	1,807	422,146	2,606	608,841	3,758	878,100	5,420
920003	8	17,034	2,129	24,567	3,071	35,432	4,429	51,101	6,388
920009	17	29,136	1,714	42,022	2,472	60,606	3,565	87,409	5,142
920200	164	305,962	1,866	441,273	2,691	636,426	3,881	917,885	5,597

920201	126	295,207	2,343	425,762	3,379	614,056	4,873	885,622	7,029
920202	12	24,026	2,002	34,652	2,888	49,976	4,165	72,078	6,007
920203	1	2,756	2,756	3,975	3,975	5,733	5,733	8,268	8,268
LTC-1L90	117	189,871	1,623	273,841	2,341	394,947	3,376	569,612	4,868
NFO-1N92	62	82,541	1,331	119,045	1,920	171,693	2,769	247,624	3,994
Total	805	1,481,170	1,840	2,136,217	2,654	3,080,959	3,827	4,443,514	5,520

19. Proposed Effective Date

This rate increase will apply to policies on their next premium payment date following a 75-day policyholder notification period following approval.

20. Actuarial Certification

I am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No. 8 and 18.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the Commonwealth of Virginia and, with this increase, the premiums are reasonable in relation to the benefits provided. In my opinion the rates are not excessive or unfairly discriminatory. This filing will enhance premium adequacy.

Gary R. Hulet, ASA, MAAA
Staff Actuary
United Security Assurance Company of Pennsylvania
Date: November 5, 2018

United Security Assurance Company

of Pennsylvania
673 East Cherry Lane
Souderton, PA 18964

June 3, 2019

Ms. Colleen Moore
Insurance Market Examiner
Bureau of Insurance
Tyler Building, 6th floor
1300 E. Main St.
Richmond, Virginia 23219

Re: United Security Assurance Company of PA
Trigon VA 2018 Rate Increase Filing
SERFF Tracking # USPA-131712591
Your Objection Dated 5/24/2019

Dear Ms. Moore:

Listed below are the responses to your items of objection regarding the above referenced filing. Each item is listed in italics with the response immediately following.

Objection 1) In the response to Objection 3, you confirmed the issue dates were 1991 - 2004. However, the experience exhibits begin with 1996. Please update the experience exhibits to include data back to 1991.

As mentioned in the Actuarial Memorandum, this block of policies was assumed from Trigon Blue Cross Blue Shield of VA in 2009. United Security Assurance Co. of Pennsylvania (USAP) did not receive detailed experience from Trigon for the block. If you were to refer to the prior rate increase filing (USPA-128450066) prepared for USAP by Milliman consultants, they 'created' historical experience back to 1996 using estimates, but did not 'create' estimates back to 1991. I have used the same historical information from that prior filing in all of my exhibits for the current filing. They (Milliman) did not 'create' any historical experience estimates prior to 1996. In a letter to the VA Bureau of Insurance in November 2012, the 'creation' of historical experience was explained as follows:

"The numbers shown are an estimate based on our existing methodologies at USAP for this block as suggested by the VA Bureau at our meeting on October 11, 2012. To calculate the estimates, we used an approximation derived from the current claim reserve methodology used by USAP in order to calculate historical claims. Paid claims were then determined by taking actual historical reported incurred claims less the change in claim reserve derived from the USAP formulation to estimate the separation of paid claims from changes in the Claims Reserve. We included a historical estimate for IBNR in this as well."

So the requested information is simply not available. If the Bureau could explain the value such estimates of historical experience from 1991 through 1995 would contribute to the evaluation of this rate increase filing, we could attempt, using similar estimation techniques, to 'create' the missing years of experience. Sales and claim experience during the initial years of a new product offering are usually low.

Objection 2) The attachment Trigon Exhibits 2018 rev.pdf, with Exhibits 1-6, 8 and 9 appears to have been deleted from the filing when the additional exhibits were submitted 5/15/19. Please reattach this document to the filing.

We apologize for the unintentional deletion of the Exhibits. They have been resubmitted.

Hopefully this response addresses your concerns on this rate filing. If you have additional questions or objections, please let me know.

Sincerely,

Gary R. Hulet, ASA, MAAA
Staff Actuary
United Security Assurance Company of PA
20 Bayberry Drive
Leesburg, FL 34788
407-474-1727

cc: Bill Neugroschel
Duff Winkenwerder
Martha Stephens

United Security Assurance
Company of Pennsylvania
www.usaofpa.com

July 15, 2019

Ms. Colleen Moore
Insurance Market Examiner
Bureau of Insurance
Tyler Building, 6th floor
1300 E. Main St.
Richmond, Virginia 23219

Re: United Security Assurance Company of PA
Trigon VA 2018 Rate Increase Filing
SERFF Tracking # USPA-131712591
Your Objection Dated 07/02/2019

Dear Ms. Moore:

Listed below are the responses to your items of objection regarding the above referenced filing. Each objection is listed in italics with the response immediately following.

Objection 1) In accordance with 14VAC5-100-50 2, the full and proper corporate name of the insurer shall prominently appear on the cover sheet of all policies, certificates, riders, endorsements, applications and other forms. Currently the name and logo of Coventry CareLink are large and prominent, but the name of United Security Assurance Company of Pennsylvania is included with other information. Please revise so that the name and address of the insuring company is prominent at the beginning of the letter.

We revised the letter to preserve Coventry CareLink's letterhead and added the Company name and address in the same size font to comply with VA's code.

Objection 2) The rate increase information appears in several sections of the memorandum. For the information to be clear to insureds, please reorder the memorandum so that the sentence After the three increases, the total amount of the premium rate increase is [xx.x%] is immediately followed by The first [xx.x%] increase will take effect on your Billing Anniversary date listed below and the chart with the billing anniversary date and premium amounts.

To make sure the information is clear to the insured we reordered the information and added the suggested wording before the chart outlining the Anniversary Date, Prior Premium and new Premium. This was also done in a modified version for each rate increase letter.

Objection 3) On page 2, the letter states Recent actuarial studies for the industry have shown a dramatic rise in long term care claim rates and the length of claim for older insureds. In accordance with 14VAC5-200-75 D 3, please revise the letter to include a clear explanation of the driving factors of the premium rate increase. The policyholder should be able to understand how the increase was developed and why an increase is needed.

We have revised the second paragraph on page 2. In addition we added the heading, "Why is this increase necessary", and numbered options to further help the insured understand the letter.

Objection 4) If an insureds premium is currently being waived because they are on claim, please advise how this will be handled. Will they be required to select an option at the time they are notified of the increase, at the time that they come off claim, etc.?

The 4th bullet under the heading, Why is this increase necessary, was reworded. To better explain what happens when insured returns to payment status, the insured would be paying the higher premium according to the schedule detailed in the chart unless they tell us otherwise. Changes can be requested by the insured at any time.

Objection 5) Page 2, Ways to Reduce the Cost
Objection 5) Section 1) This section refers to a Contingent Non-Forfeiture benefit. In accordance with 14 VAC 5-200-185 C, please revise all references to the Contingent Non-Forfeiture Benefit to Contingent Benefit Upon Lapse.

Revised Contingent Non-Forfeiture Benefit references to Contingent Benefit Upon Lapse (CB).

Objection 5) Section 2) For compliance with 14VAC5-200-185 E 3, the benefit amount for the Contingent Benefit Upon Lapse should be restated to say 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 be payable if the policy remained in a premium paying status.

See above

Objection 5) Section 3) Please include a clear explanation of the options available to reduce costs and show specific examples with a chart showing the cost impact.

Since these options would vary for each person the insured is encouraged to call us if they would like to discuss options available to them to reduce the premium. These options would then be confirmed in a special letter to the insured, which they can review before making a decision. The letter would ask them to select an option and return a copy of the letter with their selection. The insured would then receive a Policy Change Endorsement reflecting the changes to the Policy. See response to Item 9) below.

Objection 5) Section 4) Please attach a copy of the Contingent Benefit Upon Lapse benefit election form

We do not have a specific form to elect the Contingent Benefit Upon Lapse. The benefit would be calculated when an insured calls to discuss policy options to mitigate the rate increase. The CB offer would be included in a letter to the policyholder asking for their signature. It would then be confirmed by issuing a Policy Change Endorsement. The CB is offered to all policyholders subject to the rate increase without exception.

Objection 6) Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the letter regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

The statement, You have the right to a revised premium rate or rate schedule if your premium rate or rate schedule is changed, has been added as the 2nd bullet under the heading, Why is this increase necessary.

7) If the Policyholder Letter is to include variability, please submit a Statement of Variability.

The Policyholder letters only contain variability items described in the parentheses or in the labels for the variable items, such as date, name, address, policy number, etc..

8) Please provide John Doe versions of the letters.

John Doe letters were created and attached to the filing under Supporting Documents; see attachments VA-RI-1-JD, VA-RI-2-JD, and VA-RI-3-JD.

9) Please explain how a policy is updated to reflect any benefit changes the insured may choose to reduce the effects of the rate increase. If the policy is revised or changed in any way, the policyholder 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.

When any benefit changes are made to the Policy, a Policy Change Endorsement (Form PCE-U) is prepared by the Company and sent to the insured for signature. The Form becomes a part of the contract. Form PCE-U was filed and approved on 09/10/2012 under SERFF Number USPA-128578761. A copy of the Form and its Statement of Variables is attached under Supporting Documents.

-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 the Form Schedule of this filing, if desired.

See above.

-If there are several options provided in the policyholder notification 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.

See above.

-If the company chooses to include variability in the form, provide a statement of variability.

The Statement of Variability for PCE-U is attached at Supporting Documents.

10) Pursuant to 14VAC 5-100-40 A 3, please include a certification similar to the following for the policyholder notification letter, or any other filed form if applicable., signed by the General Counsel or an officer of the company or any attorney or actuary representing the company: 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.

We have attached the required certification.

Objection 2
- 3rd Policyholder Notification, VA-RI-3 (Form)
Comments: Please remove the last bullet on page 2, prior to the section Ways to Reduce the Cost.

This item was removed as requested.

Hopefully this response addresses your concerns on this rate filing.

Sincerely,

Martha Stephens
Vice President, Operations

1302 Concourse Drive, Suite 303 Linthicum, Maryland 21090
(410) 850-9060 TEL
(410) 850-9070 FAX

Administrator for:

United Security Assurance Company of Pennsylvania
673 East Cherry Lane, P.O. Box 64477
Souderton, Pennsylvania 18964

July 10, 2019

Notice of Rate Increase and Your Options

Policy Number: 123456

Decision Due Date: September 16, 2019

John Doe
123 Main St
Anytown, PA 12345

Dear John Doe:

I am writing you today from Coventry CareLink Insurance Services, as administrator of your long term care insurance policy assumed by United Security Assurance Company of Pennsylvania ("USA"). We will be implementing a premium rate increase of 44.225% each year for the next three years. The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

After the three increases, the total amount of the premium rate increase is 200%. The first 44.225% increase will take effect on your Billing Anniversary date listed below. Your new modal premium amount and the due dates for each of the three scheduled rate increases are as follows:

Billing Anniversary Date	Prior [Modal] Premium	New [Modal] Premium
October 1, 2019	$1581.00	$1581.00 + 44.225% = $2280.19
October 1, 2020	$2280.19	$2280.19 + 44.225% = $3288.60
October 1, 2021	$3288.60	$3288.60 + 44.225% = $4742.98

As administrator for your United Security Assurance Policy, Coventry CareLink will be implementing the increase. Our toll free number is: [1-877-782-4663 ext. xxx] and we are available Monday through Friday between 8:30 a.m. and 4:30 pm EST.

This premium rate increase is being implemented on all policies issued in Virginia on your Policy Form, and not on you as an individual. This rate increase is related to past and expected future claims and is not based on current economic conditions. Based on current expectations, we believe that this series of three increases will be sufficient to bring premiums into greater balance with claims. However, if future claims are worse than currently expected, we cannot guarantee there will not be additional rate changes sometime in the future.

Why is this increase necessary?

Premium increases are necessary when benefits paid, past and future, exceed what was expected when the policy was initially priced. Common reasons for this include insureds living longer, filing more claims, and staying on claim longer. While the rates need to be increased, we want to explain the specific change to your premium and tell you how you can continue to have access to your long term care insurance coverage even if you can't afford the rate increase. So, here's what you need to know:

- If you have other policies with United Security Assurance, they will not be affected by this premium increase unless you receive an additional notification letter. This increase applies only to the Policy number shown at the top of this letter.
- You have the right to a revised premium rate or rate schedule if your premium rate or rate schedule is changed.
- **If you currently pay your premium by an automatic bank plan, your new premium amount will be automatically drafted from your account when it is due, unless you notify us prior to the Decision Date at the top of this letter.**
- If you are currently receiving benefits and on waiver of premium status, any Policy changes requested will be processed once the Policy is removed from waiver and you are no longer on claim. Your premiums will not increase until you are required to begin paying premiums again.

Ways to Reduce the Cost

If you would like to keep your current benefits, you must pay the increased premium amount. If you choose not to pay the increased premium, you will receive a Contingent Benefit Upon Lapse ("CB"). Under CB you will pay no more premiums and will have a paid-up benefit equal to the greater of 100% of the sum of all premiums you have already paid, less paid claims if any, 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 be payable if the Policy remained in a premium paying status. **In many cases, the decision to elect the CB option may result in a significant reduction in benefits.**

You should be aware that all options available to you may not be of equal value. Please call us if you want to know the options available for <u>your</u> Policy.

If you feel you may have difficulty affording the new premium amount, there are other ways to avoid paying the rate increase besides accepting the CB benefit described in the above paragraph.

Options available to you may be to:

1. Reduce the Daily Benefit amount, and/or
2. Reduce the Benefit Period of your Policy, and/or
3. Increase the Elimination Period, and/or
4. Remove or adjust optional Riders, if applicable.

For future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing your coverage and premiums, per the provisions of your Policy.

How to get Help

You may wish to consult with family members and advisors about this rate increase and the options you have to minimize the effect of the increase.

You can also contact the Virginia Insurance Counseling and Assistance Program (VICAP) at Toll-Free:1-800-552-3402 (Nationwide Voice/TTY); or (804) 662-9333, or visit their Web site: www.vda.virginia.gov/vicap.htm. VICAP is a free, unbiased, confidential counseling program that offers health insurance information, education, and assistance to seniors and adults with disabilities (and their families) in understanding Medicare and making decisions about long term care insurance. The Virginia Department for Aging and Rehabilitative Services and the Bureau of Insurance has worked closely together to develop this insurance counseling program in Virginia.

We encourage you to call our customer service department if you have any questions regarding this rate increase or would like to discuss all of your options. As administrator for your United Security Assurance Policy, Coventry CareLink will be implementing the increase. Our toll free number is: 1-877-782-4663, ext xxxx and we are available between 8:30 a.m. and 4:30 pm EST.

We appreciate and thank you for the opportunity to service your long term care insurance.

Sincerely,

Elaine Griffin
Director of Operations

1302 Concourse Drive, Suite 303 Linthicum, Maryland 21090
(410) 850-9060 TEL
(410) 850-9070 FAX

Administrator for:

United Security Assurance Company of Pennsylvania
673 East Cherry Lane, P.O. Box 64477
Souderton, Pennsylvania 18964

July 10, 2020

Notice of Rate Increase and Your Options

Policy Number: 123456

Decision Due Date: September 16, 2020

John Doe
123 Main St
Anytown, PA 12345

Dear John Doe:

I am writing you today from Coventry CareLink Insurance Services, as administrator of your long term care insurance policy assumed by United Security Assurance Company of Pennsylvania ("USA"). We will be implementing the second premium rate increase of 44.225% as we advised you in 2019 of the three annual rate increases. The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

After the three increases, the total amount of the premium rate increase is 200%. This second 44.225% increase will take effect on your Billing Anniversary date listed below. Your new modal premium amount and the due dates for each of the two remaining scheduled rate increases are as follows:

Billing Anniversary Date	Prior [Modal] Premium	New [Modal] Premium
October 1, 2020	$2280.19	$2280.19 + 44.225% = $3288.60
October 1, 2021	$3288.60	$3288.60 + 44.225% = $4742.98

As administrator for your United Security Assurance Policy, Coventry CareLink will be implementing the increase. Our toll free number is: 1-877-782-4663 ext. xxx and we are available Monday through Friday between 8:30 a.m. and 4:30 pm EST.

This premium rate increase is being implemented on all policies issued in Virginia on your Policy Form, and not on you as an individual. This rate increase is related to past and expected future claims and is not based on current economic conditions. Based on current expectations, we believe that this series of three increases will be sufficient to bring premiums into greater balance with claims. However, if future claims are worse than currently expected, we cannot guarantee there will not be additional rate changes sometime in the future.

Why is this increase necessary?

Premium increases are necessary when benefits paid, past and future, exceed what was expected when the policy was initially priced. Common reasons for this include insureds living longer, filing more claims, and staying on claim longer. While the rates need to be increased, we want to explain the specific change to your premium and tell you how you can continue to have access to your long term care insurance coverage even if you can't afford the rate increase. So, here's what you need to know:

- If you have other policies with United Security Assurance, they will not be affected by this premium increase unless you receive an additional notification letter. This increase applies only to the Policy number shown at the top of this letter.
- You have the right to a revised premium rate or rate schedule if your premium rate or rate schedule is changed.
- **If you currently pay your premium by an automatic bank plan, your new premium amount will be automatically drafted from your account when it is due, unless you notify us prior to the Decision Date at the top of this letter.**
- If you are currently receiving benefits and on waiver of premium status, any Policy changes requested will be processed once the Policy is removed from waiver and you are no longer on claim. Your premiums will not increase until you are required to begin paying premiums again.

Ways to Reduce the Cost

If you would like to keep your current benefits, you must pay the increased premium amount. If you choose not to pay the increased premium, you will receive a Contingent Benefit Upon Lapse ("CB"). Under CB you will pay no more premiums and will have a paid-up benefit equal to the greater of 100% of the sum of all premiums you have already paid, less paid claims if any, 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 be payable if the Policy remained in a premium paying status. **In many cases, the decision to elect the CB option may result in a significant reduction in benefits.**

You should be aware that all options available to you may not be of equal value. Please call us if you want to know the options available for <u>your</u> Policy.

If you feel you may have difficulty affording the new premium amount, there are other ways to avoid paying the rate increase besides accepting the CB benefit described in the above paragraph.

Options available to you may be to:

1. Reduce the Daily Benefit amount, and/or
2. Reduce the Benefit Period of your Policy, and/or
3. Increase the Elimination Period, and/or
4. Remove or adjust optional Riders, if applicable.

For future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing your coverage and premiums, per the provisions of your Policy.

How to get Help

You may wish to consult with family members and advisors about this rate increase and the options you have to minimize the effect of the increase.

You can also contact the Virginia Insurance Counseling and Assistance Program (VICAP) at Toll-Free:1-800-552-3402 (Nationwide Voice/TTY); or (804) 662-9333, or visit their Web site:www.vda.virginia.gov/vicap.htm. VICAP is a free, unbiased, confidential counseling program that offers health insurance information, education, and assistance to seniors and adults with disabilities (and their families) in understanding Medicare and making decisions about long term care insurance. The Virginia Department for Aging and Rehabilitative Services and the Bureau of Insurance have worked closely together to develop this insurance counseling program in Virginia.

We encourage you to call our customer service department if you have any questions regarding this rate increase or would like to discuss all of your options. As administrator for your United Security Assurance Policy, Coventry CareLink will be implementing the increase. Our toll free number is: 1-877-782-4663, ext xxxx and we are available between 8:30 a.m. and 4:30 pm EST.

We appreciate and thank you for the opportunity to service your long term care insurance.

Sincerely,

Elaine Griffin
Director of Operations

1302 Concourse Drive, Suite 303 Linthicum, Maryland 21090
(410) 850-9060 TEL
(410) 850-9070 FAX

Administrator for:

United Security Assurance Company of Pennsylvania
673 East Cherry Lane, P.O. Box 64477
Souderton, Pennsylvania 18964

July 10, 2021

Notice of Rate Increase and Your Options

Policy Number: 123456

Decision Due Date: **September 16, 2021**

John Doe
123 Main St
Anytown, PA 12345

Dear John Doe:

I am writing you today from Coventry CareLink Insurance Services, as administrator of your long term care insurance policy assumed by United Security Assurance Company of Pennsylvania. We will be implementing the third premium rate increase of 44.225% as we advised you in 2019 of the three annual rate increases. The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

After the three increases, the total amount of the premium rate increase is 200%. The third and final 44.225% increase will take effect on your Billing Anniversary date listed below. Your new modal premium amount and the due date for this rate increase are as follows:

Billing Anniversary Date	Prior [Modal] Premium	New [Modal] Premium
October 1, 2021	$3288.60	$3288.60 + 44.225% = $4742.98

As administrator for your United Security Assurance Policy, Coventry CareLink will be implementing the increase. Our toll free number is: 1-877-782-4663 ext. xxx and we are available Monday through Friday between 8:30 a.m. and 4:30 pm EST.

This premium rate increase is being implemented on all policies issued in Virginia on your Policy Form, and not on you as an individual. This rate increase is related to past and expected future claims and is not based on current economic conditions. Based on current expectations, we believe that this series of three increases will be sufficient to bring premiums into greater balance with claims. However, if future claims are worse than currently expected, we cannot guarantee there will not be additional rate changes sometime in the future.

Why is this increase necessary?

Premium increases are necessary when benefits paid, past and future, exceed what was expected when the policy was initially priced. Common reasons for this include insureds living longer, filing more claims, and staying on claim longer. While the rates need to be increased, we want to explain the specific change to your premium and tell you how you can continue to have access to your long term care insurance coverage even if you can't afford the rate increase. So, here's what you need to know:

- If you have other policies with United Security Assurance, they will not be affected by this premium increase unless you receive an additional notification letter. This increase applies only to the Policy number shown at the top of this letter.
- You have the right to a revised premium rate or rate schedule if your premium rate or rate schedule is changed.
- **If you currently pay your premium by an automatic bank plan, your new premium amount will be automatically drafted from your account when it is due, unless you notify us prior to the Decision Date at the top of this letter.**
- If you are currently receiving benefits and on waiver of premium status, any Policy changes requested will be processed once the Policy is removed from waiver and you are no longer on claim. Your premiums will not increase until you are required to begin paying premiums again.

Ways to Reduce the Cost

If you would like to keep your current benefits, you must pay the increased premium amount. If you choose not to pay the increased premium, you will receive a Contingent Benefit Upon Lapse ("CB"). Under CB you will pay no more premiums and will have a paid-up benefit equal to the greater of 100% of the sum of all premiums you have already paid, less paid claims if any, 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 be payable if the Policy remained in a premium paying status. **In many cases, the decision to elect the CB option may result in a significant reduction in benefits.**

You should be aware that all options available to you may not be of equal value. Please call us if you want to know the options available for your Policy.

If you feel you may have difficulty affording the new premium amount, there are other ways to avoid paying the rate increase besides accepting the CB benefit described in the above paragraph.

Options available to you may be to:

1. Reduce the Daily Benefit amount, and/or
2. Reduce the Benefit Period of your Policy, and/or
3. Increase the Elimination Period, and/or
4. Remove or adjust optional Riders, if applicable.

Remember you can contact us at any time to discuss decreasing your coverage and premiums, per the provisions of your Policy.

How to get Help

You may wish to consult with family members and advisors about this rate increase and the options you have to minimize the effect of the increase.

You can also contact the Virginia Insurance Counseling and Assistance Program (VICAP) at Toll-Free:1-800-552-3402 (Nationwide Voice/TTY); or (804) 662-9333, or visit their Web site:www.vda.virginia.gov/vicap.htm. VICAP is a free, unbiased, confidential counseling program that offers health insurance information, education, and assistance to seniors and adults with disabilities (and their families) in understanding Medicare and making decisions about long term care insurance. The Virginia Department for Aging and Rehabilitative Services and the Bureau of Insurance have worked closely together to develop this insurance counseling program in Virginia.

We encourage you to call our customer service department if you have any questions regarding this rate increase or would like to discuss all of your options. As administrator for your United Security Assurance Policy, Coventry CareLink will be implementing the increase. Our toll free number is: 1-877-782-4663, ext xxxx and we are available between 8:30 a.m. and 4:30 pm EST.

We appreciate and thank you for the opportunity to service your long term care insurance.

Sincerely,

[Elaine Griffin
[Director of Operations]

State: *Virginia* **Filing Company:** *United Security Assurance Company of Pennsylvania*

TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.003 Other*

Product Name: *Trigon PCE 7.2012*

Project Name/Number: */*

Filing at a Glance

Company:	United Security Assurance Company of Pennsylvania
Product Name:	Trigon PCE 7.2012
State:	Virginia
TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care
Sub-TOI:	LTC05I.003 Other
Filing Type:	Form/Endorsement/Application
Date Submitted:	07/17/2012
SERFF Tr Num:	USPA-128578761
SERFF Status:	Closed-Approved
State Tr Num:	USPA-128578761
State Status:	Approved
Co Tr Num:	PCE-U
Co Status:	
Implementation Date Requested:	
Author(s):	Martha Stephens, William Neugroschel
Reviewer(s):	Mary Mason (primary)
Disposition Date:	09/10/2012
Disposition Status:	Approved
Implementation Date:	

State: *Virginia* **Filing Company:** *United Security Assurance Company of Pennsylvania*

TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.003 Other*

Product Name: *Trigon PCE 7.2012*

Project Name/Number: */*

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Company Status Changed:

Deemer Date: 09/12/2012

Submitted By: Tamara Lyons

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 05/14/1984

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 09/10/2012

State Status Changed: 09/10/2012

Created By: Tamara Lyons

Corresponding Filing Tracking Number:

Filing Description:

Enclosed please find duplicate copies of the above-captioned form for your review and approval prior to use in your state. United Security Assurance Company of Pennsylvania intends to use this form with policies acquired from other companies as well as any future approved products that we may issue in your state.

This filing contains the following items:

•Policy Change Endorsement Form, PCE-U, is to be sent to any policyholder who is requesting a change in the terms of their policy. It will be used by the Company to make changes in policy contracts (such as benefit amounts and related premium changes) requested by the insured (please see variable choices). It could also be used at the time of policy issue to indicate corrections to the application. The Company will require that any change made by the endorsement be acknowledged by signature of the insured.
•The variable language for use with the above endorsement is as shown on the statement of variables, Form PCE-U-SOV.

Company and Contact

Filing Contact Information

Tamara Lyons, Product Analyst
673 East Cherry Lane
Souderton, PA 18964

tlyons@usa-cal.com
215-723-3044 [Phone] 155 [Ext]
215-723-8036 [FAX]

Filing Company Information

United Security Assurance Company of Pennsylvania
673 Cherry Lane
Souderton, PA 18964-1260
(215) 723-3044 ext. [Phone]

CoCode: 42129
Group Code: 1223
Group Name:
FEIN Number: 23-2227246

State of Domicile: Pennsylvania
Company Type: Life, Accident/Health
State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.003 Other
Product Name: Trigon PCE 7.2012
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Mary Mason	09/10/2012	09/10/2012

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.003 Other
Product Name: Trigon PCE 7.2012
Project Name/Number: /

Disposition

Disposition Date: 09/10/2012
Implementation Date:
Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	L&H Readability - Health	Withdrawn	Yes
Supporting Document	Submission Letter	Received & Acknowledged	Yes
Supporting Document	Statement of Variables	Received & Acknowledged	Yes
Supporting Document	John Doe PCE	Received & Acknowledged	Yes
Form	PCE-U	Approved	Yes

State: Virginia **Filing Company:** United Security Assurance Company of Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.003 Other
Product Name: Trigon PCE 7.2012
Project Name/Number: /

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 09/10/2012	PCE-U	policy change endorsement	POLA	Initial			PCE-U_7.2012.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

POLICY CHANGE
ENDORSEMENT

Effective Date: _____ Policy No.: _____

Issued to: _____

Your policy is amended as follows:

In witness whereof, UNITED SECURITY ASSURANCE COMPANY OF PENNSYLVANIA, SOUDERTON, PENNSYLVANIA, has caused this endorsement to be signed by its President.

_____
Signature of Insured

_____
President

State: *Virginia* **Filing Company:** *United Security Assurance Company of Pennsylvania*
TOI/Sub-TOI: *LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.003 Other*
Product Name: *Trigon PCE 7.2012*
Project Name/Number: */*

Supporting Document Schedules

Satisfied - Item:	Statement of Variables
Comments:	
Attachment(s):	PCE-U-SOV_7.2012.pdf
Item Status:	Received & Acknowledged
Status Date:	09/10/2012

Statement of PCE Variables

- [Your Policy originally issued by _____ and assumed by United Security Assurance Company of Pennsylvania is amended as follows:]
- [In accordance with the request of the Insured, the following change is made to the Policy: The Maximum Daily Benefit is $[xxx.xx]. The Maximum Benefit Period is [xxx] [days] [months] [years]. The Elimination Period is [xxx] days. The new premium is $[xxx.xx] [Annually] [Semi-Annually] [Quarterly] [Monthly]. The effective date of this change is [date].
- [In consideration of the request to reduce premium, the following coverage has been removed from the Policy effective [date]: [Benefit Rider Form xxx-xx-x]. The new premium is $[xxx.xx] [Annually] [Semi-Annually] [Quarterly] [Monthly].]

- [In consideration of the application and additional premium collected, the following coverage has been added to the Policy effective [date]: [Benefit Rider Form xxx-xx-x]. The new premium is $[xxx.xx] [Annually] [Semi-Annually] [Quarterly] [Monthly].]
- [The beneficiary designation has been changed to [name, relationship]. This change is effective [date].]
- [The correct premium for the Policy is shown in the Policy Schedule.]
- [The correct premium for this Policy is $[xxx.xx].]
- [The correct age of the Insured is [xx].]
- [The response to question #[x] on the application is [Yes] [No].]
- [The Maximum Daily Benefit of the Policy is $[xxx.xx].]
- [The Maximum Benefit Period of the Policy is [xxx] [days] [months] [years].]
- [The Elimination Period of the Policy is [xxx] days.]

United Security Assurance

Company of Pennsylvania
673 East Cherry Lane, P.O. Box 64477,
Souderton, Pennsylvania 18964
(800) 872-3044

August 12, 2019

Ms. Colleen Moore
Insurance Market Examiner
Bureau of Insurance
Tyler Building, 6th floor
1300 E. Main St.
Richmond, Virginia 23219

Re: United Security Assurance Company of PA
Trigon VA 2018 Rate Increase Filing
SERFF Tracking # USPA-131712591
Your Objection Dated 7/18/2019

Dear Ms. Moore:

Listed below are the responses to your items of objection regarding the above referenced filing. Each item is listed in italics with the response immediately following.

Objection 1) L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

Please see Exhibit 18.

Comments: 2. The language in the memorandum regarding the morbidity assumptions is unclear as to exactly what the basis the current best estimate assumption. It starts out saying that the "expected claim costs are the original pricing costs" and then indicates that these were compared to the Milliman LTCGs, but doesn't indicate what is actually being used in the projections. Please provide clarification, including what version of the LTCGs are used, if any.

The morbidity assumption used in the current projection (i.e., best estimate assumption) is the original pricing claim costs provided to us by Trigon when the Company assumed this block of policies. Milliman consultants prepared the prior Trigon rate increase filing, and as part of the process, they did a comparison between the Trigon provided claim costs and their 2002 LTCG table. The purpose of this comparison (as Milliman explained it to me), was to verify what Milliman was told by Med-America (former owner of the Trigon policies) that the LTCG 2002 table was the basis of the original pricing. Apparently, this comparison did satisfy the Milliman consultants that the pricing claim costs were based on the 2002 LTCG table. Milliman advised me that there was no 'formal' comparison result compiled or published, so we cannot provide the comparison.
To develop the projected incurred claims for this rate increase request, we calculated expected future claims from the pricing claim costs, and then used the year-to-year ratios of those expected future claims to project anticipated future claims beginning with the current actual incurred claim amounts. This preserves the year-to-year changes in expected pricing amounts but also calibrates the amounts to what we are currently experiencing.

United Security Assurance

Company of Pennsylvania
673 East Cherry Lane, P.O. Box 64477,
Souderton, Pennsylvania 18964
(800) 872-3044

Comments: 3. Please provide a discussion of credibility, including the actual number of claims for this block.

We evaluate the credibility of claims experience on this block (and all blocks of business the Company has) as described in Jim Berger's statement in the June 2013—Issue 34 of the SOA's Long Term Care News, in his article "Credibility Theory and Long Term Care Insurance", where he said "If…being within 5 percent of the actual loss ratio 90 percent of the time is a good measure, then full credibility is found with 1,082 claims" (see *An Introduction to Credibility Theory,* fourth edition, by Thomas Herzog). At the time of assumption of this business in 2009, this Trigon block of policies consisted of about 1,720 policies. Since the assumption of this block, there have been about 473 claims incurred, and based on information provided by Trigon, we estimate there were 177 claims incurred prior to the assumption. So while one might argue that our claims experience may not be fully credible, with over 20,000 policy-years of experience, it is close to being credible. And since there are no other similar policies to combine with these for greater credibility, we believe it is sufficient to stand alone, in aggregate. Historical claim incurrals are: incurred claims prior to assumption – 177, 2010 incurrals – 48, 2011 incurrals – 48, 2012 – 59, 2013 – 58, 2014 – 52, 2015 – 58, 2016 – 44, 2017 – 46, 2018 - 60.

Hopefully this addresses your concerns on this filing. If you have additional questions, please let me know.

Sincerely,

Gary R. Hulet, ASA, MAAA
Staff Actuary
United Security Assurance Company of PA
20 Bayberry Drive
Leesburg, FL 34788
407-474-1727

cc: Bill Neugroschel
Duff Winkenwerder
Martha Stephens

Exhibit 18
United Security Assurance Company of PA
Business Assumed from TRIGON
History of Rate Increases for TRIGON Policies

States	Policies In Force By State	Rate Increases Requested	Date Requested	Date Approved	Amount of Increase Approved	Cumulative Increase Approved	InForce Annualized Premium
VA	1,374	3 X 42.5%	6/7/2012	7/22/2013	3 X 26.0%	100.038%	1,666,379
VA	805	3 X 44.225%	11/16/2018				1,552,462

United Security Assurance

Company of Pennsylvania
673 East Cherry Lane, P.O. Box 64477,
Souderton, Pennsylvania 18964
(800) 872-3044

August 30, 2019

Ms. Colleen Moore
Insurance Market Examiner
Bureau of Insurance
Tyler Building, 6th floor
1300 E. Main St.
Richmond, Virginia 23219

Re: United Security Assurance Company of PA
Trigon VA 2018 Rate Increase Filing
SERFF Tracking # USPA-131712591
Your Objection Dated 8/29/2019

Dear Ms. Moore:

Listed below are the responses to your items of objection regarding the above referenced filing. Each item is listed in italics with the response immediately following.

Objection 1) L&H Actuarial Memorandum (Supporting Document)

Comments: 1. There is a discrepancy in the policy count of 843 in Exhibit 1 and 805 in section 18 of the memorandum. Please update and reconcile.

The table in Section 18 of the Actuarial Memorandum is as of 6/30/2018, as stated. Exhibit 1 shows the demographics of the Trigon policies as of 12/31/2017, as labeled. The difference is the experience of 6 months. The table in Section 18 of the Actuarial Memorandum as of 12/31/2017 would look like this:

Policy Form	Number of Policies	Current Annualized Premium Before Increase	Average Annualized Premium Before Increase	Annual Premium After 1st Increase	Average Annual Premium After 1st Increase	Annual Premium After 2nd Increase	Average Annual Premium After 2nd Increase	Annual Premium After 3rd Increase	Average Annual Premium After 3rd Increase
920000	150	262,596	1,751	378,729	2,525	546,222	3,641	787,789	5,252
920001	1	2,333	2,333	3,365	3,365	4,853	4,853	7,000	7,000
920002	165	298,825	1,811	430,981	2,612	621,582	3,767	896,477	5,433
920003	8	17,034	2,129	24,567	3,071	35,432	4,429	51,101	6,388
920009	17	29,136	1,714	42,022	2,472	60,606	3,565	87,409	5,142
920200	171	316,082	1,848	455,869	2,666	657,477	3,845	948,247	5,545
920201	132	315,048	2,387	454,378	3,442	655,326	4,965	945,144	7,160
920202	12	24,026	2,002	34,652	2,888	49,976	4,165	72,078	6,007
920203	1	2,756	2,756	3,975	3,975	5,733	5,733	8,268	8,268
LTC-1L90	121	198,295	1,639	285,991	2,364	412,470	3,409	594,885	4,916

United Security Assurance

Company of Pennsylvania
673 East Cherry Lane, P.O. Box 64477,
Souderton, Pennsylvania 18964
(800) 872-3044

NFO-1N92	65	86,331	1,328	124,510	1,916	179,575	2,763	258,992	3,984
Total	843	1,552,462	1,842	2,239,039	2,656	3,229,252	3,831	4,657,390	5,525

Comments: 2. Please provide details of the actual adjustment factors that are being applied to the original morbidity assumptions and the underlying experience studies upon which those factors are based.

To develop the projected incurred claims for this rate increase request, we calculated expected future claims from the pricing claim costs, and then used the year-to-year ratios of those expected future claims to project anticipated future claims beginning with the current actual incurred claim amounts. This preserves the year-to-year changes in the expected pricing amounts but also calibrates the amounts to what we are currently experiencing.

There are no adjustment factors that are being applied to the original morbidity assumption. The process is explained above.

Hopefully this addresses your concerns on this filing. If you have additional questions, please let me know.

Sincerely,

Gary R. Hulet, ASA, MAAA
Staff Actuary
United Security Assurance Company of PA
20 Bayberry Drive
Leesburg, FL 34788
407-474-1727

cc: Bill Neugroschel
Duff Winkenwerder
Martha Stephens

United Security Assurance

Company of Pennsylvania
673 East Cherry Lane, P.O. Box 64477,
Souderton, Pennsylvania 18964
(800) 872-3044

November 19, 2019

Ms. Colleen Moore
Insurance Market Examiner
Bureau of Insurance
Tyler Building, 6th floor
1300 E. Main St.
Richmond, Virginia 23219

Re: United Security Assurance Company of PA
Trigon VA 2018 Rate Increase Filing
SERFF Tracking # USPA-131712591
Your Objection Dated 11/12/2019

Dear Ms. Moore:

Listed below are the responses to your items of objection regarding the above referenced filing. Each item is listed in italics with the response immediately following.

Objection 1) Proposed Rates 1, [920200] (Rate)

Comments: 1) Please confirm the Overall Percentage of Last Rate Revision (189.400%) shown under the Rate/Rule Schedule. The final approved rate action in the prior filing (USPA-128450066) was 100%. Make any necessary revisions using a post submission update.

A post submission update has been submitted making the rate correction.

Comments: 2) Item #8 - 920202: Please confirm the number for this policy form. In the previous filing there was a rate sheet approved with the form number 9200202, not 920202.

Apparently an error was made in the previous filing, as all of the Trigon policy form numbers are 6 digits, not 7. So form number 920202 is correct.

Comments: 3) Item #2 - 920001: Please explain how the rates for this policy form ($353, $509 and $734 for years 1, 2 and 3) relate to the rates approved in the previous filing for this form ($1,469, $1,851 and $2,332 for years 1, 2 and 3). They do not appear to be for the same product. The current exhibit references home and community based care, while the prior exhibit references a nursing home policy.

Since acquisition (and prior to the initial rate increase), there has only been 1 policy associated with form 920001. When we assumed this business from Med-America, they did not provide us with a rate sheet for this policy form (there being only 1 policy). The initial rate per $10 unit for this policy was $122. The equivalent initial rates per $10 for forms 920000 and 920002 were $117.00 and $137.00, respectively.

Since approval of the prior rate increase, the base premiums per $10 units have been $154 (+26%), $194 (+26%), and $245 (+26%). With this increase request, the premiums become $245 * 1.44225 = $353 * 1.44225 = $509 * 1.44225 = $734. These are the rates which I provided with this rate increase filing – the rates per unit.

The rates from the prior filing ($1,469, $1,851 and $2,332) were the total premium for the policy and not the base 'per unit' premium. The total premium for this policy before the prior rate increase series was $1,166. Applying the prior rate

increase series produces rates of $1,166 X 1.26 = $1,469 X 1.26 = $1,851 X 1.26 = $2,332. Continuing that same method for the current requested rate increase series yields $2,332 X 1.44225 = $3,363 X 1.44225 = $4,850 X 1.44225 = $6,995.

As far as the prior filing referencing a nursing home policy (which the rate 'pages' are obviously labeled), this was an apparent labeling error. I have attached a copy of the policy form 920001 which was provided to us in April 2009 by Med-America which clearly references home and community based care.

Comments: 4) Item #13 - NFO-1N92: The previous filing included rate pages showing rates for "No Inflation", "5% Compound for 20 Yrs" and "with FPO". These pages were not included in the current filing. Please explain.

Upon further review of the 2012 Trigon rate increase filing, it appears that an errant rate table found its way into that filing. According to our records for the Trigon NFO-1N92 policy form, the rate pages in the prior filing referring to "No Inflation", "5% Compound for 20 Yrs" and "with FPO" belong to the Capital Blue Cross (CBC) policy forms and were erroneously included in the Trigon filing.

Objection 2)
Comments: In the previous filing, USPA-128450066, a series of 3 annual increases of 26% were approved on 7/22/13. In the current filing, the company indicates you feel an increase in excess of 1600% could be justified. Please explain the reason for waiting 3 years after the implementation of the 3rd increase before filing for another rate increase.

The reason for waiting 3 years after the implementation of the 3rd increase before filing for another rate increase is simply a timing issue. Given the approval date was late July, 2013, the first increases would not have happened until probably late September or early October 2013. The implementation of a rate increase takes about a year due to the policies which are on an annual premium mode. Those policies which had a policy/premium anniversary just prior to the implementation date of a rate increase won't receive that increase until about a year later. So, given the 1st increase implementation began in October 2013, the 2nd would begin in October 2014, and the 3rd increase implementation would begin in October 2015 resulting in full implementation around October 2016. After a rate increase is fully implemented, it takes at least another year, if not longer, to assess the impact of that increase on actual experience. This puts us at year-end 2017 or later. Because there are other work requirements in running a small insurance company besides creating rate increase requests, the development of an increase request can take 3 to 6 months. Examining year-end 2017 results provided proof that the prior implemented rate increases were not sufficient to cover developing increases in claims, so we went to work on creating a rate increase request for this block of policies which was filed with the VA DOI in November of 2018 and we now find ourselves in November of 2019 with no resolution to this developing issue.

Hopefully this addresses your concerns on this filing. If you have additional questions, please let me know.

Sincerely,

Gary R. Hulet, ASA, MAAA
Staff Actuary
United Security Assurance Company of PA
604 Harbor Circle
Azle, TX 76020
407-474-1727

cc: Bill Neugroschel
Duff Winkenwerder
Martha Stephens

TRIGON

Trigon BlueCross BlueShield

TRIGON BLUE CROSS BLUE SHIELD
2015 STAPLES MILL ROAD, P.O. BOX 27401
RICHMOND, VIRGINIA 23279
ATTENTION: LONG TERM CARE

We are pleased to issue this Long-Term Care Insurance Policy to You. It was issued in consideration of Your application and payment of the required premium. We suggest You carefully read it.

GUARANTEED RENEWABLE FOR LIFE - PREMIUMS SUBJECT TO CHANGE

Your policy will remain in effect during Your lifetime as long as each premium is paid on time. We cannot cancel or refuse to renew Your policy. We cannot change Your policy without Your consent unless mandated by law. However, We may change the premium rates. Any change will apply to all policies in the same class as Yours in the Commonwealth of Virginia where the policy was issued. We will notify You in writing 31 days before Your premium changes. Coverage begins and ends on 12:01 a.m. Standard Time at Your residence. Renewal of this policy shall constitute a continuation of the original policy, rather than issuance of a new contract.

Your policy provides a refund of unearned premium when We are notified of Your death. A refund of unearned premium will not be made for any other reason.

30-DAY REVIEW PERIOD

If You feel this policy does not meet Your insurance needs, return it to Us or Your agent within 30 days after You have received it. We will return Your premium and consider the policy never to have been issued.

CHECK YOUR APPLICATION

Caution: This policy may not apply when you have a claim. Please read!

The issuance of this long-term care insurance policy is based upon Your responses to the questions on Your application. A copy of Your application is attached. If Your answers are incorrect or untrue, We have 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, contact Us at Long-Term Care Administrators, P.O. Box 305014, Nashville, Tennessee, 37230-5014, Attention : Trigon Blue Cross Blue Shield.

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 review carefully all policy limitations.
TRIGON BLUE CROSS BLUE SHIELD

Executive Vice President & Chief Operating Officer
Government & Individual Business Center

Coverage is not available to Virginians residing in the city of Fairfax, the town of Vienna, or the area east of State Route 123. Trigon Blue Cross Blue Shield is the trade name of Trigon Insurance Company Ý An Independent Licensee of the Blue Cross and Blue Shield Association.

GUIDE TO YOUR LONG-TERM CARE POLICY

The following is a Guide to Your Long-Term Care Policy. It tells You what is included in Your policy and on what page(s) You can find it.

	Page(s)
Guaranteed Renewable; Premiums Subject to Change	1
30-Day Review Period	1
Check Your Application	1
Policy Schedule	3
SECTION 1: DEFINITIONS OF IMPORTANT TERMS	8
• Activities of Daily Living	13
• Acute Condition	13
• Adult Day Care	9
• Alternate Care Facility	9
• Alternate Plan of Care	11
• Assisted Living Facilities	10
• Caregiver Training	11
• Cognitive Impairment	14
• Custodial Nursing Care	12
• Effective Date of Coverage	14
• Elimination Period	14
• Home and Community Based Care	8
• Home Convalescent Unit	8
• Home Health Care Agency	9
• Home Health Care Services	9
• Inability to Perform Two or More Activities of Daily Living	13
• Informal Care	11
• Informal Caregiver	10
• Intermediate Nursing Care	12
• Long-Term Care Facility	11
• Maximum Lifetime Benefit	14
• Medicaid	14
• Medical Help System	10
• Medical Necessity	12
• Medicare	14
• Mental Or Nervous Disorder	14
• Plan of Treatment	8
• Pre-existing Condition	14
• Respite Care	11
• Skilled Nursing Care	12
• We, Our, Us	8
• You, Your, Yourself	8

SECTION 2: BENEFITS 16

General Benefit Information 16

- What is in the Policy Schedule 16
- Limitations or Conditions on Eligibility for Benefits 16
- What Happens If You Terminate Your Policy 16
- Coverage for Alzheimer's Disease 16
- No Need for Hospitalization 17

Home and Community-Based Care Benefits 17

- How is Eligibility for Home and Community-Based Care Benefits Determined 17
- What Is The Home and Community-Based Care Benefit and How Does It Work 17
- Medical Help Benefit 18
- Caregiver Training Benefit 18

Long-Term Care Facility Benefit 19

- How is Eligibility for Long-Term Care Facility Benefits Determined 19
- What is the Long-Term Care Facility Benefit and How Does it Work 19
- Bed Reservation Benefit 19

Waiver of Premium Benefit 20
Alternate Plan of Care Benefit 20
Non-forfeiture Return of Premium Benefit 21

SECTION 3: EXCLUSIONS AND LIMITATIONS 23

- When this Policy Will Not Provide Benefits 23
- Pre-existing Condition Limitation 23

SECTION 4: CLAIMS 24

- Notifying Us of a Claim 24
- How to File a Claim 24
- When to File a Claim 24
- Care Management Services 24
- When Your Claim is Paid 25
- How Claims are Paid 25
- Our Rights to Obtain Information 25
- Misstatement of Your Age 25
- Limitations on Legal Actions 25
- Limitations on Damages 25

SECTION 5: PREMIUM PAYMENT AND REINSTATEMENT OF YOUR POLICY 26

- Paying Premiums 26
- What Happens When Premiums Are Not Paid 26
- Unintentional Lapse Protection 26
- What Happens To Your Premiums if You Die 27
- Putting the Policy Back in Force 27
- Putting the Policy Back in Force After Nonpayment of Premium Due to Cognitive Impairment or Functional Incapacity 27

SECTION 6: THE CONTRACT 29

- What Makes Up the Contract 29
- Importance of Information on the Application/Time Limit on Certain Defenses 29
- Applicable Lae 30
- Continuing Rights 30

==========

SECTION 1: DEFINITIONS OF IMPORTANT TERMS

This section provides the meaning of special terms used throughout this policy. The first letter of each word or words in a phrase is capitalized to help You easily recognize them wherever they appear in the policy.

==========

THE FOLLOWING DEFINITIONS REFER TO THOSE INVOLVED IN THE CONTRACT

==========

WE, OUR, US	Trigon Blue Cross Blue Shield, 2015 Staples Mill Road, P.O. Box 27401, Richmond, Virginia 23279, Attention: Long Term Care.
YOU, YOUR, YOURSELF	The insured named in the Policy Schedule.

==========

THE FOLLOWING DEFINITIONS RELATE TO THE ELIGIBILITY FOR BENEFITS

==========

HOME AND COMMUNITY-BASED CARE	Care required and provided in a Home Convalescent Unit under a Plan of Treatment; in an Alternate Care Facility; or Adult Day Care.
HOME CONVALESCENT UNIT	1. Your home; 2. a private home; 3. a home for the retired or aged; 4. a place which provides residential care; or 5. a section of a nursing facility providing only residential care. It does not mean a hospital.
PLAN OF TREATMENT	A program of care and treatment provided by a Home Health Care Agency. It must be: 1. initiated by and approved in writing by Your physician before the start of Home and Community-Based Care; and 2. confirmed in writing at least once every 60 days.

==========

HOME HEALTH CARE AGENCY

An entity which provides Home Health Care Services and is licensed or accredited by state law as a Home Health Care Agency.

For purposes of this policy, a registered nurse, a licensed practical nurse, or a licensed vocational nurse operating within the scope of his or her license will be considered a Home Health Care Agency.

==========

HOME HEALTH CARE SERVICES

Medical and nonmedical services, provided to ill, disabled or infirm persons in their residences. Such services may include homemaker services, assistance with Activities Of Daily Living and Respite Care services.

==========

ADULT DAY CARE

A community-based group program that provides health, social, and related support services in a facility which is licensed or certified by the state as an Adult Day Care Center for impaired adults. It does not mean 24-hour care.

==========

ALTERNATE CARE FACILITY

A facility that is engaged primarily in providing ongoing care and related services to inpatients in one location and meets all of the following criteria:

1. provides 24 hour a day care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Cognitive Impairment; and

2. has a trained and ready to respond employee on duty at all times to provide that care; and

3. provides 3 meals a day and accommodates special dietary needs; and

4. is licensed or accredited by the appropriate agency to provide such care; and

5. has formal arrangements for the services of a physician or nurse to furnish medical care in case of emergency; and

6. has appropriate methods and procedures for handling and administering drugs and biologicals.

These requirements are typically met by Assisted Living Facilities that are either free standing facilities or part of a life-care community. They may also be met by some personal care and adult congregate care facilities. They are generally NOT met by individual residences or independent living units.

An Alternate Care Facility does not mean a Long-Term Care Facility, hospital or clinic, boarding home, a place which operates primarily for the treatment of alcoholics or drug addicts, or a hospice. However, care or services provided in these facilities may be covered subject to the conditions of the Alternate Plan of Care Benefit provision.

==========

ASSISTED LIVING FACILITIES

Any institution, rest home, boarding home, place, building or agency which is maintained and operated to provide personal care and services which meet some need beyond basic provision of food, shelter, and laundry to five or more persons in a free-standing, physically separate facility which is not otherwise required to be licensed.

==========

MEDICAL HELP SYSTEM

A communication system, located in your home, used to summon medical attention in case of a medical emergency.

==========

INFORMAL CAREGIVER

The person who has the primary responsibility of caring for You in Your residence. A person who is paid for caring for You cannot be an Informal Caregiver.

==========

INFORMAL CARE

Custodial care provided by an Informal Caregiver, making it unnecessary for You either to be in a Long-Term Care Facility, or to receive such custodial care in Your residence from a paid provider.

==========

CAREGIVER TRAINING

Training provided by a Home Health Care Agency, Long-Term Care Facility, or hospital and received by the Informal Caregiver to care for You in Your residence.

==========

ALTERNATE PLAN OF CARE

If You would otherwise require a Long-Term Care Facility stay, We may provide benefits for alternate services, devices or types of care under a written Alternate Plan of Care, if such plan is medically acceptable. This Alternate Plan of Care:

1. must be agreed to by You, Your physician, and Us;

2. will be developed by or with health care professionals

==========

RESPITE CARE

Care including companion care or live-in care, provided by or through a Home Health Care Agency, to temporarily relieve the Informal Caregiver in the Home Convalescent Unit.

==========

LONG-TERM CARE FACILITY

A place which:

1. is licensed by the state where it is located; and

2. provides Skilled, Intermediate, Or Custodial Nursing Care on an inpatient basis under the supervision of a physician; and

3. has 24-hour-a-day nursing services provided by or under the supervision of a registered nurse (R.N.), licensed vocational nurse (L.V.N.), or licensed practical nurse (L.P.N.), and

4. keeps a daily medical record of each patient; and

5. may be either a freestanding facility or a distinct part of a facility such as a ward, wing, unit, or swing-bed of a hospital or other institution.

A Long-Term Care Facility does not mean a hospital or clinic, boarding home, a place which operates primarily for the treatment of alcoholics or drug addicts, or a hospice. However, care or services provided in these facilities may be covered subject to the conditions of the Alternate Plan of Care Benefit provision.

==========

SKILLED NURSING CARE

That level of care which:

1. requires the training and skills of a registered nurse (R.N.); and
2. is prescribed by a doctor for the medical care of the patient; and
3. may not be provided by less skilled or less intensive care, such as Custodial Nursing Care or Intermediate Nursing Care.

==========

INTERMEDIATE NURSING CARE

A degree of nursing care and evaluation that is less than that provided for Skilled Nursing Care, but greater than that provided for Custodial Care. This level of care provides a planned, continuous program of nursing care that is preventative or rehabilitative in nature.

==========

CUSTODIAL NURSING CARE

That level of care which is mainly for the purpose of meeting the Activities of Daily Living. It may be provided without professional skills or training. Such care is intended to: (a) maintain and support Your existing level of health; and (b) preserve Your health from further decline. It is not primarily for Your own or Your family's convenience.

==========

MEDICAL NECESSITY

Care or services which are, in Our sole discretion:

1. Provided for Acute or chronic conditions; and

2. Consistent with accepted medical standards for Your condition; and

3. Not designed primarily for the convenience of You or Your family; and

4. Recommended by a physician who has no ownership in the Long-Term Care Facility or Alternate Care Facility in which You are receiving care.

==========

ACUTE CONDITION

Medically unstable. You require frequent monitoring by medical professionals, such as physicians and registered nurses, in order to maintain Your health status.

==========

INABILITY TO PERFORM TWO OR MORE ACTIVITIES OF DAILY LIVING

Your dependence on someone else because of the need, due to injury, sickness or frailty of age, for regular human assistance or supervision in performing two or more Activities of Daily Living.

ACTIVITIES OF DAILY LIVING - (ADLS)

The Activities of Daily Living are:

1. Eating. The ability to move food from a receptacle into the body once the food has been prepared and made available to You.

2. Dressing. The ability to put on and take off all necessary items of clothing and/or prosthetic devices that are worn daily, including the ability to obtain and replace those items from their normal storage area in the immediate environment.

3. Bathing. The ability to wash oneself in either a tub or shower, including getting into and out of the tub or shower, or by sponge bath without the aid of another person.

4. Toileting. The ability to get to and from the bathroom, and to take care of bowel and bladder needs, including the ability to transfer on and off the toilet, to cleanse oneself after elimination and to adjust clothing.

5. Transferring. The ability to change positions, such as moving from bed to standing, chair to standing, bed to chair, and the reverse of these activities.

==========

COGNITIVE IMPAIRMENT

Deterioration in Your intellectual capacity which:

1. requires regular supervision to protect Yourself and others; and
2. must be determined by clinical diagnosis or tests by a physician or other health care professional; and
3. may be the result of Alzheimer's Disease, senile dementia, or other Mental Or Nervous Disorders of organic origin.

==========

MENTAL OR NERVOUS DISORDER

Neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder without demonstrable organic disease. It does not mean senility or Alzheimer's disease or other organically related diseases.

==========

MEDICAID

The program administered in accordance with Title 32 of the Code of Virginia.

==========

MEDICARE

Title I, Part I of Public Law 89-97, as Enacted by the Eighty-Ninth Congress of the United States of America and popularly known as the Health Insurance for the Aged Act as then constituted and any later amendments or substitutes thereof.

==========

PRE-EXISTING CONDITION

A health condition for which You received medical advice or treatment within the 6 months before Your Effective Date of Coverage.

==========

EFFECTIVE DATE OF COVERAGE

The date when coverage starts under Your policy. It is shown on the Policy Schedule.

==========

THE FOLLOWING DEFINITIONS RELATE TO THE TIME PERIOD YOU RECEIVE BENEFITS

==========

ELIMINATION PERIOD

The number of days in which covered Long-Term Care Facility or Home and Community-Based Care services are provided to You before this policy begins to provide benefits. It is shown on the Policy Schedule and can be satisfied by any combination of days of a Long-Term Care Facility stay or days of Home

and Community-Based Care services. These days of care or services need not be continuous but must be accumulated within a continuous period of 730 days. This Elimination Period has to be satisfied only once while Your policy is in effect.

==========

MAXIMUM LIFETIME BENEFIT

The total amount of benefits We will provide in Your lifetime for all benefits provided by Your policy. Your Maximum Lifetime Benefit is shown on the Policy Schedule.

==========

SECTION 2: BENEFITS

This section provides the following information about Your policy:

1. **Your Benefits under this policy;**
2. **The conditions under which You will receive benefits;**
3. **How long You will receive benefits.**

You can refer back to Section 1 for definitions of terms found below:

==========

GENERAL BENEFIT INFORMATION

==========

WHAT IS IN THE POLICY SCHEDULE

The Policy Schedule shows You the Elimination Period, the Maximum Daily Home and Adult Day Care Benefit, the Maximum Daily Facility Benefit, and the Maximum Lifetime Benefit. It also includes optional benefit information, if applicable, and premium and general policy information.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Except where otherwise stated, no benefits under Your policy will be provided:

(1) for any services You receive or expenses You incur before satisfying:

(a) the eligibility for benefits determination ; and

(b) the Elimination Period; and

(2) in excess of the Maximum Lifetime Benefit

WHAT HAPPENS IF YOU TERMINATE YOUR POLICY

If you terminate Your policy, it will not affect any claim beginning before such termination. We will continue to provide benefits, subject to all of the provisions of Your policy, until You have not received care in a Long-Term Care Facility, Home and Community-Based Care, or services under an Alternate Plan of Care for at least 180 consecutive days.

COVERAGE FOR ALZHEIMER'S DISEASE

Your policy provides benefits, subject to all of the provisions of this policy, for Mental Or Nervous Disorders of organic origin, including Alzheimer's Disease, senile dementia, organic brain disorder, or other similar diagnoses

which are determined by clinical diagnosis or tests.

NO NEED FOR HOSPITALIZATION

You are not required to be hospitalized before receiving benefits under Your policy.

==========

HOME AND COMMUNITY-BASED CARE BENEFITS

==========

HOW IS ELIGIBILITY FOR HOME AND COMMUNITY-BASED CARE BENEFITS DETERMINED

To be eligible for the Home and Community-Based care benefits, You must require Home and Community-Based Care under a written plan of treatment while Your policy is in force that is due to:

1. Your Inability to Perform Two or More Activities of Daily Living; or

2. Cognitive Impairment.

The need for these services must be certified by a physician or other health care professional.

WHAT IS THE HOME AND COMMUNITY-BASED CARE BENEFIT AND HOW DOES IT WORK

Each day You require Home and Community-Based Care, We will provide benefits as follows:

A. For care or services received in a Home Convalescent Unit or Adult Day Care center, the lesser of:

   1. The Maximum Daily Home and Adult Day Care Benefit; or

   2. The total of:

      a. 100% of the expenses incurred for occupational, physical, respiratory, or speech therapy; or nursing care services provided by a registered nurse (R.N.) or a licensed practical or vocational nurse (L.P.N. or L.V.N.), and

      b. 80% of the expenses incurred for services provided by a medical social worker, home health aide, homemaker and similar services; and

      c. 80% of the expenses incurred for Adult Day Care.

B. For care or services received in an Alternate Care Facility, including room and board, the lesser of:

1. The Maximum Daily Facility Benefit shown in the Schedule, or

2. 80% of the expenses incurred for such care.

C. For Respite Care, in addition to any other Home and Community-Based Care Benefits payable, the lesser of:

1. The Maximum Daily Home and Adult Day Care Benefit, or

2. 80% of the expenses incurred for such care for up to 21 days per calendar year. Unused days cannot be carried over into the next calendar year.

MEDICAL HELP BENEFIT

We will pay the actual expense incurred, up to $25 per month, for up to 12 months in Your lifetime, for the rental or lease of a Medical Help System for Your home during a Plan of Treatment. We will only pay the Medical Help Benefit for a system installed in Your home while Your policy is in effect.

We will not pay for any charges for normal telephone service while the system is installed or for a home security system.

CAREGIVER TRAINING BENEFIT

If You require a stay in a Long-Term Care Facility or Home and Community-Based Care, We will cover 100% of the expenses incurred for Caregiver Training, not to exceed 3 times the Maximum Daily Home and Adult Day Care Benefit. The Elimination Period does not apply to this benefit.

If You require a stay in a Long-Term Care Facility or are hospitalized, the Caregiver Training Benefit will only be payable if the training will make it possible for You to return to or remain in a Home Convalescent Unit where You can be cared for by the Informal Caregiver.

==========

LONG-TERM CARE FACILITY BENEFIT

==========

HOW IS ELIGIBILITY FOR LONG-TERM CARE FACILITY BENEFITS DETERMINED

To be eligible for the Long Term Care Facility Benefit, You must require a stay in a Long Term Care Facility that begins while Your policy is in force and is due to:

1. Medical Necessity; or
2. Your Inability to Perform Two or More Activities of Daily Living; or
3. Cognitive Impairment.

The need for these services must be certified by a physician or other health care professional.

WHAT IS THE LONG-TERM CARE FACILITY BENEFIT AND HOW DOES IT WORK

If You require a stay in a Long-Term Care Facility, for each day of Your stay We will provide the lesser of:

1. The Maximum Daily Facility Benefit, or
2. The charges made by the Long-Term Care Facility for Your care, including room and board.

BED RESERVATION BENEFIT

We will continue to provide the Long-Term Care Facility Benefit when You are charged for Your room in a Long-Term Care Facility while You are temporarily hospitalized during the course of Your Long-Term Care Facility stay. This Bed Reservation Benefit will be limited to 21 days per calendar year. Unused days cannot be carried over into the next calendar year. Such days may be used to satisfy the Elimination Period.

==========

WAIVER OF PREMIUM BENEFIT

==========

WHAT IS THE WAIVER OF PREMIUM BENEFIT AND HOW DOES IT WORK

After a Long-Term Care Facility or Alternate Care Facility stay of 90 consecutive days (including the days used to satisfy the Elimination Period), You do not have to pay any future premiums that become due during any further stay. Premiums that become due will be waived until you leave the Long-Term Care Facility or Alternate Care Facility or until benefits are no longer payable for Your stay, whichever occurs first. After that, if the Maximum Lifetime Benefit has not been provided, You must pay the premiums when due.

==========

ALTERNATE PLAN OF CARE BENEFIT

==========

WHAT IS THE ALTERNATE PLAN OF CARE BENEFIT AND HOW DOES IT WORK

If You would otherwise require a Long-Term Care Facility stay, We may provide benefits for alternate services, devices or types of care under a written Alternate Plan of Care, if such plan is medically acceptable. This Alternate Plan of Care:

1. must be agreed to by You, Your physician, and Us;

2. will be developed by or with health care professionals

Any plan, including the benefit levels to be payable, may be adopted, as long as it is mutually agreeable to You, Your physician and Us. The Company is not obligated to provide benefits for services received prior to such agreement.

Agreement to participate in an Alternate Plan of Care will not waive any of Your or Our rights under the policy.

Any benefits payable under this provision will count against the Maximum Lifetime Benefit.

EXAMPLES OF AN ALTERNATE PLAN OF CARE

This plan may specify special treatments or different sites or levels of care. Some of the services You may receive may differ from those otherwise covered by Your policy. In this case, benefits will be provided at the levels specified and agreed to in the Alternate Plan of Care.

Examples include, but are not limited to:

1. coverage for durable medical equipment that allows you to stay in your home; or

2. capital improvements to Your home such as wheelchair access ramps or grab bars.

==========

NON-FORFEITURE RETURN OF PREMIUM BENEFIT

==========

WHAT IS THE NON-FORFEITURE RETURN OF PREMIUM BENEFIT AND HOW DOES IT WORK

We will provide a Non-forfeiture Return of Premium Benefit under the following situations:

1. When You terminate Your policy at the end of a period for which premium has been paid or waived; or

2. Upon notice of Your death.

The benefit is equal to the total amount of premiums (less any unearned premiums refunded at Your death) You have paid for this policy, multiplied by the applicable percentage shown in the table below, less any benefits You have received or are currently receiving, if any.

If You are receiving benefits when You terminate Your policy, the Non-forfeiture Return of Premium Benefit, if any, will be provided after there are no further benefits payable for that Long-Term Care Facility stay or Plan of Treatment.

TABLE OF APPLICABLE PERCENTAGES AT TERMINATION
IF YOU TERMINATE YOUR POLICY DURING:

Policy Year	The Applicable Percentage Is:
1-5	0%
6	5
7	10
8	15
9	20
10	25
11	30
12	35
13	40
14	45
15	50
16	60
17	70
18	80
19	90
20 or Later	100

==========

SECTION 3: EXCLUSIONS AND LIMITATIONS

This section tells You under what circumstances benefits are not payable even if You would otherwise qualify for benefits under another section of this policy.

==========

WHEN THIS POLICY WILL NOT PROVIDE BENEFITS

This policy will not provide benefits for any loss which is:

1. due to a condition for which You can receive benefits under Workers' Compensation or the Occupational Disease Act or Law; or

2. due to Mental Or Nervous Disorders (Alzheimer's Disease and senile dementia are not excluded from coverage); or

3. the result of war or any act of war declared or undeclared, or by participating in a felony, riot or any other act of civil disobedience; or

4. payable under any federal, state, or other governmental health care plan or law, except Medicaid. We will reduce Our benefits payable by the dollar amount paid from the government health care plan or law to the extent that the combination of Our coverage and governmental coverage exceeds 100% of the actual charge for the covered services.

PRE-EXISTING CONDITION LIMITATION

We will not provide benefits for a loss due to a Pre-existing Condition which You did not disclose in the application unless the loss begins more than 6 months after the Effective Date of Coverage. However, providing incorrect information may cause Your policy to be voided.

If this long-term care insurance policy replaces another long-term care policy or certificate, We shall waive any time periods applicable to pre-existing conditions in the new long-term care policy for similar benefits to the extent that similar exclusions have been satisfied under the original policy.

Losses due to Pre-existing Conditions shown on the application are covered immediately.

==========

SECTION 4: CLAIMS

This section tells You:

1. **How to notify Us of a claim;**
2. **How to file a claim;**
3. **When to file a claim;**
4. **When and how claims are paid;**
5. **Our rights in investigating a claim;**
6. **What happens to a claim if Your age is stated incorrectly on the application; and**
7. **Your legal rights regarding claims.**

==========

NOTIFYING US OF A CLAIM

You must notify Us in writing of a claim within 30 days after a covered loss begins, or as soon as reasonably possible.

The notice must identify You and be sent to Us at Long-Term Care Administrators, P.O. Box 305014, Nashville, Tennessee, 37230-5014, Attention : Trigon Blue Cross Blue Shield.

HOW TO FILE A CLAIM

We will send You a claim form within 15 days after We receive notice of Your claim. If We do not, You can meet the requirements of providing Us with a written proof of loss by sending Us a written statement describing the type and nature of Your loss.

WHEN TO FILE A CLAIM

You must send Us written proof of loss within 90 days after the end of the period for which You are claiming benefits.

If this is not possible, Your claim will not be affected. However, unless You are legally incapable, You must notify Us within one year from the time proof is otherwise required.

CARE MANAGEMENT SERVICES

During Your claim, We can, with Your agreement, provide You with access to care management professionals who can work with You, Your family, and Your doctor to determine and monitor the appropriate plan of care, including assessments of Your situations and investigation of available care resources. This service will be provided with

no cost to You and will not count against your benefit limits.

WHEN YOUR CLAIM IS PAID

We will pay Your claim immediately after We receive due written proof of loss.

HOW CLAIMS ARE PAID

We will pay benefits to You, or Your estate, unless You have requested in writing that payment be made otherwise.

If benefits are payable to Your estate, We may pay up to $1,000 to any relative of Yours We feel is entitled to the benefits. Any payments made in good faith will discharge Us to the extent of the payment.

The Department of Medical Assistance Services will be the payor of last resort to any health care insurance carrier which contracts to pay health care costs for persons eligible for medical assistance in the Commonwealth of Virginia.

OUR RIGHTS TO OBTAIN INFORMATION

At Our expense, We have the right to have a physician or, other qualified medical personnel examine You or obtain an assessment of Your impairment as often as reasonably necessary while You are receiving benefits.

MISSTATEMENT OF YOUR AGE

If Your age has been misstated on the application, Your policy benefits will be based on the amount Your premium would have purchased at Your correct age. If We would not have issued a policy, We will refund the premium You paid.

LIMITATIONS ON LEGAL ACTIONS

You cannot sue or bring legal action against Us:

1. before 60 days after We receive written proof of loss; or
2. more than three years after written proof of loss is required.

LIMITATION ON DAMAGES

In the event You, or Your representative sues Us or any of Our director(s), officer(s), or employee(s) acting in his capacity as a director, officer, or employee, the damages shall be limited to Your actual damages. The damages will not exceed the amount of any claim not properly paid as of the time the lawsuit is filed. In no event shall this Policy be interpreted so that punitive or indirect damages, legal fees, or damages for emotional distress or mental anguish are available.

==========

SECTION 5: PREMIUM PAYMENT AND REINSTATEMENT OF YOUR POLICY

This section tells you:

1. **When Your premium should be paid;**
2. **What happens if Your premium is not paid within a certain time period;**
3. **What happens to Your premium at Your death; and**
4. **How to reinstate Your policy if it is terminated.**

==========

PAYING PREMIUMS

Premiums are to be paid with United States currency. They are due at the beginning of each policy term. Payment may be made to Us at Long-Term Care Administrators, P.O. Box 305014, Nashville, Tennessee, 37230-5014, Attention: Trigon Blue Cross Blue Shield. You can change the policy term if You notify Us in writing.

WHAT HAPPENS WHEN PREMIUMS ARE NOT PAID

Except as provided under the Unintentional Lapse Protection below, You are allowed a 31-day grace period for late payment of each premium due after the first premium. Your policy will remain in force during this period.

If You do not pay Your premium by the end of the grace period, the policy will terminate.

UNINTENTIONAL LAPSE PROTECTION

You have the right to designate an individual in addition to Yourself to receive notification when Your policy will terminate because of non-payment of premium.

We will give the person You designate notification of the impending termination at least 30 days before the date such termination will occur. The notice will be given to the designated person no earlier than 30 days after the premium due date.

On every renewal of Your policy, You will be given the right to change the designated person.

WHAT HAPPENS TO YOUR PREMIUMS IF YOU DIE

When We are notified of Your death, We will make a refund of any unearned premium paid for the period beyond Your death.

PUTTING THE POLICY BACK IN FORCE

If Your policy is terminated, a subsequent acceptance of premium by Us or by Our agent without requiring an application for reinstatement will reinstate Your policy.

If We do require an application for reinstatement and accept Your premium, We may issue a conditional premium receipt. If We approve Your application, Your policy will be reinstated as of the date of Our approval. If We do not approve Your application, We will notify You in writing within 45 days after the date of Your application.

If We do not notify You within 45 days, the policy will be reinstated on the 45th day after the date of the conditional premium receipt.

The reinstated policy will cover only losses due to conditions that begin after the date of reinstatement. In all other aspects, Your rights and Ours will be the same as before the policy terminated, unless there are new provisions added due to the reinstatement. The premium We accept for reinstatement may be used for the period for which premiums had not been paid. We can apply the premium back for as many as 60 days before the date of reinstatement.

Any Return of Premium Benefit You receive must be returned to Us before Your policy can be reinstated.

PUTTING THE POLICY BACK IN FORCE AFTER NONPAYMENT OF PREMIUM DUE TO COGNITIVE IMPAIRMENT OR FUNCTIONAL INCAPACITY

Also, within 6 months following termination of Your policy for non-payment of premium, You, or any person authorized to act on Your behalf, may request reinstatement of Your policy on the basis that You suffered from Cognitive Impairment or functional incapacity, or if You would otherwise qualify for benefits under the policy, at the time of policy termination.

We will require evidence of clinical diagnosis or tests demonstrating that You suffered from Cognitive Impairment or functional incapacity. at the time of policy termination. If such demonstration substantiates, to our satisfaction, the existence of Cognitive Impairment or functional incapacity at the time of policy termination, We will reinstate Your policy. The clinical diagnosis and tests will be at Your expense. Functional incapacity means the Inability to Perform at least Two Activities of Daily Living.

If We reinstate Your policy after nonpayment of premium due to Cognitive Impairment, or functional incapacity:

1. This reinstatement shall not require any evidence of insurability.

2. The reinstated policy shall cover loss occurring from the date of policy cancellation. There shall be no gaps in coverage. Coverage will be at the level provided prior to reinstatement.

3. Premium shall be paid from the date of the last premium payment at the rate which would have been in effect had the policy remained in force. Payment must be made within 15 days following Our request.

==========

SECTION 6: THE CONTRACT

This section tells You:

1. **What makes up the contract;**
2. **Situations where time limits apply to claims; and**
3. **How the contract complies with state laws.**

==========

WHAT MAKES UP THE CONTRACT

This policy is a legal, binding contract between You and Us. The contract is made up of:

1. the policy;
2. the application; and
3. any attached Riders and Endorsements.

No one can change any part of this policy or waive any of its provisions unless the change is approved in writing on the policy by one of Our officers.

IMPORTANCE OF INFORMATION ON THE APPLICATION/TIME LIMIT ON CERTAIN DEFENSES

We issued this policy based on information You provided. Any incorrect or omitted information known to You at the time of application may cause Your policy to be voided or a claim to be denied.

If Your policy has been in force for less than six (6) months, We may rescind it or deny any otherwise valid claim upon a showing of misrepresentation that is material to the acceptance of coverage.

If Your policy has been in force for at least six (6) months but less than two (2) years, We may rescind it or deny any otherwise valid claim upon a showing of misrepresentation that is both material to the acceptance of coverage and which pertains to the conditions for which benefits are sought.

After Your policy has been in force for 2 years, only fraudulent misstatements in the application can be used to void the policy or deny a claim for loss incurred after the 2-year period.

If We have paid benefits under this policy, such benefit payments may not be recovered by Us in the event that Your policy is rescinded.

APPLICABLE LAW

This policy shall be governed by the laws of the Commonwealth of Virginia.

CONTINUING RIGHTS

On occasion, We may not insist on strict performance of all terms of this Policy. This shall not mean that We waive or give up any future rights under this policy.

United Security Assurance

Company of Pennsylvania
673 East Cherry Lane, P.O. Box 64477,
Souderton, Pennsylvania 18964
(800) 872-3044

April 27, 2020

Ms. Colleen Moore
Insurance Market Examiner
Bureau of Insurance
Tyler Building, 6th floor
1300 E. Main St.
Richmond, Virginia 23219

Re: United Security Assurance Company of PA
Trigon VA 2018 Rate Increase Filing
SERFF Tracking # USPA-131712591
Your Objection Dated 02/27/2020

Dear Ms. Moore:

Listed below are the responses to your items of objection regarding the above referenced filing. Each item is listed in italics with the response immediately following.

Note: As part of the process of developing the data and projections requested for this objection, I have updated the actual experience portion to include the actual year-end 2018 and 2019 results for this block of policies. In the original filing projection, the projected 2018 calendar year loss ratio was 312.7% -- the actual 2018 loss ratio is 321.1%, slightly worse than projected. However, the projected 2019 calendar year loss ratio was 342.3% but the actual 2019 loss ratio is 545.4%, much worse than projected. These updated exhibits are in the file New Exhibits.

Objection 1) - L&H Actuarial Memorandum (Supporting Document)

Comments: 1) Your previous response (dated 8/30/19) states that the claims begin with the current actual incurred claim amounts. What time period of claims is being used for the calibration? Please also provide the actual calculations of the morbidity calibration.

We use our Active Life Reserve calculation program to calculate a string of projected claims using the original claim costs, and updated lapse and mortality assumptions. We then take the year over year ratios of the projected claims to preserve the original year to year relationship, then do a true-up to actual experience to reflect what is currently happening. In preparing the filed projection of future expected claims, I looked at the average of actual incurred claims over the last 5 years and the last 3 years as compared to the actual 2017 incurred claims. The 5 year average was 12.5% higher than the 2017 incurred claims and the 3 year average was 1.1% lower. I felt using the high 5 year average was maybe a bit pessimistic, making the projected future incurred claims too high, but since the 2017 claims were higher than 2016, perhaps indicating a worsening of experience, I decided to use the 2017 actual incurred claims rather than the slightly lower 3 year average as the true-up amount.

In my updated projection, which includes the actual 2018 and 2019 results, I chose to use the 3 year average claims due to the quite high 2019 incurred claims. Also, due to the high 2019 incurred claims, I did not feel that the 5 year average adequately represented the impact of the 2019 incurred claims.

This calculation is shown in the included file Projected Incrd Clms.xlsx (the 'Original' tab illustrating the initially filed projections and the 'Inclusion of 2018-19' tab illustrating the new updated projections). Columns A thru D are from the

originally filed Exhibit 3. Column E is the projection of expected future incurred claims from our ALR calculation program, which does a seriatim calculation for each in force policy. These individual amounts are then summed by calendar year to produce this series of amounts. Column F is the year over year ratios of the amounts in column E. Columns G, H, and I are the possible projections of the 'true-up' incurred claims using the different scenarios described in the header. As I said above, we decided to use the 'Most Recent' column based on the actual 2017 incurred claims. Based on a recommendation from our valuation actuary, we decided to 'smooth' the changes in projected loss ratios for years 2019 through 2023. The loss ratios first produced by the 'true-up' projected claims are shown in column J and the year to year changes are shown in column K. The adjustment factors I created are shown in column L and the resulting projected incurred claims are shown in column M. The loss ratios produced by this adjustment are shown in column N and the 'smoothed' differences in those loss ratios are shown in column O. No adjustment was made to the updated incurred claims where the actual results of 2018 and 2019 are included.

Column M (or column H in the 2018-19 tab) displays the projected incurred claims which we have used in this filing (or in the new exhibits).
It is noteworthy that the 2018 actual incurred claims were 99.8% of the projected and the 2019 actual incurred claims were 152.0% of the projected amount (which could imply that the 2020 and future projected incurred claims are too low).

Comments: 2) Please provide all projections necessary to evaluate the requests based on both the Prospective Present Value Approach (or Texas Method) and the "If-Knew/ Makeup Blend" approach (or Minnesota Method).

For the Prospective Present Value Approach (PPV), please see the file PPV TGN Test.xlsx. This PPV test seems to indicate we qualify for a 380% rate increase.

For the If-Knew/Makeup Blend (MNM), please see the file If-Knew Blend Exh 3.xlsx. This method seems to indicate we qualify for a 479% rate increase.

Comments: 3) It appears that the policyholder rate alternatives the company is proposing are limited to those options required by Virginia regulations. Given the large premium increase requested, and with the average attained age of the remaining policyholders at 84, in order to maximize the insureds ability to maintain their coverage at some level, would the Company be willing to consider options beyond those required by Virginia regulations?

Yes, the Company is willing to consider options beyond those required by Virginia regulations.

The company's approach to any policy modification has been, and is, to stay within the construction of the original form. As such, any and all policy modifications are limited to benefit features (and known rate tables) available within the original form; since the concept of a 'Landing Spot' typically requires (and results in) a benefit modification outside the scope of what was initially available to the policyholder, the company avoids this particular (and much discussed) approach. The company, therefore, will provide modifications related to benefit period, daily benefit, inflation, and elimination period; these are the principal components of the form in-question.

Further information may be forthcoming after discussions this week with Colleen Moore.

United Security Assurance

Company of Pennsylvania
673 East Cherry Lane, P.O. Box 64477,
Souderton, Pennsylvania 18964
(800) 872-3044

Hopefully this addresses your concerns on this filing. If you have additional questions, please let me know.

Sincerely,

Gary R. Hulet, ASA, MAAA
Staff Actuary
United Security Assurance Company of PA
604 Harbor Circle
Azle, TX 76020
407-474-1727

cc: Bill Neugroschel
Duff Winkenwerder
Martha Stephens

Exhibit 3
United Security Assurance Company of PA
Business Assumed from TRIGON
Current Experience with no rate increase
Nationwide/VA

Year	Cash Premium	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio
1996	-	516,101	-	41,544	8.0%
1997	-	2,043,863	-	73,301	3.6%
1998	-	2,225,267	-	444,111	20.0%
1999	-	2,335,488	-	580,774	24.9%
2000	-	2,377,763	-	421,991	17.7%
2001	-	2,301,666	-	1,129,741	49.1%
2002	-	2,187,343	-	827,304	37.8%
2003	-	2,093,227	-	1,155,486	55.2%
2004	-	1,938,259	-	1,143,011	59.0%
2005	-	1,997,867	-	1,946,241	97.4%
2006	-	1,902,591	-	1,545,566	81.2%
2007	-	1,796,851	-	2,057,350	114.5%
2008	-	1,699,072	-	1,055,220	62.1%
2009	-	1,584,165	-	1,414,154	89.3%
2010	1,515,877	1,522,912	487,311	1,904,800	125.1%
2011	1,630,956	1,666,907	1,382,112	3,022,803	181.3%
2012	1,491,258	1,588,146	1,867,768	3,417,799	215.2%
2013	1,335,730	1,384,664	2,228,930	3,341,767	241.3%
2014	1,348,025	1,349,755	3,210,964	6,067,854	449.6%
2015	1,441,045	1,387,501	3,475,253	4,311,695	310.8%
2016	1,496,996	1,478,922	3,893,975	2,664,192	180.1%
2017	1,318,741	1,255,198	3,591,247	3,543,551	282.3%
2018	1,147,865	1,104,148	3,706,621	3,545,436	321.1%
2019	1,029,782	974,437	3,403,538	5,314,668	545.4%
Cumulative @ 4.50%		75,319,203		72,682,097	96.5%
2020		871,690		4,120,391	472.7%
2021		774,813		3,890,974	502.2%
2022		684,308		3,598,712	525.9%
2023		600,533		3,477,956	579.1%
2024		523,700		3,342,502	638.2%
2025		453,872		3,198,372	704.7%
2026		390,971		3,053,308	781.0%
2027		334,793		2,882,469	861.0%
2028		285,027		2,701,728	947.9%
2029		241,287		2,522,839	1045.6%
2030		203,131		2,342,186	1153.0%
2031		170,085		2,169,707	1275.7%
2032		141,662		1,995,121	1408.4%
2033		117,374		1,825,898	1555.6%
2034		96,749		1,665,065	1721.0%
2035		79,342		1,502,667	1893.9%
2036		64,736		1,348,970	2083.8%
2037		52,549		1,199,803	2283.2%
2038		42,435		1,061,598	2501.7%
2039		34,086		932,399	2735.4%
2040		27,229		808,686	2969.9%
2041		21,628		694,884	3213.0%
2042		17,075		591,569	3464.6%
2043		13,394		499,831	3731.9%
2044		10,433		417,482	4001.5%
2045		8,065		344,417	4270.3%
2046		6,183		278,051	4497.1%
2047		4,696		221,740	4722.2%
2048		3,529		173,032	4903.0%
2049		2,621		131,736	5025.3%
2050		1,922		98,582	5129.9%
2051		1,388		72,654	5233.8%
2052		986		52,652	5337.3%
2053		688		37,455	5440.4%
PV of Future @ 4.50%		4,872,587		36,411,834	747.3%
Total		80,191,790		109,093,931	136.0%
Cumulative @ 7.40%		114,548,569		93,603,239	81.7%
PV of Future @ 7.40%		4,241,600		29,810,676	702.8%
Total Using 7.40% Int		118,790,169		123,413,915	103.9%

Exhibit 4A
United Security Assurance Company of PA
Business Assumed from TRIGON
Current Experience with 1st 44.225% rate increase mid-year 2020
Nationwide/VA

Year	Cash Premium	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio
1996	-	516,101	-	41,544	8.0%
1997	-	2,043,863	-	73,301	3.6%
1998	-	2,225,267	-	444,111	20.0%
1999	-	2,335,488	-	580,774	24.9%
2000	-	2,377,763	-	421,991	17.7%
2001	-	2,301,666	-	1,129,741	49.1%
2002	-	2,187,343	-	827,304	37.8%
2003	-	2,093,227	-	1,155,486	55.2%
2004	-	1,938,259	-	1,143,011	59.0%
2005	-	1,997,867	-	1,946,241	97.4%
2006	-	1,902,591	-	1,545,566	81.2%
2007	-	1,796,851	-	2,057,350	114.5%
2008	-	1,699,072	-	1,055,220	62.1%
2009	-	1,584,165	-	1,414,154	89.3%
2010	1,515,877	1,522,912	487,311	1,904,800	125.1%
2011	1,630,956	1,666,907	1,382,112	3,022,803	181.3%
2012	1,491,258	1,588,146	1,867,768	3,417,799	215.2%
2013	1,335,730	1,384,664	2,228,930	3,341,767	241.3%
2014	1,348,025	1,349,755	3,210,964	6,067,854	449.6%
2015	1,441,045	1,387,501	3,475,253	4,311,695	310.8%
2016	1,496,996	1,478,922	3,893,975	2,664,192	180.1%
2017	1,318,741	1,255,198	3,591,247	3,543,551	282.3%
2018	1,147,865	1,104,148	3,706,621	3,545,436	321.1%
2019	1,029,782	974,437	3,403,538	5,314,668	545.4%
Cumulative @ 4.50%		75,319,203		72,682,097	96.5%
2020		1,046,845		4,120,391	393.6%
2021		1,117,475		3,890,974	348.2%
2022		986,943		3,598,712	364.6%
2023		866,119		3,477,956	401.6%
2024		755,307		3,342,502	442.5%
2025		654,597		3,198,372	488.6%
2026		563,879		3,053,308	541.5%
2027		482,855		2,882,469	597.0%
2028		411,081		2,701,728	657.2%
2029		347,996		2,522,839	725.0%
2030		292,965		2,342,186	799.5%
2031		245,306		2,169,707	884.5%
2032		204,313		1,995,121	976.5%
2033		169,283		1,825,898	1078.6%
2034		139,537		1,665,065	1193.3%
2035		114,431		1,502,667	1313.2%
2036		93,365		1,348,970	1444.8%
2037		75,789		1,199,803	1583.1%
2038		61,202		1,061,598	1734.6%
2039		49,160		932,399	1896.7%
2040		39,271		808,686	2059.2%
2041		31,192		694,884	2227.7%
2042		24,626		591,569	2402.2%
2043		19,317		499,831	2587.5%
2044		15,047		417,482	2774.5%
2045		11,632		344,417	2960.9%
2046		8,917		278,051	3118.1%
2047		6,772		221,740	3274.2%
2048		5,090		173,032	3399.5%
2049		3,781		131,736	3484.4%
2050		2,772		98,582	3556.9%
2051		2,002		72,654	3628.9%
2052		1,423		52,652	3700.7%
2053		993		37,455	3772.1%
PV of Future @ 4.50%		6,826,197		36,411,834	533.4%
Total		82,145,400		109,093,931	132.8%
Cumulative @ 7.40%		114,548,569		93,603,239	81.7%
PV of Future @ 7.40%		5,921,588		29,810,676	503.4%
Total Using 7.40% Int		120,470,156		123,413,915	102.4%

Exhibit 4B
United Security Assurance Company of PA
Business Assumed from TRIGON
Current Experience with 2nd 44.225% rate increase mid-year 2021
Nationwide/VA

Year	Cash Premium	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio
1996	-	516,101	-	41,544	8.0%
1997	-	2,043,863	-	73,301	3.6%
1998	-	2,225,267	-	444,111	20.0%
1999	-	2,335,488	-	580,774	24.9%
2000	-	2,377,763	-	421,991	17.7%
2001	-	2,301,666	-	1,129,741	49.1%
2002	-	2,187,343	-	827,304	37.8%
2003	-	2,093,227	-	1,155,486	55.2%
2004	-	1,938,259	-	1,143,011	59.0%
2005	-	1,997,867	-	1,946,241	97.4%
2006	-	1,902,591	-	1,545,566	81.2%
2007	-	1,796,851	-	2,057,350	114.5%
2008	-	1,699,072	-	1,055,220	62.1%
2009	-	1,584,165	-	1,414,154	89.3%
2010	1,515,877	1,522,912	487,311	1,904,800	125.1%
2011	1,630,956	1,666,907	1,382,112	3,022,803	181.3%
2012	1,491,258	1,588,146	1,867,768	3,417,799	215.2%
2013	1,335,730	1,384,664	2,228,930	3,341,767	241.3%
2014	1,348,025	1,349,755	3,210,964	6,067,854	449.6%
2015	1,441,045	1,387,501	3,475,253	4,311,695	310.8%
2016	1,496,996	1,478,922	3,893,975	2,664,192	180.1%
2017	1,318,741	1,255,198	3,591,247	3,543,551	282.3%
2018	1,147,865	1,104,148	3,706,621	3,545,436	321.1%
2019	1,029,782	974,437	3,403,538	5,314,668	545.4%
Cumulative @ 4.50%		75,319,203		72,682,097	96.5%
2020		1,046,845		4,120,391	393.6%
2021		1,342,017		3,890,974	289.9%
2022		1,423,418		3,598,712	252.8%
2023		1,249,160		3,477,956	278.4%
2024		1,089,341		3,342,502	306.8%
2025		944,092		3,198,372	338.8%
2026		813,254		3,053,308	375.4%
2027		696,398		2,882,469	413.9%
2028		592,881		2,701,728	455.7%
2029		501,897		2,522,839	502.7%
2030		422,529		2,342,186	554.3%
2031		353,792		2,169,707	613.3%
2032		294,670		1,995,121	677.1%
2033		244,148		1,825,898	747.9%
2034		201,247		1,665,065	827.4%
2035		165,038		1,502,667	910.5%
2036		134,656		1,348,970	1001.8%
2037		109,306		1,199,803	1097.7%
2038		88,269		1,061,598	1202.7%
2039		70,901		932,399	1315.1%
2040		56,639		808,686	1427.8%
2041		44,987		694,884	1544.6%
2042		35,517		591,569	1665.6%
2043		27,860		499,831	1794.1%
2044		21,702		417,482	1923.7%
2045		16,777		344,417	2052.9%
2046		12,861		278,051	2162.0%
2047		9,767		221,740	2270.2%
2048		7,341		173,032	2357.1%
2049		5,453		131,736	2415.9%
2050		3,997		98,582	2466.2%
2051		2,887		72,654	2516.2%
2052		2,052		52,652	2565.9%
2053		1,432		37,455	2615.5%
PV of Future @ 4.50%		9,155,115		36,411,834	397.7%
Total		84,474,318		109,093,931	129.1%
Cumulative @ 7.40%		114,548,569		93,603,239	81.7%
PV of Future @ 7.40%		7,875,544		29,810,676	378.5%
Total Using 7.40% Int		122,424,112		123,413,915	100.8%

Exhibit 4C
United Security Assurance Company of PA
Business Assumed from TRIGON
Current Experience with 3rd 44.225% rate increase mid-year 2022
Nationwide/VA

Year	Cash Premium	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio
1996	-	516,101	-	41,544	8.0%
1997	-	2,043,863	-	73,301	3.6%
1998	-	2,225,267	-	444,111	20.0%
1999	-	2,335,488	-	580,774	24.9%
2000	-	2,377,763	-	421,991	17.7%
2001	-	2,301,666	-	1,129,741	49.1%
2002	-	2,187,343	-	827,304	37.8%
2003	-	2,093,227	-	1,155,486	55.2%
2004	-	1,938,259	-	1,143,011	59.0%
2005	-	1,997,867	-	1,946,241	97.4%
2006	-	1,902,591	-	1,545,566	81.2%
2007	-	1,796,851	-	2,057,350	114.5%
2008	-	1,699,072	-	1,055,220	62.1%
2009	-	1,584,165	-	1,414,154	89.3%
2010	1,515,877	1,522,912	487,311	1,904,800	125.1%
2011	1,630,956	1,666,907	1,382,112	3,022,803	181.3%
2012	1,491,258	1,588,146	1,867,768	3,417,799	215.2%
2013	1,335,730	1,384,664	2,228,930	3,341,767	241.3%
2014	1,348,025	1,349,755	3,210,964	6,067,854	449.6%
2015	1,441,045	1,387,501	3,475,253	4,311,695	310.8%
2016	1,496,996	1,478,922	3,893,975	2,664,192	180.1%
2017	1,318,741	1,255,198	3,591,247	3,543,551	282.3%
2018	1,147,865	1,104,148	3,706,621	3,545,436	321.1%
2019	1,029,782	974,437	3,403,538	5,314,668	545.4%
Cumulative @ 4.50%		75,319,203		72,682,097	96.5%
2020		1,046,845		4,120,391	393.6%
2021		1,342,017		3,890,974	289.9%
2022		1,709,436		3,598,712	210.5%
2023		1,801,601		3,477,956	193.0%
2024		1,571,102		3,342,502	212.7%
2025		1,361,617		3,198,372	234.9%
2026		1,172,915		3,053,308	260.3%
2027		1,004,380		2,882,469	287.0%
2028		855,083		2,701,728	316.0%
2029		723,861		2,522,839	348.5%
2030		609,393		2,342,186	384.3%
2031		510,257		2,169,707	425.2%
2032		424,988		1,995,121	469.5%
2033		352,123		1,825,898	518.5%
2034		290,248		1,665,065	573.7%
2035		238,026		1,502,667	631.3%
2036		194,207		1,348,970	694.6%
2037		157,647		1,199,803	761.1%
2038		127,305		1,061,598	833.9%
2039		102,258		932,399	911.8%
2040		81,688		808,686	990.0%
2041		64,883		694,884	1071.0%
2042		51,224		591,569	1154.9%
2043		40,181		499,831	1243.9%
2044		31,299		417,482	1333.8%
2045		24,196		344,417	1423.4%
2046		18,549		278,051	1499.0%
2047		14,087		221,740	1574.1%
2048		10,587		173,032	1634.3%
2049		7,864		131,736	1675.1%
2050		5,765		98,582	1710.0%
2051		4,164		72,654	1744.6%
2052		2,959		52,652	1779.1%
2053		2,065		37,455	1813.5%
PV of Future @ 4.50%		11,916,443		36,411,834	305.6%
Total		87,235,646		109,093,931	125.1%
Cumulative @ 7.40%		114,548,569		93,603,239	81.7%
PV of Future @ 7.40%		10,135,586		29,810,676	294.1%
Total Using 7.40% Int		124,684,155		123,413,915	99.0%

Exhibit 5
United Security Assurance Company of PA
Business Assumed from TRIGON
Current Experience with 1 time 161.66% rate increase mid-year 2020
Nationwide/VA

Year	Cash Premium	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio
1996	-	516,101	-	41,544	8.0%
1997	-	2,043,863	-	73,301	3.6%
1998	-	2,225,267	-	444,111	20.0%
1999	-	2,335,488	-	580,774	24.9%
2000	-	2,377,763	-	421,991	17.7%
2001	-	2,301,666	-	1,129,741	49.1%
2002	-	2,187,343	-	827,304	37.8%
2003	-	2,093,227	-	1,155,486	55.2%
2004	-	1,938,259	-	1,143,011	59.0%
2005	-	1,997,867	-	1,946,241	97.4%
2006	-	1,902,591	-	1,545,566	81.2%
2007	-	1,796,851	-	2,057,350	114.5%
2008	-	1,699,072	-	1,055,220	62.1%
2009	-	1,584,165	-	1,414,154	89.3%
2010	1,515,877	1,522,912	487,311	1,904,800	125.1%
2011	1,630,956	1,666,907	1,382,112	3,022,803	181.3%
2012	1,491,258	1,588,146	1,867,768	3,417,799	215.2%
2013	1,335,730	1,384,664	2,228,930	3,341,767	241.3%
2014	1,348,025	1,349,755	3,210,964	6,067,854	449.6%
2015	1,441,045	1,387,501	3,475,253	4,311,695	310.8%
2016	1,496,996	1,478,922	3,893,975	2,664,192	180.1%
2017	1,318,741	1,255,198	3,591,247	3,543,551	282.3%
2018	1,147,865	1,104,148	3,706,621	3,545,436	321.1%
2019	1,029,782	974,437	3,403,538	5,314,668	545.4%
Cumulative @ 4.50%		75,319,203		72,682,097	96.5%
2020		1,410,038		4,120,391	292.2%
2021		2,027,377		3,890,974	191.9%
2022		1,790,559		3,598,712	201.0%
2023		1,571,355		3,477,956	221.3%
2024		1,370,314		3,342,502	243.9%
2025		1,187,601		3,198,372	269.3%
2026		1,023,016		3,053,308	298.5%
2027		876,020		2,882,469	329.0%
2028		745,803		2,701,728	362.3%
2029		631,351		2,522,839	399.6%
2030		531,512		2,342,186	440.7%
2031		445,046		2,169,707	487.5%
2032		370,674		1,995,121	538.2%
2033		307,121		1,825,898	594.5%
2034		253,154		1,665,065	657.7%
2035		207,606		1,502,667	723.8%
2036		169,388		1,348,970	796.4%
2037		137,499		1,199,803	872.6%
2038		111,036		1,061,598	956.1%
2039		89,189		932,399	1045.4%
2040		71,248		808,686	1135.0%
2041		56,591		694,884	1227.9%
2042		44,678		591,569	1324.1%
2043		35,046		499,831	1426.2%
2044		27,299		417,482	1529.3%
2045		21,104		344,417	1632.0%
2046		16,178		278,051	1718.7%
2047		12,287		221,740	1804.7%
2048		9,234		173,032	1873.8%
2049		6,859		131,736	1920.6%
2050		5,028		98,582	1960.5%
2051		3,632		72,654	2000.2%
2052		2,581		52,652	2039.8%
2053		1,801		37,455	2079.2%
PV of Future @ 4.50%		11,916,284.70		36,411,834	305.6%
Total		87,235,488		109,093,931	125.1%
Cumulative @ 7.40%		114,548,569		93,603,239	81.7%
PV of Future @ 7.40%		10,287,731		29,810,676	289.8%
Total Using 7.40% Int		124,836,300		123,413,915	98.9%

United Security Assurance

Company of Pennsylvania
673 East Cherry Lane, P.O. Box 64477,
Souderton, Pennsylvania 18964
(800) 872-3044

May 21, 2020

Ms. Colleen Moore
Insurance Market Examiner
Bureau of Insurance
Tyler Building, 6th floor
1300 E. Main St.
Richmond, Virginia 23219

Re: United Security Assurance Company of PA
Trigon VA 2018 Rate Increase Filing
SERFF Tracking # USPA-131712591
Your Objection Dated 05/13/2020

Dear Ms. Moore:

Listed below are the responses to your items of objection regarding the above referenced filing. Each item is listed in italics with the response immediately following.

Objection 1) - L&H Actuarial Memorandum (Supporting Document)

Comments: 1) Please provide a complete actual-to-expected analysis for morbidity, lapse and mortality for the entire history of this block.

I am unsure how a 'complete' A/E analysis for the 'entire history of this block' differs from the Exhibit 13 which was provided in response to item #6 in your 4/10/2019 objection, which provided an A/E analysis between current assumptions and the original pricing assumptions. As it has now been over 18 months since we filed our rate increase request, I can update the 'current' assumption portion from 2017 to 2019 data. Please see Exhibit 13 Updated.pdf.

Comments: 2) The experience on this small block of business has very limited credibility even based on the entire history. Even so, the Company is using only one to five years of recent experience in setting the morbidity assumption. Please provide actuarial justification for this decision.

Yellow highlighting and underlining are added by me for emphasis:

Actuarial Standard of Practice No. 8

Section 3. Analysis of Issues and Recommended Practices

3.1 Introduction—Many jurisdictions require **health filings** that demonstrate compliance with applicable law, which may vary considerably as to the requirements and procedures for these filings. In many cases, such law may be silent as to the assumptions and methodology to be used, thus giving the actuary discretion to exercise professional judgment in preparing and reviewing the filings.

3.4 Assumptions—The actuary should determine which assumptions are necessary for the filing and select appropriate assumptions. Assumptions the actuary should consider selecting include, but are not limited to, the following:

3.4.3 Levels and Trends in Morbidity, Mortality, and Lapsation—The actuary should consider current levels of and historic trends in morbidity, mortality, and lapsation rates.

3.7 Use of Past Experience to Project Future Results---The actuary should determine whether past claims experience can be used to project future results. The actuary should also determine the extent to which past experience trends are relevant to assumed future trends. The actuary should refer to ASOP No. 23, *Data Quality*, for guidance on data selection.

In making these determinations, the actuary should consider the applicability and credibility of the data. These considerations may differ for the total claims in a period, the claims for a particular service category, and the experience trends. To the extent that the **filing actuary** concludes that the experience data is not applicable or credible for a particular use, the **filing actuary** should identify additional sources that are appropriate (see ASOP No. 25, *Credibility Procedures*).

When using past experience to project future results, the actuary should make adjustments to reflect any known or expected changes that, in the actuary's professional judgment, are likely to have a material effect on expected future results. These may include, but are not limited to, changes in the following:

f. premium rates, claim payments, expenses, and taxes;

h. trends in mortality, morbidity, and lapse;

3.12 Reasonableness of Assumptions---The actuary should review the assumptions employed in the filing for reasonableness. The assumptions should be reasonable in the aggregate and for each assumption individually. The support for reasonableness should be determined based on the actuary's professional judgment, using relevant information available to the actuary. This information may include, but is not limited to, business plans; past experience of the **health plan entity** or the health benefit coverage; and any relevant industry, government, or academic studies that are generally known and reasonably available to the actuary. The actuary should make a reasonable effort to become familiar with such studies.

Actuarial Standard of Practice No. 18

3.2 Assumption Setting—In order to estimate costs or evaluate liabilities, the actuary utilizes a number of assumptions. Actuarial assumptions in combination should reflect the actuary's professional judgment of future events affecting the incidence and cost of LTC benefits. In setting actuarial assumptions, the actuary should consider available experience data and reasonably foreseeable future changes in experience over the term of the benefit promises. Appropriate provisions for adverse deviation should be considered. Sections 3.2.1–3.2.8 below discuss important considerations for the actuary in setting actuarial assumptions for LTC insurance plans.

3.2.1 Morbidity Assumptions—The actuary should determine morbidity assumptions consistent with all significant plan features, including the types of LTC insurance benefits being provided, the types of optional benefits being provided, the plan's benefit eligibility criteria, the claim adjudication process, the benefit amounts and benefit limits, and exclusions.

United Security Assurance

Company of Pennsylvania
673 East Cherry Lane, P.O. Box 64477,
Souderton, Pennsylvania 18964
(800) 872-3044

You may note a recurring theme in the above quoted Actuarial Standards of Practice of an actuary's professional judgement. As detailed in my response to your 2/27/2020 objection 1 comment 1, given the various options I considered, I felt (professional judgement) that the one I chose to use as a true-up to actual experience was the best option to reflect "known or expected changes that … are likely to have a material effect on expected future results".

Hopefully this addresses your concerns on this filing. If you have additional questions, please let me know.

Sincerely,

Gary R. Hulet, ASA, MAAA
Staff Actuary
United Security Assurance Company of PA
604 Harbor Circle
Azle, TX 76020
407-474-1727

cc: Bill Neugroschel
Duff Winkenwerder
Martha Stephens

Exhibit 13A
United Security Assurance Company of PA
Business Assumed from Trigon
Nationwide/Virginia (as of 12/31/2019)
Actual/Expected Total Terminations by Issue Age

Iss Ages	Actual 9 Years End-of-Year Lives by IssAge	Pricing Expectation Dur 3+	Actual Expectation Dur 3+	Actual/ Expected Terminations
18-54	2,410	4.40%	2.57%	58.47%
54-59	1253	4.40%	3.43%	77.99%
60-64	2,110	7.10%	6.11%	86.11%
65-69	3,514	7.50%	9.73%	129.77%
70-74	1,461	9.00%	14.99%	166.55%
75-79	311	11.40%	22.19%	194.62%
80-84	33	17.80%	33.33%	187.27%
Total All Ages	11,092	6.74%	7.89%	117.04%

Exhibit 13B
United Security Assurance Company of PA
Business Assumed from Trigon
Nationwide/Virginia (as of 12/31/2019)
Actual to Expected Average Premium per Policy

Policy Form	Expected Pricing Average Premium	Actual Average Premium	Actual/ Expected
920000	$1,300.00	$1,574.89	121.1%
920001	$1,500.00	$2,333.28	155.6%
920002	$1,300.00	$1,517.79	116.8%
920003	$1,500.00	$2,082.49	138.8%
920009	$1,250.00	$1,417.71	113.4%
920200	$1,500.00	$1,715.39	114.4%
920201	$1,500.00	$2,058.24	137.2%
920202	$1,250.00	$1,589.91	127.2%
920203	$1,500.00	$2,755.96	183.7%
LTC-1L90	$1,841.00	$1,540.15	83.7%
NFO-1N92	$702.00	$1,032.01	147.0%
	$1,376.64	$1,630.36	118.4%

Exhibit 13C
United Security Assurance Company of PA
Business Assumed from Trigon
Nationwide/Virginia (as of 12/31/2019)
Actual vs. Expected Investment Earnings

Form	Rate	Annl Prem	Rate X AP	Actual 2019 Investment Yield	Actual/ Expected
920xxx	7.600%	915,832	69,603	3.290%	43.289%
LTC-1L90	6.500%	160,175	10,411	3.290%	50.615%
NFO-1N92	6.500%	50,569	3,287	3.290%	50.615%
Premium weighted		1,126,576	83,302		
Avg Earnings Rate=	7.394%			3.290%	44.494%

Exhibit 13D
United Security Assurance Company of PA
Business Assumed from Trigon
Nationwide/Virginia (as of 12/31/2019)
Actual to Expected Morbidity Comparison

Morbidity Study Year	Cumulative Actual Claims	Cumulative Expected Claims	Actual / Expected
1996	41,544	89,535	46.40%
1997	114,845	492,819	23.30%
1998	558,956	977,032	57.21%
1999	1,139,730	1,535,280	74.24%
2000	1,561,721	2,160,000	72.30%
2001	2,691,462	2,833,651	94.98%
2002	3,518,766	3,552,790	99.04%
2003	4,674,252	4,325,248	108.07%
2004	5,817,263	5,143,834	113.09%
2005	7,763,504	6,045,659	128.41%
2006	9,309,070	7,010,070	132.80%
2007	11,366,420	8,041,859	141.34%
2008	12,421,640	9,137,256	135.94%
2009	13,835,794	10,290,426	134.45%
2010	15,740,594	11,517,529	136.67%
2011	18,763,397	12,868,893	145.80%
2012	22,181,196	14,331,399	154.77%
2013	25,522,963	15,853,724	160.99%
2014	31,590,818	17,434,358	181.20%
2015	35,902,513	19,060,780	188.36%
2016	38,566,705	20,718,709	186.14%
2017	42,110,255	22,401,067	187.98%
2018	45,655,692	24,097,658	189.46%
2019	50,970,360	25,806,983	197.51%
24 Yr Totals	401,819,460	245,726,559	163.52%

United Security Assurance Company of Pennsylvania

Administered by Coventry CareLink Insurance Services

Name:	Policy Number:	Current Premium	**Rate Increase Effective:**
Sample 1	**TMA00004327**	**$169.86**	MM/DD/YYY

	Benefit Period	Elimination Period	Current Max Daily Benefit *	Inflation Option	Home Care %	New Monthly Premium	Check Selection
Current Policy	4 Years	30 Days	$120.00	None	50%	$244.94	
Option 1:	3 Years	30 Days	$120.00	None	50%	$221.97	
Option 2:	4 Years	60 Days	$120.00	None	50%	$231.48	
Option 3:	4 Years	30 Days	$83.20	None	50%	$169.83	
Option 4:							n/a
Option 5:							n/a
CB:	185 Days	30 Days	$120.00	None	50%	$0.00	

If none of the above Options are acceptable, please contact our Customer Service department to request specific options.

If, however, one of the above Options is acceptable, please check the box applicable to your desired Option.

Signature of Insured/Power of Attorney

Date Signed

If signed by Power of Attorney, durable Power of Attorney documents are required

* = current daily benefit amount including any inflation option increases

United Security Assurance Company of Pennsylvania

Administered by Coventry CareLink Insurance Services

Name:	Policy Number:	Current Premium	**Rate Increase Effective:**
Sample 1	**TMA00001071**	**$1,284.37**	MM/DD/YYY

	Benefit Period	Elimination Period	Current Max Daily Benefit *	Inflation Option	Home Care %	New Annual Premium	Check Selection
Current Policy	4 Years	90 Days	$200.00	5% Simple for Life	100%	$1,851.85	
Option 1:	3 Years	90 Days	$200.00	5% Simple for Life	100%	$1,638.99	
Option 2:	4 Years	180 Days	$200.00	5% Simple for Life	100%	$1,626.01	
Option 3:	4 Years	90 Days	$138.68	5% Simple for Life	100%	$1,284.07	
Option 4:	4 Years	90 Days	$109.68	None	100%	$1,284.00	
Option 5:	4 Years	90 Days	$200.00	5% Simple for Life	50%	$1,596.42	
CB:	185 Days	90 Days	$200.00	None	100%	$0.00	

If none of the above Options are acceptable, please contact our Customer Service department to request specific options.

If, however, one of the above Options is acceptable, please check the box applicable to your desired Option.

Signature of Insured/Power of Attorney

Date Signed

If signed by Power of Attorney, durable Power of Attorney documents are required

* = current daily benefit amount including any inflation option increases

United Security Assurance Company of Pennsylvania

Administered by Coventry CareLink Insurance Services

Name:	Policy Number:	Current Premium	**Rate Increase Effective:**
Sample 1	**TMA00004416**	**$2,296.64**	MM/DD/YYY

	Benefit Period	Elimination Period	Current Max Daily Benefit *	Inflation Option	Home Care %	New Annual Premium	Check Selection
Current Policy	3 Years	30 Days	$307.15	5% Compound for Life	100%	$3,312.85	
Option 1:	2 Years	30 Days	$307.15	5% Compound for Life	100%	$2,645.14	
Option 2:	3 Years	60 Days	$307.15	5% Compound for Life	100%	$3,126.73	
Option 3:	3 Years	30 Days	$212.98	5% Compound for Life	100%	$2,297.13	
Option 4:	3 Years	30 Days	$215.00	5% Simple for Life	100%	$2,799.23	
Option 5:	3 Years	30 Days	$307.15	5% Compound for Life	50%	$2,953.31	
CB:	185 Days	30 Days	$307.15	None	100%	$0.00	

If none of the above Options are acceptable, or you have any questions, please contact our Customer Service Department at 1 (877) 782-4663 .

If one of the above Options is acceptable, please check the box applicable to your selected Option, and sign and date below.

Signature of Insured/Power of Attorney

Date Signed

If signed by Power of Attorney, durable Power of Attorney documents are required

* = current daily benefit amount including any inflation option increases

Statement of Variable Language for

Form VA-RI Policyholder Notification Letter

Form TRI-CL2020 Options Cover Letter

General References

The enclosed form contains variable and illustrative material set forth in brackets. Illustrative material consists of any entries such as names, dates, amounts, percentages, etc.

Please note:
The bracketed references and surrounding text may be appropriately modified to reflect proper grammatical form.

The bracketed references that include "X's" represent current premium or percentage of rate increase.

The remaining bracketed items are intended to vary as follows:

Form VA-RI Policyholder Notification Letter

Bracketing has been added to the company address should an address change be made in the future.

The address and phone number for the Administrator, Coventry CareLink Insurance Services, LLC, have been bracketed in case of future change.

The tollfree number and hours of operation of Coventry CareLink appear throughout the letter as variable fields to allow for any future updates or changes.

[mm/dd/yyyy] on first and subsequent page headers denotes the current Date of the correspondence.

Policy Number **[xxxxxxxxxxx]**– this bracketed field will be the insured's policy number.

Decision Due Date: **[MM/DD/YYYY]** The bracketed date will be 15 days before the Billing Anniversary Date when the rate increase will be effective.

[PH NAME] – this bracketed field will reflect the insured's full name

[PH ADDRESS] this will be the insured's street address and/or PO box in either 1 or 2 lines

[PH CITY, STATE, ZIPCODE] the insured's city, state and zip code

[POLICYHOLDER] The name of the policyholder**.**

Initial Notice of Increase.
Only one of the first three paragraphs will appear in a letter, depending on whether the State approves a single increase, a two series increase, or a three series increase. Within these paragraphs, the **[xxx]**% is the percentage of the rate increase.

Depending on the increase approved, the table will have 2, 3, or 4 rows. Within this table, **[Modal]** will be the premium payment mode, Monthly, Quarterly, Semi-Annual, Annual. **[mm/dd/yyyy]** refers to the premium due date when the increase is effective. **[xxxx.xx]** refers to the premium both before and with the increase.

SUBSEQUENT INCREASES: If the Department approves a rate increase that is implemented over multiple years, the bracketed paragraph will appear in a second and third increase letter if applicable.
One of the next three paragraphs will appear as applicable to the subsequent increase. The bracketed variables within these paragraphs are as described in the initial notice of increase above.

The Virginia Bureau of Insurance's webpage has been bracketed in case of future change.

The phone number and hours of operation for Coventry CareLink have been bracketed in case of future change.

Only One of the following bracketed sections will appear in this area. IF ADDITIONAL INCREASE IS POSSIBLE: [Based on current expectations, we believe that this [increase] [series of increases] will be sufficient to bring premiums into greater balance with claims. However, if future claims are worse than currently expected, we cannot guarantee there will not be additional rate changes sometime in the future.] IF ADDITIONAL INCREASE IS PROBABLE: [We anticipate that additional premium increase(s) will be necessary in the future, but we do not presently know the date or amount of any future increase.]

If the above paragraph for IF ADDITIONAL INCREASE IS POSSIBLE: is used, either [increase] or [series of increases] will be used as appropriate.

The beginning sentences under **"Why is this increase necessary**?" have been bracketed to allow for change in the explanation for the increase**.**

The first paragraph under **"Ways to Reduce the Cost"** has sentences bracketed which would be used only if the policy qualifies for the Contingent Benefit Upon

Lapse (“CB”). The second paragraph in this section also has bracketed language which would be used if policy is subject to the CB.

Virginia Insurance Counseling and Assistance Program’s phone numbers and website have been bracketed in case of change.

The tollfree number and hours of operation of Coventry CareLink have been bracketed to allow for future changes.

The signer and title of signer are bracketed in case of future change.

Form TRI-CL2020 Options Cover Letter

Bracketing has been added to the company address should an address change be made in the future.

The address and phone number for the Administrator, Coventry CareLink Insurance Services, LLC, have been bracketed in case of future change.

[DATE] on first and subsequent page headers denotes the current Date of the correspondence.

[PH NAME] this bracketed field will reflect the insured’s full name

[PH ADDRESS] this will be the insured’s street address and/or PO box in either 1 or 2 lines

[PH CITY, STATE, ZIPCODE] the insured’s city, state and zip code

Policy Number: **[xxxxxxxxxxx]**– this bracketed field will be the insured’s policy number.

[Ms./Mrs./Mr. PH LASTNAME] This will be the appropriate title and the insured’s last name.

The second and third paragraphs are bracketed and only one will be used in any letter as appropriate to whether there are Options available or not.

Only one of the bracketed fourth or fifth paragraphs will appear in the letter as appropriate.

The fourth paragraph will be used if the Contingent Benefit is not available. This paragraph has a bracketed phrase, which will be used when Options are attached.

The fifth paragraph will be used if the CB is available. This paragraph also has bracketed sections used only when there are options available.

The sixth paragraph is bracketed and would not appear if no Options are presented and CB is not applicable.

The phone number for Customer Service has been bracketed in case of future change.

Enclosures are bracketed and would only apply if Options are presented.

UNITED SECURITY ASSURANCE COMPANY OF PA
Address: 673 Cherry Lane, P. O. Box 64477, Souderton, PA 18964
Actuarial Memorandum for Long Term Care Policies
November 5, 2018

Product	Policy Forms	Rider Forms
Long Term Care	920000, 920001, 920002, 920003, 920009, 920200, 920201, 920202, 920203, LTC-1L90, NFO-1N92	

These policy forms were issued in Virginia by Trigon Blue Cross Blue Shield from 1991 through 2004. The business was assumed by United Security Assurance Company of PA ("United Security") as of September 30, 2009. These policies are no longer being marketed in any jurisdiction.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of demonstrating that the requested rate increase of this product meets the minimum requirements and demonstrates compliance with your jurisdiction. This filing may not be suitable for other purposes.

The rate increase being requested will not apply to those policies whose premiums are being waived at the time the rate increase becomes effective but will apply if/when such policies return to a premium-paying status.

All but 1 policy inforce was issued prior to Virginia's rate stabilization regulation. This one policy was omitted from this filing and I have assumed no rate action will occur at this time with respect to this policy. All of the remaining policies will be impacted by this filing. In order to obtain a 60% lifetime loss ratio, a large rate increase is implied based on actual past experience and expected future experience. Even though a larger increase could be justified in order to obtain a 60% lifetime loss ratio, the rate increase included in this filing is much lower than justified because of our concern for the burden of rate increases on policyholders. As noted in our 2012 rate increase filing, "the analysis of the actual-to-expected data related to the Trigon Block (excluding the GLTC-2N91 policy form and policy #TMA00005974 which was issued after 2/1/2004) indicated that the emerging data was significantly higher than the expected data. Industry data from the Society of Actuaries (SOA) LTC studies, demonstrated significant shifts in the incidence rates for persons over age 75 since the early studies and in the continuance on claim for all age groups, including the older population. Beyond these factors, mortality rates for the older population have continued to decline …". All of these factors represent factors which have affected the majority of insurers of similar products. As a result, they fall within the definition of "exceptional increases" under Virginia regulation 14 VAC5-200-40. The combined factors indicate that the data supports rate increases significantly above what the Company is comfortable implementing at this time.

As further proof of the then (2012) anticipated emergence of a longer term trend in adverse experience, the anticipated loss ratio for years 2012 through 2019 was 224.9% without any increases, and 161.5% with the granted increases. However, the actual experience of those 8

years, *with* the granted rate increases, has materialized at a 306.1% loss ratio, almost double the anticipated amount.

As a result, while the rate increase justified under the Virginia statutes amount to a one time increase in excess of 1600%, in consideration of the impact on policyholders, the Company is proposing a 1-time rate increase of 33.0%.

In addition to moderating the rate increase request (which still may be a financial burden to the affected policyholders, particularly the most senior of insureds), the Company will continue providing policy modifications as an alternative to the approved rate increase(s) or as a means by which to mitigate their full impact. In these calculations, the reduced purchasing power is represented by using a premium equal to the policy's current actual premium reduced by a rate increase offset. The current premium is reduced by the rate increase factor and the revised benefits are determined by 'looking up' the benefit that could have been initially purchased by the insured at the original date of issue and age at issue. In real-time, this would be one possible option for the insured to consider in addition to any other insured-specific alternatives expressed by the insured. The ultimate objective of the Company is to construct a policy benefit for each affected insured that is notably more favorable than the contingent non-forfeiture benefit (a value equal to premiums paid) while staying within the scope of previously approved rates and factors (changes in the Elimination Period, for example).

As part of the Company's normal rate increase notification process, the Company will communicate clearly, at the time of notification, that the insured has the opportunity to discuss policy modifications designed to either moderate or fully offset the rate increase as described above. Modifications can include adjustments to the maximum daily benefit and/or other components of the policy. The Company will also provide the standard contingent non-forfeiture benefit to all policyholders who qualify for that option.

2. Description of Benefits

Each form is an individually underwritten policy form. The available coverage includes: home and community-based care benefits, long-term care facility benefit, and nursing home benefit. Each form has benefit eligibility requirements which involve activities of daily living (ADL) deficiencies or cognitive impairment. Waiver of premium is provided when certain benefits are being paid. A return of premium benefit is available under forms LTC-1L90, and NFO-1N92. The daily benefit, benefit period, and elimination period were selected at issue.

At issue the insured had the option to choose a compound inflation option under form NFO-1N92. The compound inflation option provides for benefit levels that increase on each anniversary date by 5% compounded annually for a maximum of 20 years. The increasing benefits apply even when the insured is in claim status.

The distribution of this business by benefit period, coverage type, elimination period, rating group, inflation option, and form, can be found in the attached Exhibit 1.

3. Renewability

These policies are guaranteed renewable for life.

4. Applicability

As these policy forms are no longer being sold, this filing is applicable to inforce policies only. The premium changes will apply to the base forms as well as all applicable options and riders.

5. Actuarial Assumptions

a. Morbidity - Expected Claim Costs are the original pricing claim costs (also the basis for reserves), which include durational adjustment factors like selection. The calculation of expected future premiums and incurred claims, using these actuarial assumptions listed in this Section 5, includes a 'true-up' factor to match the beginning projection amounts with the ending actual historical amounts. The following table presents the historical product experience, split by calendar year, utilizing work performed for the Company by Milliman consultants in 2013, to produce a hypothetical projection of expected earned premium and incurred claims, based on the original pricing assumptions (shown in Exhibit 2).

Since the acquisition of this block of policies from Trigon Blue Cross and Blue Shield of Virginia, annual loss ratios have been well above 100%, and the cumulative loss ratio for calendar years 2010 through 2019 (sum of earned premiums divided by sum of annual incurred claims) is 270.8%. There is no indication of any improvement in claims to lower future expected loss ratios. Even with the implementation of prior accepted rate increases, the anticipated lifetime loss ratio (LLR) is 136.0% at a discount rate of 4.50% (the anticipated LLR is 103.9% at a discount rate of 7.398% - see Exhibit 9 for discount rate details).

The following summarizes the range of actual-to-expected results for this block of policies.

Morbidity Study Year	Cumulative Actual Claims	Cumulative Expected Claims	Actual / Expected
1996	41,544	89,535	46.4%
1997	114,845	492,819	23.3%
1998	558,956	977,032	57.2%
1999	1,139,730	1,535,280	74.2%
2000	1,561,721	2,160,000	72.3%
2001	2,691,462	2,833,651	95.0%
2002	3,518,766	3,552,790	99.0%
2003	4,674,252	4,325,248	108.1%
2004	5,817,263	5,143,834	113.1%
2005	7,763,504	6,045,659	128.4%
2006	9,309,070	7,010,070	132.8%
2007	11,366,420	8,041,859	141.3%
2008	12,421,640	9,137,256	135.9%

2009	13,835,794	10,290,426	134.5%
2010	15,740,594	11,517,529	136.7%
2011	18,763,397	12,868,893	145.8%
2012	22,181,196	14,331,399	154.8%
2013	25,522,963	15,853,724	161.0%
2014	31,590,818	17,434,358	181.2%
2015	35,902,513	19,060,780	188.4%
2016	38,566,705	20,718,709	186.1%
2017	42,110,255	22,401,067	188.0%
2018	45,655,692	24,097,658	189.5%
2019	50,970,360	25,806,983	197.5%

We reviewed the expected claim costs as well. These were compared to industry claim experience as prepared in the Milliman *Long-Term Care Guidelines* (Milliman LTCGs) representing a compilation of industry experience. The Milliman LTCGs provide a flexible, but consistent, basis for the determination of claim costs for a wide variety of long-term care benefit packages. Estimating future claim costs for long-term care insurance is a complicated process. The Milliman LTCGs analyzed industry LTC insurance incurred claims experience from a large number of major LTC carriers. The Guidelines are presented on a best estimate basis and do not include margins.

As shown in Exhibit 1 (nationwide = Virginia demographics) the average attained age (weighted by annual premium) is 84.4, while for those currently in claim, the average age at date of incurral is 85.0.

b. Voluntary Termination Rates are assumed to be 1%. For further information, see section 5.c.

c. Mortality is assumed to follow the gender specific 1994 Group Annuitant Mortality (GAM) Table. This is also the basis for reserves.

The following table compares the actual total termination rate with the total termination rate implied by the combination of the mortality rates and voluntary termination rates noted above. The results shown are for years ending September 30 to coincide with the annual cash flow testing analysis and assumption setting. Exhibit 8 provides some termination details.

Termination Study Year	Actual Total Term Rate	Expected Total Term Rate	Actual Less Expected
2011	5.7%	5.8%	-0.1%
2012	6.0%	6.3%	-0.2%
2013	5.2%	6.6%	-1.4%
2014	7.0%	6.9%	0.1%
2015	7.0%	7.3%	-0.2%
2016	7.6%	7.6%	0.0%
2017	7.3%	8.0%	-0.7%

d. Adverse Selection: We have not modeled any shock lapse or adverse selection associated with this rate increase. Any contingent benefit in light of the rate increase is assumed to offset future expected premiums and benefits due to the combined impact of reduced benefit options and contingent benefit upon lapse election.

e. Expenses. Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate.

These assumptions are based on the experience of the particular policy forms in this filing. The assumptions used in this filing are considered best-estimate. As stated earlier, actual morbidity levels are in excess of expected levels, in large part due to the higher than expected claims experience for older ages. These factors are the primary drivers for this request.

In establishing the assumptions described in this section, the policy design, underwriting, and claims adjudication practices for the above-referenced policy forms were taken into consideration.

6. Marketing Method

These policy forms were marketed in Virginia by agents and brokers of Trigon. These forms are no longer marketed or sold.

7. Underwriting Description

These policies were fully underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician's statement, telephone interview and/or face-to-face assessment.

8. Premiums

Premiums are unisex and payable for life. The premiums may vary by issue age, benefit period, initial daily benefit, elimination period, inflation option, premium payment option, risk class, and the selection of any riders.

9. Issue Age Range

Issue ages are from 22 to 83. As shown in Exhibit 1 the average issue age (weighted by annual premium) is 62.6.

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors are applied to the annual premium (AP): annual 100%, semi-annual 52%, quarterly 27% and monthly 9%.

12. Reserves

Active life reserves have not been used in this rate increase analysis and not included in the projected loss ratios or incurred claims. Claim reserves as of December 31, 2017 have been discounted to the incurral date of each respective claim and included in historical incurred claims. A best estimate of the incurred but not reported (IBNR) reserve balance as of December 31, 2017 has been allocated to the 2017 calendar year of incurral and included in historic incurred claims.

As requested with the prior 2013 rate increase request, Exhibit 6 shows the historical yearly reserve results for this block of individual LTCi policies.

13. Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

14. Past and Future Experience

Since all policies in this block are issued in Virginia, nationwide experience is equal to the Virginia block and therefore a separate table was not included for nationwide.

Historical experience is shown on a calendar year basis. A historical loss ratio is calculated without interest as historical incurred claims divided by historical earned premiums. Actual historical incurred claims are determined as claims paid in the calendar year plus the change in claim reserves. These items are then accumulated at both a 4.5% interest rate and the original composite pricing rate of 7.398% (the issue weighted average original interest rate) to produce two separate accumulated loss ratios of past experience. For purposes of accumulating historical experience for a historical or lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value.

A future annual loss ratio is calculated without interest as anticipated incurred claims divided by anticipated earned premiums. The anticipated incurred claims and earned premium are projected at a granular cell level (where a cell is defined based on unique policy characteristics) from an asset share model representing actual contracts in force as of December 31, 2017. These anticipated values are then summed to produce a total for each calendar year. For purposes of accumulating experience for an anticipated or lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value. The present value of future expected experience utilizes a discount rate. Both the 4.5% current interest rate (valuation rate) and the original composite pricing rate of 7.398% are shown.

A lifetime loss ratio as of December 31, 2019 is calculated as the sum of accumulated historical experience and discounted future experience where accumulation and discounting of calendar year values to December 31, 2019 occurs assuming mid-year values. Present and accumulated values are determined using both the 4.5% valuation interest rate and the 7.398% original composite pricing rate. All computed loss ratios do not include any future active life reserves.

Exhibit 3 provides a demonstration of the lifetime loss ratios, one for each of the two discount rates mentioned above, as of December 31, 2019 assuming a no future rate increase(s).

Exhibit 4 provides a demonstration of the lifetime loss ratio, one for each of the two discount rates mentioned above, as of December 31, 2019 assuming one implementation of the requested rate increase of 33.0%.

The anticipated loss ratio as of December 31, 2019 is equal to the ratio of the present value of anticipated incurred claims to the present value of anticipated earned premium, discounted at both rates. The lifetime loss ratio anticipated in the original filing was slightly over 60%.

15. History of Previous Rate Revisions

Virginia did approve a series of 3 annual rate increases of 26.0% each on this block of policies in July of 2013. As mentioned earlier in this memorandum, at that time, the anticipated experience loss ratio for the 6 policy years 2012 through 2017, with the approved increases, was 124.8%. However, the actual experience loss ratio for those 6 years (with the implemented rate increases) was 276.5%, more than 2 times the expected rate. That significant deterioration of experience is what is prompting this subsequent rate increase request.

16. Analysis Performed to Consider a Rate Increase

The initial premium schedule was based on pricing assumptions believed to be appropriate, given industry experience available when the initial rate schedule was developed. A description of these is as follows:

a. Original Pricing Claim Costs

Forms 920000, 920001, 920002, 920003, 920009, 920200, 920201, 920202, 920203:

Original pricing expected nursing home and home health care incidence rates, average length of stay, and continuance tables were taken from early SOA and NCHS studies. All values were adjusted to reflect the effects of elimination periods, benefit periods, policy maximums, and the eligibility standards.

Forms LTC-1L90, NFO-1N92:

Original pricing morbidity assumptions were based on 1985 National Nursing Home Study, Connecticut Longitudinal Study, and various other studies.

b. Original Pricing Termination Assumptions

Original pricing expected total termination rates were based on CNA long-term care termination experience at the time of the original pricing. These rates varied by issue age and duration. For attained ages 65 and above, total terminations were floored at deaths plus 4%.

Forms LTC-1L90, NFO-1N92:

Original pricing expected mortality was based on 1983 Individual Annuitants Table with underwriting selection factors. Original pricing expected voluntary termination rates varied by duration. The key assumption is the ultimate lapse rate assumed to be 6% or 8% depending on issue age.

c. Original Pricing Expected Investment Earnings

7.6% for forms 920000, 920001, 920002, 920003, 920009, 920200, 920201, 920202, and 920203.

6.5% after duration 4 for forms LTC-1L90 and NFO-1N92.

United Security management determined that since experience and future expectations have deteriorated from the company's original reinsurance analysis, a rate schedule increase would be considered.

As part of the in-force management of the business, United Security monitors the performance of the business by completing periodic analysis of morbidity and persistency. At the time of the prior rate increase request, these analyses indicated deterioration since the original reinsurance analysis. Currently, they indicate a further deterioration over the last 6 years, far outpacing the implemented rate increases.

The assumptions used in this filing (described in Section 5) are based on actual in-force experience of this block of business as well as industry experience and judgment. While actual persistency (based on total terminations) has been consistent with pricing (see Table in Section 5.c.), morbidity has been notably higher than that expected in pricing.

17. Requested Rate Increase and Demonstration of Satisfaction of Rate Stabilization Model Requirements

Although a much larger rate increase is justified at this time (about 1600%), the Company is requesting a one-time 33.0% rate increase on all premium paying policies in force, with the understanding that experience will continue to be monitored and further modest rate action might be taken in the future if experience continues to justify as much..

Since industry experience indicates that no state would authorize a 1600% rate increase, "further modest rate action" means that unless this requested increase provides some stability to this block, we may file additional rate increases in the future. To mitigate the impact of this rate increase on policyholders, we offer policy modifications to partially or completely offset the rate increase. We are in agreement that additional rate increases are unpleasant and unfortunate. To have to persist in the filing and implementation of them is a burden on both the company and the policyholder. We did not price and market these forms but are simply attempting to mitigate the adverse consequences of this aging assumed block and bring premium levels into appropriate balance with the benefits being offered.

Corresponding rate tables reflecting the proposed increase for each year are included with this memorandum in Exhibit 7.

18. Number of Insureds and Annualized Premium

Based on September 30, 2020 in-force premium paying policies, the number of insureds and annualized premium that will be affected by this increase in this jurisdiction (which is the nationwide number of insureds) are shown in the table below. Further nationwide splits by key benefit characteristics are shown in Exhibit 1.

Policy Form	Number of Policies	Current Annualized Premium Before Increase	Average Annualized Premium Before Increase	Annual Premium After 33.0% Increase	Average Annual Premium After Increase
920000	96	171,826	1,790	228,529	2,381
920001	1	2,333	2,333	3,103	3,103
920002	132	231,083	1,751	307,340	2,328
920003	7	15,857	2,265	21,090	3,013
920009	8	12,711	1,589	16,906	2,113
920200	127	217,263	1,711	288,960	2,275
920201	95	213,461	2,247	283,903	2,999
920202	10	18,542	1,854	24,660	2,466
920203	1	2,756	2,756	3,665	3,665
LTC-1L90	98	157,516	1,607	209,496	2,138
NFO-1N92	41	49,685	1,212	66,081	1,612
Total	616	1,096,034	1,774	1,453,735	2,360

19. Proposed Effective Date

This rate increase will apply to policies on their next premium payment date following a 75-day policyholder notification period following approval.

20. Actuarial Certification

I am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No. 8 and 18.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the Commonwealth of Virginia and, with this increase, the premiums are reasonable in relation to the benefits provided. In my opinion the rates are not excessive or unfairly discriminatory. This filing will enhance premium adequacy.

Gary R. Hulet, ASA, MAAA
Staff Actuary
United Security Assurance Company of Pennsylvania
Date: November 4, 2020

United Security Assurance
Company of Pennsylvania
www.usaofpa.com

November 5, 2020

Ms. Colleen Moore
Insurance Market Examiner
Virginia Bureau of Insurance
Tyler Building, 6th floor
1300 E. Main St.
Richmond, Virginia 23219

Re: United Security Assurance Company of PA
Trigon VA 2018 Rate Increase Filing
SERFF Tracking # USPA-131712591
Your Objection Dated 10-19-2020

Dear Ms. Moore:

Listed below are the responses to your items of objection regarding the above referenced filing. The objections are listed in italics with the response immediately following.

Objection 1

- *Response to 05-13-2020 Obj Letter re Policyholder Correspondence (Supporting Document)*
- *Policyholder Notification 1, VA-RI-1 (Form)*
- *2nd Policyholder Notification, VA-RI-2 (Form)*
- *3rd Policyholder Notification, VA-RI-3 (Form)*

Comments: As discussed with Martha Stephens, the Company is interested in formatting the policyholder notification letter as a template which can be used for future filings of these forms was well as other form filings. To do so, the letter template should include variability to cover the following scenarios: a single increase, a set of 2 increases, and a set of 3 increases. The letter would also include variability so that it can be used for the 1st, 2nd or 3rd notification letter. We have summarized the approach below and would be happy to set up a call to discuss if needed.

1) Page 1, 1st Paragraph - Please move the last 2 sentences, starting with "The rate increase was reviewed " so that they follow the Billing Anniversary Date/Modal Premium chart and combine paragraphs 1 and 2 into a single paragraph. This will give the policyholders a clearer flow of information about the increases and the impact on their premium.

2) Paragraph 1, as combined per 1) above, would then have 3 sets of variable language to cover the following scenarios:

- *If the Company implements a single increase,*
- *The initial letter if the Company implements the increase over multiple years, and*
- *For subsequent letters when the Company is implementing a multiple year increase.*

673 East Cherry Lane, PO Box 64477, Souderton, Pennsylvania 18964
215-723-3044 ❖ 1-800-872-3044 ❖ FAX 215-723-8036

3) The Premium Exhibit would also have 3 sets of variable language to cover the following scenarios:

- *If the Company implements a single increase*
- *If the Company implements increases over 2 years*
- *If the Company implements increases over 3 years.*

3) Page 2, Why is this increase necessary? As the reason for increases can change over time, the Company may want to mark this section as variable.

Response: We have revised the Policyholder Notification letter as suggested, so that one letter can be used for all notifications. The Form Number is now VA-RI and it replaces the previous forms. All other items in this Objection have been considered in the revised VA-RI.

Objection 2

- *Response to 05-13-2020 Obj Letter re Policyholder Correspondence (Supporting Document)*
- *Policyholder Notification 1, VA-RI-1 (Form)*
- *2nd Policyholder Notification, VA-RI-2 (Form)*
- *3rd Policyholder Notification, VA-RI-3 (Form)*

Comments: 1) Item #3 Policy Number. There is inconsistency in the # of digits in the variability for the Policy Number between the SOV, and the 3 letters (12 vs 13 vs 14). Please resolve this discrepancy.

2) Item #8 the SOV refers to {xxx.x] in the 1st and 2nd paragraphs of the letter.

- *Please revise the beginning bracket in the SOV to begin with [*

- *Bracketed item descriptions on the SOV should match the item in the rate increase letter exactly. Paragraphs 1 and 2 of the letter do not include bracketed data showing xxx.x. Paragraph 1 shows [xx.x]% and paragraph 2 shows [xx.xx%.] and [xx.x%]. Please revise the SOV to address each bracketed item separately, in the order they appear in the document.*

3) Please include an explanation in the SOV for the variability around the toll free number at the bottom of page 1 of the letter.

4) The variability for the extension in the toll free number on page 1 shows 3 digits (xxx) but on page 3 shows 4 digits (xxxx). Please resolve this discrepancy.

5) Include an explanation for the variability around the toll free number at the bottom of page 3.

6) Page 3 - include an explanation for the variability around the position title below the signature name.

7) Please correct the beginning bracketing around the Coventry CareLink address at the top of page 1 of VA-RI-2.

Response: We have revised Form VA-RI to correct the above inconsistencies. We have also provided a new SOV.

Objection 3

- *Policyholder Notification 1, VA-RI-1 (Form)*
- *2nd Policyholder Notification, VA-RI-2 (Form)*
- *3rd Policyholder Notification, VA-RI-3 (Form)*

Comments: 1) The Virginia SERFF guidelines require that all variable information must be bracketed. We note that the letter contains several different versions of the brackets: plain type, bold, italicized and in color. For our regulatory review, we request that the formatting for all variability brackets be consistent as they all have the same meaning. Please make the necessary revisions.

Response; We have made the brackets consistent in their formatting.

2) Page 1, Decision Due Date. Please walk through the timeline for the Policy Holder letters so that the Bureau can see the amount of time Policy Holders will have to make a decision. The company had confirmed the letters will be mailed 80 days prior to the date of the rate change. When is the decision due date - how far out from the billing anniversary date?

Response; The Decision Due Date is 15 calendar days before the Billing Anniversary Date (when the rate increase is to be effective). This allows time for the Company to stop the automatic deduction of premium from the policyholder's bank account or credit card.

3) Page 1, 1st Paragraph - As United Security is the insurer of the coverage, in line 2 of paragraph 1 the words assumed by need to be changed to insured by.

Response: Requested change has been made.

4) Please confirm that column 3 (new modal premium) of the Billing Anniversary/Modal Premium chart will be correctly justified in the final letter.

Response: Requested change has been made.

5) Page 2, last sentence of 1st paragraph - this should be a clear expression of what the company thinks will happen. For clarity, if the company feels rates may increase if claims run worse than expected, please revise the wording "we cannot guarantee there will not be additional rate changes sometime in the future" to clearly state that there may be rate increases in the future.

Response: We have made the requested change.

6) What is the purpose of the blue type for the [Date] on the top of page 2 and 3? This appears in the 1st and 2nd letters, not the3rd.

Response: the blue type has been removed.

7) Page 2, Why is this increase necessary for compliance with 14VAC5-200-75.D.3, this section should include a clear identification of the driving factors of the premium rate increase. The statement common reasons for this include does not clearly identify the reasons for this increase.

Response: the explanation has been revised.

8) Page 2, Bullet 1 - please remove the wording "unless you receive an additional notification letter". This letter should not include references to other notification letters.

Response: the wording has been removed.

9) Page 2, 3rd bullet - please expand this section to make it clear to the policyholder what would happen if they want to make a change but miss the Decision Date deadline.

Response: We have modified the 3rd bullet on Page 2, by adding this sentence**. "If you do not contact us by that date, you can still make changes to be effective at the next premium due date**."

10) Page 2, 4th bullet please clarify your administrative procedure for the following: Does an insured on WOP status have to make their benefit decisions now, within the timeline of this letter, or will they be given an opportunity make changes once

they come off claim.

Response: We have modified the 4rd bullet on Page 2, by adding this sentence**. "**You do not have to make a decision by the Decision Due Date and can decide at the time you are coming off claim.". Our administrative procedure would be that the policyholder would be notified that Waiver of Premium is ending, so that they may make a decision at that time.

11) Pages 1 and 3 - the extension for the toll free number shows 3 digits (xxx) on page 1 but 4 digits on page 3. Please resolve this discrepancy. .

Response: the discrepancy has been resolved.

Objection 4

- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)

- Cover Letter Options, TRI-CL2020 (Form)

1) Comments: 1) As has been discussed on the Policyholder Notification Letter, the full and proper corporate name of the insurer must prominently appear on the first page of the policyholder letter pursuant to 14 VAC 5-101-60 2. Our objection would be resolved if the name and address of United Security appeared prominently at the top of the page followed by the words "administered by" and then the Coventry CareLink name and address.

Response: The Form TRI-CL2020 has been revised.

2) The variable data shown in the brackets in the letter should match exactly to the data shown in the SOV. For example:
[PH NAME] vs. [Name]
[PH ADDRESS] vs [Address}

Response: The Statement of Variables has been updated.

3) Please include an explanation in the SOV for the variability [PH CITY, STATE, ZIPCODE].

Response: The Statement of Variables has been updated.

4) Please confirm it was your intention to change the font size in the last sentence of Paragraph 4, and Paragraph 5,.

Response: This was an error and has been corrected.

5) We note that the Options sample documents refer to CBUL, while the Options cover letter refers to it as CB. Please revise for consistency.

Response: The Options samples have been revised for consistency.

6) If there are items which are always included as enclosures when an option is selected, such as the option sample exhibit, or a return envelope, please detail those items under the Enclosures.

Response: We have added the details if there are enclosures.

Since there is now only one Form VA-RI to replace three versions of the letter, there were other minor changes to the Form VA-RI.

Thank you for your numerous suggestions for revising the letter as a Template. While I trust this responds to your concerns, please do not hesitate to contact me directly if you have any questions.

Sincerely,

Martha Stephens
Vice President, Operations

/ms

United Security Assurance
Company of Pennsylvania
www.usaofpa.com

February 2, 2021

Ms. Colleen Moore
Insurance Market Examiner
Virginia Bureau of Insurance
Tyler Building, 6th Floor
1300 E. Main St.
Richmond, Virginia 23219

Re: United Security Assurance Company of PA
Trigon VA 2018 Rate Increase Filing
SERFF Tracking # USPA-131712591
Your Objection Dated 1/19/2021

Dear Ms. Moore:

Listed below are the responses to your items of objection regarding the above referenced filing. The objections are listed with the response immediately following.

Objection 1
- Proposed Rates 1, (Rate)
Comments: Rate/Rule Schedule - Please include the applicable form numbers under Affected Form Numbers. They were deleted in the 11/4/20 revision.

Response: The Rate/Rule Schedule was revised as requested.

Objection 2
- Policyholder Notification Template, VA-RI (Form)
Comments: There were several corrections which had been made in the 6/18/20 response that did not carry through to the template:
1) On page 2, please update the BOI website to be https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

Response: The website URL was revised and bracketed on page 2.

2) On page 3, Ways to Reduce the Cost, please remove the reference to "less paid claims if any" in the contingent benefit upon lapse section. This wording is not in compliance with 14VAC5-200-185 E 3.

Response: We have removed “less paid claims if any” from this paragraph

Objection 3
- Policyholder Notification Template, VA-RI (Form)
Comments: 1) The punctuation after "Dear [POLICYHOLDER]" appears to be missing from the template.

673 East Cherry Lane, PO Box 64477, Souderton, Pennsylvania 18964
215-723-3044 ❖ 1-800-872-3044 ❖ FAX 215-723-8036

2) Page 1, Paragraph 1 - The sentence "The [xxx]%increase" should have a space before the word increase.
- Please explain why the colon at the end of the 1st paragraph is red.

Response: A colon was added after the salutation, the space was added and the colon at the end of the first paragraph was changed to black.

Objection 4
- Option Letter Form TRI-CL2020 Attachment samples and SOV (Supporting Document)
- Policyholder Notification Template, VA-RI (Form)
Comments: Page 2 of the policyholder letter, last paragraph
The SOV does not provide an explanation for the variability around [three]. However, the variability for this sentence needs to be revised to address both a single increase and a series of increases. For example, this sentence could read: "Based on current expectations, we believe this [series of increases] will be sufficient ...." with the variability option to be [increase].

Response: We revised the paragraph on page 2 as requested

Objection 5
- Policyholder Notification Template, VA-RI (Form)
Comments: Page 3 - Please revise the last sentence in the first paragraph to read: Any future rate increases will not be implemented until the request has been filed with Virginias State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance.

Response: We revised the paragraph on page 3 as requested

Objection 6
- Policyholder Notification Template, VA-RI (Form)
Comments: Page 3, Why is this increase necessary?
The 6th sentence reads: "For these reasons, premiums must be increased to ensure that all claims are thoroughly funded." The Bureau has concerns with the reference to all claims being thoroughly funded on a fully insured plan. In addition, based on the current loss ratio projections, this increase will not bring the experience to that level. We recommend the sentenced be changed to read: For these reasons, premiums must be increased.

Response: We revised the paragraph on page 3 as requested

Objection 7
- Policyholder Notification Template, VA-RI (Form)
Comments: 14 VAC 5-100-50 3 provides that a form must be submitted in the final form in which it is intended to be used and marketed. Form VA-RI is an annotated version that explains the variability. While this version is very helpful to us in our review, it is not the final form in which it is intended to be used. Please attach the annotated version to Supporting Documentation with the Statement of Variability. Please attach the final form to the Form Schedule.

Response: We have removed the annotations from the Form VA-RI and included the annotated version in Supporting Documents with the Statement of Variability.

Objection 8
- Cover Letter for Options, TRI-CL2020 (Form)
Comments: Please revise the ending bracket in the date at the top of page 2 to be].

Response: We have corrected the bracket.

Objection 9
- Policyholder Notification Template, VA-RI (Form)
- Cover Letter for Options, TRI-CL2020 (Form)
Comments: Please provide John Doe versions of the policyholder notification template and the cover letter for options, without variability, illustrating how the letter will appear to a policyholder.

Response: John Doe versions of the VA-RI letter and the Policyholder Option letter with the Option attachment have been included under Supporting Documents.

Objection 10
Comments: Readability
The readability certification, as required by 14 VAC 5-110-60, was not included in the submission. Please include this information in your resubmission.

Response: The readability certification required by 14 VAC5-101-110 has been included.

Please do not hesitate to contact me if you require additional information.

Sincerely,

Martha Stephens
Vice President, Operations

/ms

United Security Assurance Company of Pennsylvania
[673 East Cherry Lane, P.O. Box 64477
Souderton, Pennsylvania 18964]

Administered By:
Coventry CareLink Insurance Services, LLC
[1302 Concourse Drive, Suite 303 Linthicum, Maryland 21090
(410) 850-9060 TEL
(410) 850-9070 FAX]

[mm/dd/yyyy]

Notice of Rate Increase and Your Options

Policy Number: [xxxxxxxxxxx]

Decision Due Date: [15 days before date due]

[PH NAME]
[PH ADDRESS]
[PH CITY, STATE, ZIPCODE]

Dear [POLICYHOLDER]:

[IF STATE APPROVES A SINGLE INCREASE:] [I am writing you today from Coventry CareLink Insurance Services, as administrator of your long term care insurance policy insured by United Security Assurance Company of Pennsylvania ("USA"). We will be implementing a premium rate increase of [xxx]%. The [xxx]% increase will take effect on your Billing Anniversary date listed below. Your new modal premium amount and the date due for the scheduled rate increase is as follows:]

[IF STATE APPROVED INCREASES OVER TWO YEARS:] [I am writing you today from Coventry CareLink Insurance Services, as administrator of your long term care insurance policy insured by United Security Assurance Company of Pennsylvania ("USA"). We will be implementing a premium rate increase of [xxx]% each year for the next two years. After the two increases, the total amount of the premium rate increase is [xxx]%. The [xxx]% increase will take effect on your Billing Anniversary date listed below. Your new modal premium amount and the date due for the scheduled rate increases are as follows:]

[IF STATE APPROVED INCREASES OVER THREE YEARS:] [I am writing you today from Coventry CareLink Insurance Services, as administrator of your long term care insurance policy insured by United Security Assurance Company of Pennsylvania ("USA"). We will be implementing a premium rate increase of [xxx]% each year for the next three years. After the three increases, the total amount of the premium rate increase is [xxx]%. The [xxx]% increase will take effect on your Billing Anniversary date listed below. Your new modal premium amount and the date due for the scheduled rate increases are as follows:]

[IF STATE APPROVES A SINGLE INCREASE:]

Billing Anniversary Date	Prior [Modal] Premium	New [Modal] Premium
[mm/dd/yyyy]	$[xxxx.xx]	$[xxxx.xx]

[IF STATE APPROVED INCREASES OVER TWO YEARS:]

Billing Anniversary Date	Prior [Modal] Premium	New [Modal] Premium
[mm/dd/yyyy]	$[xxxx.xx]	$[xxxx.xx]
[mm/dd/yyyy]	$[xxxx.xx]	$[xxxx.xx]

[IF STATE APPROVED INCREASES OVER THREE YEARS:]

Billing Anniversary Date	**Prior [Modal] Premium**	**New [Modal] Premium**
[mm/dd/yyyy]	$[xxxx.xx]	$[xxxx.xx]
[mm/dd/yyyy]	$[xxxx.xx]	$[xxxx.xx]
[mm/dd/yyyy]	$[xxxx.xx]	$[xxxx.xx]

[SUBSEQUENT INCREASES:] [I am writing you today from Coventry CareLink Insurance Services, as administrator of your long term care insurance policy insured by United Security Assurance Company of Pennsylvania ("USA"). As you may recall, we previously wrote to inform you of a premium rate increase on your USA Long Term Care Policy that would be implemented in multiple stages. Currently, we are writing to inform you of the subsequent premium rate increase.]

[IF STATE APPROVED INCREASES OVER TWO YEARS:] [The second premium increase for your policy is [xxx]%. Your [monthly, quarterly, semiannual, annual] premium payment of [$xxxx.xx] will change to [$xxxx.xx]. This increase will take effect on [MM/DD/YYYY].

[IF STATE APPROVED INCREASES OVER THREE YEARS:] [The second premium increase for your policy is [xxx]%. Your [monthly, quarterly, semiannual, annual] premium payment of [$xxxx.xx] will change to [$xxxx.xx]. This increase will take effect on [MM/DD/YYYY]. A subsequent increase for your policy will be [xxx%]. This will take effect no earlier than one year from the current rate increase effective date. You will receive notice prior to the third rate increase.]

[THIRD LETTER IF STATE APPROVED INCREASES OVER THREE YEARS:] [The third premium increase for your policy is [xxx]%. Your [monthly, quarterly, semiannual, annual] premium payment of [$xxxx.xx] will change to [$xxxx.xx]. This increase will take effect on [MM/DD/YYYY].]

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at [https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx].

As administrator for your United Security Assurance Policy, Coventry CareLink will be implementing the increase. Our toll-free number is: [1-877-782-4663 ext. xxx] and we are available Monday through Friday between [8:30 a.m. and 4:30 pm EST].

This premium rate increase is being implemented on all policies issued in Virginia on your Policy Form, and not on you as an individual. This rate increase is related to past and expected future claims and is not based on current economic conditions. [Based on current expectations, we believe that this [series of increases] [increase] will be sufficient to bring premiums into greater balance with claims. However, if future claims are worse than currently expected, we cannot guarantee there will not be additional rate changes sometime in the future.] [We anticipate that additional premium increase(s) will be necessary in the future, but we do not presently know the date or amount of any future increase.] Any future rate increases will not be implemented until

the request has been filed with Virginia's State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance.

Why is this increase necessary?
[Premium increases are necessary when benefits paid, past and future, exceed what was expected when the policy was initially priced. We evaluated assumptions such as the amount of claims we expect to pay, the life expectancy of our insureds, the number of insureds who will voluntarily cancel their coverage, and prevailing interest rates. The results are much higher than these original projections. The reasons for this are due to individuals living longer and keeping their policies longer. This has resulted in more claims. For these reasons, premiums must be increased.] While the rates need to be increased, we want to explain the specific change to your premium and tell you how you can continue to have access to your long term care insurance coverage even if you can't afford the rate increase. So, here is what you need to know:

- If you have other policies with United Security Assurance, they will not be affected by this premium increase. This increase applies only to the Policy number shown at the top of this letter.
- You have the right to a revised premium rate or rate schedule if your premium rate or rate schedule is changed.
- **If you currently pay your premium by an automatic bank plan or credit card, your new premium amount will be automatically drafted from your account when it is due, unless you notify us prior to the Decision Due Date at the top of this letter. If you do not contact us by that date, you can still make changes to be effective at the next premium due date.**
- If you are currently receiving benefits and on waiver of premium status, any Policy changes requested will be processed once the Policy is removed from waiver and you are no longer on claim. Your premiums will not increase until you are required to begin paying premiums again. You do not have to make a decision by the Decision Due Date and can decide at the time you are coming off claim.

Ways to Reduce the Cost

If you would like to keep your current benefits, you must pay the increased premium amount. If you choose not to pay the increased premium, you will receive a Contingent Benefit Upon Lapse ("CB"). Under CB you will pay no more premiums and will have a paid-up benefit equal to the greater of 100% of the sum of all premiums you have already 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 be payable if the Policy remained in a premium paying status. **In many cases, the decision to elect the CB option may result in a significant reduction in benefits.**

You should be aware that all options available to you may not be of equal value. Please call us if you want to know the options available for <u>your</u> Policy.

If you feel you may have difficulty affording the new premium amount, there are other ways to avoid paying the rate increase besides accepting the CB benefit described in the above paragraph.

Options available to you may be to:

1. Reduce the Daily Benefit amount, and/or
2. Reduce the Benefit Period of your Policy, and/or
3. Increase the Elimination Period, and/or
4. Remove or adjust optional Riders, if applicable.

For future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing your coverage and premiums, per the provisions of your Policy.

How to get Help

You may wish to consult with family members and advisors about this rate increase and the options you have to minimize the effect of the increase.

You can also contact the Virginia Insurance Counseling and Assistance Program (VICAP) at Toll-Free:[1-800-552-3402 (Nationwide Voice/TTY); or (804) 662-9333, or visit their Web site: www.vda.virginia.gov/vicap.htm.] VICAP is a free, unbiased, confidential counseling program that offers health insurance information, education, and assistance to seniors and adults with disabilities (and their families) in understanding Medicare and making decisions about long term care insurance. The Virginia Department for Aging and Rehabilitative Services and the Bureau of Insurance has worked closely together to develop this insurance counseling program in Virginia.

We encourage you to call our customer service department if you have any questions regarding this rate increase or would like to discuss all of your options. As administrator for your United Security Assurance Policy, Coventry CareLink will be implementing the increase. Our toll free number is: [***1-877-782-4663, ext xxx***] ***and we are available between [8:30 a.m. and 4:30 pm EST].***

We appreciate and thank you for the opportunity to service your long term care insurance.

Sincerely,

[Elaine Griffin]
[Director of Operations]

United Security Assurance Company of Pennsylvania
673 East Cherry Lane, P.O. Box 64477
Souderton, Pennsylvania 18964

Administered By:
Coventry CareLink Insurance Services, LLC
1302 Concourse Drive, Suite 303 Linthicum, Maryland 21090
(410) 850-9060 TEL
(410) 850-9070 FAX

January 29, 2021

Notice of Rate Increase and Your Options

Policy Number: 12345678910

Decision Due Date: March 29, 2021

John Doe
123 Main Street
Anytown PA 12345

Dear John Doe:

I am writing you today from Coventry CareLink Insurance Services, as administrator of your long term care insurance policy insured by United Security Assurance Company of Pennsylvania ("USA"). We will be implementing a premium rate increase of 33%. The 33% increase will take effect on your Billing Anniversary date listed below. Your new modal premium amount and the date due for the scheduled rate increase is as follows:

Billing Anniversary Date	Prior Annual Premium	New Annual Premium
04/15/2021	$2296.64	$3054.53

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

As administrator for your United Security Assurance Policy, Coventry CareLink will be implementing the increase. Our toll-free number is: 1-877-782-4663 - ext. 120 and we are available Monday through Friday between 8:30 a.m. and 4:30 pm EST.

This premium rate increase is being implemented on all policies issued in Virginia on your Policy Form, and not on you as an individual. This rate increase is related to past and expected future claims and is not based on current economic conditions. We anticipate that additional premium increase(s) will be necessary in the future, but we do not presently know the date or amount of any future increase. Any future rate increase will not be implemented until the request has been filed with Virginia's State Corporation Commission and determined to be compliant with applicable Virginia laws and regulations addressing long-term care insurance.

Why is this increase necessary?
Premium increases are necessary when benefits paid, past and future, exceed what was expected when the policy was initially priced. We evaluated assumptions such as the amount of claims we expect to pay, the life expectancy of our insureds, the number of insureds who will voluntarily cancel their coverage, and prevailing interest rates. The results are much higher than these original projections. The reasons for this are due to individuals living longer and keeping their policies longer. This has resulted in more claims. For these reasons, premiums must be increased. While the rates need to be increased, we want to explain the specific change to your premium and tell you how you can continue to have access to your long term care insurance coverage even if you can't afford the rate increase. So, here is what you need to know:

- If you have other policies with United Security Assurance, they will not be affected by this premium increase. This increase applies only to the Policy number shown at the top of this letter.
- You have the right to a revised premium rate or rate schedule if your premium rate or rate schedule is changed.
- **If you currently pay your premium by an automatic bank plan or credit card, your new premium amount will be automatically drafted from your account when it is due, unless you notify us prior to the Decision Due Date at the top of this letter. If you do not contact us by that date, you can still make changes to be effective at the next premium due date.**
- If you are currently receiving benefits and on waiver of premium status, any Policy changes requested will be processed once the Policy is removed from waiver and you are no longer on claim. Your premiums will not increase until you are required to begin paying premiums again. You do not have to make a decision by the Decision Due Date and can decide at the time you are coming off claim.

Ways to Reduce the Cost

If you would like to keep your current benefits, you must pay the increased premium amount. If you choose not to pay the increased premium, you will receive a Contingent Benefit Upon Lapse ("CB"). Under CB you will pay no more premiums and will have a paid-up benefit equal to the greater of 100% of the sum of all premiums you have already 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 be payable if the Policy remained in a premium paying status. **In many cases, the decision to elect the CB option may result in a significant reduction in benefits.**

You should be aware that all options available to you may not be of equal value. Please call us if you want to know the options available for <u>your</u> Policy.

If you feel you may have difficulty affording the new premium amount, there are other ways to avoid paying the rate increase besides accepting the CB benefit described in the above paragraph.

Options available to you may be to:

1. Reduce the Daily Benefit amount, and/or
2. Reduce the Benefit Period of your Policy, and/or
3. Increase the Elimination Period, and/or
4. Remove or adjust optional Riders, if applicable.

For future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing your coverage and premiums, per the provisions of your Policy.

How to get Help

You may wish to consult with family members and advisors about this rate increase and the options you have to minimize the effect of the increase.

You can also contact the Virginia Insurance Counseling and Assistance Program (VICAP) at Toll-Free:1-800-552-3402 (Nationwide Voice/TTY); or (804) 662-9333, or visit their Web site: www.vda.virginia.gov/vicap.htm. VICAP is a free, unbiased, confidential counseling program that offers health insurance information, education, and assistance to seniors and adults with disabilities (and their families) in understanding Medicare and making decisions about long term care insurance. The Virginia Department for Aging and Rehabilitative Services and the Bureau of Insurance has worked closely together to develop this insurance counseling program in Virginia.

We encourage you to call our customer service department if you have any questions regarding this rate increase or would like to discuss all of your options. As administrator for your United Security Assurance Policy, Coventry CareLink will be implementing the increase. Our toll free number is: 1-877-782-4663, ext 120 and we are available between 8:30 a.m. and 4:30 pm EST.

We appreciate and thank you for the opportunity to service your long term care insurance.

Sincerely,

Elaine Griffin
Director of Operations

United Security Assurance Company of Pennsylvania

Administered by Coventry CareLink Insurance Services

Name:	Policy Number:	Current Premium	**Rate Increase Effective:**
John Doe	**12345678910**	**$2,296.64**	4/15/2021

	Benefit Period	Elimination Period	Current Max Daily Benefit *	Inflation Option	Home Care %	New Annual Premium	Check Selection
Current Policy	3 Years	30 Days	$322.51	5% Compound for Life	100%	$3,054.53	
Option 1: BP	2 Years	30 Days	$322.51	5% Compound for Life	100%	$2,438.89	
Option 2: EP	3 Years	60 Days	$322.51	5% Compound for Life	100%	$2,882.93	
Option 3: DBA	3 Years	30 Days	$242.50	5% Compound for Life	100%	$2,296.70	
Option 4: INF	3 Years	30 Days	$195.76	5% Simple for Life	100%	$2,296.64	
Option 5: HC%	3 Years	30 Days	$322.51	5% Compound for Life	50%	$2,723.03	
CBUL:	110 Days	30 Days	$322.51	None	100%	$0.00	

If none of the above Options are acceptable, please contact our Customer Service department to request specific options.

If, however, one of the above Options is acceptable, please check the box applicable to your desired Option.

Signature of Insured/Power of Attorney

Date Signed

If signed by Power of Attorney, durable Power of Attorney documents are required

* = current daily benefit amount including any inflation option increases

United Security Assurance

Company of Pennsylvania
673 East Cherry Lane, P.O. Box 64477
Souderton, Pennsylvania 18964

Administered By

1302 Concourse Drive, Suite 303
Linthicum, Maryland 21090
(410) 850-9060 TEL
(410) 850-9070 FAX

February 20, 2021

John Doe
123 Main Street
Anytown, PA 12345

Policy Number: 12345678910

Dear Mr. Doe:

You have contacted our Customer Service Department in response to the letter regarding the rate increase for your United Security Assurance Company of Pennsylvania long term care policy.

Per your request, attached please find options available to reduce your premium. As noted on the attachment, if you decide to make one of these changes, please check the appropriate selection, sign, date and return to our office in the enclosed envelope. The option selected will become effective on the date noted on the attached illustration.

If you do not choose one of the options and do not pay the premium with the rate increase, you will receive the Contingent Benefit Upon Lapse ("CB") described in the rate increase letter and shown in the options attachment. Under CB you will have a paid-up benefit equal to the greater of 100% of the sum of all premiums you have paid or 30 times the daily nursing home benefit at the time of lapse. Your current Maximum Daily Benefit and Elimination Period will remain the same and you will pay no more premium. In no event will the paid-up value exceed the maximum benefits which would be payable if the Policy remained in a premium paying status. All benefits paid while the policy is in a premium paying status and in the paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status.

Any changes to your Policy will be confirmed with a Policy Change Endorsement which we will send to you.

If you have any questions or concerns, please contact our Customer Service Department at 1-877-782-4663.

Sincerely,

Customer Service Department
Coventry CareLink Insurance Services, LLC

Enclosures:
Options attachment
Return Envelope