Instructions: Submitting the Data Collection Template for the Annual Medicare Supplement Refund Calculation Form to the VABOL for Calendar Year 2020

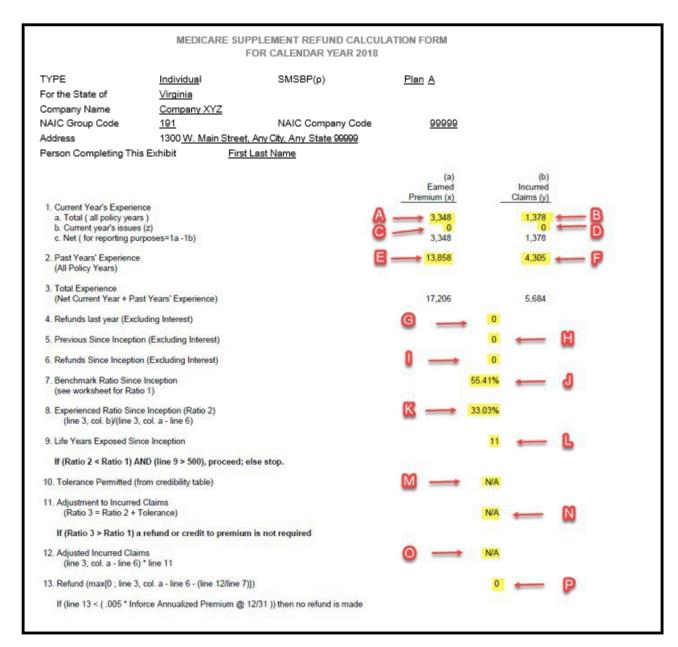
### Overview

- Submit the Medicare Supplement Refund Calculation Form (Appendix A) for Calendar Year 2020 (14 VAC 5-170-220.1) via SERFF. This is the same Form that has been submitted in prior years.
- In addition, please submit the 2017 and 2020 data provided in the Medicare Supplement Refund Calculation Form in the attached Data Collection Template (Template).
- These instructions illustrate how to properly fill out the Template.
- If you have any questions when completing the spreadsheet, please contact William Christian at wchristian@scc.virginia.gov.



### Appendix A Key

- The highlighted figures on the right will be entered into the Template.
- Each figure has a letter assigned toit.
- On the next page, the Template has blank spaces with the same letters assigned.
- You are to match the letter on Appendix A with the letter on the Template and enter the corresponding figure in the blank field.



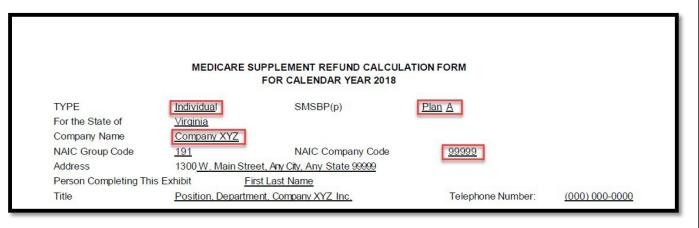
# Data Entry

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-	A	В	С	D	E	F	G	Н	1	J	K	L	IVI	N	0	P	Q	R [7.]	S	Т	U	V	W	X
1	Year	Primary NAIC Code	Secondary MAIC Code I Prior Year Code (if Applicable)	Qty of Plans	Type1 (Currently used name)	Туре	Company Plan Name (Currently Used)	'STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN' Equivalent	[1a. (col a)] Total (all policy Years) Earned Premium (x)	[1a. (col b)] Total (all policy Years) Incurred Claims (y)	[1b. ( col a)] Current Year's Issues Earned Premium (x)	[1b. (col b)] Current Year's Issues Incurred Claims(y)	[2. (col a)] Past Years Experience Earned Premium		[4.] Refunds Last Year (Excl Interest)	[5.] Previous Refunds Since Inception (Excl Interest)	[6.] Refunds Since Inception (Excl Interest)	Benchmark Ratio Since	[8.] Experience d Ratio Since Inception	[9.] Life Years Exposed	[10.] Tolerance Permitted (decimal)	[11.] Adjustment to Incurred Claims for Credibility	[12.] Adjusted Incurred Claims for Credibility	[13.] Refund
2	Data Year				Plan Type		SMSBP																	
	Data Year				Plan Type		SMSBP														_	_		
	Data Year				Plan Type		SMSBP			4	4		4		4	4	4	4	4	4	4		4	4
5	Data Year				Plan Type		SMSBP																	
6	Data Year				Plan Type		SMSBP																	
7	Data Year				Plan Type		SMSBP							Д.					T.		4			
8	Data Year				Plan Type		SMSBP		A	В			<b>E</b>	F	G	التا	)[[	d	IK	15	IMI			P
9	Data Year				Plan Type		SMSBP							*		00			30	_	-	00		•
10	Data Year				Plan Type		SMSBP																	
	Data Year				Plan Type		SMSBP																	
12	Data Year				Plan Type		SMSBP																	
13	Data Year				Plan Type		SMSBP																	
14	Data Year				Plan Type		SMSBP																	
15	Data Year				Plan Type		SMSBP																	
16	Data Year				Plan Type		SMSBP																	
17	Data Year				Plan Type		SMSBP																	
18	Data Year				Plan Type		SMSBP																	
19	Data Year				Plan Type		SMSBP																	
20	Data Year				Plan Type		SMSBP																	
21	Data Year				Plan Type		SMSBP																	
22	Data Year				Plan Type		SMSBP																	
23	Data Year				Plan Type		SMSBP																	
24	Data Year				Plan Type		SMSBP																	
25	Data Year				Plan Type		SMSBP																	
26	Data Year				Plan Type		SMSBP																	
27	Data Year				Plan Type		SMSBP																	
28	Data Year				Plan Type		SMSBP																	
29	Data Year				Plan Type		SMSBP																	
30	Data Year				Plan Type		SMSBP																	
31	Data Year				Plan Type		SMSBP																	
32	Data Year				Plan Type		SMSBP																	
	<b>←</b> →	Da	tabase Tal	ble	+									: [	4									

<sup>\*</sup>The blank spaces indicated by the letters, represent the fields in which the Appendix A data will be entered.

# Filing Data

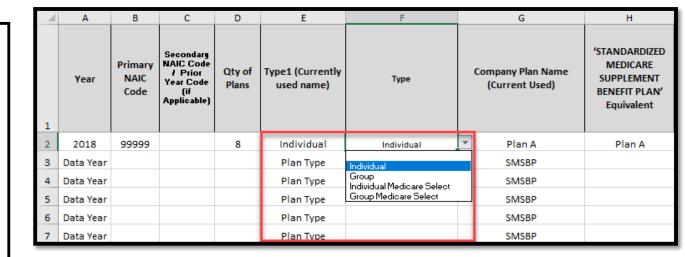
- Begin by entering the information boxed in red on Appendix A into the Template as seen on the right.
- Each row represents a specific plan, year, and company. In this instance, the filing is for Company XYZ Plan A.



	Α	В	С	D	E	F	G	Н
1	Year	Primary NAIC Code	Secondary NAIC Code I Prior Year Code (if Applicable)	Qty of Plans	Type1 (Currently used name)	Туре	Company Plan Name (Currently Used)	'STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN' Equivalent
2	2018	99999		8	Individual	Individual	Plan A	Plan A
3	Data Year				Plan Type		SMSBP	
4	Data Year				Plan Type		SMSBP	
5	Data Year				Plan Type		SMSBP	
6	Data Year				Plan Type		SMSBP	
7	Data Year				Plan Type		SMSBP	
8	Data Year				Plan Type		SMSBP	
9	Data Year				Plan Type		SMSBP	
10	Data Year				Plan Type		SMSBP	
11	Data Year				Plan Type		SMSBP	
12	Data Year				Plan Type		SMSBP	
13	Data Year				Plan Type		SMSBP	
14	Data Year				Plan Type		SMSBP	
15	Data Year				Plan Type		SMSBP	
16	Data Year				Plan Type		SMSBP	
17	Data Year				Plan Type		SMSBP	
18	Data Year				Plan Type		SMSBP	
19	Data Year				Plan Type		SMSBP	
20	Data Year				Plan Type		SMSBP	
21	Data Year				Plan Type		SMSBP	
22	Data Year				Plan Type		SMSBP	
23	Data Year				Plan Type		SMSBP	
24	Data Year				Plan Type		SMSBP	
25	Data Year				Plan Type		SMSBP	
26	Data Year				Plan Type		SMSBP	
27	Data Year				Plan Type		SMSBP	
28	Data Year				Plan Type		SMSBP	
29	Data Year				Plan Type		SMSBP	
	<b>←</b> →	Datal	base Table	<b>(±</b>				

### Filing Data Continued

- Column C is only to be entered if the plan was previously associated with a different company/company code (i.e. due to a merger or assumed business).
- In Column D you are to enter the total number of plans being submitted for the current year
  - You must enter this number each time, so if you have 4 plans you will enter the number 4, 4 times, once per row.
- Plan type will be filled out twice in columns E and F
  - Column E represents how you currently identify plan type
  - Column F represents how the Type will be identified moving forward
- The Plan will be entered twice as well in columns G and H
  - In column G you are to enter the plan name currently being used
  - In Column H, you are to enter the plan name as it will be identified moving forward



	Α	В	С	D	Е	F	G	Н		
1	Year	Primary NAIC Code	Secondary NAIC Code I Prior Year Code (if Applicable)	Qty of Plans	Type1 (Currently used name)	Туре	Company Plan Name (Currently Used)	'STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN' Equivalent		
2	2018	99999		8	Individual	Individual	Plan A	Plan A	T	1
3	Data Year				Plan Type			Plan A Plan B	^	
4	Data Year				Plan Type		SMSBD	Plan C Plan D		
5	Data Year				Plan Type		SMSBP	Plan E Plan F		
6	Data Year				Plan Type		SMSBP	Plan G	V	
7	Data Year				Plan Type		SMSBP	Plan H		

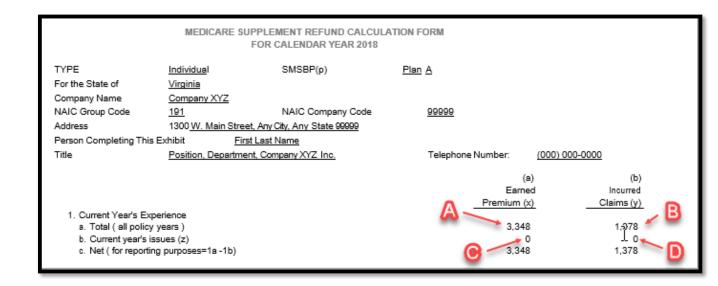
### Filing Data Continued

- If you are unable to find the plan listed in the drop down in column E, enter the data starting on row 100.
- Column E will not be a dropdown and you may enter your unique type.
- The remaining columns are the exact same and should be filled out the same way.

	Α	В	С	D	E	F	G	Н	l l	J	K	L	M	N	0	Р	Q	R	S	Т	U	V	W	Х
1	Year	Primary NAIC Code	Secondary NAIC Code / Prior Year Code (if Applicable)	Qty of Plans	Type1 (Currently used name)	Туре	Company Plan Name (Currently Used)	'STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN' Equivalent	[1a. (col a)] Total (all policy Years) Earned Premium (x)	[1a. (col b)] Total (all policy Years) Incurred Claims (y)	[1b. ( col a)] Current Year's Issues Earned Premium (x)		Vears Experience	[2. (col b)] Past Years Experience Incurred Claims		[5.] Previous Refunds Since Inception (Excl Interest)	[6.] Refunds Since Inception (Excl Interest)		[8.] Experience d Ratio Since Inception	[9.] Life Years Exposed	[10.] Tolerance Permitted (decimal)	[11.] Adjustment to Incurred Claims for Credibility	[12.] Adjusted Incurred Claims for Credibility	[13.] Refund
89	Data Year	г			Plan Type		SMSBP																	
90	Data Year	г			Plan Type		SMSBP																	
91	Data Year	г			Plan Type		SMSBP																	
92	Data Year	г			Plan Type		SMSBP																	
93	Data Year	г			Plan Type		SMSBP																	
94	Data Year	г			Plan Type		SMSBP																	
95	Data Year	r			Plan Type		SMSBP																	
96	Data Year	r			Plan Type		SMSBP																	
97	Data Year	г			Plan Type		SMSBP																	
98	Data Year	г			Plan Type		SMSBP																	
99										F	or Plans not	found in '1	ype' or 'Plar	Name' Drop	-down men	u(s)								
100	Data Year				Plan Type		SMSBP																	
101	Data Year				Plan Type		SMSBP																	
102	Data Year				Plan Type		SMSBP																	
103	Data Year				Plan Type		SMSBP																	
104	Data Year				Plan Type		SMSBP																	
105	Data Year				Plan Type		SMSBP																	

## Number 1 on Form

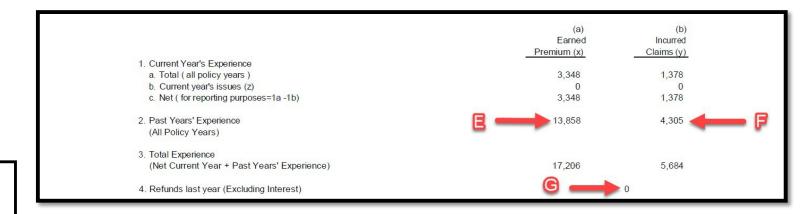
- Match the letter in Appendix A with the letter in the Template.
- Enter the corresponding figure in the row designated for the plan, company, and year you are entering.
- Here 3348 represents the total earned premium for Company XYZ's Plan A. You are to enter 3348 in column I of the spreadsheet. Use the red letters as a guide.



A	Α	В	С	D	E	F	G	Н	1	J	K	L
1	Year	Primary NAIC Code	Secondary NAIC Code I Prior Year Code (if Applicable)	Qty of Plans	Type1 (Currently used name)	Туре	Company Plan Name (Current Used)	'STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN' Equivalent	[1a. (col a)] Total (all policy Years) Earned Premium (x)			[1b. (col b)] Current Year's Issues Incurred Claims(y)
2	2018	99999		8	Individual	Individual	Plan A	Plan A	3,348	1,378	0	0
3	Data Year				Plan Type		SMSBP					
4	Data Year				Plan Type		SMSBP		Λ			
5	Data Year				Plan Type		SMSBP		~	В	9	
6	Data Year				Plan Type		SMSBP					
7	Data Year				Plan Type		SMSBP					
8	Data Year				Plan Type		SMSBP					
114	(c) (c) (c) (c)											

## Numbers 2 and 4

- Continue entering the data working down Appendix A and across the Template.
- Number 3 will not be entered into the Template.
- The column headers match the numbering found on Appendix A.



<b>M</b>	А	В	С	D	E	F	G	Н	M	N	0
1	Year	Primary NAIC Code	Secondary NAIC Code I Prior Year Code (if Applicable)	Qty of Plans	Type1 (Currently used name)	Туре	Company Plan Name (Currently Used)	'STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN' Equivalent	[2. (col a)] Past Years Experience Earned Premium	Years Experience	[4.] Refunds Last Year (Excl Interest)
2	2018	99999		8	Individual	Individual	Plan A	Plan A	13,858	4,305	0
3	Data Year				Plan Type		SMSBP				
4	Data Year				Plan Type		SMSBP		e		
5	Data Year				Plan Type		SMSBP		8	حی	G
6	Data Year				Plan Type		SMSBP				
7	Data Year				Plan Type		SMSBP				

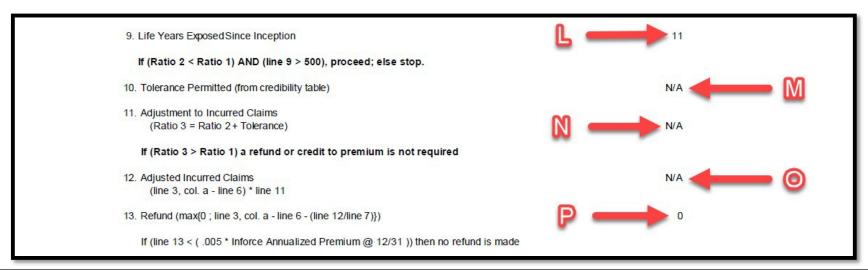
# Numbers 5, 6, 7, and 8



1	A	В	С	D	E	F	G	Н	P	Q	R	S
1	Year	Primary NAIC Code	Secondary NAIC Code I Prior Year Code (if Applicable)	Qty of Plans	Type1 (Currently used name)	Туре	Company Plan Name (Currently Used)	'STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN' Equivalent	[5.] Previous Refunds Since Inception (Excl Interest)	[6.] Refunds Since Inception (Excl Interest)	[7.] Benchmark Ratio Since Inception (from page 2 Ratio 1 entered as decimal)	Experience d Ratio Since
2	2018	99999		8	Individual	Individual	Plan A	Plan A	0	0	0.554	0.330
3	Data Year				Plan Type		SMSBP					
4	Data Year				Plan Type		SMSBP		M	n	n	02
5	Data Year				Plan Type		SMSBP		UU	U	9	UZ.
6	Data Year				Plan Type		SMSBP					5
7	Data Year				Plan Type		SMSBP					

- Enter all percentages as a decimal. (100% = 1.0) Inthis example 55.41% should be entered as 0.5541.
  - The Template will round to 3 digits but you should still enter 4

# Numbers 9, 10, 11, 12, and 13



1	Α	В	С	D	E	F	G	Н	T	U	V	W	Х
1	Year	Primary NAIC Code	Secondary NAIC Code I Prior Year Code (if Applicable)	Qty of Plans	Type1 (Currently used name)	Туре	Company Plan Name (Currently Used)	'STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN' Equivalent	[9.] Life Years Exposed	[10.] Tolerance Permitted (decimal)	Claims for	[12.] Adjusted Incurred Claims for Credibility	[13.] Refund
2	2018	99999		8	Individual	Individual	Plan A	Plan A	11	0.000	0.000	0	0
3	Data Year				Plan Type		SMSBP	18					
4	Data Year				Plan Type		SMSBP		n	M	M	0	
5	Data Year				Plan Type		SMSBP		5	UVI	מט	9	U
6	Data Year				Plan Type		SMSBP						
7	Data Year				Plan Type		SMSBP						

N/A or Not Applicable should not be entered in the template; only 0 (zero) should be entered or the item left blank.

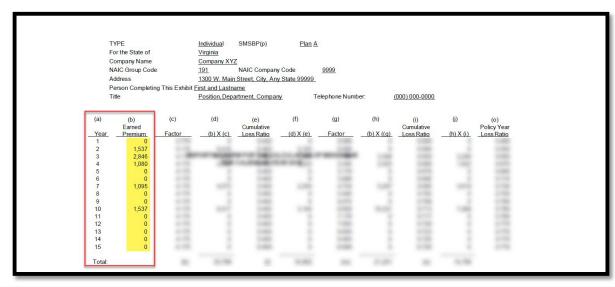
## De Minimis Amount

TYPE Individual SMSBP(p) For the State of Virginia Company Name Company XYZ NAIC Group Code 191 NAIC Compan Address 1300 W. Main Street, Any City, Any State 9 Person Completing This Exhibit First Last Name Position, Department, Company XYZ Inc.  1. Current Year's Experience a. Total (all policy years )	Telephone Number: (000) 000-0000
NAIC Group Code  191  NAIC Compan Address  1300W. Main Street, Any Cky, Any State 9 Person Completing This Exhibit First Last Name Title  1. Current Year's Experience a. Total (all policy years )	Telephone Number: (000) 000-0000
Person Completing This Exhibit First Last Name Title Position, Department, Company XYZ Inc.  1. Current Year's Experience a. Total (all policy years )	Telephone Number: (000) 000-0000
Title Position, Department, Company XYZ. Inc.  1. Current Year's Experience a. Total (all policy years )	· · · · · · · · · · · · · · · · · · ·
Current Year's Experience     a. Total (all policy years )	· · · · · · · · · · · · · · · · · · ·
a. Total ( all policy years )	(-1
a. Total ( all policy years )	(a) Earned Incum Premium (x) Claims
	3.348 1.37
b. Current year's issues (z)	0,040
c. Net (for reporting purposes=1a -1b)	3,348 1,37
2 Pert Versi Francisco	13.858 4.30
Past Years' Experience     (All Policy Years)	13,898 4,30
Total Experience     (Net Current Year + Past Years' Experience)	17,208 5,68
Refunds last year (Excluding Interest)	0
5. Previous Since Inception (Excluding Interest)	0
6. Refunds Since Inception (Excluding Interest)	0
Benchmark Ratio Since Inception     (see worksheet for Ratio 1)	55.41%
8. Experienced Ratio Since Inception (Ratio 2) (line 3, col. b)/(line 3, col. a - line 6)	33.03%
9. Life Years ExposedSince Inception	11
If (Ratio 2 < Ratio 1) AND (line 9 > 500), proceed; else stop	a.
10. Tolerance Permitted (from credibility table)	NA
11. Adjustment to Incurred Claims (Ratio 3 = Ratio 2+ Tolerance)	NA
If (Ratio 3 > Ratio 1) a refund or credit to premium is not r	required
12. Adjusted Incurred Claims	NA
(line 3, col. a - line 6) * line 11	
13. Refund (max(0 ; line 3, $\infty$ l. a - line 6 - (line 12/line 7)))	0
If (line 13 < ( .005 * Inforce Annualized Premium @ 12/31 )) #	hen no refund is made
	ertify that the above information and calculations are true id accurate to the best of my knowledge and belief.
Since Inception Tolerance	to the beat of my mornings and benefit.
10,000+ 0.0%	han felling
5,000 - 9,999 5.0%	
	gnature
1,000 - 2,499 10.0% Na 500 - 999 15.0% Titl	ame Aaron Iddings de Associate Director FSA, MAAA

- If your filing has a de minimis amount listed enter it in column Y
- If no de minimis amount is given leave column Y blank
- De minimis may be seen spelled as "de minimis", "de minimus", or "deminimus"

	Α	В	С	D	E	F	G	Н	Υ
1	Year	Primary NAIC Code	Secondary NAIC Code / Prior Year Code (if Applicable)	Qty of Plans	Type1 (Currently used name)	Туре	Company Plan Name (Currently Used)	'STANDARDIZED  MEDICARE SUPPLEMENT BENEFIT PLAN' Equivalent	De minimis amount
2	2018	99999		8	Individual	Individual	Plan A	Plan A	
3	Data Year				Plan Type		SMSBP		
4	Data Year				Plan Type		SMSBP		
5	Data Year				Plan Type		SMSBP		
6	Data Year				Plan Type		SMSBP		
7	Data Year				Plan Type		SMSBP		

## Previous 15 Years



	A	В	С	D	E	F	G	Н	AB	AC	AD	AE	AF	AG	AH	Al	AJ	AK	AL	AM	AN	AO	AP
1	Year	Primary NAIC Code	Secondary NAIC Code / Prior Year Code (if Applicable	Qty of Plans	Type1 (Currently used name)	Туре	Company Plan Name (Currently Used)	'STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN' Equivalent	Earned Preminum Year 1	Earned - Preminum Year 2	Earned - Preminum Year 3	Earned - Preminum Year -	Earned - Preminum Year - 5	Earned Preminum Year - 6	Earned Preminum Year - 7	Earned Preminum Year - 8	Earned Preminum Year 9	Earned Preminum Year 10	Earned Preminum Year 11	Earned Preminum Year 12	Earned - Preminum Year 13	Earned - Preminum Year 14	"Roll-up" of years not listed
2	2018	99999		8	Individual	Individual	Plan A	Plan A	0	1,537	2,846	1,080	0	0	1,095	0	0	1,537	0	0	0	0	0
3	Data Year				Plan Type		SMSBP																
4	Data Year				Plan Type		SMSBP																
5	Data Year				Plan Type		SMSBP																
6	Data Year				Plan Type		SMSBP																
7	Data Year				Plan Type		SMSBP																

- You are to continue filling out the Template, entering the previous 15
  years of earned premiums in columns AB through AP.
- Column AP includes earned premium for all years prior to as well as the 15<sup>th</sup> year prior to the current year.
- Match the year in Appendix A with the year in the column header.

## End of Data Entry

- Once you have entered in all of the requested data you are finished.
- Submit the Template and Appendix A via SERFF.