



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

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GARY D. ANDERSON
COMMISSIONER OF INSURANCE

**Humana Benefit Plan of Illinois, Inc. Initial Rate Filing for
Medicare Supplement Insurance Core Plan
Docket No. R2023-01**

DECISION

The Humana Benefit Plan of Illinois, Inc. (“Humana”) submitted a filing to the Commissioner of Insurance (“Commissioner”) seeking approval of a new Medicare Supplement Insurance Core Plan to be sold in Massachusetts. Pursuant to M.G.L. c. 176K, §§7 and 8 and 211 CMR 71.00 and 121.00, the Commissioner must review and approve Humana’s filing and proposed rates before the product can be offered in the Commonwealth. The Health Care Access Bureau (“HCAB”) within the Division of Insurance (“Division”), established pursuant to M.G.L. c. 26, §7A, conducts reviews of rate filings to determine that they satisfy the applicable statutory filing requirements and standards for approval. Because Humana’s filing proposed initial rates for a new product, as part of its review the Division, as required by statute, also conducted a public hearing. The Commissioner designated Jean F. Farrington, Esq. and Matthew Taylor, Esq. as the presiding officers in this matter.

A hearing notice was timely issued scheduling a public hearing at 11:00 a.m. on March 8, 2023. The notice also scheduled a prehearing and technical conference for the parties and any intervenors to be held immediately following the public comment hearing. The proceedings were conducted virtually using TEAMS, a digital meeting program. Matthew Mancini, Esq. represented the Division; Michelle Zabel participated on behalf of Humana.

No person petitioned to intervene in this proceeding, registered to make a statement at the public hearing or submitted written comment. The public comment segment of the hearing was therefore closed. At the Division's request and with Humana's agreement, the prehearing and technical conferences were waived. The parties stated that they were prepared to proceed with the substance of the hearing. Three documents were marked and included in the record in this matter: Humana's filing, the hearing notice and the evidence of compliance with the statutory requirement for publication.

Humana proffered no witnesses. The Division presented one witness, Kevin Beagan, Deputy Commissioner for the HCAB. Mr. Beagan testified that HCAB staff initially reviewed Humana's filing to determine compliance with the statutory and regulatory requirements applicable to Medicare supplement insurance and that he then reviewed that analysis. Based on that review, the HCAB concluded that Humana's filing complies with the standards set forth in M.G.L. c. 176K and the requirements set out in 211 CMR 71.00 and recommends that it be approved.

CONCLUSION

We have reviewed the documentary record and the testimony presented at the hearing. On that basis, we find that the filing complies with the applicable statutory and regulatory requirements and conclude that the proposed rate will not be excessive, inadequate, or unfairly discriminatory or unreasonable in relation to the benefits provided and meets the standards set forth in M.G.L. c. 176K, §§ 7(d) and 7(g). For those reasons we approve Humana's initial filing for its Medicare Supplement Insurance Core Plan.

Dated: March 17, 2023


Matthew Taylor

Matthew A. Taylor
Presiding Officer

Jean Farrington

Jean F. Farrington
Presiding Officer

Affirmed: March 15, 2023



Gary D. Anderson
Commissioner of Insurance