Filing at a Glance

Company:	The Prudential Insurance Company of America
Product Name:	Individual Long Term Care Insurance
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Form/Rate
Date Submitted:	06/08/2016
SERFF Tr Num:	PRUD-130596304
SERFF Status:	Closed-Approved and Filed
State Tr Num:	PRUD-130596304
State Status:	Approved & Filed
Co Tr Num:	IIGHILTC2RERATE-RP-VA
Implementation Date Requested:	12/01/2017
Author(s):	Laura Hughes, Raenonna Prince, Karen Keller
Reviewer(s):	Bobby Toone (primary), Elsie Andy
Disposition Date:	02/10/2020
Disposition Status:	Approved and Filed
Implementation Date:	

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

General Information

Project Name: ILTC-2 Re-Rate
Project Number: 5I-2015
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

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

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

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

Company and Contact

Filing Contact Information

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

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

Filing Company Information

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

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

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

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Correspondence Summary

Dispositions

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

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Disapproved	Elsie Andy	02/05/2020	02/05/2020
Info has been requested from company	Elsie Andy	02/04/2020	02/04/2020
Info has been requested from company	Bobby Toone	11/20/2019	11/20/2019
Info has been requested from company	Bobby Toone	10/24/2019	10/24/2019
Info has been requested from company	Bobby Toone	10/15/2019	10/15/2019
Info has been requested from company	Bobby Toone	09/05/2019	09/05/2019
Info has been requested from company	Bobby Toone	07/08/2019	07/08/2019
Info has been requested from company	Bobby Toone	07/03/2019	07/03/2019
Info has been requested from company	Bobby Toone	05/21/2019	05/21/2019
Info has been requested from company	Elsie Andy	03/04/2019	03/04/2019

Response Letters

Responded By	Created On	Date Submitted
Raenonna Prince	02/06/2020	02/06/2020
Raenonna Prince	02/06/2020	02/06/2020
Raenonna Prince	11/26/2019	11/26/2019
Raenonna Prince	10/25/2019	10/25/2019
Raenonna Prince	10/31/2019	10/31/2019
Raenonna Prince	09/27/2019	09/27/2019
Raenonna Prince	08/22/2019	08/22/2019
Raenonna Prince	07/17/2019	07/17/2019
Raenonna Prince	06/20/2019	06/20/2019
Raenonna Prince	03/18/2019	03/18/2019

State: *Virginia*
Filing Company: *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bobby Toone	02/25/2019	02/25/2019
Info has been requested from company	Bobby Toone	02/04/2019	02/04/2019
Info has been requested from company	Greg Smith	10/30/2018	10/30/2018
Info has been requested from company	Janet Houser	12/28/2017	12/28/2017
Info has been requested from company	Janet Houser	09/01/2017	09/01/2017
Info has been requested from company	Janet Houser	08/22/2017	08/22/2017
Info has been requested from company	Janet Houser	07/07/2017	07/07/2017
Disapproved	Elsie Andy	06/29/2017	06/29/2017
Info has been requested from company	Janet Houser	06/15/2017	06/15/2017
Info has been requested from company	Janet Houser	03/31/2017	03/31/2017
Info has been requested from company	Janet Houser	03/01/2017	03/01/2017
Info has been requested from company	Janet Houser	01/04/2017	01/04/2017
Info has been requested from company	Janet Houser	12/21/2016	12/21/2016

Response Letters

Responded By	Created On	Date Submitted
Raenonna Prince	05/10/2019	05/10/2019
Raenonna Prince	03/21/2019	03/21/2019
Raenonna Prince	01/18/2019	01/18/2019
Raenonna Prince	01/21/2018	01/22/2018
Raenonna Prince	10/16/2017	10/16/2017
Raenonna Prince	10/14/2017	10/14/2017
Raenonna Prince	10/14/2017	10/14/2017
Raenonna Prince	08/18/2017	08/18/2017
Raenonna Prince	08/02/2017	08/02/2017
Raenonna Prince	05/31/2017	05/31/2017
Raenonna Prince	04/24/2017	04/24/2017
Raenonna Prince	02/25/2017	02/25/2017
Raenonna Prince	02/03/2017	02/03/2017

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Disapproved	Janet Houser	06/14/2016	06/14/2016

Response Letters

Responded By	Created On	Date Submitted
Raenonna Prince	12/05/2016	12/05/2016

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Manual of Variable Language (ILTC-2)	Raenonna Prince	06/01/2017	06/01/2017
Supporting Document	ILTC-2 Schedule of Benefits	Raenonna Prince	02/26/2017	02/26/2017
Supporting Document	VA State Rate Basis Template & Appendices	Raenonna Prince	02/03/2017	02/03/2017
Supporting Document	Long Term Care Insurance Rate Request Summary	Raenonna Prince	06/08/2016	06/08/2016

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Extension Request	Note To Filer	Bobby Toone	07/18/2019	07/18/2019
Re: Request for Extension	Note To Reviewer	Raenonna Prince	07/18/2019	07/18/2019
Request for Extension	Note To Filer	Bobby Toone	04/01/2019	04/01/2019
Re: Request for Extension	Note To Reviewer	Raenonna Prince	04/01/2019	04/01/2019
Extension Request	Note To Filer	Bobby Toone	02/25/2019	02/25/2019
Re: Request for Extension	Note To Reviewer	Raenonna Prince	02/22/2019	02/22/2019
Re: Response to Question	Note To Reviewer	Raenonna Prince	12/08/2016	12/08/2016
Market Type Question	Note To Filer	Janet Houser	12/06/2016	12/06/2016
RRS	Reviewer Note	Bobby Toone	10/15/2018	

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Disposition

Disposition Date: 02/10/2020
Implementation Date:
Status: Approved and Filed

Comment: In approving this filing, the Company is reminded that pursuant to 14VAC5-200-153 D, it is required to provide updated experience for the next three years comparing the actual results to the results that the Company projected in justifying the rate increase. We would expect this filing to be made no later than 03/21/2021 and to include updated data through the most recent year end.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
The Prudential Insurance Company of America	54.700%	54.700%	$190,925	126	$349,040	68.400%	45.000%

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 (revised)	L&H Readability - Health	Received & Acknowledged	Yes
Supporting Document (revised)	Appendix C - Description of Experience Analysis and Assumption Setting	Received & Acknowledged	Yes
Supporting Document (revised)	Appendix C - Exhibit 1 - Mortality Details - ILTC-2	Received & Acknowledged	Yes
Supporting Document (revised)	Appendix C - Exhibit 2 - Lapse Analysis Details - ILTC-2	Received & Acknowledged	Yes
Supporting Document (revised)	Appendix C - Exhibit 3 - Morbidity Details - ILTC-2	Received & Acknowledged	Yes
Supporting Document	Appendix D - Persistency - ILTC-2	Received & Acknowledged	Yes
Supporting Document	Appendix E - DOB - ILTC-2	Received & Acknowledged	Yes
Supporting Document	Rate Increase History	Received & Acknowledged	Yes
Supporting Document (revised)	Policyholder Notification Letter Package - GRP 115277	Received & Acknowledged	Yes
Supporting Document	Filing Cover Letter	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 12-2-2016	Received & Acknowledged	Yes
Supporting Document	Objection 3.2 - ILTC-2	Received & Acknowledged	Yes

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Objection 3.4 - AE LR	Received & Acknowledged	Yes
Supporting Document (revised)	Frequently Asked Questions Enclosure Document (ILTC-2) - GRP 115281	Received & Acknowledged	Yes
Supporting Document (revised)	Manual of Variable Language (ILTC-2)	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 2-2-2017	Received & Acknowledged	Yes
Supporting Document	Current Rates	Received & Acknowledged	Yes
Supporting Document	Shock Lapse Assumption Support	Received & Acknowledged	Yes
Supporting Document (revised)	VA State Rate Basis Template & Appendices	Received & Acknowledged	Yes
Supporting Document (revised)	ILTC-2 Schedule of Benefits	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 4-21-2017	Received & Acknowledged	Yes
Supporting Document	Assumption Comparison ILTC-2	Received & Acknowledged	Yes
Supporting Document	Attachment 1.1 - Rate Increase History	Received & Acknowledged	Yes
Supporting Document	Letter of Response (Addressing 6/15/2017 Objection Issues)	Received & Acknowledged	Yes
Supporting Document	Copy of VA ILTC-2 Policy - GRP 112563	Received & Acknowledged	Yes
Supporting Document	Cash Benefit Rider (Redline Language Cash Indemnity Rider Replaces)	Received & Acknowledged	Yes
Supporting Document	Policy Redline Language (Cash Benefit Rider Replaces)	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 10-13-2017	Received & Acknowledged	Yes
Supporting Document (revised)	VA - Change Request Form	Received & Acknowledged	Yes
Supporting Document (revised)	Policyholder Notification Letter - John Doe version	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 5-10-2019	Received & Acknowledged	Yes
Supporting Document	VA - All ILTC-2 Rate Increase	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 6-20-2019	Received & Acknowledged	Yes
Supporting Document	VA - All ILTC-2 Rate Increase by Benefit Options	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 8-19-2019	Received & Acknowledged	Yes
Supporting Document	ILTC-2 Prior Rate Appendix (July 2012)	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 9-27-2019	Received & Acknowledged	Yes
Supporting Document	VA - ILTC-2 2019.09.05 Objection Attachments	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 10-31-2019	Received & Acknowledged	Yes
Supporting Document	VA ILTC2 2019.10.15 Objection Attachments	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 11-26-2019	Received & Acknowledged	Yes

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Schedule	Schedule Item	Schedule Item Status	Public Access
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	L&H Readability - Health	Withdrawn	No
Supporting Document	Appendix C - Description of Experience Analysis and Assumption Setting	Withdrawn	No
Supporting Document	Appendix C - Exhibit 1 - Mortality Details - ILTC-2	Withdrawn	No
Supporting Document	Appendix C - Exhibit 2 - Lapse Analysis Details - ILTC-2	Withdrawn	No
Supporting Document	Appendix C - Exhibit 3 - Morbidity Details - ILTC-2	Withdrawn	No
Supporting Document	Policyholder Notification Letter	Withdrawn	No
Supporting Document	Policyholder Notification Letter	Withdrawn	No
Supporting Document	Policyholder Notification Letter	Withdrawn	No
Supporting Document	Policyholder Notification Letter	Withdrawn	No
Supporting Document	Frequently Asked Questions Enclosure Document (ILTC-2)	Withdrawn	No
Supporting Document	Frequently Asked Questions Enclosure Document (ILTC-2)	Withdrawn	No
Supporting Document	Frequently Asked Questions Enclosure Document (ILTC-2)	Withdrawn	No
Supporting Document	Frequently Asked Questions Enclosure Document (ILTC-2)	Withdrawn	No
Supporting Document	Manual of Variable Language (ILTC-2)	Withdrawn	No
Supporting Document	Manual of Variable Language (ILTC-2)	Withdrawn	No
Supporting Document	Manual of Variable Language (ILTC-2)	Withdrawn	No
Supporting Document	Manual of Variable Language (ILTC-2)	Withdrawn	No
Supporting Document	Manual of Variable Language (ILTC-2)	Withdrawn	No
Supporting Document	Manual of Variable Language (ILTC-2)	Withdrawn	No
Supporting Document	Manual of Variable Language (ILTC-2)	Withdrawn	No
Supporting Document	Manual of Variable Language (ILTC-2)	Withdrawn	No
Supporting Document	Manual of Variable Language (ILTC-2)	Withdrawn	No

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	VA state Rate Basis Template & Appendices	Withdrawn	No
Supporting Document	ILTC-2 Schedule of Benefits	Withdrawn	No
Supporting Document	ILTC-2 Schedule of Benefits	Withdrawn	No
Supporting Document	ILTC-2 Schedule of Benefits	Withdrawn	No
Supporting Document	VA - Change Request Form	Withdrawn	No
Supporting Document	VA - Change Request Form	Withdrawn	No
Supporting Document	Policyholder Notification Letter - John Doe version	Withdrawn	No
Form (revised)	Cash Indemnity Rider	Approved	Yes
Form (revised)	VA LTC Rate Incrrease Letter	Withdrawn	No
Form (revised)	VA Change Request Form (ILTC-2)	Withdrawn	No
Form (revised)	Frequesntly Asked Questions	Withdrawn	No
Form	Schedule of Benefits	Filed	Yes
Form	Cash Indemnity Rider	Withdrawn	No
Form	Cash Indemnity Rider	Withdrawn	No
Form	VA LTC Rate Incrrease Letter	Withdrawn	No
Form	VA LTC Rate Incrrease Letter	Withdrawn	No
Form	VA LTC Rate Incrrease Letter	Withdrawn	No
Form	VA LTC Rate Incrrease Letter	Withdrawn	No
Form	VA LTC Rate Incrrease Letter	Withdrawn	No
Form	VA LTC Rate Incrrease Letter	Withdrawn	No
Form	VA Change Request Form (ILTC-2)	Withdrawn	No
Form	VA Change Request Form (ILTC-2)	Withdrawn	No
Form	VA Change Request Form (ILTC-2)	Withdrawn	No
Form	VA Change Request Form (ILTC-2)	Withdrawn	No
Form	Frequesntly Asked Questions	Withdrawn	No
Form	Frequesntly Asked Questions	Withdrawn	No
Rate (revised)	Appendix F - Rate Pages (ILTC-2) GRP 112204 Cash Benefit Rider	Approved	Yes
Rate (revised)	Appendix F - Rate Pages (ILTC-2) GRP 112563 Base Rates	Approved	Yes
Rate (revised)	Appendix F - Rate Pages (ILTC-2) GRP 114974 Cash Indemnity Benefit Rider	Approved	Yes

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate (revised)	Appendix F - Rate Pages (ILTC-2) GRP 112205 - Periodic Inflation	Approved	Yes
Rate (revised)	Appendix F - Rate Pages (ILTC-2) Automatic Simple Inflation	Approved	Yes
Rate (revised)	Appendix F - Rate Pages (ILTC-2) Automatic Compound Inflation - No Max	Approved	Yes
Rate (revised)	Appendix F - Rate Pages (ILTC-2) GRP 112208 - Automatic Compound Inflation - 2X Max	Approved	Yes
Rate (revised)	Appendix F - Rate Pages (ILTC-2) - GRP 112209 - Calendar Day Elimination Period	Approved	Yes
Rate (revised)	Appendix F - Rate Pages (ILTC-2) GRP 112210 - Restoration of Benefits	Approved	Yes
Rate (revised)	Appendix F - Rate Pages (ILTC-2) GRP 112593 - Joint Waiver of Premium Benefit	Approved	Yes
Rate (revised)	Appendix F - Rate Pages (ILTC-2) GRP 112594 - Survivor Waiver of Premiums Benefit	Approved	Yes
Rate (revised)	Appendix F - Rate Pages (ILTC-2) GRP 112886 - Non-Forfeiture Benefit	Approved	Yes
Rate	Appendix F - Rate Pages (ILTC-2) GRP 112204 Cash Benefit Rider	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-2) GRP 112563 Base Rates	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-2) GRP 114974 Cash Indemnity Benefit Rider	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-2) GRP 114974 Cash Indemnity Benefit Rider	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-2) GRP 112205 - Periodic Inflation	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-2) Automatic Simple Inflation	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-2) Automatic Compound Inflation - No Max	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-2) GRP 112208 - Automatic Compound Inflation - 2X Max	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-2) - GRP 112209 - Calendar Day Elimination Period	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-2) GRP 112210 - Restoration of Benefits	Withdrawn	No

State: *Virginia*
Filing Company: *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	Appendix F - Rate Pages (ILTC-2) GRP 112593 - Joint Waiver of Premium Benefit	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-2) GRP 112594 - Survivor Waiver of Premiums Benefit	Withdrawn	No
Rate	Appendix F - Rate Pages (ILTC-2) GRP 112886 - Non-Forfeiture Benefit	Withdrawn	No

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	02/05/2020
Submitted Date	02/05/2020
Respond By Date	03/06/2020

Dear Keith Burns,

Introduction:

The Prudential Insurance Company of America
SERFF Tracking No: PRUD-130596304
Form No: GRP 115283

In reviewing a related filing, we found a concern regarding form GRP 115283 that was not addressed in our letter sent yesterday.

Objection 1

- Cash Indemnity Rider, GRP 115283 (Form)
Comments: For consistency with policy language, the reference to the Definitions section should be to the Glossary section.

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

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

Sincerely,
Elsie Andy

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/04/2020
Submitted Date	02/04/2020
Respond By Date	03/05/2020

Dear Keith Burns,

Introduction:

The Prudential Insurance Company of America
SERFF Tracking No: PRUD-130596304
Form Numbers: GRP 115283 and GRP 112563REV

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

Objection 1

- Manual of Variable Language (ILTC-2) (Supporting Document)

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

Objection 2

- Cash Indemnity Rider, GRP 115283 (Form)

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

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

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

Sincerely,
Elsie Andy

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

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

Dear Keith Burns,

Introduction:

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

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

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

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

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

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

Dear Keith Burns,

Introduction:

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

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

Objection 1

Comments: Please withdraw GRP 115277 - VA LTC Policyholder Notification Letter (ILTC2) File Copy - 1-2019.pdf from the filing, since the Policyholder Notification Letter from filing PRUD-130596305 is intended to be used as a template the current and future individual LTC filings.

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

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

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

Dear Keith Burns,

Introduction:

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

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

Objection 1

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

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

a. Please explain why the future cash flows under the original pricing do not appear to align with the projected experience for 2019 and beyond for the experience projections provided in response to objection 3 from the objection responses dated August 22, 2019. While we would expect there to be differences with how the experience has evolved, the future cash flows under the original pricing show the block of business is projected to contract more quickly than the July 2012 projection. If necessary, please revise the demonstration of the prospective present value calculation so that the projected experience is based on all July 2012 assumptions.

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

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

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

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

Dear Keith Burns,

Introduction:

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

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

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

- Letter of Response - 6-20-2019 (Supporting Document)

Comments: 1. Please revise Appendix C to only include the experience of the policy forms associated with this filing so we may evaluate the appropriateness of the assumptions relative to the experience associated with this filing.

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

3. Please provide the maximum justifiable rate increase for each policyholder cohort for which the proposed rate increase varies (e.g., policies with a limited benefit period and reimbursement benefits) under the prospective present value method. Please ensure waiver of premium benefits, inclusion of margin for adverse deviation, etc., are presented in a manner that is consistent with how they were presented in Appendix B from the objection responses dated June 20, 2019. Additionally, please provide sufficient quantitative support so that we are able to assess the reasonableness of the calculation.

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

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

Dear Keith Burns,

Introduction:

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

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

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

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

2. The projected incurred claims underlying the experience projections submitted with the objection responses dated May 10, 2019 are significantly higher relative to the experience projections submitted with the objection responses dated February 2, 2017. For example, for calendar year 2030, the May 10, 2019 exhibit shows projected incurred claims of approximately $72.7 million without the rate increase, whereas the February 2, 2017 exhibit shows projected incurred claims of approximately $90.1 million. This difference produces significantly higher loss ratios by calendar year than previously projected. Please confirm that the assumptions used to project the future experience are consistent with the assumptions described in the actuarial memorandum unless previously noted (i.e., incorporating benefit reductions into the projections). If not, please explain all assumptions that were revised and provide quantitative support for the assumptions that were revised. If the assumptions are consistent with those described in the actuarial memorandum, please explain why the projected incurred claims have increased significantly. If necessary, please revise the experience projections.

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

Conclusion:

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

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

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

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

Dear Keith Burns,

Introduction:

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

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

Objection 1

- Policyholder Notification Letter (Supporting Document)

- VA LTC Rate Incrrease Letter, GRP 115277 (Form)

Comments: Since the Policyholder Notification Letter from PRUD-130596305 is intended to be used as a template for current and future individual filings, please withdraw letter
GRP 115277 - VA LTC Policyholder Notification Letter (ILTC2) File Copy - 1-2019.pdf.

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

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

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

Dear Keith Burns,

Introduction:

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

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

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

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

2. Please demonstrate that 14VAC5-200-153C2 is satisfied independently for each policyholder cohort for which the proposed rate increase varies (e.g., limited benefit periods with reimbursement benefits).

3. The objection responses dated May 10, 2019, indicate future rate increases are anticipated. Please state the Companys intent with respect to future rate increases for this policy form, including the criteria that may be used to determine as to when another rate increase may be filed and the timing of the next rate increase.

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Bobby Toone

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-2 Re-Rate/5I-2015		

Objection Letter

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

Dear Keith Burns,

Introduction:

The Prudential Insurance Company of America
SERFF Tracking No: PRUD-130596304
Form Nos.: GRP 115283 and GRP 112563REV

We need some additional information in order to continue our review of forms GRP 115283 and GRP 112563REV.

Objection 1

- Cash Indemnity Rider, GRP 115283 (Form)

Comments: Please provide us with a copy of policy form GRP 112563 so that we can continue our review of form GRP 115283.

Objection 2

- Schedule of Benefits, GRP 112563REV (Form)

Comments: The Manual of Variable Language for Individual Long Term Care Insurance describes the variable fields for pages 1 and 2 of the Schedule of Policy Benefits; however; there are variable fields on page 3 that are not addressed. Please revise the statement of variability to describe the variable fields appearing on page 3 and explain how those variable fields might vary from the language presented.

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

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

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Sincerely,
Elsie Andy

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

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

Dear Keith Burns,

Introduction:

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

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. The proposed rate increase varies based on whether the policyholder has a limited benefit period or an unlimited benefit period and whether the policyholder has reimbursement benefits or a cash rider. Please demonstrate using the most recently available nationwide experience that for each of the four policyholder cohorts for which the proposed rate increase varies (e.g., limited benefit periods with reimbursement benefits), 14VAC5-200-153 is satisfied independently for each policyholder cohort. The demonstration of whether 14VAC5-200-153 has been satisfied should be consistent with the manner in which the experience was presented in the version of Appendix B and Appendix G associated with the objection responses dated February 2, 2017. Additionally, if more recent experience is used to demonstrate 14VAC5-200-153 is satisfied for each policyholder cohort, please revise Appendix B and Appendix G to reflect the same experience basis.

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

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

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/04/2019
Submitted Date	02/04/2019
Respond By Date	02/18/2019

Dear Keith Burns,

Introduction:

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

Objection 1

- Policyholder Notification Letter (Supporting Document)

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

Conclusion:

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

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

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

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

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

Dear Keith Burns,

Introduction:

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

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

Objection 1

- Policyholder Notification Letter (Supporting Document)

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

Conclusion:

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

Thank you for your courtesy and prompt response.

Greg Smith, Principal Insurance Market Examiner

Sincerely,
Greg Smith

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/28/2017
Submitted Date	12/28/2017
Respond By Date	

Dear Keith Burns,

Introduction:

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

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

Objection 1

- Manual of Variable Language (ILTC-2) (Supporting Document)

- VA LTC Rate Incrrease Letter, GRP 115277 (Form)

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

Also, the name of the company in the letterhead appears to be smaller font than used in the letter. For compliance with 14VAC5-100-50 2, the full and proper corporate name should appear "prominently" on the form. Please revise.

I apologize for not bringing these matters to your attention previously.

Objection 2

- Cash Indemnity Rider, GRP 114974 (Form)

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

Objection 3

- VA Change Request Form (ILTC-2), GRP 115277A (Form)

Comments: Please advise if form GRP 115277A is intended to become part of the entire contract.

Objection 4

- Manual of Variable Language (ILTC-2) (Supporting Document)

- VA LTC Rate Incrrease Letter, GRP 115277 (Form)

Comments: According to your response to our objection 3, item 2, the letter was revised to remove the word "Or" on page 2 under the section entitled "If Insured Under Cash Benefit Rider." The word still appears. Is it the Company's intent to provide both the option to drop the Cash Benefit Rider and the option to replace the rider with the Cash Indemnity Rider? If that is the case, the word "Or" should appear. If there is a possibility that only one of the two paragraphs could appear, it would seem the word "Or" should not appear and be variable. Please advise.

We are unclear as to your response to objection 6 in our 9/1/2017 objection letter regarding the paragraph that addresses if the insured is already at the lowest level of benefits. We understand there would be no options to reduce benefits further that would affect the rate increase; however, the insured could qualify for the contingent benefit upon lapse or exercise a non-forfeiture benefit,

correct?

And because that may be the case, the language in the CBUL paragraph should be rephrased. It begins with "As an alternative to the options described above....". If no options are described because the policy is at the minimum levels, that language would be confusing. Please address this in both the CBUL and NFO paragraphs.

Objection 5

- ILTC-2 Schedule of Benefits (Supporting Document)

Comments: Thank you for providing the revised Schedule of Benefits. Please move this form to the Form Schedule for review and approval.

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/01/2017
Submitted Date	09/01/2017
Respond By Date	

Dear Keith Burns,

Introduction:

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

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

1) In response to our concern that Virginia's cumulative increase would be significantly higher than the nationwide cumulative percentage, the Company responded that in this round of filing, the Company is striving to obtain equity among all states by reviewing the accumulated rate increase and requesting the remaining unapproved rate increases from prior request. Based on our analysis, the proposed cumulative Virginia rate increase in excess of the approved nationwide cumulative rate change would be approximately 35% higher on the limited reimbursement policies, 46% on the limited cash policies, 44% on the unlimited reimbursement policies and 55% on the unlimited cash polices. If all the proposed nationwide increases are approved, the percentage would drop to approximately 27% on the limited reimbursement plans, 37% on the limited cash plans, 34% on the unlimited reimbursement plans and 45% on the unlimited cash plans. Again, we ask the Company to address this inequity issue and advise why the Company is not revising the requested rate increases accordingly.

2) Pursuant to 14VAC5-200-153 B 3 b, please disclose how reserves have been incorporated in the this rate increase whenever the rate increase will trigger the contingent benefit upon lapse.

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/22/2017
Submitted Date	08/22/2017
Respond By Date	

Dear Keith Burns,

Introduction:

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

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions. I apologize if some of these objections overlap with objections sent on 7/07/2017.

Objection 1

- Copy of VA ILTC-2 Policy - GRP 112563 (Supporting Document)

- Appendix F - Rate Pages (ILTC-2) GRP 114974 Cash Indemnity Benefit Rider, [GRP 114974] (Rate)

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

Objection 2

- ILTC-2 Schedule of Benefits (Supporting Document)

Comments: Thank you for providing an updated Schedule of Policy Benefits and Manual of Variable Language. Because this form has been revised from the time it was originally approved, it is considered a new form. Please attach this form to the Form Schedule for review and approval. It must contain a form number in the lower left hand corner that is different from the originally approved form number.

In regards to the Manual of Variable Language, amend the explanation for the following:

1) Add Cash Indemnity Rider to Optional Benefits with explanation and to the optional riders listed under the Premium Information

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

Objection 3

- Copy of VA ILTC-2 Policy - GRP 112563 (Supporting Document)

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

Objection 4

- VA Change Request Form (ILTC-2), GRP 115277A (Form)

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

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

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

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

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

Joint Waiver rider: [Drop my Joint Waiver of Premium Rider]

Restoration Rider: [Drop my Restoration Benefits Rider]

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

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

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

Objection 5

- VA LTC Rate Incrrease Letter, GRP 115277 (Form)

Comments: Form GRP 115277 contains red text that appears to be explanatory language in relation to the variable text. While the marked up version of the form is helpful to our review, only the text subject to change should appear in brackets in the final version of the form attached to the Form Schedule. As required by 14 VAC 5-100-50 3, please attach the form in the format in which it is intended to be marketed to the Form Schedule, and attach the marked up form to the description of variability attached as supporting documentation.

Please do not refer to the red text in the Manual of Variable Language. the red text needs to be replaced and provide at least the beginning of the paragraph to which it applies. For example, depending upon policyholder's current policy design, the following language will or will not appear:

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

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

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

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

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

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

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

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

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

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

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

Joint Waiver of Premium: [You may drop your Joint .....]

Calendar Day Elimination Rider: [You may drop your Calendar...]

Survivor Waiver of Premium: [You may drop your Survivor....]

Restoration of Benefits: [You may drop your Restoration...]

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

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

Objection 6

- VA LTC Rate Incrrease Letter, GRP 115277 (Form)

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

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

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

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

Dear Keith Burns,

Introduction:

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

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

Objection 1

- Frequently Asked Questions Enclosure Document (ILTC-2) (Supporting Document)

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

Objection 2

- Manual of Variable Language (ILTC-2) (Supporting Document)

- VA Change Request Form (ILTC-2), GRP 115277A (Form)

Comments: Thank you for updating the Manual of Variable Language to refer to GRP 115277A. It does not appear, however, the manual contains explanations for all of the bracketed information in the form as noted below. Please update the manual accordingly for the following:

If insured under cash indemnity rider

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

Objection 3

- Manual of Variable Language (ILTC-2) (Supporting Document)

- VA LTC Rate Incrrease Letter, GRP 115277 (Form)

Comments: 1) The notification letter attached to the form schedule should be in its final version form. Please indicate in the Manual of Variable Language for form GRP 115277 all text appearing as titles of paragraphs which appear mostly in red in the final version of the policyholder letter will not appear in the letter when sent to the insured. Such language has been included to provide clarification for the reviewer. Please bracket the red language accordingly in the letter or , if the company so desires, remove all red text in the letter.

2) According to your response, the company amended item 4 by removing the term "OR" and adding a separate statement for the Cash Indemnity Benefit Rider. The letter continues to have the word "OR" between the [If Insured under cash benefit rider] and the second paragraph that states the insured may elect to replace your Cash Benefit Rider with the Cash Indemnity Rider. It would seem this word should be removed and the beginning of the paragraph bracketed. We could not find where the Manual of Variable Language was amended to include the paragraph [If insured under cash indemnity benefit rider]. Please add.

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

state approved increases over three years] which is bracketed within the Subsequent Increases paragraph.

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

5) Please replace the word "attached" with enclosed in regards to the reference to the Long-Term Care Insurance Change Request Form on page 4 (first paragraph).

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

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

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

Dear Keith Burns,

Introduction:

The Prudential Insurance Company of America
SERFF Tracking No: PRUD-130596304
Form Nos.: GRP 114974, et al.

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

Objection 1

- Cash Indemnity Rider, GRP 114974 (Form)

Comments: In order for us to continue our review of rider form GRP 114974 please provide us with a copy of the policy or policies to which it is intended to be attached.

Objection 2

- Cash Indemnity Rider, GRP 114974 (Form)

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

Objection 3

- VA LTC Rate Incrrease Letter, GRP 115277 (Form)

Comments: One of the policy change options listed is to reduce the lifetime maximum benefit by changing the number of years used to calculate the benefit. The Manual of Variable Language should describe how fields [X years] [unlimited] to [Y] years are subject to change.

Objection 4

- VA LTC Rate Incrrease Letter, GRP 115277 (Form)

- VA Change Request Form (ILTC-2), GRP 115277A (Form)

Comments: Forms GRP 115277 and GRP 115277A refer to contingent benefit upon lapse. Please advise where this benefit is described. Further, please provide us with a copy of the benefit.

Objection 5

- VA Change Request Form (ILTC-2), GRP 115277A (Form)

Comments: Form GRP 115277A contains red text that appears to be explanatory language in relation to the variable text. While the marked up version of the form is helpful to our review, only the text subject to change should appear in brackets in the final version of the form attached to the Form Schedule. As required by 14 VAC 5-100-50 3, please attach the form in the format in which it is intended to be marketed to the Form Schedule, and attach the marked up form to the description of variability attached as supporting documentation.

Conclusion:

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

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Thank you for your courtesy and consideration in this matter.

Sincerely,
Elsie Andy
Principal Insurance Market Examiner

Sincerely,
Elsie Andy

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

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

Dear Keith Burns,

Introduction:

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

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

1) Attachment 1.1 indicates the Company intended previously to request both a second and a third rate increase. Please advise why the company decided to not pursue the referenced additional requests. Now the Company is proposing its rate increase based on what is needed to certify to no future rate increases. Is the company aware that 14VAC5-200-153 B 5 allows companies to request a premium rate increase less than what is necessary to make such certification?

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

3) Based on your response, the Company would prefer a 3 year implementation period. If so, the Company will need to attach rate tables for each implementation period to the Rate/Rule Schedule. The Company, however, may wish to submit these closer to the time the filing is approvable.

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

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

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

Dear Keith Burns,

Introduction:

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

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

Objection 1

- VA LTC Rate Incrrease Letter, GRP 115277 (Form)

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

Objection 2

- VA Change Request Form (ILTC-2), GRP 115277A (Form)

Comments: The second sentence of the last paragraph on page two refers to "Prudential". The language in the form must be amended to explain that the corporate name may be referred to as Prudential. To do so, please add the word Prudential in parenthesis in the first instance the Company refers to its corporate name as "The Prudential insurance Company of America (Prudential)."

Objection 3

- VA LTC Rate Incrrease Letter, GRP 115277 (Form)

- VA Change Request Form (ILTC-2), GRP 115277A (Form)

Comments: There appears to be a discrepancy between the options described in the policyholder letter and the options included in the change form. Although the letter may not include a complete description of each option, if an option is referenced in the change form, the same option should be appropriately referenced in the letter and given directions to contact the company for further details.

Objection 4

- Manual of Variable Language (ILTC-2) (Supporting Document)

- ILTC-2 Schedule of Benefits (Supporting Document)

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

-Did the original form include a Change Effective Date field; and, if so, what was the explanation for that variance.

-The current explanation for Respite Care and Bed Reservation indicates bracketed information will reflect the selected Maximum

Daily Benefit Amount for the Calendar Year and Lifetime Benefit. There are no brackets present in those benefits on the form provided. Please clarify.
-Private Care Consultation indicate the bracketed information will reflect the selected Maximum Daily Benefit Amount; however, the form indicates an amount per Calendar Year.
-No explanation was provided for the Optional Benefit Riders and only the Inflation rider had any brackets. The other optional benefits were not bracketed. Please include all potential riders that may be available to the insured in brackets and provide appropriate explanations for such.
-Although certain information is self explanatory (such as name & address, policy number premium rate), all bracketed information should be included in the statement of variability.

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

Objection 5

- Manual of Variable Language (ILTC-2) (Supporting Document)
- VA LTC Rate Incrrease Letter, GRP 115277 (Form)
Comments: Please amend the Manual of Variable Language for form GRP 115277 to include that paragraph one will appear if this is a single rate increase or paragraph two if the increase in implemented in a series. Any bracketed percentages or dollar amounts will be specific to the individual policyholder.

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

Item 4 under the Manual of Variable Language for Form GRP 11527 refers to If insured under Cash Benefit Rider form or You May Elect to Replace your Cash Benefit Rider with the Cash Indemnity Rider. The explanation states this is dependent upon the policyholder benefit configuration and either paragraph may be presented or omitted. If that is the case, brackets should be at the beginning of each paragraph. It should seem too, the word OR should be bracketed if it is possible both paragraphs could be included in the same letter.

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

Objection 6

- VA LTC Rate Incrrease Letter, GRP 115277 (Form)
Comments: Although the Company indicated this change had been made, we are unable to find in the letter where the overall percentage increase if implemented over a series has been added as requested. Please advise.

Objection 7

- Frequently Asked Questions Enclosure Document (ILTC-2) (Supporting Document)
Comments: Please expand the response to the question "Will you raise premium on these policies again" to include the following statement:

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

experience."

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

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

Dear Keith Burns,

Introduction:

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

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

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

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

1) An Excel spreadsheet demonstrating the nationwide cumulative increase and the Virginia cumulative increase with updated status of rate increases nationwide. In reviewing the Rate History Chart, it appears as though the second rate increase was not approved in Virginia, and the Company is now filing for the second and third increases combined, with an adjustment to account for a delayed implementation of the second increase. In other words, the 45% and the 68.4% increase being requested on the cash and reimbursement policies may be equivalent of the originally requested rate increases at the time. Based on our records, the Company did not file for a second full increase and it is unclear why the company may be adjusting the increase for the delayed implementation. Please clarify.

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

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

4) According to the Actuarial Memorandum, the Company was willing to manage these forms to an 88% lifetime loss ratio. The memorandum states the lifetime loss ratio after the requested rate increases is projected to be 101%. Appendix A indicates the Lifetime loss ratio with the increase is 111%. Please resolve the discrepancy. What has changed since the prior rate increase that results in this higher lifetime loss ratio? Is the Company intending to manage to this higher loss ratio in the future?

Objection 2

- Appendix F - Rate Pages (ILTC-2) GRP 114974 Cash Indemnity Benefit Rider, [GRP 114974] (Rate)

- Appendix F - Rate Pages (ILTC-2) - GRP 112209 - Calendar Day Elimination Period, [GRP 112209] (Rate)

- Appendix F - Rate Pages (ILTC-2) GRP 112210 - Restoration of Benefits, [GRP 112210] (Rate)

- Appendix F - Rate Pages (ILTC-2) GRP 112593 - Joint Waiver of Premium Benefit, [GRP 112593] (Rate)

- Appendix F - Rate Pages (ILTC-2) GRP 112594 - Survivor Waiver of Premiums Benefit, [GRP 112594] (Rate)

- Appendix F - Rate Pages (ILTC-2) GRP 112886 - Non-Forfeiture Benefit , [GRP 112886] (Rate)

Comments: It appears these forms were added to the Rate/Rule Schedule in December which indicates rates for these forms were previously approved under SERFF filing # PRUD-127772712. We cannot locate those policy forms under that SERFF tracking number. Please amend the Rate/Rule Schedule accordingly and add these forms as well as any other associated rider form

numbers to the Actuarial Memorandum if the rate increase applies to these forms and include a description of the benefits. In addition, please attach the current rates/factor adjustments for these additional forms to Supporting Documentation.

Please note that form GRP 114974 is a new form. Therefore, the rate action should be new and no information should be included in the Rate Action Information column.

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

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

Dear Keith Burns,

Introduction:

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

As we continue our review, please address the following:

Objection 1

- VA LTC Rate Incrrease Letter, GRP 115277 (Form)

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

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

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

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

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

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

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

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

Objection 2

- Frequently Asked Questions Enclosure Document (ILTC-2) (Supporting Document)

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

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

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

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

5. Please expand the answer to "Will you raise premiums on these policies again?" to include the following:

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

Objection 3

- VA Change Request Form (ILTC-2), GRP 115277A (Form)

Comments: The Company refers to itself as Prudential without explaining that the corporate name may be referred to as Prudential only in the change form. While we do not have a concern regarding this format, the form should explain that the corporate name may be referred to as Prudential only. Our concern would be resolved if the second sentence of the paragraph beginning with " [Replace my Cash Benefit Rider with the Cash Indemnity Rider ..." ended with "...such services is provided to The Prudential Insurance Company of America (Prudential)."

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Objection Letter

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

Dear Keith Burns,

Introduction:

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

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: It does not appear our objection 2 was clear. The language in the Actuarial Certification should state "The Premium rating filing is in compliance with the provisions of 14VAC5-200-153" as noted in the regulation.

Objection 2

- Frequently Asked Questions Enclosure Document (ILTC-2) (Supporting Document)

- Manual of Variable Language (ILTC-2) (Supporting Document)

- Cash Indemnity Rider, GRP 114974 (Form)

- VA LTC Rate Incrrease Letter, GRP 115277 (Form)

- VA Change Request Form (ILTC-2), GRP 115277A (Form)

Comments: All of the above are currently under review. Any concerns upon completion of our review will be sent at a later date.

Objection 3

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

Objection 4

- Appendix F - Rate Pages (ILTC-2) GRP 112204 Cash Benefit Rider, [GRP 112204] (Rate)

- Appendix F - Rate Pages (ILTC-2) GRP 112563 Base Rates, [GRP 112563] (Rate)

- Appendix F - Rate Pages (ILTC-2) GRP 112205 - Periodic Inflation, [GRP 112205] (Rate)

- Appendix F - Rate Pages (ILTC-2) Automatic Simple Inflation, [GRP 112206] (Rate)

- Appendix F - Rate Pages (ILTC-2) Automatic Compound Inflation - No Max, [GRP 112207] (Rate)

- Appendix F - Rate Pages (ILTC-2) GRP 112208 - Automatic Compound Inflation - 2X Max, [GRP 112208] (Rate)

- Appendix F - Rate Pages (ILTC-2) - GRP 112209 - Calendar Day Elimination Period, [GRP 112209] (Rate)

- Appendix F - Rate Pages (ILTC-2) GRP 112210 - Restoration of Benefits, [GRP 112210] (Rate)

- Appendix F - Rate Pages (ILTC-2) GRP 112593 - Joint Waiver of Premium Benefit, [GRP 112593] (Rate)

- Appendix F - Rate Pages (ILTC-2) GRP 112594 - Survivor Waiver of Premiums Benefit, [GRP 112594] (Rate)

- Appendix F - Rate Pages (ILTC-2) GRP 112886 - Non-Forfeiture Benefit , [GRP 112886] (Rate)

Comments: Please attach copies of the current rates to Supporting Documentation.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-2 Re-Rate/5I-2015		

Comments: 1. Please explain how the voluntary lapse assumptions were developed for later durations given the lack of experience at later durations under this policy form. Additionally, given there has been a prior rate increase for this policy form in some states, please specify whether shock lapses have been included in the voluntary lapse experience shown in Exhibit 2? If shock lapses are included in Exhibit 2, please quantify the impact of shock lapses by duration.

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

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

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

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

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

COMMONWEALTH OF VIRGINIA

P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
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March 28, 2012

Administrative Letter 2012-03

To: All Insurers Licensed in Virginia and Other Interested Parties

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

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

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

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

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

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

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

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

Additional Filing Requirements

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

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

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

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

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

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

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

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

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

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

Sincerely,

Jacqueline K. Cunningham
Commissioner of Insurance

jkc/tt

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-2 Re-Rate/5I-2015		

Objection Letter

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

Dear Keith Burns,

Introduction:

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

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

Objection 1

- Appendix F - Rate Pages (ILTC-2) GRP 112204 Cash Benefit Rider, [GRP 112204] (Rate)

- Appendix F - Rate Pages (ILTC-2) GRP 112563 Base Rates, [GRP 112563] (Rate)

- Appendix F - Rate Pages (ILTC-2) GRP 114974 Cash Indemnity Benefit Rider, [GRP 114974] (Rate)

Comments: According to the Actuarial Memorandum, the rate increase applies to one long term care policy GRP 112563. According to Section 5 of the memorandum, the revised rates are applicable to this policy form and all future periodic inflation protection offers.

Two of the policy forms noted above were approved under SERFF tracking # PRUD- 127772712. Included in that filing, however, were rate increases for policy forms: GRP 112208, GRP 112207, GRP 112206, and GRP 112205. Are the rates for these riders being affected by the rate increase? If so, these form numbers should be included in the "Affected Form Numbers" in the Rate/Rule Schedule with the rates attached and all form numbers noted in the Actuarial Memorandum.

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

According to the submission, the company is willing implement the increase over a period of 3 years. As a result, the company should attach a rate schedule that reflects the rates for each period to the Rate/Rule Schedule. The company may wish to wait until closer to the approval date, however, to update the filing. Please advise, however, what the percentage increase would be for each period.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Since all policies in Virginia were issued on or after October 1, 2003, the rate increase will be reviewed in accordance with the requirements of 14VAC5-200-153. Please amend the Actuarial Certification to include the required certification in accordance with 14VAC5-200-153 B 2 b which states the premium rate filing is in compliance with the provision of this section.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the following:

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

2. A loss ratio projection reflecting the actual historical experience during the historical experience period and then, utilizing the actual

inforce as of the projection date, projecting forward the expected earned premiums and incurred claims using the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale with no increases.

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

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

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

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

7. According to your cover letter, these policies were sold nationwide from 2002 through 2009. In Virginia the policies were sold between 2004 and 2006. Since this filing is subject to 14VAC5-200-153 for policies issued on or after October 1, 2003, please remove the nationwide experience prior to that date from the exhibits and provide updated exhibits.

8. As a reminder, for post-stability policies, all present and accumulated values should be used to determine rate increases shall use the maximum valuation interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia as set forth in 14VAC5-200-153-C 4.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

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

With sufficient variability, the letter only needs to be submitted once to be reviewed and filed with the Bureau. Objections regarding the policyholder letter have been addressed in the SERFF tracking # PRUD-130596260. If the company does not wish use the same letter for all filings, the Company may submit a policyholder letter specific to this filing with a different form number and attach it to this filing under Supporting Documentation.

The Long-Term Care Insurance Change Request Form and Frequently Asked Questions Relating to Premium Insurance could also contain sufficient variability to avoid multiple forms if the company wishes to do so. These forms are not required to be filed and should be attached to Supporting Documentation.

In line with this, any forms that will be attached to the policy to reflect changes made in the benefits may be used for all policies with sufficient variability unless the company prefers to use specific forms for each policy. Please advise how the company wishes to proceed with this.

Objection 5

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

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

1) Rather than refer the consumer to Appendix A which may not be easily located by the consumer, please state the average annual premium as $4286 and the average requested increase of 54.7% as stated in Section 15 of the memorandum.

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

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

Objection 6

- L&H Actuarial Memorandum (Supporting Document)

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

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-2 Re-Rate/5I-2015		

Response Letter

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

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

At the Department's request we have revised the Cash Indemnity Rider to correctly reflect "Glossary" as opposed to "Definitions".

We thank the Department for bringing this matter to our attention.

Related Objection 1

Applies To:

- Cash Indemnity Rider, GRP 115283 (Form)

Comments: For consistency with policy language, the reference to the Definitions section should be to the Glossary section.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

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

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

Sincerely,

Raenonna Prince

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Response Letter

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

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

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

Related Objection 1

Applies To:

- Manual of Variable Language (ILTC-2) (Supporting Document)

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

Changed Items:

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-2)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-2) - 2-2020.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) File Copy - 3-2019.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) File Copy - 1-2019.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) File Copy - 10-2017.pdf* *GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 1-2018.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf* *VA - Manual of Variable Language (ILTC-2) File Copy - 10-2017.pdf* *GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 8-2017.pdf* *GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	

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

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

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

Related Objection 2

Applies To:

- Cash Indemnity Rider, GRP 115283 (Form)

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

Changed Items:

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-2)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-2) - 2-2020.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) File Copy - 3-2019.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) File Copy - 1-2019.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) File Copy - 10-2017.pdf* *GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 1-2018.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf* *VA - Manual of Variable Language (ILTC-2) File Copy - 10-2017.pdf* *GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 8-2017.pdf* *GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

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

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Cash Indemnity Rider	GRP 115283	POLA	Initial		46.900	GRP 115283 - (ILTC-2) Cash Indemnity Rider - File Copy- 2-2020.pdf	Date Submitted: 02/06/2020 By: Raenonna Prince
Previous Version								
1	*Cash Indemnity Rider*	*GRP 115283*	*POLA*	*Initial*		*46.900*	*GRP 115283 - (ILTC-2) Cash Indemnity Rider - File Copy.pdf*	*Date Submitted: 01/22/2018 By: Raenonna Prince*
Previous Version								
1	*Cash Indemnity Rider*	*GRP 114974*	*POLA*	*Initial*		*46.900*	*GRP 114974 - (ILTC-2) Cash Indemnity Rider.pdf*	*Date Submitted: 06/08/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Conclusion:

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

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

Sincerely,
Raenonna Prince

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Response Letter

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

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

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

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

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

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 11-26-2019
Comments:	
Attachment(s):	VA - Letter of Response (ILTC2) - 11-26-2019.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

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

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

Sincerely,
Raenonna Prince

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Response Letter

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

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

Please be advised that we have removed the Policyholder Notification Letter and Frequently Asked Questions from the Forms Schedule Tab of this filing.

Additionally, a statement has been added to the Supporting Documentation Tab of this filing expressing that these documents are being reviewed under our corresponding SERFF Filing PRUD-130596305.

Similar statements were also added for the "John Doe" version of the letter as well as the Change Request Form and Frequently Asked Questions sections on the Supporting Documentation Tab.

Related Objection 1

Comments: Please withdraw GRP 115277 - VA LTC Policyholder Notification Letter (ILTC2) File Copy - 1-2019.pdf from the filing, since the Policyholder Notification Letter from filing PRUD-130596305 is intended to be used as a template the current and future individual LTC filings.

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

Changed Items:

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter Package - GRP 115277
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from the Forms Schedule Tab of this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Transferred to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Transferred to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Transferred to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC2) - Round 5 -6-7-2016.pdf*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter Package - GRP 115277
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from the Forms Schedule Tab of this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Transferred to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Transferred to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Transferred to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC2) - Round 5 -6-7-2016.pdf*

Satisfied - Item:	Frequently Asked Questions Enclosure Document (ILTC-2) - GRP 115281
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from the Forms Schedule Tab of this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure Document (ILTC-2)*

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Comments:	At the Department's request, this form has been assigned a form number and attached to the Forms Schedule Tab of this filing.
Attachment(s):	
Previous Version	
Satisfied - Item:	Frequently Asked Questions Enclosure Document (ILTC-2)
Comments:	
Attachment(s):	VA - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 5-2017.pdf
Previous Version	
Satisfied - Item:	Frequently Asked Questions Enclosure Document (ILTC-2)
Comments:	
Attachment(s):	VA - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 2-2017.pdf
Previous Version	
Satisfied - Item:	Frequently Asked Questions Enclosure Document (ILTC-2)
Comments:	
Attachment(s):	VA - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 12-2-2016.pdf

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter Package - GRP 115277
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from the Forms Schedule Tab of this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Transferred to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Transferred to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Transferred to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC2) - Round 5 -6-7-2016.pdf*

Satisfied - Item:	Frequently Asked Questions Enclosure Document (ILTC-2) - GRP 115281
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from the Forms Schedule Tab of this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure Document (ILTC-2)*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Comments:	*At the Department's request, this form has been assigned a form number and attached to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure Document (ILTC-2)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure Document (ILTC-2)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure Document (ILTC-2)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 12-2-2016.pdf*

Satisfied - Item:	VA - Change Request Form
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA - Change Request Form*
Comments:	
Attachment(s):	*VA Change Request Form (ILTC-2) File Copy - 1-2019.pdf*
Previous Version	
Satisfied - Item:	*VA - Change Request Form*
Comments:	
Attachment(s):	*VA Change Request Form (ILTC-2) File Copy - 10-2017.pdf*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter Package - GRP 115277
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from the Forms Schedule Tab of this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Transferred to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Transferred to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Transferred to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC2) - Round 5 -6-7-2016.pdf*

Satisfied - Item:	Frequently Asked Questions Enclosure Document (ILTC-2) - GRP 115281
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from the Forms Schedule Tab of this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure Document (ILTC-2)*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Comments:	*At the Department's request, this form has been assigned a form number and attached to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure Document (ILTC-2)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure Document (ILTC-2)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure Document (ILTC-2)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 12-2-2016.pdf*

Satisfied - Item:	VA - Change Request Form
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Previous Version	
Satisfied - Item:	*VA - Change Request Form*
Comments:	
Attachment(s):	*VA Change Request Form (ILTC-2) File Copy - 1-2019.pdf*
Previous Version	
Satisfied - Item:	*VA - Change Request Form*
Comments:	
Attachment(s):	*VA Change Request Form (ILTC-2) File Copy - 10-2017.pdf*

Satisfied - Item:	Policyholder Notification Letter - John Doe version
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from this filing.

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

	The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter - John Doe version*
Comments:	
Attachment(s):	*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) - 3-2019.pdf*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA LTC Rate Incrrease Letter	GRP 115277	OTH	Initial				Date Submitted: 10/25/2019 By: Raenonna Prince
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Policyholder Notification Letter (ILTC2) File Copy - 1-2019.pdf*	*Date Submitted: 01/18/2019 By: Raenonna Prince*
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) Marketing Version File Copy - 1-2018.pdf*	*Date Submitted: 01/22/2018 By: Raenonna Prince*
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) Marketing Version F - 10-2017.pdf*	*Date Submitted: 10/14/2017 By: Raenonna Prince*
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 5-2017.pdf*	*Date Submitted: 05/31/2017 By: Raenonna Prince*
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA LTC Rate Incrrease Letter	GRP 115277	OTH	Initial				Date Submitted: 10/25/2019 By: Raenonna Prince
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 12-2-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*
2	Frequesntly Asked Questions	GRP 115281	OTH	Initial				Date Submitted: 10/25/2019 By: Raenonna Prince
Previous Version								
2	*Frequesntly Asked Questions*	*GRP 115281*	*OTH*	*Initial*			*VA - GRP 115281 - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 1-2019.pdf*	*Date Submitted: 01/18/2019 By: Raenonna Prince*
Previous Version								
2	*Frequesntly Asked Questions*	*GRP 115281*	*OTH*	*Initial*			*VA - GRP 115281 - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 8-2017.pdf*	*Date Submitted: 10/14/2017 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Conclusion:

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

Raenonna L. Prince, CLTC, LTCP
Lead Analyst
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Dresher, PA 19025
Voice: 215-658-6281| Cell: 215-990-7186
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E-Mail: Raenonna.prince@ prudential.com

Sincerely,
Raenonna Prince

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Response Letter

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

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

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

Related Objection 1

Applies To:

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

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

a. Please explain why the future cash flows under the original pricing do not appear to align with the projected experience for 2019 and beyond for the experience projections provided in response to objection 3 from the objection responses dated August 22, 2019. While we would expect there to be differences with how the experience has evolved, the future cash flows under the original pricing show the block of business is projected to contract more quickly than the July 2012 projection. If necessary, please revise the demonstration of the prospective present value calculation so that the projected experience is based on all July 2012 assumptions.

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

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

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 10-31-2019
Comments:	
Attachment(s):	VA - Letter of Response (ILTC2) - 10-31-2019.pdf

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 10-31-2019
Comments:	
Attachment(s):	VA - Letter of Response (ILTC2) - 10-31-2019.pdf

Satisfied - Item:	VA ILTC2 2019.10.15 Objection Attachments
Comments:	
Attachment(s):	VA ILTC2 2019.10.15 Objection Attachments.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

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

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

Sincerely,
Raenonna Prince

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Response Letter

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

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

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

Related Objection 1

Applies To:

- *L&H Actuarial Memorandum (Supporting Document)*
- *Letter of Response - 6-20-2019 (Supporting Document)*

Comments: 1. Please revise Appendix C to only include the experience of the policy forms associated with this filing so we may evaluate the appropriateness of the assumptions relative to the experience associated with this filing.

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

3. Please provide the maximum justifiable rate increase for each policyholder cohort for which the proposed rate increase varies (e.g., policies with a limited benefit period and reimbursement benefits) under the prospective present value method. Please ensure waiver of premium benefits, inclusion of margin for adverse deviation, etc., are presented in a manner that is consistent with how they were presented in Appendix B from the objection responses dated June 20, 2019. Additionally, please provide sufficient quantitative support so that we are able to assess the reasonableness of the calculation.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 9-27-2019
Comments:	
Attachment(s):	VA - Letter of Response (ILTC-2) - 9-27-2019.pdf

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 9-27-2019
Comments:	
Attachment(s):	VA - Letter of Response (ILTC-2) - 9-27-2019.pdf

Satisfied - Item:	VA - ILTC-2 2019.09.05 Objection Attachments
Comments:	
Attachment(s):	VA ILTC2 2019.09.05 Objection Attachments.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

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

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

Sincerely,
Raenonna Prince

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-2 Re-Rate/5I-2015		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/22/2019
Submitted Date	08/22/2019

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

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

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

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

2. The projected incurred claims underlying the experience projections submitted with the objection responses dated May 10, 2019 are significantly higher relative to the experience projections submitted with the objection responses dated February 2, 2017. For example, for calendar year 2030, the May 10, 2019 exhibit shows projected incurred claims of approximately $72.7 million without the rate increase, whereas the February 2, 2017 exhibit shows projected incurred claims of approximately $90.1 million. This difference produces significantly higher loss ratios by calendar year than previously projected. Please confirm that the assumptions used to project the future experience are consistent with the assumptions described in the actuarial memorandum unless previously noted (i.e., incorporating benefit reductions into the projections). If not, please explain all assumptions that were revised and provide quantitative support for the assumptions that were revised. If the assumptions are consistent with those described in the actuarial memorandum, please explain why the projected incurred claims have increased significantly. If necessary, please revise the experience projections.

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

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Changed Items:

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

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

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - ILTC-2
Comments:	
Attachment(s):	Appendix C - Exhibit 1 - Mortality Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 1 - Mortality Details - ILTC-2*
Comments:	
Attachment(s):	*VA - Appendix C - Exhibit 1 - Mortality Details - ILTC2.pdf*

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

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

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - ILTC-2
Comments:	
Attachment(s):	Appendix C - Exhibit 1 - Mortality Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 1 - Mortality Details - ILTC-2*
Comments:	
Attachment(s):	*VA - Appendix C - Exhibit 1 - Mortality Details - ILTC2.pdf*

Satisfied - Item:	Appendix C - Exhibit 2 - Lapse Analysis Details - ILTC-2
Comments:	
Attachment(s):	Appendix C - Exhibit 2 - Lapse Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 2 - Lapse Analysis Details - ILTC-2*
Comments:	
Attachment(s):	*VA - Appendix C - Exhibit 2 - Lapse Analysis Details - ILTC2.pdf*

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

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

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - ILTC-2
Comments:	
Attachment(s):	Appendix C - Exhibit 1 - Mortality Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 1 - Mortality Details - ILTC-2*
Comments:	
Attachment(s):	*VA - Appendix C - Exhibit 1 - Mortality Details - ILTC2.pdf*

Satisfied - Item:	Appendix C - Exhibit 2 - Lapse Analysis Details - ILTC-2
Comments:	
Attachment(s):	Appendix C - Exhibit 2 - Lapse Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 2 - Lapse Analysis Details - ILTC-2*
Comments:	
Attachment(s):	*VA - Appendix C - Exhibit 2 - Lapse Analysis Details - ILTC2.pdf*

Satisfied - Item:	Appendix C - Exhibit 3 - Morbidity Details - ILTC-2
Comments:	
Attachment(s):	Appendix C - Exhibit 3 - Morbidity Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 3 - Morbidity Details - ILTC-2*
Comments:	
Attachment(s):	*VA - Appendix C - Exhibit 3 - Morbidity Details - ILTC2.pdf*

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

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

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - ILTC-2
Comments:	
Attachment(s):	Appendix C - Exhibit 1 - Mortality Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 1 - Mortality Details - ILTC-2*
Comments:	
Attachment(s):	*VA - Appendix C - Exhibit 1 - Mortality Details - ILTC2.pdf*

Satisfied - Item:	Appendix C - Exhibit 2 - Lapse Analysis Details - ILTC-2
Comments:	
Attachment(s):	Appendix C - Exhibit 2 - Lapse Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 2 - Lapse Analysis Details - ILTC-2*
Comments:	
Attachment(s):	*VA - Appendix C - Exhibit 2 - Lapse Analysis Details - ILTC2.pdf*

Satisfied - Item:	Appendix C - Exhibit 3 - Morbidity Details - ILTC-2
Comments:	
Attachment(s):	Appendix C - Exhibit 3 - Morbidity Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 3 - Morbidity Details - ILTC-2*
Comments:	
Attachment(s):	*VA - Appendix C - Exhibit 3 - Morbidity Details - ILTC2.pdf*

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Satisfied - Item:	Letter of Response - 8-19-2019
Comments:	
Attachment(s):	VA - Letter of Response (ILTC-2) - 8-19-2019.pdf

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

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

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - ILTC-2
Comments:	
Attachment(s):	Appendix C - Exhibit 1 - Mortality Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 1 - Mortality Details - ILTC-2*
Comments:	
Attachment(s):	*VA - Appendix C - Exhibit 1 - Mortality Details - ILTC2.pdf*

Satisfied - Item:	Appendix C - Exhibit 2 - Lapse Analysis Details - ILTC-2
Comments:	
Attachment(s):	Appendix C - Exhibit 2 - Lapse Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 2 - Lapse Analysis Details - ILTC-2*
Comments:	
Attachment(s):	*VA - Appendix C - Exhibit 2 - Lapse Analysis Details - ILTC2.pdf*

Satisfied - Item:	Appendix C - Exhibit 3 - Morbidity Details - ILTC-2
Comments:	
Attachment(s):	Appendix C - Exhibit 3 - Morbidity Details - ILTC.pdf
Previous Version	
Satisfied - Item:	*Appendix C - Exhibit 3 - Morbidity Details - ILTC-2*
Comments:	
Attachment(s):	*VA - Appendix C - Exhibit 3 - Morbidity Details - ILTC2.pdf*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Satisfied - Item:	Letter of Response - 8-19-2019
Comments:	
Attachment(s):	VA - Letter of Response (ILTC-2) - 8-19-2019.pdf

Satisfied - Item:	ILTC-2 Prior Rate Appendix (July 2012)
Comments:	
Attachment(s):	ILTC2 Prior Rate Appendix (July 2012).xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

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

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

Sincerely,
Raenonna Prince

State:	Virginia	**Filing Company:**	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long Term Care Insurance		
Project Name/Number:	ILTC-2 Re-Rate/5I-2015		

Response Letter

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

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

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

Related Objection 1

Applies To:

- Policyholder Notification Letter (Supporting Document)

- VA LTC Rate Incrrease Letter, GRP 115277 (Form)

Comments: Since the Policyholder Notification Letter from PRUD-130596305 is intended to be used as a template for current and future individual filings, please withdraw letter
GRP 115277 - VA LTC Policyholder Notification Letter (ILTC2) File Copy - 1-2019.pdf.

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

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

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

Raenonna L. Prince, CLTC, LTCP
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E-Mail: Raenonna.prince@ prudential.com
Sincerely,
Raenonna Prince

Sincerely,
Raenonna Prince

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Response Letter

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

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

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

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

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

2. Please demonstrate that 14VAC5-200-153C2 is satisfied independently for each policyholder cohort for which the proposed rate increase varies (e.g., limited benefit periods with reimbursement benefits).

3. The objection responses dated May 10, 2019, indicate future rate increases are anticipated. Please state the Companys intent with respect to future rate increases for this policy form, including the criteria that may be used to determine as to when another rate increase may be filed and the timing of the next rate increase.

Changed Items:

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 6-20-2019
Comments:	
Attachment(s):	VA - Letter of Response (ILTC-2) - 6-20-2019.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 6-20-2019
Comments:	
Attachment(s):	VA - Letter of Response (ILTC-2) - 6-20-2019.pdf

Satisfied - Item:	VA - All ILTC-2 Rate Increase by Benefit Options
Comments:	
Attachment(s):	VA - All ILTC2 Rate Increase by benefit options - 6-20-2019.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

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

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Fax: 888-294-6332
E-Mail: Raenonna.prince@ prudential.com

Sincerely,
Raenonna Prince

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/18/2019
Submitted Date	03/18/2019

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

Please be advised that a copy of the Policy is already included with the filing. It can be referenced on the Supporting Documentation Tab of this filing and was included back on August 22, 2017.

Related Objection 1

Applies To:

- Cash Indemnity Rider, GRP 115283 (Form)

Comments: Please provide us with a copy of policy form GRP 112563 so that we can continue our review of form GRP 115283.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please be advised that we have revised the Manual of Variability to include references for the bracketed fields found on page 3 of the Schedule of Benefits. We thank the Department for bringing this matter to our attention and apologize for any inconvenience it may have caused.

Related Objection 2

Applies To:

- Schedule of Benefits, GRP 112563REV (Form)

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Comments: The Manual of Variable Language for Individual Long Term Care Insurance describes the variable fields for pages 1 and 2 of the Schedule of Policy Benefits; however; there are variable fields on page 3 that are not addressed. Please revise the statement of variability to describe the variable fields appearing on page 3 and explain how those variable fields might vary from the language presented.

Changed Items:

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-2)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-2) File Copy - 3-2019.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) File Copy - 1-2019.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) File Copy - 10-2017.pdf* *GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 1-2018.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf* *VA - Manual of Variable Language (ILTC-2) File Copy - 10-2017.pdf* *GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 8-2017.pdf* *GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

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

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

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

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

Sincerely,
Raenonna Prince

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Response Letter

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

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

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

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

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. The proposed rate increase varies based on whether the policyholder has a limited benefit period or an unlimited benefit period and whether the policyholder has reimbursement benefits or a cash rider. Please demonstrate using the most recently available nationwide experience that for each of the four policyholder cohorts for which the proposed rate increase varies (e.g., limited benefit periods with reimbursement benefits), 14VAC5-200-153 is satisfied independently for each policyholder cohort. The demonstration of whether 14VAC5-200-153 has been satisfied should be consistent with the manner in which the experience was presented in the version of Appendix B and Appendix G associated with the objection responses dated February 2, 2017. Additionally, if more recent experience is used to demonstrate 14VAC5-200-153 is satisfied for each policyholder cohort, please revise Appendix B and Appendix G to reflect the same experience basis.

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

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

Changed Items:

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 5-10-2019
Comments:	
Attachment(s):	VA - Letter of Response (ILTC-2) - 5-10-2019.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 5-10-2019
Comments:	
Attachment(s):	VA - Letter of Response (ILTC-2) - 5-10-2019.pdf

Satisfied - Item:	VA - All ILTC-2 Rate Increase
Comments:	
Attachment(s):	VA - All ILTC2 Rate Increase.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

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

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

Sincerely,
Raenonna Prince

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Response Letter

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

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

Pursuant to section 14VAC5-100-50 3, we have enclosed a copy of the ILTC-2 Policyholder Notification Letter in "John Doe" format. This letter can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 1

Applies To:

- Policyholder Notification Letter (Supporting Document)

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

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter - John Doe version
Comments:	
Attachment(s):	GRP 115277 - VA LTC Rate Increase Letter (ILTC2) - 3-2019.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

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

Raenonna L. Prince, CLTC, LTCP
Lead Analyst
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Sincerely,
Raenonna Prince

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Response Letter

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

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

At the Department's request, we have revised the ILTC-2 Policyholder Notification Package and Manual of Variability to closely mirror our separate Group LTC Rate Filing; SERFF filing number PRUD-129708969.

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

Related Objection 1

Applies To:

- Policyholder Notification Letter (Supporting Document)

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

Changed Items:

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-2)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-2) File Copy - 1-2019.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) File Copy - 10-2017.pdf* *GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 1-2018.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf* *VA - Manual of Variable Language (ILTC-2) File Copy - 10-2017.pdf* *GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 8-2017.pdf* *GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 12-2-2016.pdf*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-2)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-2) File Copy - 1-2019.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) File Copy - 10-2017.pdf* *GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 1-2018.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf* *VA - Manual of Variable Language (ILTC-2) File Copy - 10-2017.pdf* *GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 8-2017.pdf* *GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 12-2-2016.pdf*

Satisfied - Item:	VA - Change Request Form
Comments:	
Attachment(s):	VA Change Request Form (ILTC-2) File Copy - 1-2019.pdf
Previous Version	
Satisfied - Item:	*VA - Change Request Form*
Comments:	
Attachment(s):	*VA Change Request Form (ILTC-2) File Copy - 10-2017.pdf*

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA LTC Rate Incrrease Letter	GRP 115277	OTH	Initial			GRP 115277 - VA LTC Policyholder Notification Letter (ILTC2) File Copy - 1-2019.pdf	Date Submitted: 01/18/2019 By: Raenonna Prince
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) Marketing Version File Copy - 1-2018.pdf*	*Date Submitted: 01/22/2018 By: Raenonna Prince*
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) Marketing Version F - 10-2017.pdf*	*Date Submitted: 10/14/2017 By: Raenonna Prince*
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 5-2017.pdf*	*Date Submitted: 05/31/2017 By: Raenonna Prince*
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 12-2-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA LTC Rate Incrrease Letter	GRP 115277	OTH	Initial			GRP 115277 - VA LTC Policyholder Notification Letter (ILTC2) File Copy - 1-2019.pdf	Date Submitted: 01/18/2019 By: Raenonna Prince
2	Frequesntly Asked Questions	GRP 115281	OTH	Initial			VA - GRP 115281 - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 1-2019.pdf	Date Submitted: 01/18/2019 By: Raenonna Prince
Previous Version								
2	*Frequesntly Asked Questions*	*GRP 115281*	*OTH*	*Initial*			*VA - GRP 115281 - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 8-2017.pdf*	*Date Submitted: 10/14/2017 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Conclusion:

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

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

Sincerely,

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Raenonna Prince

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/21/2018
Submitted Date	01/22/2018

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

At the Department's request, the Contingent Non-Forfeiture and Non Forfeiture Benefit provisions have been revised to reflect the suggested language.

In addition to the above, and pursuant to section 14VAC5-100-50 2, we have also revised the company letterhead to reflect the company name in a larger and more prominent font size.

Related Objection 1

Applies To:

- *VA LTC Rate Incrrease Letter, GRP 115277 (Form)*
- *Manual of Variable Language (ILTC-2) (Supporting Document)*

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

Also, the name of the company in the letterhead appears to be smaller font than used in the letter. For compliance with 14VAC5-100-50 2, the full and proper corporate name should appear "prominently" on the form. Please revise.

I apologize for not bringing these matters to your attention previously.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter
Comments:	Transferred to the Forms Schedule Tab of this filing.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Transferred to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Transferred to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC2) - Round 5 -6-7-2016.pdf*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter
Comments:	Transferred to the Forms Schedule Tab of this filing.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Transferred to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Transferred to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC2) - Round 5 -6-7-2016.pdf*

Satisfied - Item:	Manual of Variable Language (ILTC-2)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-2) File Copy - 10-2017.pdf GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 1-2018.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf* *VA - Manual of Variable Language (ILTC-2) File Copy - 10-2017.pdf* *GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 8-2017.pdf* *GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

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

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA LTC Rate Incrrease Letter	GRP 115277	OTH	Initial			GRP 115277 - VA LTC Rate Increase Letter (ILTC2) Marketing Version File Copy - 1-2018.pdf	Date Submitted: 01/22/2018 By: Raenonna Prince
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) Marketing Version F - 10-2017.pdf*	*Date Submitted: 10/14/2017 By: Raenonna Prince*
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 5-2017.pdf*	*Date Submitted: 05/31/2017 By: Raenonna Prince*
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 12-2-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Response 2

Comments:

At the Department's request, we have amended the Cash Indemnity Rider by adding the following language "(defined on page 2 of this Rider)", to first use of "Caregiver". As result of this revision, we assigned a new form number (GRP 115283), to the Rider.

The revised Rider can be referenced on the Forms Schedule Tab of this filing.

Related Objection 2

Applies To:

- Cash Indemnity Rider, GRP 114974 (Form)

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

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Cash Indemnity Rider	GRP 115283	POLA	Initial		46.900	GRP 115283 - (ILTC-2) Cash Indemnity Rider - File Copy.pdf	Date Submitted: 01/22/2018 By: Raenonna Prince
Previous Version								
1	*Cash Indemnity Rider*	*GRP 114974*	*POLA*	*Initial*		*46.900*	*GRP 114974 - (ILTC-2) Cash Indemnity Rider.pdf*	*Date Submitted: 06/08/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please be advised that the Change Request Form does not become part of the policy. in view of this, and based upon the Department's request with our corresponding ILTC-3 rate filing, we have removed the form number from this form and relocated it to the Supporting Documentation Tab of this filing.

Related Objection 3

Applies To:

- *VA Change Request Form (ILTC-2), GRP 115277A (Form)*

Comments: Please advise if form GRP 115277A is intended to become part of the entire contract.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA - Change Request Form
Comments:	
Attachment(s):	VA Change Request Form (ILTC-2) File Copy - 10-2017.pdf

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA Change Request Form (ILTC-2)	GRP 115277A	OTH	Initial				Date Submitted: 01/22/2018 By: Raenonna Prince
Previous Version								
1	*VA Change Request Form (ILTC-2)*	*GRP 115277A*	*OTH*	*Initial*			*GRP 115277A - VA Change Request Form (ILTC-2) Marketing Version - 8-2017.pdf*	*Date Submitted: 08/18/2017 By: Raenonna Prince*
Previous Version								
1	*VA Change Request Form (ILTC-2)*	*GRP 115277A*	*OTH*	*Initial*			*GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf*	*Date Submitted: 05/31/2017 By: Raenonna Prince*
Previous Version								
1	*VA Change Request Form (ILTC-2)*	*GRP 115277A*	*OTH*	*Initial*			*GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*
Previous Version								
1	*VA Change Request Form (ILTC-2)*	*GRP 115277A*	*OTH*	*Initial*			*GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 12-2-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Response 4

Comments:

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Please be advised that the term "or" should remain within the Cash Benefit Rider description of the option to reduce benefits section. The reason for this is because if the insured has coverage under the Cash Benefit Rider they will be offered the option to drop the Cash Benefit Rider and replace it with the Cash Indemnity Rider.

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

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

Related Objection 4

Applies To:

- VA LTC Rate Incrrease Letter, GRP 115277 (Form)
- Manual of Variable Language (ILTC-2) (Supporting Document)

Comments: According to your response to our objection 3, item 2, the letter was revised to remove the word "Or" on page 2 under the section entitled "If Insured Under Cash Benefit Rider." The word still appears. Is it the Company's intent to provide both the option to drop the Cash Benefit Rider and the option to replace the rider with the Cash Indemnity Rider? If that is the case, the word "Or" should appear. If there is a possibility that only one of the two paragraphs could appear, it would seem the word "Or" should not appear and be variable. Please advise.

We are unclear as to your response to objection 6 in our 9/1/2017 objection letter regarding the paragraph that addresses if the insured is already at the lowest level of benefits. We understand there would be no options to reduce benefits further that would affect the rate increase; however, the insured could qualify for the contingent benefit upon lapse or exercise a non-forfeiture benefit, correct?

And because that may be the case, the language in the CBUL paragraph should be rephrased. It begins with "As an alternative to the options described above....". If no options are described because the policy is at the minimum levels, that language would be confusing. Please address this in both the CBUL and NFO paragraphs.

Changed Items:

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-2)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-2) File Copy - 10-2017.pdf GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 1-2018.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf* *VA - Manual of Variable Language (ILTC-2) File Copy - 10-2017.pdf* *GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 8-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 8-2017.pdf* *GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 12-2-2016.pdf*

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA LTC Rate Incrrease Letter	GRP 115277	OTH	Initial			GRP 115277 - VA LTC Rate Increase Letter (ILTC2) Marketing Version File Copy - 1-2018.pdf	Date Submitted: 01/22/2018 By: Raenonna Prince
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) Marketing Version F - 10-2017.pdf*	*Date Submitted: 10/14/2017 By: Raenonna Prince*
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 5-2017.pdf*	*Date Submitted: 05/31/2017 By: Raenonna Prince*
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 12-2-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Response 5

Comments:

At the Department's request, we have relocated the Schedule of Benefits to the Forms Schedule Tab of this filing.

Related Objection 5

Applies To:

- ILTC-2 Schedule of Benefits (Supporting Document)

Comments: Thank you for providing the revised Schedule of Benefits. Please move this form to the Form Schedule for review and approval.

Changed Items:

No Supporting Documents changed.

No Rate/Rule Schedule items changed.

Conclusion:

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

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

Sincerely,
Raenonna Prince

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/16/2017
Submitted Date	10/16/2017

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

Please refer to the letter of response from our Actuary, Ms. Ritu Jain, attached to the Supporting Documentation Tab of this filing.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 6-8-2016.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115277).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115281).pdf
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA - Readability Certification Form - 6-8-2016.pdf*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 6-8-2016.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115277).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115281).pdf
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA - Readability Certification Form - 6-8-2016.pdf*

Satisfied - Item:	Letter of Response - 10-13-2017
Comments:	
Attachment(s):	VA - Letter of Response - 10-13-2017.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

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

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

Sincerely,
Raenonna Prince

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/14/2017
Submitted Date	10/14/2017

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

At the Department's request we have attached redline versions relating to the Cash Benefit Rider replacing the policy language and a redline version of the Cash Indemnity Rider replacing the Cash Benefit Rider. This redline versions can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 1

Applies To:

- *Appendix F - Rate Pages (ILTC-2) GRP 114974 Cash Indemnity Benefit Rider, [GRP 114974] (Rate)*
- *Copy of VA ILTC-2 Policy - GRP 112563 (Supporting Document)*

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

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Cash Benefit Rider (Redline Language Cash Indemnity Rider Replaces)
Comments:	
Attachment(s):	GRP 112204 - Cash Benefit Rider (Redline Language Cash Indemnity Rider Replaces).pdf

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	Cash Benefit Rider (Redline Language Cash Indemnity Rider Replaces)
Comments:	
Attachment(s):	GRP 112204 - Cash Benefit Rider (Redline Language Cash Indemnity Rider Replaces).pdf

Satisfied - Item:	Policy Redline Language (Cash Benefit Rider Replaces)
Comments:	
Attachment(s):	Policy Redline Language (Cash Benefit Rider Replaces) - 10-11-2017.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

1) We have added an explanation of the Cash Indemnity Rider to the Optional Benefits and Premium Information sections of the Schedule of Benefits.

Related Objection 2

Applies To:

- ILTC-2 Schedule of Benefits (Supporting Document)

Comments: Thank you for providing an updated Schedule of Policy Benefits and Manual of Variable Language. Because this form has been revised from the time it was originally approved, it is considered a new form. Please attach this form to the Form Schedule for review and approval. It must contain a form number in the lower left hand corner that is different from the originally approved form number.

In regards to the Manual of Variable Language, amend the explanation for the following:

1) Add Cash Indemnity Rider to Optional Benefits with explanation and to the optional riders listed under the Premium Information

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

Changed Items:

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	ILTC-2 Schedule of Benefits
Comments:	
Attachment(s):	ILTC-2 Schedule of Benefits - 10-11-2017.pdf
Previous Version	
Satisfied - Item:	*ILTC-2 Schedule of Benefits*
Comments:	
Attachment(s):	*ILTC-2 Schedule of Benefits doc.pdf*
Previous Version	
Satisfied - Item:	*ILTC-2 Schedule of Benefits*
Comments:	
Attachment(s):	*ILTC-2 Schedule of Benefits doc.pdf*
Previous Version	
Satisfied - Item:	*ILTC-2 Schedule of Benefits*
Comments:	
Attachment(s):	*ILTC-2 Schedule of Benefits doc.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Pursuant to 14VAC5-200-185, we confirm that Prudential complies with the requirements set forth with the requirements of this regulation.

Related Objection 3

Applies To:

- Copy of VA ILTC-2 Policy - GRP 112563 (Supporting Document)

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

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

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

Please refer to revised version included with our response material to the Department's July 7, 2017 objection letter.

Related Objection 4

Applies To:

- VA Change Request Form (ILTC-2), GRP 115277A (Form)

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

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

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

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

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

Joint Waiver rider: [Drop my Joint Waiver of Premium Rider]

Restoration Rider: [Drop my Restoration Benefits Rider]

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

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

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

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

At the Department's request, we have revised the Rate Increase Letter section of the Manual of Variable Language with the Department's suggested language.

Related Objection 5

Applies To:

- VA LTC Rate Incrrease Letter, GRP 115277 (Form)

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Comments: Form GRP 115277 contains red text that appears to be explanatory language in relation to the variable text. While the marked up version of the form is helpful to our review, only the text subject to change should appear in brackets in the final version of the form attached to the Form Schedule. As required by 14 VAC 5-100-50 3, please attach the form in the format in which it is intended to be marketed to the Form Schedule, and attach the marked up form to the description of variability attached as supporting documentation.

Please do not refer to the red text in the Manual of Variable Language. the red text needs to be replaced and provide at least the beginning of the paragraph to which it applies. For example, depending upon policyholder's current policy design, the following language will or will not appear:

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

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

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

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

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

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

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

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

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

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

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

Joint Waiver of Premium: [You may drop your Joint .....]

Calendar Day Elimination Rider: [You may drop your Calendar...]

Survivor Waiver of Premium: [You may drop your Survivor....]

Restoration of Benefits: [You may drop your Restoration...]

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

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

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter
Comments:	Transferred to the Forms Schedule Tab of this filing.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Transferred to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC2) - Round 5 -6-7-2016.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please be advised that we have removed the phrase "Or, if NFO is not a option", from page 4 of the letter.

In addition to the above, we confirm that the statement indicating that if an insured is already at their lowest level, Prudential is unable to offer the option to reduce their coverage if they qualify for the Contingent Non Forfeiture Benefit option.

Related Objection 6

Applies To:

- VA LTC Rate Incrrease Letter, GRP 115277 (Form)

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

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

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter
Comments:	Transferred to the Forms Schedule Tab of this filing.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	*Transferred to the Forms Schedule Tab of this filing.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC2) - Round 5 -6-7-2016.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

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

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

Sincerely,
Raenonna Prince

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/14/2017
Submitted Date	10/14/2017

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

At the Department's request, we assigned form number GRP 115281 to the Frequently Asked Questions document and relocated it to the Forms Schedule Tab of this filing.

Related Objection 1

Applies To:

- Frequently Asked Questions Enclosure Document (ILTC-2) (Supporting Document)

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

Changed Items:

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	Frequently Asked Questions Enclosure Document (ILTC-2)
Comments:	At the Department's request, this form has been assigned a form number and attached to the Forms Schedule Tab of this filing.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure Document (ILTC-2)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure Document (ILTC-2)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure Document (ILTC-2)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 12-2-2016.pdf*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please be advised that the Change Request Form does not become part of the policy.

Related Objection 2

Applies To:

- *VA Change Request Form (ILTC-2), GRP 115277A (Form)*
- *Manual of Variable Language (ILTC-2) (Supporting Document)*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Comments: Thank you for updating the Manual of Variable Language to refer to GRP 115277A. It does not appear, however, the manual contains explanations for all of the bracketed information in the form as noted below. Please update the manual accordingly for the following:

If insured under cash indemnity rider

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

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

1) Please be advised that we have combined the Department's requests with this letter of objection as well as the August 17, 2017 objection letter, as they relate to revisions of Manual of Variable Language. The revised version of the Manual of Variable Language can be referenced on the Supporting Documentation Tab of this filing.

2) Please be advised that we have removed the term "OR" as requested. Additionally, we have updated the Manual of Variable Language to include a description for the Cash Indemnity Rider.

3) Please be advised that we have amended the Manual of Variable Language to include references to "If state approved increases over two years" and "If state approved increases over three years."

4) Please be advised that the Subsequent Increases paragraph only represents the first paragraph in our second and third increase letters. The body of the letters contain the explanatory language concerning the need for the rate increase.

5) At the Departments direction, we have replaced the term attached with enclosed.

6) Prudential confirms that if the Non-Forfeiture Benefit or Contingent Non-Forfeiture Benefit are elected, the insured will receive a lapse notice prior to conversion.

Related Objection 3

Applies To:
- VA LTC Rate Incrrease Letter, GRP 115277 (Form)
- Manual of Variable Language (ILTC-2) (Supporting Document)

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Comments: 1) The notification letter attached to the form schedule should be in its final version form. Please indicate in the Manual of Variable Language for form GRP 115277 all text appearing as titles of paragraphs which appear mostly in red in the final version of the policyholder letter will not appear in the letter when sent to the insured. Such language has been included to provide clarification for the reviewer. Please bracket the red language accordingly in the letter or , if the company so desires, remove all red text in the letter.

2) According to your response, the company amended item 4 by removing the term "OR" and adding a separate statement for the Cash Indemnity Benefit Rider. The letter continues to have the word "OR" between the [If Insured under cash benefit rider] and the second paragraph that states the insured may elect to replace your Cash Benefit Rider with the Cash Indemnity Rider. It would seem this word should be removed and the beginning of the paragraph bracketed. We could not find where the Manual of Variable Language was amended to include the paragraph [If insured under cash indemnity benefit rider]. Please add.

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

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

5) Please replace the word "attached" with enclosed in regards to the reference to the Long-Term Care Insurance Change Request Form on page 4 (first paragraph).

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

Changed Items:

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-2)
Comments:	
Attachment(s):	GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf VA - Manual of Variable Language (ILTC-2) File Copy - 10-2017.pdf GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 8-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 8-2017.pdf* *GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 12-2-2016.pdf*

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA LTC Rate Incrrease Letter	GRP 115277	OTH	Initial			GRP 115277 - VA LTC Rate Increase Letter (ILTC2) Marketing Version F - 10-2017.pdf	Date Submitted: 10/14/2017 By: Raenonna Prince
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 5-2017.pdf*	*Date Submitted: 05/31/2017 By: Raenonna Prince*
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 12-2-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Conclusion:

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

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

Sincerely,
Raenonna Prince

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/18/2017
Submitted Date	08/18/2017

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

At the Department's request, we have included a copy of the LTC By Design Policy - ILTC-2, (GRP 112563). The Policy can be referenced on the Supporting Documentation Tab of this filing

Related Objection 1

Applies To:

- Cash Indemnity Rider, GRP 114974 (Form)

Comments: In order for us to continue our review of rider form GRP 114974 please provide us with a copy of the policy or policies to which it is intended to be attached.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Copy of VA ILTC-2 Policy - GRP 112563
Comments:	The Policy was originally approved by the Department on 2/20/2004 - State Tracking #007-0000018848.
Attachment(s):	GRP 112563 - VA LTC By Design (ILTC-2) Policy.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

At the Department's request, we have amended the Schedule of Benefits to include the Cash Indemnity Rider. A copy of the revised Schedule of Benefits can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 2

Applies To:

- Cash Indemnity Rider, GRP 114974 (Form)

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

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	ILTC-2 Schedule of Benefits
Comments:	
Attachment(s):	ILTC-2 Schedule of Benefits doc.pdf
Previous Version	
Satisfied - Item:	*ILTC-2 Schedule of Benefits*
Comments:	
Attachment(s):	*ILTC-2 Schedule of Benefits doc.pdf*
Previous Version	
Satisfied - Item:	*ILTC-2 Schedule of Benefits*
Comments:	
Attachment(s):	*ILTC-2 Schedule of Benefits doc.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

At the Department's direction, we have amended the Manual of Variable Language to include the section of Optional Reductions as it relates to the Lifetime Maximum Benefit. The revised Manual of Variable Language can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 3

Applies To:

- VA LTC Rate Incrrease Letter, GRP 115277 (Form)

Comments: One of the policy change options listed is to reduce the lifetime maximum benefit by changing the number of years used to calculate the benefit. The Manual of Variable Language should describe how fields [X years] [unlimited] to [Y] years are subject to change.

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-2)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-2) - 8-2017.pdf GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 12-2-2016.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please be advised that the Contingent Non-Forfeiture Benefit is part of the base coverage and can referenced in the enclosed copy of the approved Policy, GRP 112563. The provision can be referenced on pages 17 and 18.

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Related Objection 4

Applies To:

- VA LTC Rate Incrrease Letter, GRP 115277 (Form)

- VA Change Request Form (ILTC-2), GRP 115277A (Form)

Comments: Forms GRP 115277 and GRP 115277A refer to contingent benefit upon lapse. Please advise where this benefit is described. Further, please provide us with a copy of the benefit.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Copy of VA ILTC-2 Policy - GRP 112563
Comments:	The Policy was originally approved by the Department on 2/20/2004 - State Tracking #007-0000018848.
Attachment(s):	GRP 112563 - VA LTC By Design (ILTC-2) Policy.pdf

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA Change Request Form (ILTC-2)	GRP 115277A	OTH	Initial			GRP 115277A - VA Change Request Form (ILTC-2) Marketing Version - 8-2017.pdf	Date Submitted: 08/18/2017 By: Raenonna Prince
Previous Version								
1	*VA Change Request Form (ILTC-2)*	*GRP 115277A*	*OTH*	*Initial*			*GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf*	*Date Submitted: 05/31/2017 By: Raenonna Prince*
Previous Version								
1	*VA Change Request Form (ILTC-2)*	*GRP 115277A*	*OTH*	*Initial*			*GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*
Previous Version								
1	*VA Change Request Form (ILTC-2)*	*GRP 115277A*	*OTH*	*Initial*			*GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 12-2-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Response 5

Comments:

At the Department's request, we have provided a revised copy of the Change Request Form without the explanatory language. The version of this form can be referenced on the Forms Schedule Tab of this filing.

In addition to the above, we have attached a copy of the explanatory version of the form to the Supporting Documentation Tab of this filing. The version of this form can be referenced on the Supporting Documentation of this filing under the Manual of Variable Language tab.

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Related Objection 5

Applies To:

- VA Change Request Form (ILTC-2), GRP 115277A (Form)

Comments: Form GRP 115277A contains red text that appears to be explanatory language in relation to the variable text. While the marked up version of the form is helpful to our review, only the text subject to change should appear in brackets in the final version of the form attached to the Form Schedule. As required by 14 VAC 5-100-50 3, please attach the form in the format in which it is intended to be marketed to the Form Schedule, and attach the marked up form to the description of variability attached as supporting documentation.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-2)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-2) - 8-2017.pdf GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 12-2-2016.pdf*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA Change Request Form (ILTC-2)	GRP 115277A	OTH	Initial			GRP 115277A - VA Change Request Form (ILTC-2) Marketing Version - 8-2017.pdf	Date Submitted: 08/18/2017 By: Raenonna Prince
Previous Version								
1	*VA Change Request Form (ILTC-2)*	*GRP 115277A*	*OTH*	*Initial*			*GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf*	*Date Submitted: 05/31/2017 By: Raenonna Prince*
Previous Version								
1	*VA Change Request Form (ILTC-2)*	*GRP 115277A*	*OTH*	*Initial*			*GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*
Previous Version								
1	*VA Change Request Form (ILTC-2)*	*GRP 115277A*	*OTH*	*Initial*			*GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 12-2-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Conclusion:

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

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

Sincerely,
Raenonna Prince

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/02/2017
Submitted Date	08/02/2017

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

Please refer to the letter of response from our Actuary, Ms. Ritu Jain. This information can be referenced on the Supporting Documentation of this filing.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response (Addressing 6/15/2017 Objection Issues)
Comments:	
Attachment(s):	VA - Letterof Response - 8-2-2017.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

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

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

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Sincerely,
Raenonna Prince

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/31/2017
Submitted Date	05/31/2017

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

Please be advised that insureds who are currently on waiver are not subject to the impending rate increase. In view of this, they will not receive formal notice of the rate increase and therefore, the language is not included in the policyholder notification letter.

Once an insured comes off waiver, they will then be notified of the impending rate increase including receiving the policyholder notification letter at least 75 days in advance.

You may then question why information is included in the Frequently Asked Questions document. The reasoning behind this is that this question could possibly be asked from someone who may anticipate going on waiver prior to implementation of the rate increase, or it could just be a general question from someone who is curious.

Related Objection 1

Applies To:

- VA LTC Rate Incrrease Letter, GRP 115277 (Form)

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

Changed Items:

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter
Comments:	Transferred to the Forms Schedule Tab of this filing.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC2) - Round 5 -6-7-2016.pdf*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA LTC Rate Incrrease Letter	GRP 115277	OTH	Initial			GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 5-2017.pdf	Date Submitted: 05/31/2017 By: Raenonna Prince
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 12-2-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please be advised that we have completed the requested changes as described by the Department.

Related Objection 2

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Applies To:

- VA Change Request Form (ILTC-2), GRP 115277A (Form)

Comments: The second sentence of the last paragraph on page two refers to "Prudential". The language in the form must be amended to explain that the corporate name may be referred to as Prudential. To do so, please add the word Prudential in parenthesis in the first instance the Company refers to its corporate name as "The Prudential insurance Company of America (Prudential)."

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	VA Change Request Form (ILTC-2)	GRP 115277A	OTH	Initial			GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf	Date Submitted: 05/31/2017 By: Raenonna Prince
Previous Version								
1	*VA Change Request Form (ILTC-2)*	*GRP 115277A*	*OTH*	*Initial*			*GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*
Previous Version								
1	*VA Change Request Form (ILTC-2)*	*GRP 115277A*	*OTH*	*Initial*			*GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 12-2-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please be advised that we have added the benefit reduction options to the Policyholder Notification Letter so that it mirrors the same options disclosed in the Change Request Form.

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Related Objection 3

Applies To:

- *VA LTC Rate Incrrease Letter, GRP 115277 (Form)*
- *VA Change Request Form (ILTC-2), GRP 115277A (Form)*

Comments: There appears to be a discrepancy between the options described in the policyholder letter and the options included in the change form. Although the letter may not include a complete description of each option, if an option is referenced in the change form, the same option should be appropriately referenced in the letter and given directions to contact the company for further details.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter
Comments:	Transferred to the Forms Schedule Tab of this filing.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC2) - Round 5 -6-7-2016.pdf*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA LTC Rate Incrrease Letter	GRP 115277	OTH	Initial			GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 5-2017.pdf	Date Submitted: 05/31/2017 By: Raenonna Prince
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 12-2-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*
2	VA Change Request Form (ILTC-2)	GRP 115277A	OTH	Initial			GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 5-2017.pdf	Date Submitted: 05/31/2017 By: Raenonna Prince
Previous Version								
2	*VA Change Request Form (ILTC-2)*	*GRP 115277A*	*OTH*	*Initial*			*GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*
Previous Version								
2	*VA Change Request Form (ILTC-2)*	*GRP 115277A*	*OTH*	*Initial*			*GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 12-2-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Response 4

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Comments:

4a) Please be advised that when the ILTC-2 Policy was originally filed and approved by the Department on February 20, 2004, Prudential was not required to include a Manual of Variable Language document. In view of this, we do not have a previously approved Manual of Variable Language to provide for the Departments review.

4b) The Original Schedule of Benefits form did include the Change Effective Date field. However, as previously mentioned, Prudential was not required to include a Manual of Variable Language when the ILTC-2 product was originally filed and approved by the Department. In view of this, there is no document to reference for this information.

4c) We apologize for the confusion and have removed the Respite Care and Bed Reservation benefit provisions from Manual of Variable Language. These provisions are part of the base policy coverage and are subject to calendar yearly maximums.

4d) We apologize for the confusion and thank the Department for bringing this matter our attention. We have revised the Manual of Variable Language to reflect that the bracketed field for the Private Care Consultant provision reflects the selected Maximum Daily Benefit Amount per calendar year.

4e) We have added bracketing to the Schedule of Benefits for the optional riders. The optional riders have also been added to the Manual of Variable Language.

4f) Please be advised that we have revised the Manual of Variable Language as requested.

4g) The original Schedule of Benefits, was filed with variability and approved by the Department on February 20, 2004. As mentioned in an earlier response, a statement of variability was not a required document by the state when the filing material was originally submitted to the Department for review.

Related Objection 4

Applies To:

- Manual of Variable Language (ILTC-2) (Supporting Document)
- ILTC-2 Schedule of Benefits (Supporting Document)

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

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

-Did the original form include a Change Effective Date field; and, if so, what was the explanation for that variance.
-The current explanation for Respite Care and Bed Reservation indicates bracketed information will reflect the selected Maximum Daily Benefit Amount for the Calendar Year and Lifetime Benefit. There are no brackets present in those benefits on the form provided. Please clarify.
-Private Care Consultation indicate the bracketed information will reflect the selected Maximum Daily Benefit Amount; however, the form indicates an amount per Calendar Year.
-No explanation was provided for the Optional Benefit Riders and only the Inflation rider had any brackets. The other optional benefits were not bracketed. Please include all potential riders that may be available to the insured in brackets and provide appropriate explanations for such.
-Although certain information is self explanatory (such as name & address, policy number premium rate), all bracketed information should be included in the statement of variability.

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

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-2)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-2) - 5-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 12-2-2016.pdf*

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-2)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-2) - 5-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 12-2-2016.pdf*

Satisfied - Item:	ILTC-2 Schedule of Benefits
Comments:	
Attachment(s):	ILTC-2 Schedule of Benefits doc.pdf
Previous Version	
Satisfied - Item:	*ILTC-2 Schedule of Benefits*
Comments:	
Attachment(s):	*ILTC-2 Schedule of Benefits doc.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

5a) We have amended the Manual of Variable Language as requested.

5b) We have amended the Manual of Variable Language as requested.

5c) We have amended item 4 by removing the term OR and added a separate statement for the Cash Indemnity Benefit Rider. Additionally, we have elected to keep the benefit options separate, as the Department has not yet approved the Cash Indemnity Benefit Rider.

5d) We have amended the Manual of Variable Language as requested.

Related Objection 5

Applies To:

- *VA LTC Rate Incrrease Letter, GRP 115277 (Form)*
- *Manual of Variable Language (ILTC-2) (Supporting Document)*

Comments: Please amend the Manual of Variable Language for form GRP 115277 to include that paragraph one will appear if this is a single rate increase or paragraph two if the increase in implemented in a series. Any bracketed percentages or dollar amounts will be specific to the individual policyholder.

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

Item 4 under the Manual of Variable Language for Form GRP 11527 refers to If insured under Cash Benefit Rider form or You May Elect to Replace your Cash Benefit Rider with the Cash Indemnity Rider. The explanation states this is dependent upon the policyholder benefit configuration and either paragraph may be presented or omitted. If that is the case, brackets should be at the beginning of each paragraph. It should seem too, the word OR should be bracketed if it is possible both paragraphs could be included in the same letter.

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

Changed Items:

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-2)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-2) - 5-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 12-2-2016.pdf*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA LTC Rate Incrrease Letter	GRP 115277	OTH	Initial			GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 5-2017.pdf	Date Submitted: 05/31/2017 By: Raenonna Prince
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 12-2-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Response 6

Comments:

We would like to direct the Departments attention to the second paragraph of the letter. There in the second sentence we share the total rate increase percentage. Later in that same paragraph the remaining sentences disclose the actual rate increase percentages intended to be implemented over multiple years.

Related Objection 6

Applies To:

- VA LTC Rate Incrrease Letter, GRP 115277 (Form)

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

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Notification Letter
Comments:	Transferred to the Forms Schedule Tab of this filing.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Policyholder Notification Letter*
Comments:	
Attachment(s):	*LTC Rate Increase Letter (ILTC2) - Round 5 -6-7-2016.pdf*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA LTC Rate Incrrease Letter	GRP 115277	OTH	Initial			GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 5-2017.pdf	Date Submitted: 05/31/2017 By: Raenonna Prince
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 2-2017.pdf*	*Date Submitted: 02/25/2017 By: Raenonna Prince*
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 12-2-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Response 7

Comments:

Please be advised that this section of the Frequently Asked Question already contains this information. If the Department wishes this statement to appear in another location, we ask that you please advise.

Related Objection 7

Applies To:

- Frequently Asked Questions Enclosure Document (ILTC-2) (Supporting Document)

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

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

Changed Items:

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	Frequently Asked Questions Enclosure Document (ILTC-2)
Comments:	
Attachment(s):	VA - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 5-2017.pdf
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure Document (ILTC-2)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure Document (ILTC-2)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 12-2-2016.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

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

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

Sincerely,
Raenonna Prince

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/24/2017
Submitted Date	04/24/2017

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

Please refer to the letter of response and additional response material from our Actuary, Mr. Michael Zilberman. This information can be referenced on the Supporting Documentation Tab.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

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

1) An Excel spreadsheet demonstrating the nationwide cumulative increase and the Virginia cumulative increase with updated status of rate increases nationwide. In reviewing the Rate History Chart, it appears as though the second rate increase was not approved in Virginia, and the Company is now filing for the second and third increases combined, with an adjustment to account for a delayed implementation of the second increase. In other words, the 45% and the 68.4% increase being requested on the cash and reimbursement policies may be equivalent of the originally requested rate increases at the time. Based on our records, the Company did not file for a second full increase and it is unclear why the company may be adjusting the increase for the delayed implementation. Please clarify.

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

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

4) According to the Actuarial Memorandum, the Company was willing to manage these forms to an 88% lifetime loss ratio. The memorandum states the lifetime loss ratio after the requested rate increases is projected to be 101%. Appendix A indicates the Lifetime loss ratio with the increase is 111%. Please resolve the discrepancy. What has changed since the prior rate increase that results in this higher lifetime loss ratio? Is the Company intending to manage to this higher loss ratio in the future?

Changed Items:

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA - Appendices - ILTC2.pdf VA - Appendices - ILTC2.xls Act Memo - Revised Rates ILTC2 - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Appendices - ILTC2.pdf* *Act Memo - Revised Rates ILTC2 - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Appendices - ILTC2.pdf* *Act Memo - Revised Rates ILTC2 - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Actuarial Memorandum - Revised Rates ILTC-2.pdf* *VA - Appendices - ILTC2.pdf*

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA - Appendices - ILTC2.pdf VA - Appendices - ILTC2.xls Act Memo - Revised Rates ILTC2 - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Appendices - ILTC2.pdf* *Act Memo - Revised Rates ILTC2 - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Appendices - ILTC2.pdf* *Act Memo - Revised Rates ILTC2 - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Actuarial Memorandum - Revised Rates ILTC-2.pdf* *VA - Appendices - ILTC2.pdf*

Satisfied - Item:	Letter of Response - 4-21-2017
Comments:	
Attachment(s):	VA - Letter of Response - 4-21-2017.pdf

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA - Appendices - ILTC2.pdf VA - Appendices - ILTC2.xls Act Memo - Revised Rates ILTC2 - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Appendices - ILTC2.pdf* *Act Memo - Revised Rates ILTC2 - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Appendices - ILTC2.pdf* *Act Memo - Revised Rates ILTC2 - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Actuarial Memorandum - Revised Rates ILTC-2.pdf* *VA - Appendices - ILTC2.pdf*

Satisfied - Item:	Letter of Response - 4-21-2017
Comments:	
Attachment(s):	VA - Letter of Response - 4-21-2017.pdf

Satisfied - Item:	Assumption Comparison ILTC-2
Comments:	
Attachment(s):	Assumption Comparison ILTC2.pdf Assumption Comparison ILTC2.xlsx

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA - Appendices - ILTC2.pdf VA - Appendices - ILTC2.xls Act Memo - Revised Rates ILTC2 - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Appendices - ILTC2.pdf* *Act Memo - Revised Rates ILTC2 - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Appendices - ILTC2.pdf* *Act Memo - Revised Rates ILTC2 - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Actuarial Memorandum - Revised Rates ILTC-2.pdf* *VA - Appendices - ILTC2.pdf*

Satisfied - Item:	Letter of Response - 4-21-2017
Comments:	
Attachment(s):	VA - Letter of Response - 4-21-2017.pdf

Satisfied - Item:	Assumption Comparison ILTC-2
Comments:	
Attachment(s):	Assumption Comparison ILTC2.pdf Assumption Comparison ILTC2.xlsx

Satisfied - Item:	Attachment 1.1 - Rate Increase History
Comments:	
Attachment(s):	Attachment 1.1 - Rate Increase History.pdf Attachment 1.1 - Rate Increase History.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please refer to the letter of response and additional response material from our Actuary, Mr. Michael Zilberman. The information can be referenced on the Rate Schedule Tab and Supporting Documentation Tab of this filing.

Related Objection 2

Applies To:

- Appendix F - Rate Pages (ILTC-2) GRP 114974 Cash Indemnity Benefit Rider, [GRP 114974] (Rate)
- Appendix F - Rate Pages (ILTC-2) - GRP 112209 - Calendar Day Elimination Period, [GRP 112209] (Rate)
- Appendix F - Rate Pages (ILTC-2) GRP 112210 - Restoration of Benefits, [GRP 112210] (Rate)
- Appendix F - Rate Pages (ILTC-2) GRP 112593 - Joint Waiver of Premium Benefit, [GRP 112593] (Rate)
- Appendix F - Rate Pages (ILTC-2) GRP 112594 - Survivor Waiver of Premiums Benefit, [GRP 112594] (Rate)
- Appendix F - Rate Pages (ILTC-2) GRP 112886 - Non-Forfeiture Benefit , [GRP 112886] (Rate)

Comments: It appears these forms were added to the Rate/Rule Schedule in December which indicates rates for these forms were previously approved under SERFF filing # PRUD-127772712. We cannot locate those policy forms under that SERFF tracking number. Please amend the Rate/Rule Schedule accordingly and add these forms as well as any other associated rider form numbers to the Actuarial Memorandum if the rate increase applies to these forms and include a description of the benefits. In addition, please attach the current rates/factor adjustments for these additional forms to Supporting Documentation.

Please note that form GRP 114974 is a new form. Therefore, the rate action should be new and no information should be included in the Rate Action Information column.

Changed Items:

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA - Appendices - ILTC2.pdf VA - Appendices - ILTC2.xls Act Memo - Revised Rates ILTC2 - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Appendices - ILTC2.pdf* *Act Memo - Revised Rates ILTC2 - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Appendices - ILTC2.pdf* *Act Memo - Revised Rates ILTC2 - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Actuarial Memorandum - Revised Rates ILTC-2.pdf* *VA - Appendices - ILTC2.pdf*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA - Appendices - ILTC2.pdf VA - Appendices - ILTC2.xls Act Memo - Revised Rates ILTC2 - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Appendices - ILTC2.pdf* *Act Memo - Revised Rates ILTC2 - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Appendices - ILTC2.pdf* *Act Memo - Revised Rates ILTC2 - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Actuarial Memorandum - Revised Rates ILTC-2.pdf* *VA - Appendices - ILTC2.pdf*

Satisfied - Item:	Letter of Response - 4-21-2017
Comments:	
Attachment(s):	VA - Letter of Response - 4-21-2017.pdf

No Form Schedule items changed.

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Appendix F - Rate Pages (ILTC-2) GRP 114974 Cash Indemnity Benefit Rider	GRP 114974	New		Appendix F - Rate Pages (VA ILTC2) - GRP 114974 - Cash Indemnity Benefit Rider.pdf,	04/24/2017 By: Raenonna Prince
Previous Version						
1	*Appendix F - Rate Pages (ILTC-2) GRP 114974 Cash Indemnity Benefit Rider*	*GRP 114974*	*Revised*	*Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7*	*Appendix F - Rate Pages (VA ILTC2) - GRP 114974 - Cash Indemnity Benefit Rider.pdf,*	*12/05/2016 By: Raenonna Prince*
Previous Version						
1	*Appendix F - Rate Pages (ILTC-2) GRP 114974 Cash Indemnity Benefit Rider*	*GRP 114974*	*Revised*	*Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7*	*VA - Appendix F - Rate Pages (ILTC2) - GRP 114974 - Cash Indemnity Benefit Rider.pdf,*	*06/08/2016 By: Raenonna Prince*
2	Appendix F - Rate Pages (ILTC-2) GRP 112205 - Periodic Inflation	GRP 112205	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112205 - Periodic Inflation.pdf,	04/24/2017 By: Raenonna Prince
Previous Version						
2	*Appendix F - Rate Pages (ILTC-2) GRP 112205 - Periodic Inflation*	*GRP 112205*	*Revised*	*Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7*	*Appendix F - Rate Pages (VA ILTC2) - GRP 112205 - Periodic Inflation.pdf,*	*12/05/2016 By: Raenonna Prince*
3	Appendix F - Rate Pages (ILTC-2) Automatic Simple Inflation	GRP 112206	Revised	Previous State Filing Number: N/A Percent Rate Change Request:	Appendix F - Rate Pages (VA ILTC2) - GRP 112206 - Automatic Simple Inflation.pdf,	04/24/2017 By: Raenonna Prince

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Rate/Rule Schedule Item Changes

				54.7		
Previous Version						
3	*Appendix F - Rate Pages (ILTC-2) Automatic Simple Inflation*	*GRP 112206*	*Revised*	*Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7*	*Appendix F - Rate Pages (VA ILTC2) - GRP 112206 - Automatic Simple Inflation.pdf,*	*12/05/2016 By: Raenonna Prince*
4	Appendix F - Rate Pages (ILTC-2) Automatic Compound Inflation - No Max	GRP 112207	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112207 - Automatic Comp Inf - No Max.pdf,	04/24/2017 By: Raenonna Prince
Previous Version						
4	*Appendix F - Rate Pages (ILTC-2) Automatic Compound Inflation - No Max*	*GRP 112207*	*Revised*	*Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7*	*Appendix F - Rate Pages (VA ILTC2) - GRP 112207 - Automatic Comp Inf - No Max.pdf,*	*12/05/2016 By: Raenonna Prince*
5	Appendix F - Rate Pages (ILTC-2) GRP 112208 - Automatic Compound Inflation - 2X Max	GRP 112208	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112208 - Automatic Comp Inf - 2X Max.pdf,	04/24/2017 By: Raenonna Prince
Previous Version						
5	*Appendix F - Rate Pages (ILTC-2) GRP 112208 - Automatic Compound Inflation - 2X Max*	*GRP 112208*	*Revised*	*Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7*	*Appendix F - Rate Pages (VA ILTC2) - GRP 112208 - Automatic Comp Inf - 2X Max.pdf,*	*12/05/2016 By: Raenonna Prince*
6	Appendix F - Rate Pages (ILTC-2) - GRP 112209 - Calendar Day Elimination Period	GRP 112209	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112209 - Calendar Day Elimination Period.pdf,	04/24/2017 By: Raenonna Prince
Previous Version						
6	*Appendix F - Rate*	*GRP 112209*	*Revised*	*Previous State Filing*	*Appendix F - Rate*	*12/05/2016*

Rate/Rule Schedule Item Changes

	Pages (ILTC-2) - GRP 112209 - Calendar Day Elimination Period			*Number: PRUD-127772712 Percent Rate Change Request: 54.7*	*Pages (VA ILTC2) - GRP 112209 - Calendar Day Elimination Period.pdf,*	*By: Raenonna Prince*
7	Appendix F - Rate Pages (ILTC-2) GRP 112210 - Restoration of Benefits	GRP 112210	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112210 - Restoration of Benefits.pdf,	04/24/2017 By: Raenonna Prince
Previous Version						
7	*Appendix F - Rate Pages (ILTC-2) GRP 112210 - Restoration of Benefits*	*GRP 112210*	*Revised*	*Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7*	*Appendix F - Rate Pages (VA ILTC2) - GRP 112210 - Restoration of Benefits.pdf,*	*12/05/2016 By: Raenonna Prince*
8	Appendix F - Rate Pages (ILTC-2) GRP 112593 - Joint Waiver of Premium Benefit	GRP 112593	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112593 - Joint Waiver of Premium Benefit.pdf,	04/24/2017 By: Raenonna Prince
Previous Version						
8	*Appendix F - Rate Pages (ILTC-2) GRP 112593 - Joint Waiver of Premium Benefit*	*GRP 112593*	*Revised*	*Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7*	*Appendix F - Rate Pages (VA ILTC2) - GRP 112593 - Joint Waiver of Premium Benefit.pdf,*	*12/05/2016 By: Raenonna Prince*
9	Appendix F - Rate Pages (ILTC-2) GRP 112594 - Survivor Waiver of Premiums Benefit	GRP 112594	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112594 - Survivor Waiver of Premium Benefit.pdf,	04/24/2017 By: Raenonna Prince
Previous Version						
9	*Appendix F - Rate Pages (ILTC-2) GRP 112594 - Survivor Waiver of Premiums Benefit*	*GRP 112594*	*Revised*	*Previous State Filing Number: PRUD-127772712 Percent Rate Change Request:*	*Appendix F - Rate Pages (VA ILTC2) - GRP 112594 - Survivor Waiver of Premium Benefit.pdf,*	*12/05/2016 By: Raenonna Prince*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Rate/Rule Schedule Item Changes

				54.7		
10	Appendix F - Rate Pages (ILTC-2) GRP 112886 - Non-Forfeiture Benefit	GRP 112886	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112886 - Non-Forfeiture Benefit.pdf,	04/24/2017 By: Raenonna Prince
Previous Version						
10	*Appendix F - Rate Pages (ILTC-2) GRP 112886 - Non-Forfeiture Benefit*	*GRP 112886*	*Revised*	*Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7*	*Appendix F - Rate Pages (VA ILTC2) - GRP 112886 - Non-Forfeiture Benefit.pdf,*	*12/05/2016 By: Raenonna Prince*

Conclusion:

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

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Sincerely,
Raenonna Prince

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/25/2017
Submitted Date	02/25/2017

Dear Bobby Toone,

Introduction:

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

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

Raenonna L. Prince, CLTC, LTCP
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Response 1

Comments:

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Issues 1 & 2: Please be advised that we have made the suggested revisions as requested by the Department. These revisions can be referenced in the revised letter located on the Forms Schedule Tab of this filing.

Issue 3: Please be advised policyholders whose plan design does not include a Non-Forfeiture - Shortened Benefit option, the Contingent Non-forfeiture benefit will be made available regardless of age or rate increase amount. Additionally, the Manual of Variable Language has been updated to reflect the optional range of coverage by means of the addition of the Schedule of Benefits Page.

Issue 4: Please be advised that any policyholder currently on waiver will still receive the same letter. This question is addressed as the last question in the Frequently Asked Questions document located on the Supporting Documentation Tab of this filing.

Issue 5: Pursuant to section 14VAC5-200-185 E 3, we have revised this section of the letter as requested by the Department. The revisions can be referenced in the revised letter located on the Forms Schedule Tab of this filing.

Issue 6: At the Department's request we have attached a copy of the previously approved Schedule of Benefits to the Supporting Documentation Tab of this filing. The Schedule of Benefits variable fields information has also been included in the Manual of Variable Language.

Issue 7: Please be advised that the term certain is used when the initial rate increase percentage is not approved or only partially approved. The term possible is used if the initial rate increase percentage is approved in its entirety.

Related Objection 1

Applies To:

- *VA LTC Rate Incrrease Letter, GRP 115277 (Form)*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

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

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

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

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

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

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

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

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

Changed Items:

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-2)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-2) - 2-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 12-2-2016.pdf*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA LTC Rate Incrrease Letter	GRP 115277	OTH	Initial			GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 2-2017.pdf	Date Submitted: 02/25/2017 By: Raenonna Prince
Previous Version								
1	*VA LTC Rate Incrrease Letter*	*GRP 115277*	*OTH*	*Initial*			*GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 12-2-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Issues 1, 2, 3, 4 & 5: Please be advised that we have made the suggested revisions as requested by the Department. These revisions can be referenced in the revised Frequently Asked Questions document located on the Supporting Documentation Tab of this filing.

Related Objection 2

Applies To:

- *Frequently Asked Questions Enclosure Document (ILTC-2) (Supporting Document)*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

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

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

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

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

5. Please expand the answer to "Will you raise premiums on these policies again?" to include the following:

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

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Frequently Asked Questions Enclosure Document (ILTC-2)
Comments:	
Attachment(s):	VA - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 2-2017.pdf
Previous Version	
Satisfied - Item:	*Frequently Asked Questions Enclosure Document (ILTC-2)*
Comments:	
Attachment(s):	*VA - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 12-2-2016.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

At the Department's request we have revised the second sentence by revising the language to state "...services is provided to The Prudential Insurance Company of America."

The revised "Change Request Form" can be referenced on the Forms Schedule Tab of this filing.

Related Objection 3

Applies To:

- VA Change Request Form (ILTC-2), GRP 115277A (Form)

Comments: The Company refers to itself as Prudential without explaining that the corporate name may be referred to as Prudential only in the change form. While we do not have a concern regarding this format, the form should explain that the corporate name may be referred to as Prudential only. Our concern would be resolved if the second sentence of the paragraph beginning with " [Replace my Cash Benefit Rider with the Cash Indemnity Rider ..." ended with "...such services is provided to The Prudential Insurance Company of America (Prudential)."

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	VA Change Request Form (ILTC-2)	GRP 115277A	OTH	Initial			GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 2-2017.pdf	Date Submitted: 02/25/2017 By: Raenonna Prince
Previous Version								
1	*VA Change Request Form (ILTC-2)*	*GRP 115277A*	*OTH*	*Initial*			*GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 12-2-2016.pdf*	*Date Submitted: 12/05/2016 By: Raenonna Prince*

No Rate/Rule Schedule items changed.

Conclusion:

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

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Sincerely,
Raenonna Prince

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/03/2017
Submitted Date	02/03/2017

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

Please refer to the letter of response from our Actuary, Ms. Ritu Jain, and the revised Actuarial Memorandum. These documents can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: It does not appear our objection 2 was clear. The language in the Actuarial Certification should state "The Premium rating filing is in compliance with the provisions of 14VAC5-200-153" as noted in the regulation.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 2-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 2-2-2017.pdf

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 2-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 2-2-2017.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA - Appendices - ILTC2.pdf Act Memo - Revised Rates ILTC2 - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Appendices - ILTC2.pdf* *Act Memo - Revised Rates ILTC2 - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Actuarial Memorandum - Revised Rates ILTC-2.pdf* *VA - Appendices - ILTC2.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please refer to the response letter of our Actuary, Ms. Ritu Jain. The letter can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 2

Applies To:

- *Cash Indemnity Rider, GRP 114974 (Form)*
- *VA LTC Rate Incrrease Letter, GRP 115277 (Form)*
- *VA Change Request Form (ILTC-2), GRP 115277A (Form)*
- *Frequently Asked Questions Enclosure Document (ILTC-2) (Supporting Document)*
- *Manual of Variable Language (ILTC-2) (Supporting Document)*

Comments: All of the above are currently under review. Any concerns upon completion of our review will be sent at a later date.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 2-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 2-2-2017.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please refer to the response letter of our Actuary, Ms. Ritu Jain. The letter can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 3

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

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 2-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 2-2-2017.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Please refer to the letter of response from our Actuary, Ms. Ritu Jain, and the current ILTC-2 Rate Pages. These documents can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 4

Applies To:

- *Appendix F - Rate Pages (ILTC-2) GRP 112204 Cash Benefit Rider, [GRP 112204] (Rate)*
- *Appendix F - Rate Pages (ILTC-2) GRP 112563 Base Rates, [GRP 112563] (Rate)*
- *Appendix F - Rate Pages (ILTC-2) GRP 112205 - Periodic Inflation, [GRP 112205] (Rate)*
- *Appendix F - Rate Pages (ILTC-2) Automatic Simple Inflation, [GRP 112206] (Rate)*
- *Appendix F - Rate Pages (ILTC-2) Automatic Compound Inflation - No Max, [GRP 112207] (Rate)*
- *Appendix F - Rate Pages (ILTC-2) GRP 112208 - Automatic Compound Inflation - 2X Max, [GRP 112208] (Rate)*
- *Appendix F - Rate Pages (ILTC-2) - GRP 112209 - Calendar Day Elimination Period, [GRP 112209] (Rate)*
- *Appendix F - Rate Pages (ILTC-2) GRP 112210 - Restoration of Benefits, [GRP 112210] (Rate)*
- *Appendix F - Rate Pages (ILTC-2) GRP 112593 - Joint Waiver of Premium Benefit, [GRP 112593] (Rate)*
- *Appendix F - Rate Pages (ILTC-2) GRP 112594 - Survivor Waiver of Premiums Benefit, [GRP 112594] (Rate)*
- *Appendix F - Rate Pages (ILTC-2) GRP 112886 - Non-Forfeiture Benefit , [GRP 112886] (Rate)*

Comments: Please attach copies of the current rates to Supporting Documentation.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 2-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 2-2-2017.pdf

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 2-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 2-2-2017.pdf

Satisfied - Item:	Current Rates
Comments:	
Attachment(s):	VA - GRP 112204 - Cash Benefit Rider - Initial Rate Increase 3-2013.pdf VA - GRP 112204 - Cash Benefit Rider - Second Rate Increase - 3-2013.pdf VA - GRP 112205 - Periodic Inflation Benefit Rider - Initial Rate Increase - 3-2013.pdf VA - GRP 112205 - Periodic Inflation Benefit Rider - Second Rate Increase - 3-2013.pdf VA - GRP 112206 - Automatic Simple Inflation Benefit Rider - Initial Rate Increase - 3-2013.pdf VA - GRP 112206 - Automatic Simple Inflation Benefit Rider - Second Rate Increase - 3-2013.pdf VA - GRP 112207 - Auto Comp Inflation Benefit Rider - No Max - Initial Rate Increase - 3-2013.pdf VA - GRP 112207 - Auto Comp Inflation Benefit Rider - No Max - Second Rate Increase - 3-2013.pdf VA - GRP 112563 - Base Policy - Second Rate Increase - 3-2013.pdf VA - GRP 112208 - Auto Comp Inflation Benefit Rider - 2X Max - Initial Rate Increase 3-2013.pdf VA - GRP 112208 - Auto Comp Inflation Benefit Rider - 2X Max - Second Rate Increase - 3-2013.pdf VA - GRP 112563 - Base Policy - Initial Rate Increase - 3-2013.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please refer to the letter of response from our Actuary, Ms. Ritu Jain, and Shock Lapse Assumption Support and VA State Rate Basis Template & Appendices. These documents can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 5

Applies To:

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

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Comments: 1. Please explain how the voluntary lapse assumptions were developed for later durations given the lack of experience at later durations under this policy form. Additionally, given there has been a prior rate increase for this policy form in some states, please specify whether shock lapses have been included in the voluntary lapse experience shown in Exhibit 2? If shock lapses are included in Exhibit 2, please quantify the impact of shock lapses by duration.

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

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

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

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 2-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 2-2-2017.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 2-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 2-2-2017.pdf

Satisfied - Item:	Shock Lapse Assumption Support
Comments:	
Attachment(s):	Shock Lapse Assumption Support.pdf

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 2-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 2-2-2017.pdf

Satisfied - Item:	Shock Lapse Assumption Support
Comments:	
Attachment(s):	Shock Lapse Assumption Support.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA - Appendices - ILTC2.pdf Act Memo - Revised Rates ILTC2 - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Appendices - ILTC2.pdf* *Act Memo - Revised Rates ILTC2 - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Actuarial Memorandum - Revised Rates ILTC-2.pdf* *VA - Appendices - ILTC2.pdf*

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 2-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 2-2-2017.pdf

Satisfied - Item:	Shock Lapse Assumption Support
Comments:	
Attachment(s):	Shock Lapse Assumption Support.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA - Appendices - ILTC2.pdf Act Memo - Revised Rates ILTC2 - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Appendices - ILTC2.pdf* *Act Memo - Revised Rates ILTC2 - VA.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Actuarial Memorandum - Revised Rates ILTC-2.pdf* *VA - Appendices - ILTC2.pdf*

Satisfied - Item:	VA state Rate Basis Template & Appendices
Comments:	
Attachment(s):	VA State Rate Basis Template & Appendices - ILTC2.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

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

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

Sincerely,
Raenonna Prince

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/05/2016
Submitted Date	12/05/2016

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

Please refer to the letter of response and additional response material from our Actuary, Ms. Ritu Jain. This information can be referenced on the Forms Schedule, Rate Schedule and Supporting Documentation Tabs of this filing.

Related Objection 1

Applies To:

- *Appendix F - Rate Pages (ILTC-2) GRP 112204 Cash Benefit Rider, [GRP 112204] (Rate)*
- *Appendix F - Rate Pages (ILTC-2) GRP 112563 Base Rates, [GRP 112563] (Rate)*
- *Appendix F - Rate Pages (ILTC-2) GRP 114974 Cash Indemnity Benefit Rider, [GRP 114974] (Rate)*

Comments: According to the Actuarial Memorandum, the rate increase applies to one long term care policy GRP 112563. According to Section 5 of the memorandum, the revised rates are applicable to this policy form and all future periodic inflation protection offers.

Two of the policy forms noted above were approved under SERFF tracking # PRUD- 127772712. Included in that filing, however, were rate increases for policy forms: GRP 112208, GRP 112207, GRP 112206, and GRP 112205. Are the rates for these riders being affected by the rate increase? If so, these form numbers should be included in the "Affected Form Numbers" in the Rate/Rule Schedule with the rates attached and all form numbers noted in the Actuarial Memorandum.

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

According to the submission, the company is willing implement the increase over a period of 3 years. As a result, the company should attach a rate schedule that reflects the rates for each period to the Rate/Rule Schedule. The company may wish to wait until closer to the approval date, however, to update the filing. Please advise, however, what the percentage increase would be for each period.

Changed Items:

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA - Certification of Compliance - 12-2-2016.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA - Certification of Compliance - 6-8-2016.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA - Certification of Compliance - 12-2-2016.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA - Certification of Compliance - 6-8-2016.pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA - LTC Rate Summary Request 12-2-2016.pdf Rate Summary Insert Page.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA - LTC Rate Summary Request 6-8-2016.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA - LTC Rate Summary Request 6-8-2016.pdf*

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA - Certification of Compliance - 12-2-2016.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA - Certification of Compliance - 6-8-2016.pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA - LTC Rate Summary Request 12-2-2016.pdf Rate Summary Insert Page.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA - LTC Rate Summary Request 6-8-2016.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA - LTC Rate Summary Request 6-8-2016.pdf*

Satisfied - Item:	Letter of Response - 12-2-2016
Comments:	
Attachment(s):	VA - Letter of Response 12-2-2016.pdf

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA - Certification of Compliance - 12-2-2016.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA - Certification of Compliance - 6-8-2016.pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA - LTC Rate Summary Request 12-2-2016.pdf Rate Summary Insert Page.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA - LTC Rate Summary Request 6-8-2016.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA - LTC Rate Summary Request 6-8-2016.pdf*

Satisfied - Item:	Letter of Response - 12-2-2016
Comments:	
Attachment(s):	VA - Letter of Response 12-2-2016.pdf

Satisfied - Item:	Objection 3.2 - ILTC-2
Comments:	
Attachment(s):	Objection 3.2 - ILTC2.pdf

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA - Certification of Compliance - 12-2-2016.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA - Certification of Compliance - 6-8-2016.pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA - LTC Rate Summary Request 12-2-2016.pdf Rate Summary Insert Page.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA - LTC Rate Summary Request 6-8-2016.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA - LTC Rate Summary Request 6-8-2016.pdf*

Satisfied - Item:	Letter of Response - 12-2-2016
Comments:	
Attachment(s):	VA - Letter of Response 12-2-2016.pdf

Satisfied - Item:	Objection 3.2 - ILTC-2
Comments:	
Attachment(s):	Objection 3.2 - ILTC2.pdf

Satisfied - Item:	Objection 3.4 - AE LR
Comments:	
Attachment(s):	Objection 3.4 - AE LR.pdf

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA - Certification of Compliance - 12-2-2016.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA - Certification of Compliance - 6-8-2016.pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Comments:	
Attachment(s):	*VA - LTC Rate Summary Request 6-8-2016.pdf*
Previous Version	
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Comments:	
Attachment(s):	*VA - LTC Rate Summary Request 6-8-2016.pdf*

Satisfied - Item:	Letter of Response - 12-2-2016
Comments:	
Attachment(s):	VA - Letter of Response 12-2-2016.pdf

Satisfied - Item:	Objection 3.2 - ILTC-2
Comments:	
Attachment(s):	Objection 3.2 - ILTC2.pdf

Satisfied - Item:	Objection 3.4 - AE LR
Comments:	
Attachment(s):	Objection 3.4 - AE LR.pdf

Satisfied - Item:	L&H Actuarial Memorandum

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Comments:	
Attachment(s):	VA - Appendices - ILTC2.pdf Act Memo - Revised Rates ILTC2 - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Actuarial Memorandum - Revised Rates ILTC-2.pdf* *VA - Appendices - ILTC2.pdf*

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA - Certification of Compliance - 12-2-2016.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA - Certification of Compliance - 6-8-2016.pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Attachment(s):	VA - LTC Rate Summary Request 12-2-2016.pdf Rate Summary Insert Page.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA - LTC Rate Summary Request 6-8-2016.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA - LTC Rate Summary Request 6-8-2016.pdf*

Satisfied - Item:	Letter of Response - 12-2-2016
Comments:	
Attachment(s):	VA - Letter of Response 12-2-2016.pdf

Satisfied - Item:	Objection 3.2 - ILTC-2
Comments:	
Attachment(s):	Objection 3.2 - ILTC2.pdf

Satisfied - Item:	Objection 3.4 - AE LR
Comments:	
Attachment(s):	Objection 3.4 - AE LR.pdf

Satisfied - Item:	L&H Actuarial Memorandum

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Comments:	
Attachment(s):	VA - Appendices - ILTC2.pdf Act Memo - Revised Rates ILTC2 - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Actuarial Memorandum - Revised Rates ILTC-2.pdf* *VA - Appendices - ILTC2.pdf*

Satisfied - Item:	Frequently Asked Questions Enclosure Document (ILTC-2)
Comments:	
Attachment(s):	VA - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 12-2-2016.pdf

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA - Certification of Compliance - 12-2-2016.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA - Certification of Compliance - 6-8-2016.pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA - LTC Rate Summary Request 12-2-2016.pdf Rate Summary Insert Page.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA - LTC Rate Summary Request 6-8-2016.pdf*
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Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA - LTC Rate Summary Request 6-8-2016.pdf*

Satisfied - Item:	Letter of Response - 12-2-2016
Comments:	
Attachment(s):	VA - Letter of Response 12-2-2016.pdf

Satisfied - Item:	Objection 3.2 - ILTC-2
Comments:	
Attachment(s):	Objection 3.2 - ILTC2.pdf

Satisfied - Item:	Objection 3.4 - AE LR
Comments:	
Attachment(s):	Objection 3.4 - AE LR.pdf

Satisfied - Item:	L&H Actuarial Memorandum

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Comments:	
Attachment(s):	VA - Appendices - ILTC2.pdf Act Memo - Revised Rates ILTC2 - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Actuarial Memorandum - Revised Rates ILTC-2.pdf* *VA - Appendices - ILTC2.pdf*

Satisfied - Item:	Frequently Asked Questions Enclosure Document (ILTC-2)
Comments:	
Attachment(s):	VA - Frequently Asked Questions Enclosure Document (ILTC-2) File Copy - 12-2-2016.pdf

Satisfied - Item:	Manual of Variable Language (ILTC-2)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-2) - 12-2-2016.pdf

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA LTC Rate Incrrease Letter	GRP 115277	OTH	Initial			GRP 115277 - VA LTC Rate Increase Letter (ILTC2) File Copy - 12-2-2016.pdf	Date Submitted: 12/05/2016 By: Raenonna Prince
2	VA Change Request Form (ILTC-2)	GRP 115277A	OTH	Initial			GRP 115277A - VA Change Request Form (ILTC-2) File Copy - 12-2-2016.pdf	Date Submitted: 12/05/2016 By: Raenonna Prince

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Appendix F - Rate Pages (ILTC-2) GRP 112204 Cash Benefit Rider	GRP 112204	Revised	Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112204 - Cash Benefit Rider.pdf,	12/05/2016 By: Raenonna Prince
Previous Version						
1	*Appendix F - Rate Pages (ILTC-2) GRP 112204 Cash Benefit Rider*	*GRP 112204*	*Revised*	*Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7*	*VA - Appendix F - Rate Pages (ILTC2) - GRP 112204 - Cash Benefit Rider.pdf,*	*06/08/2016 By: Raenonna Prince*
2	Appendix F - Rate Pages (ILTC-2) GRP 112563 Base Rates	GRP 112563	Revised	Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112563 - No Inflation.pdf,	12/05/2016 By: Raenonna Prince
Previous Version						
2	*Appendix F - Rate Pages (ILTC-2) GRP 112563 Base Rates*	*GRP 112563*	*Revised*	*Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7*	*VA - Appendix F - Rate Pages (ILTC2) - GRP 112563 - Base Rates.pdf,*	*06/08/2016 By: Raenonna Prince*
3	Appendix F - Rate Pages (ILTC-2) GRP 114974 Cash Indemnity Benefit Rider	GRP 114974	Revised	Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 114974 - Cash Indemnity Benefit Rider.pdf,	12/05/2016 By: Raenonna Prince
Previous Version						
3	*Appendix F - Rate Pages (ILTC-2) GRP 114974 Cash Indemnity Benefit Rider*	*GRP 114974*	*Revised*	*Previous State Filing Number: PRUD-127772712 Percent Rate Change*	*VA - Appendix F - Rate Pages (ILTC2) - GRP 114974 - Cash Indemnity Benefit*	*06/08/2016 By: Raenonna Prince*

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Rate/Rule Schedule Item Changes

				Request: 54.7	*Rider.pdf,*	
4	Appendix F - Rate Pages (ILTC-2) GRP 112205 - Periodic Inflation	GRP 112205	Revised	Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112205 - Periodic Inflation.pdf,	12/05/2016 By: Raenonna Prince
5	Appendix F - Rate Pages (ILTC-2) Automatic Simple Inflation	GRP 112206	Revised	Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112206 - Automatic Simple Inflation.pdf,	12/05/2016 By: Raenonna Prince
6	Appendix F - Rate Pages (ILTC-2) Automatic Compound Inflation - No Max	GRP 112207	Revised	Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112207 - Automatic Comp Inf - No Max.pdf,	12/05/2016 By: Raenonna Prince
7	Appendix F - Rate Pages (ILTC-2) GRP 112208 - Automatic Compound Inflation - 2X Max	GRP 112208	Revised	Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112208 - Automatic Comp Inf - 2X Max.pdf,	12/05/2016 By: Raenonna Prince
8	Appendix F - Rate Pages (ILTC-2) - GRP 112209 - Calendar Day Elimination Period	GRP 112209	Revised	Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112209 - Calendar Day Elimination Period.pdf,	12/05/2016 By: Raenonna Prince
9	Appendix F - Rate Pages (ILTC-2) GRP 112210 - Restoration of Benefits	GRP 112210	Revised	Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112210 - Restoration of Benefits.pdf,	12/05/2016 By: Raenonna Prince
10	Appendix F - Rate Pages (ILTC-2) GRP 112593 - Joint Waiver of Premium Benefit	GRP 112593	Revised	Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112593 - Joint Waiver of Premium Benefit.pdf,	12/05/2016 By: Raenonna Prince

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Rate/Rule Schedule Item Changes						
11	Appendix F - Rate Pages (ILTC-2) GRP 112594 - Survivor Waiver of Premiums Benefit	GRP 112594	Revised	Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112594 - Survivor Waiver of Premium Benefit.pdf,	12/05/2016 By: Raenonna Prince
12	Appendix F - Rate Pages (ILTC-2) GRP 112886 - Non-Forfeiture Benefit	GRP 112886	Revised	Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112886 - Non-Forfeiture Benefit.pdf,	12/05/2016 By: Raenonna Prince

Response 2

Comments:

Please refer to the letter of response and additional response material from our Actuary, Ms. Ritu Jain. This information can be referenced on the Forms Schedule, Rate Schedule and Supporting Documentation Tabs of this filing.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Since all policies in Virginia were issued on or after October 1, 2003, the rate increase will be reviewed in accordance with the requirements of 14VAC5-200-153. Please amend the Actuarial Certification to include the required certification in accordance with 14VAC5-200-153 B 2 b which states the premium rate filing is in compliance with the provision of this section.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA - Appendices - ILTC2.pdf Act Memo - Revised Rates ILTC2 - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Actuarial Memorandum - Revised Rates ILTC-2.pdf* *VA - Appendices - ILTC2.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please refer to the letter of response and additional response material from our Actuary, Ms. Ritu Jain. This information can be referenced on the Forms Schedule, Rate Schedule and Supporting Documentation Tabs of this filing.

Related Objection 3

Applies To:

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

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Comments: Please provide the following:

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

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

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

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

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

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

7. According to your cover letter, these policies were sold nationwide from 2002 through 2009. In Virginia the policies were sold between 2004 and 2006. Since this filing is subject to 14VAC5-200-153 for policies issued on or after October 1, 2003, please remove the nationwide experience prior to that date from the exhibits and provide updated exhibits.

8. As a reminder, for post-stability policies, all present and accumulated values should be used to determine rate increases shall use the maximum valuation interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia as set forth in 14VAC5-200-153-C 4.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA - Appendices - ILTC2.pdf Act Memo - Revised Rates ILTC2 - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Actuarial Memorandum - Revised Rates ILTC-2.pdf* *VA - Appendices - ILTC2.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please refer to the letter of response and additional response material from our Actuary, Ms. Ritu Jain. This information can be referenced on the Forms Schedule, Rate Schedule and Supporting Documentation Tabs of this filing.

Related Objection 4

Applies To:

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

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

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

With sufficient variability, the letter only needs to be submitted once to be reviewed and filed with the Bureau. Objections regarding the policyholder letter have been addressed in the SERFF tracking # PRUD-130596260. If the company does not wish use the same letter for all filings, the Company may submit a policyholder letter specific to this filing with a different form number and attach it to this filing under Supporting Documentation.

The Long-Term Care Insurance Change Request Form and Frequently Asked Questions Relating to Premium Insurance could also contain sufficient variability to avoid multiple forms if the company wishes to do so. These forms are not required to be filed and should be attached to Supporting Documentation.

In line with this, any forms that will be attached to the policy to reflect changes made in the benefits may be used for all policies with sufficient variability unless the company prefers to use specific forms for each policy. Please advise how the company wishes to proceed with this.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA - Appendices - ILTC2.pdf Act Memo - Revised Rates ILTC2 - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Actuarial Memorandum - Revised Rates ILTC-2.pdf* *VA - Appendices - ILTC2.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please refer to the letter of response and additional response material from our Actuary, Ms. Ritu Jain. This information can be referenced on the Forms Schedule, Rate Schedule and Supporting Documentation Tabs of this filing.

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Related Objection 5

Applies To:

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

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

1) Rather than refer the consumer to Appendix A which may not be easily located by the consumer, please state the average annual premium as $4286 and the average requested increase of 54.7% as stated in Section 15 of the memorandum.

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

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

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA - LTC Rate Summary Request 12-2-2016.pdf Rate Summary Insert Page.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA - LTC Rate Summary Request 6-8-2016.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA - LTC Rate Summary Request 6-8-2016.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please refer to the letter of response and additional response material from our Actuary, Ms. Ritu Jain. This information can be referenced on the Forms Schedule, Rate Schedule and Supporting Documentation Tabs of this filing.

Related Objection 6

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

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

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA - Appendices - ILTC2.pdf Act Memo - Revised Rates ILTC2 - VA.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA - Actuarial Memorandum - Revised Rates ILTC-2.pdf* *VA - Appendices - ILTC2.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

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

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

Sincerely,
Raenonna Prince

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Amendment Letter

Submitted Date: 06/01/2017

Comments:

We made one adjustment with the attached Manual of Variable Language.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language (ILTC-2)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-2) - 5-2017.pdf
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 5-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 2-2017.pdf*
Previous Version	
Satisfied - Item:	*Manual of Variable Language (ILTC-2)*
Comments:	
Attachment(s):	*VA - Manual of Variable Language (ILTC-2) - 12-2-2016.pdf*

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Amendment Letter

Submitted Date: 02/26/2017

Comments:

Please refer to the ILTC-2 Schedule of Benefits attached to the Supporting Documentation Tab of this filing.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	ILTC-2 Schedule of Benefits
Comments:	
Attachment(s):	ILTC-2 Schedule of Benefits doc.pdf

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Amendment Letter

Submitted Date: 02/03/2017

Comments:

We have included the excel version of the VA State Rate Basis Template & Appendices for you review.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA State Rate Basis Template & Appendices
Comments:	
Attachment(s):	VA State Rate Basis Template & Appendices - ILTC2.pdf VA State Rate Basis Template & Appendices - ILTC2.xlsx
Previous Version	
Satisfied - Item:	*VA state Rate Basis Template & Appendices*
Comments:	
Attachment(s):	*VA State Rate Basis Template & Appendices - ILTC2.pdf*

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Amendment Letter

Submitted Date: 06/08/2016

Comments:

A correction was made to the effective date section of the Long Term Care Insurance Rate Request Summary was completed.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA - LTC Rate Summary Request 6-8-2016.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA - LTC Rate Summary Request 6-8-2016.pdf*

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Note To Filer

Created By:

Bobby Toone on 07/18/2019 01:55 PM

Last Edited By:

Bobby Toone

Submitted On:

05/21/2020 09:21 AM

Subject:

Extension Request

Comments:

An extension to 8/23/2019 is granted.

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Note To Reviewer

Created By:

Raenonna Prince on 07/18/2019 01:16 PM

Last Edited By:

Bobby Toone

Submitted On:

05/21/2020 09:21 AM

Subject:

Re: Request for Extension

Comments:

Mr. Toone:

To complete the response material associated with the Department's letter of objection dated July 8, 2019, we are requesting an extension date of August 23, 2019.

Please advise is this request for an extension is possible. Should you be in need of any additional information, please do not hesitate to contact me. Thank you. -Rae

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

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Note To Filer

Created By:

Bobby Toone on 04/01/2019 02:56 PM

Last Edited By:

Bobby Toone

Submitted On:

06/27/2019 07:59 AM

Subject:

Request for Extension

Comments:

An extension until 06/21/2019 is fine.

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Note To Reviewer

Created By:

Raenonna Prince on 04/01/2019 11:03 AM

Last Edited By:

Bobby Toone

Submitted On:

06/27/2019 07:59 AM

Subject:

Re: Request for Extension

Comments:

Mr. Toone,

In view of the Department's upcoming Public Hearing scheduled for May 21, 2019, our Actuarial Department would like to suspend the activity on this filing until after the hearing. The reasoning behind this is we hope to gain more insight on the Department's needs for approving rate increase filings and perhaps adjust our filings to better align with those needs.

Please advise if this is possible and if so, we would like to request an extension date of June 21, 2019.

Should you be in need of any additional information, please do not hesitate to contact me. Thank you. -Rae
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E-Mail: Raenonna.prince@ prudential.com

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Note To Filer

Created By:

Bobby Toone on 02/25/2019 10:27 AM

Last Edited By:

Bobby Toone

Submitted On:

06/27/2019 07:59 AM

Subject:

Extension Request

Comments:

The request for an extension until 03/22/2019 is granted.

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Note To Reviewer

Created By:

Raenonna Prince on 02/22/2019 11:23 AM

Last Edited By:

Bobby Toone

Submitted On:

06/27/2019 07:59 AM

Subject:

Re: Request for Extension

Comments:

Mr. Toone:

To complete the response material associated with the Department's letter of We are requesting an extension date of 2/4/2019, we are requesting an extension date of March 22, 2019.

Please advise is this request for an extension is possible. Should you be in need of any additional information, please do not hesitate to contact me. Thank you. -Rae

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Dresher, PA 19044
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Fax: 888-294-6332
E-Mail: Raenonna.prince@ prudential.com

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Note To Reviewer

Created By:

Raenonna Prince on 12/08/2016 08:35 AM

Last Edited By:

Bobby Toone

Submitted On:

06/27/2019 07:59 AM

Subject:

Re: Response to Question

Comments:

Ms. Houser:

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

Please be advised that the material associated with this filing is for an Individual Long Term Care Insurance Policy. As mentioned in our filing cover letter, Policy GRP 112563 (ILTC12) was previously approved by the Department on February 20, 2004. The Prefix "GRP" is part of our administrative form number process and is in no way indicative of being a Group Long Term Care Insurance Policy. Prudentia'sl Group Long Term Care Insurance Polices are generally identified by policy series 83500.

We trust this information satisfies the Department's concerns. Please let me know if you are in need of any additional information. Thank you. -Rae

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Dresher, PA 19044
Voice: 215-658-6281| Cell: 215-990-7186
Fax: 888-294-6332
E-Mail: Raenonna.prince@ prudential.com

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Note To Filer

Created By:

Janet Houser on 12/06/2016 01:45 PM

Last Edited By:

Bobby Toone

Submitted On:

06/27/2019 07:59 AM

Subject:

Market Type Question

Comments:

Please confirm if this filing is for Long Term Care Individual business or for Long Term Care group business?

The filing and the heading in the Actuarial Memorandum both indicate individual but the affected form numbers begin with GRP. If this is group, we will need to reject the filing so that it may be resubmitted under the correct TOI. If the filing must be rejected, I will provide additional information regarding the submission.

I apologize for any inconvenience or confusion this may have caused.

Janet

804-371-9390

State:	*Virginia*	**Filing Company:**	*The Prudential Insurance Company of America*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Individual Long Term Care Insurance*		
Project Name/Number:	*ILTC-2 Re-Rate/5I-2015*		

Reviewer Note

Created By:

Bobby Toone on 10/15/2018 04:23 PM

Last Edited By:

Bobby Toone

Submitted On:

05/21/2020 09:21 AM

Subject:

RRS

Comments:

RRS1-Prudential 6304
RRS1-Prudential 6304 Narrative
RRS2

Reset Form

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

Company Name and NAIC Number: The Prudential Insurance Company of America - 304-68241

SERFF Tracking Number: PRUD-130596304

Effective Date: December 1, 2017

Revised Rates

Average Annual Premium Per Member: $4286

Average Requested Percentage Rate Change Per Member: 54%

Minimum Requested Percentage Rate Change Per Member: 45%

Maximum Requested Percentage Rate Change Per Member: 68.4%

Number of Policy Holders Affected : 126

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
GRP 112563	LTC By Design Policy (ILTC-2)
GRP 112204	Cash Benefit Rider
GRP 112205	Periodic Inflation Rider
GRP 112206	Automatic Simple Inflation Rider
GRP 112207	Automatic Compound Inflation Rider - No Max
GRP 112208	Automatic Compound Inflation Rider - 2X Max
GRP 112209	Calendar Day Elimination Period Rider
GRP 112210	Restoration of Benefits Rider
GRP 112593	Joint Waiver of Premiums Benefit Rider
GRP 112594	Survivor Waiver of Premiums Benefit Rider
GRP 112886	Non-Forfeiture Benefit Rider
GRP 114974	Cash Indemnity Rider

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

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

There are many factors that were assumed at the time of original pricing. Some of these factors can include, but are not limited to;

1. **The number of policy holders that will voluntarily or involuntarily drop their coverage.**
2. **The length and number of claims expected to be paid in the future.**
3. **The interest rates needed for investments to reach sufficient levels of reserves.**

This rate increase in needed mainly due to the underestimated percent of policyholders who drop their coverage. Due to the lower than expected lapse and mortality rates assumed at original pricing, much higher amounts of claims will need to be paid out than initially foreseen. These premium increases will ensure that Prudential remains solvent and capable of paying all future claims for all policyholders.

Long Term Care Insurance Rate Request Summary
Part 2 –To Be Completed by Bureau of Insurance

Company Name and NAIC Number: The Prudential Ins. Co. of America – 68241

SERFF Tracking Number: PRUD-130596304

Disposition: Approved

Approval Date: 2/10/2020

Revised Rates

Average Annual Premium Per Member*:* $4,286 after increase

Average Requested Percentage Rate Change Per Member: 54%

Minimum Requested Percentage Rate Change Per Member: 45%

Maximum Requested Percentage Rate Change Per Member: 68.4%

Number of Policy Holders Affected: 126

Prudential (the Company) requested a: (1) 45% increase for Limited Benefit Period and Reimbursement Benefits, (2) 52.1% for Limited Benefit Period and Cash Rider, (3) 67.3% for Unlimited Benefit Period and Reimbursement Benefits, and (4) 68.4% for Unlimited Benefit Period and Cash Rider . As the forms were issued in Virginia from 5/2004 to 3/2006, the experience was reviewed based on the rules in effect at the time of issue. For policies issued after 10/1/2003, they were reviewed according to the requirements of 14VAC5-200-153 (post-rate stability).

The Bureau of Insurance's (the Bureau) consulting actuary reviewed the filing and indicated that the rate increase will result in lifetime loss ratios more than the original target for this block (60%vs 102%). Therefore, the requested rate increase was approved.

This increase will impact approximately 126 policyholders. 39 with Unlimited Benefit Period and 87 with Limited Benefit Period. The primary reasons for the rate increase are that policyholders are living longer and keeping their policies in force longer, which has resulted in more claims being filed than the Company anticipated when the policy was

This document is intended to explain the decision made by the Bureau of Insurance and it is only a summary of the Bureau's review. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

originally priced. The Company determined that a premium increase is necessary to reflect that future claims are expected to be significantly higher on these policies than originally expected or priced and to ensure that sufficient funds are available to pay claims.

The Company has stated that if the requested premium increase is implemented and the underlying assumptions with a 10% load for moderately adverse conditions are realized, no further premium rate schedule increases are anticipated.

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions, or a paid-up policy equal to the sum of premiums paid. Specific options are included in the letter sent to all policyholders notifying them of the rate increase and may be discussed directly with the company by calling its customer service department.

The filing can be reviewed on the Bureau's webpage under the Rate/Policy Form Search at: http://www.scc.virginia.gov/boi/SERFFInquiry/default.asp

This document is intended to explain the decision made by the Bureau of Insurance and it is only a summary of the Bureau's review. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

State: *Virginia*
Filing Company: *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 02/10/2020	Cash Indemnity Rider	GRP 115283	POLA	Initial		46.900	GRP 115283 - (ILTC-2) Cash Indemnity Rider - File Copy- 2-2020.pdf
2	Filed 02/10/2020	Schedule of Benefits	GRP 112563REV	OTH	Initial			ILTC-2 Schedule of Benefits - 10-11-2017.pdf

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NAP**	Network Access Plan
NOC	Notice of Coverage	**OTH**	Other
OUT	Outline of Coverage	**PJK**	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	**POLA**	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	**PRD**	Provider Directory

Prudential

The Prudential Insurance Company of America
[751 Broad Street, Newark, New Jersey 07102-3777]

Long Term Care Insurance Rider
CASH INDEMNITY RIDER

This certifies that the following benefit has been added to your Long Term Care Insurance Policy. This Rider applies to you on the Effective Date shown on your **Schedule of Policy Benefits** as long as you pay premiums when due for the Policy and the Rider, and provided the coverage is not otherwise terminated. The benefits provided under this Rider are subject to all the provisions, definitions, exclusions and limitations of the Policy to which it is attached.

Certain capitalized terms used in this Rider have been defined to make it easier for you to understand. Please refer to the **Glossary** section in your Policy for an explanation.

These provisions change your Long Term Care Insurance Policy to provide a cash indemnity benefit in lieu of the **Benefits Payable at the Home and Community-Based Care Maximum Daily Benefit.** No other benefit for Home and Community Based Care will be paid while this Rider is in force.

Changes Made in the Policy

The following section replaces the provisions in the Policy relating to **BENEFITS PAYABLE AT THE HOME AND COMMUNITY-BASED CARE MAXIMUM DAILY BENEFIT.**

ADULT DAY CARE, HOME HEALTH CARE, HOMEMAKER SERVICES, AND PERSONAL CARE

Your Policy provides a daily indemnity benefit for each day you incur Eligible Charges for Home Health Care, Homemaker Services or Personal Care Services. Such services must be received from a Caregiver, (defined on page 2 of this Rider). This Policy also provides a daily indemnity benefit for each day you incur Eligible Charges for Adult Day Care.

For each day that you incur Eligible Charges from a Caregiver for Home Health Care, Homemaker Services or Personal Care Services, Prudential will pay you an amount equal to the Home and Community-Based Care Maximum Daily Benefit Level. For each day that you incur Eligible Charges for Adult Day Care, Prudential will pay you an amount equal to the Home and Community-Based Care Maximum Daily Benefit Level. You will receive the Home and Community-Based Care Maximum Daily Benefit Level only on days you incur Eligible Charges for these services. Benefits paid for any given day will not exceed the Home and Community-Based Care Maximum Daily Benefit Level.

You must submit proper proof of loss as identified in the **Proof of Loss** section of your Policy in order to receive the daily indemnity benefit.

These benefits are subject to the Elimination Period and reduce your Lifetime Maximum.

Benefits will not be paid for Home and Community-Based Care incurred on the same day on which you incur Eligible Charges from a Nursing Home, an Adult Foster Home, an Assisted Living Facility or Residential Health Care Facility.

Caregiver means any provider of Home Health Care, Homemaker Services or Personal Care Services who satisfies one of the following.

1) Is licensed, certified or otherwise authorized by the state where the services are performed to perform Home Health Care, Homemaker Services or Personal Care Services.
2) Meets the alternative criteria below if licensure, certification or other authorization to perform Home Health Care, Homemaker Services or Personal Care Services is not required by the state where the services are to be performed.

Caregiver includes, without limitation, a Home Health Care Agency, Home Health Aide, Referral Agency, Nurse Registry, Independent Health Care Professional and Personal Care Agency.

Caregiver also includes an entity that satisfies the **Agencies as Caregivers** requirements below, or an individual that satisfies the **Independent Caregiver** requirements below.

1) **Agencies as Caregivers**. If the Home Health Care, Homemaker Services or Personal Care Services are furnished through an agency but the state in which the services are provided does not require the agency to be licensed, certified or otherwise authorized by the state to provide Home Health Care, Homemaker Services or Personal Care Services, then the agency must satisfy all of the following criteria, to be a Caregiver.
    a) The agency must employ a full-time agency administrator responsible for the following.
        i) Developing and maintaining care standards for Home Health Care, Homemaker Services or Personal Care Services provided to individuals.
        ii) Ensuring that care providers receive adequate training in medical and non-medical home care protocols, as appropriate, to effectively perform Home Health Care,

Homemaker Services or Personal Care Services.

b) The agency must employ or contract with a Registered Nurse to direct and supervise care providers who provide Home Health Care, Homemaker Services or Personal Care Services.

c) The agency must create a customized care plan to meet the needs of each individual to whom it provides Home Health Care, Homemaker Services or Personal Care Services.

d) The agency must maintain written records of services provided during each home care visit.

e) The agency must employ or contract with care providers who are appropriately licensed, certified or otherwise authorized by the state to provide medical and/or non-medical Home Health Care, Homemaker Services or Personal Care Services, if the state in which services are provided requires care providers to be licensed, certified or otherwise authorized to provide such services. If the state does not require care providers to be licensed, certified or otherwise authorized to provide such services, then the agency must employ or contract with care providers who satisfy the Independent Caregivers requirements below, or are otherwise adequately and appropriately trained to provide medical and/or non-medical Home Health Care, Homemaker Services or Personal Care Services.

f) The agency must hold a current business license from the state in which Home Health Care, Homemaker Services or Personal Care Services are provided.

2) **Independent Caregivers**. If a care provider works independently and is not an agency or affiliated with an agency, and the state in which Home Health Care, Homemaker Services or Personal Care Services are provided does not require the independent Home Health Care provider to be certified, licensed or otherwise authorized to provide such services, then the independent Home Health Care provider must satisfy all of the following criteria to be a Caregiver.

a) The independent care provider must submit documentation to Prudential confirming that he or she successfully completed a formal training program providing instruction and/or classroom training in topics relating to the provision of assistance with Activities of Daily Living or the provision of other Qualified Long-Term Care Services, such as body mechanics, nutrition, infection control, and safe transfer techniques. The training must be obtained from one of the

following.

i) community college.

ii) similar accredited educational institution or vocational school.

iii) an agency that meets the **Agencies as Caregiver** definition above.

iv) a state-approved training program for home care workers.

v) another school, organization or individual that is authorized to provide such training by the state in which Home Health Care, Homemaker Services or Personal Care Services are provided.

b) The independent care provider must submit to Prudential proof of identity, such as a valid state issued driver's license.

c) Upon request, the independent care provider must submit to Prudential written records documenting the Home Health Care, Homemaker Services or Personal Care Services provided during each home care visit.

All references to the Cash Benefit Rider are hereby changed to the Cash Indemnity Benefit Rider.

Canceling this Rider

If you cancel this rider, benefits for Home and Community-Based Care will be paid according to the provisions in the Policy. Your premium will be adjusted.

NOTICE: Since benefits paid under this Rider are made without regard to costs incurred by you, part of the benefits could be considered taxable income. If the benefits paid under this Rider are in excess of the per diem limit as prescribed by law, they could be considered taxable income. This per diem limit is indexed for inflation. You should consult with a tax advisor for more information concerning the tax implications.

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

[Margaret M. Foran]

[Secretary]

SCHEDULE OF POLICY BENEFITS

LTC BY DESIGN℠ Insurance

POLICY NUMBER: [XXXXXXXXXX]

ORIGINAL EFFECTIVE DATE: [MM/DD/YYYY]
CHANGE EFFECTIVE DATE: [MM/DD/YYYY]
PREMIUM AGE: [XXX]
RATE CLASS: [Standard, Rated]
POLICY ANNIVERSARY DATE:
[MM/DD/YYYY and each mm/dd] thereafter

INSURED: [First Name, Last Name]
[Address Line 1]
[Address Line 2]
[City, State ZIP Code]

ELIMINATION PERIOD [XX days]

BASIC BENEFITS

MAXIMUM DAILY BENEFIT LEVEL	Up to $ [XXX] per day
BED RESERVATION	Up to 21 days per Calendar Year
RESPITE CARE	Up to 21 days per Calendar Year
HOME and COMMUNITY-BASED CARE MAXIMUM DAILY BENEFIT LEVEL	Up to $ [XXX] per day
INDEPENDENCE SUPPORT - Maximum Lifetime Benefit:	Up to $ [XX,XXX]
PRIVATE CARE CONSULTANT - Maximum Calendar Year Benefit:	Up to $ [XX,XXX] per Calendar Year
LIFETIME MAXIMUM BENEFIT	$ [XXX,XXX]

THIS POLICY INCLUDES THE FOLLOWING OPTIONAL BENEFIT RIDERS

OPTIONAL RIDER	**EFFECTIVE DATE OF RIDER**
INFLATION RIDER: [NONE,	
PERIODIC INFLATION RIDER (PIF Factor: 3, 4, 5, 10 Based on Benefit Period);	
5% SIMPLE INFLATION RIDER -	
INFLATABLE DAILY BENEFIT LEVEL: $ [XXX.XX]	
INFLATABLE HCBC DAILY BENEFIT LEVEL: $[XXX.XX]	
INFLATABLE LIFETIME MAXIMUM: $[XXX,XXX]	
5% COMPOUND INFLATION RIDER – 2X MAXIMUM;	
5% COMPOUND INFLATION RIDER – NO MAXIMUM;	
A new Schedule of Policy Benefits will be sent to you when an increase under the Inflation Rider occurs.]	
[CASH BENEFIT RIDER]	
[CASH INDEMNITY RIDER]	
[MONTHLY BENEFIT RIDER]	
[CALENDAR DAY ELIMINATION PERIOD RIDER]	
[NON-FORFEITURE BENEFIT RIDER]	
[RESTORATION OF BENEFITS RIDER]	
[JOINT WAIVER OF PREMIUM BENEFIT RIDER]	

[SURVIVOR WAIVER OF PREMIUM BENEFIT RIDER]

See next page for Premium Information.

SCHEDULE OF POLICY BENEFITS (Continued)

LTC BY DESIGN℠ Insurance

POLICY NUMBER: [XXXXXXXXXX]

INSURED: [First Name, Last Name]

PREMIUM INFORMATION

PREMIUM PAYMENT OPTION		[Lifetime, 10 Year Paid Up, Paid Up at Age 65]
Basic Benefits Annual Premium		$ [XX, XXX.XX]
Optional Benefit Riders Premium		$[XX, XXX.XX]
Optional Inflation Rider	$[X, XXX.XX]	
Monthly Benefit Rider/Cash Benefit Rider	$ [X, XXX.XX]	
Cash Indemnity Rider	$ [X, XXX.XX]	
Calendar Day Elimination Period Rider	$ [X, XXX.XX]	
Non-Forfeiture Benefit Rider	$[X, XXX.XX]	
Restoration of Benefits Rider	$ [X, XXX.XX]	
Joint Waiver of Premium Benefit Rider	$[X, XXX.XX]	
Survivor Waiver of Premium Benefit Rider	$ [X, XXX.XX]	
Annual Premium Including All Optional Riders		$ [XX, XXX.XX]
Total of Available Discounts	[XX]%	
(List discounts applied here: Select Health Discount, Qualified Adult Discount, Spouse Discount, Business/Affinity Discount)		
Total Annual Premium Including Optional Riders and Less Discounts		**$ [XX, XXX.XX]**
Modal Premiums		
Annual		$[XX,XXX.XX]
Semi-Annual*		$[XX,XXX.XX]
Quarterly		$[XX,XXX.XX]
Monthly – EFT		$[XX,XXX.XX]
*This is the modal premium you have elected.		

[PREMIUM PAYER (if other than the insured) Telephone Number: [XXX-XXX-XXXX]
ABC Company, Inc. Attention: First Name, Last Name
Address
City, State, ZIP Code]

[OWNER (if other than the insured)
Name]

Agent: [First Name, Last Name Telephone Number: [XXX-XXX-XXXX]
Address
City, State, ZIP Code]

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 30.900%
Effective Date of Last Rate Revision: 12/01/2016
Filing Method of Last Filing: SERFF
SERFF Tracking Number of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
The Prudential Insurance Company of America	54.700%	54.700%	$190,925	126	$349,040	68.400%	45.000%

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Rate/Rule Schedule

State: *Virginia* **Filing Company:** *The Prudential Insurance Company of America*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Individual Long Term Care Insurance*
Project Name/Number: *ILTC-2 Re-Rate/5I-2015*

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Appendix F - Rate Pages (ILTC-2) GRP 112204 Cash Benefit Rider	GRP 112204	Revised	Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112204 - Cash Benefit Rider.pdf,
2		Appendix F - Rate Pages (ILTC-2) GRP 112563 Base Rates	GRP 112563	Revised	Previous State Filing Number: PRUD-127772712 Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112563 - No Inflation.pdf,
3		Appendix F - Rate Pages (ILTC-2) GRP 114974 Cash Indemnity Benefit Rider	GRP 114974	New		Appendix F - Rate Pages (VA ILTC2) - GRP 114974 - Cash Indemnity Benefit Rider.pdf,
4		Appendix F - Rate Pages (ILTC-2) GRP 112205 - Periodic Inflation	GRP 112205	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112205 - Periodic Inflation.pdf,
5		Appendix F - Rate Pages (ILTC-2) Automatic Simple Inflation	GRP 112206	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112206 - Automatic Simple Inflation.pdf,
6		Appendix F - Rate Pages (ILTC-2) Automatic Compound Inflation - No Max	GRP 112207	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112207 - Automatic Comp Inf - No Max.pdf,
7		Appendix F - Rate Pages (ILTC-2) GRP 112208 - Automatic Compound Inflation - 2X Max	GRP 112208	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112208 - Automatic Comp Inf - 2X Max.pdf,
8		Appendix F - Rate Pages (ILTC-2) - GRP 112209 - Calendar Day Elimination Period	GRP 112209	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112209 - Calendar Day Elimination Period.pdf,
9		Appendix F - Rate Pages (ILTC-2) GRP 112210 -	GRP 112210	Revised	Previous State Filing Number: N/A	Appendix F - Rate Pages (VA ILTC2) -

		Restoration of Benefits			Percent Rate Change Request: 54.7	GRP 112210 - Restoration of Benefits.pdf,
10		Appendix F - Rate Pages (ILTC-2) GRP 112593 - Joint Waiver of Premium Benefit	GRP 112593	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112593 - Joint Waiver of Premium Benefit.pdf,
11		Appendix F - Rate Pages (ILTC-2) GRP 112594 - Survivor Waiver of Premiums Benefit	GRP 112594	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112594 - Survivor Waiver of Premium Benefit.pdf,
12		Appendix F - Rate Pages (ILTC-2) GRP 112886 - Non-Forfeiture Benefit	GRP 112886	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 54.7	Appendix F - Rate Pages (VA ILTC2) - GRP 112886 - Non-Forfeiture Benefit.pdf,

Appendix F
The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors

GRP 112204

Adjustment factors - Cash Benefit Rider							
			Inflation Option				
Issue Ages	HHC % of Institutional Benefit	Benefit Period	None	Guaranteed Purchase Option	5% Automatic Simple	5% Automatic Compound (2x Maximum)	5% Automatic Compound (No Maximum)
18 - 64	**50%**	**2**	1.374	1.374	1.395	1.458	1.458
		3	1.458	1.458	1.490	1.542	1.542
		4	1.542	1.542	1.573	1.626	1.626
		5	1.626	1.626	1.657	1.720	1.720
		Unlimited	1.812	1.812	1.832	1.892	1.892
	75%	**2**	1.542	1.542	1.584	1.678	1.678
		3	1.626	1.626	1.668	1.762	1.762
		4	1.720	1.720	1.752	1.846	1.846
		5	1.804	1.804	1.836	1.941	1.941
		Unlimited	1.983	1.983	2.023	2.124	2.124
	100%	**2**	1.699	1.699	1.762	1.888	1.888
		3	1.794	1.794	1.846	1.972	1.972
		4	1.878	1.878	1.941	2.056	2.056
		5	1.962	1.962	2.025	2.140	2.140
		Unlimited	2.154	2.154	2.204	2.335	2.335
65+	**50%**	**2**	1.259	1.259	1.280	1.343	1.343
		3	1.343	1.343	1.364	1.427	1.427
		4	1.427	1.427	1.448	1.511	1.511
		5	1.511	1.511	1.531	1.594	1.594
		Unlimited	1.681	1.681	1.701	1.772	1.772
	75%	**2**	1.427	1.427	1.458	1.563	1.563
		3	1.511	1.511	1.542	1.647	1.647
		4	1.594	1.594	1.626	1.731	1.731
		5	1.678	1.678	1.720	1.815	1.815
		Unlimited	1.862	1.862	1.892	1.993	1.993
	100%	**2**	1.584	1.584	1.647	1.762	1.762
		3	1.668	1.668	1.731	1.846	1.846
		4	1.752	1.752	1.815	1.941	1.941
		5	1.836	1.836	1.899	2.025	2.025
		Unlimited	2.023	2.023	2.094	2.204	2.204

Appendix F
The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors

GRP 112563

VIRGINIA BASE RATES BEFORE ADJUSTMENTS					
Gross Annual Standard Unmarried (Single) Premium Per $10.00 of Institutional Care Daily Benefit Home Care Daily Benefit: 100% of Institutional Care Daily Benefit $1,825 x Daily Benefit Lifetime Maximum Benefit (5 Year Benefit Period) 90 Day Elimination Period Lifetime Premium Payment Option					
Inflation Option					
Issue Age	None				
18-30	72.59				
31	73.41				
32	74.20				
33	75.01				
34	75.82				
35	76.62				
36	77.43				
37	78.24				
38	79.03				
39	79.84				
40	80.65				
41	82.71				
42	84.75				
43	86.81				
44	88.90				
45	90.96				
46	93.00				
47	95.06				
48	97.15				
49	99.21				
50	101.27				
51	108.40				
52	115.57				
53	122.70				
54	129.85				
55	137.01				
56	144.14				
57	151.29				
58	158.44				
59	165.60				
60	172.77				
61	187.44				
62	202.13				
63	216.80				
64	231.48				
65	246.18				
66	275.40				
67	304.63				
68	333.86				
69	363.08				
70	392.31				
71	446.44				
72	500.60				
73	554.76				
74	608.90				
75	663.06				
76	754.58				
77	846.09				
78	937.63				
79	1,029.15				
80	1,120.68				
81	1,275.38				
82	1,430.05				
83	1,584.75				
84	1,739.43				

Appendix F
The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors

GRP 112563

Adjustment Factors - Policy Benefit Options			
Lifetime Maximum (Benefit Period)		**Home and Community Based Care Daily Benefit**	
Benefit Period		HHC % of Institutional Benefit	
2 YEAR	0.73		
3 YEAR	0.82	50%	0.93
4 YEAR*	0.91	75%	0.97
5 YEAR*	1.00	100%	1.00
UNLIMITED*	1.48		

* Note available for issue ages 80 - 84

Adjustment Factors - Underwriting Class	
Underwriting Class	
Standard	1.00
Rated	1.25

Adjustment Factors - Marital / Caregiver Status			
Marital/Caregiver Status	**Without Select Health Discount**	**With Select Health Discount**	**Minimum Discount Factor**
Married Single	0.90	0.75	0.70
Married Joint	0.80	0.70	0.70
Single (Not Married)	1.00	0.85	0.70

Adjustment Factors - Premium Payment Mode	
Premium Payment Mode	
Annual	1.000
Semi-Annual	0.515
Quarterly	0.265
Auto-Monthly	0.085

Appendix F
The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors

GRP 114974

Adjustment factors - Cash Indemnity Benefit Rider							
			Inflation Option				
Issue Ages	HHC % of Institutional Benefit	Benefit Period	None	Guaranteed Purchase Option	5% Automatic Simple	5% Automatic Compound (2x Maximum)	5% Automatic Compound (No Maximum)
18 - 64	**50%**	**2**	1.206	1.206	1.217	1.252	1.252
		3	1.252	1.252	1.270	1.298	1.298
		4	1.298	1.298	1.315	1.344	1.344
		5	1.344	1.344	1.361	1.396	1.396
		Unlimited	1.447	1.447	1.458	1.491	1.491
	75%	**2**	1.298	1.298	1.321	1.373	1.373
		3	1.344	1.344	1.367	1.419	1.419
		4	1.396	1.396	1.414	1.465	1.465
		5	1.442	1.442	1.460	1.518	1.518
		Unlimited	1.541	1.541	1.563	1.618	1.618
	100%	**2**	1.384	1.384	1.419	1.488	1.488
		3	1.437	1.437	1.465	1.535	1.535
		4	1.483	1.483	1.518	1.581	1.581
		5	1.529	1.529	1.564	1.627	1.627
		Unlimited	1.635	1.635	1.662	1.734	1.734
65+	**50%**	**2**	1.142	1.142	1.154	1.189	1.189
		3	1.189	1.189	1.200	1.235	1.235
		4	1.235	1.235	1.246	1.281	1.281
		5	1.281	1.281	1.292	1.327	1.327
		Unlimited	1.375	1.375	1.386	1.425	1.425
	75%	**2**	1.235	1.235	1.252	1.310	1.310
		3	1.281	1.281	1.298	1.356	1.356
		4	1.327	1.327	1.344	1.402	1.402
		5	1.373	1.373	1.396	1.448	1.448
		Unlimited	1.474	1.474	1.491	1.546	1.546
	100%	**2**	1.321	1.321	1.356	1.419	1.419
		3	1.367	1.367	1.402	1.465	1.465
		4	1.414	1.414	1.448	1.518	1.518
		5	1.460	1.460	1.494	1.564	1.564
		Unlimited	1.563	1.563	1.602	1.662	1.662

Appendix F
The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors

GRP 112205

VIRGINIA BASE RATES BEFORE ADJUSTMENTS					
Gross Annual Standard Unmarried (Single) Premium Per $10.00 of Institutional Care Daily Benefit Home Care Daily Benefit: 100% of Institutional Care Daily Benefit $1,825 x Daily Benefit Lifetime Maximum Benefit (5 Year Benefit Period) 90 Day Elimination Period Lifetime Premium Payment Option					
Inflation Option					
Issue Age		Guaranteed Purchase Option			
18-30		78.05			
31		78.91			
32		79.79			
33		80.65			
34		81.52			
35		82.37			
36		83.24			
37		84.13			
38		84.98			
39		85.85			
40		86.71			
41		88.94			
42		91.15			
43		93.37			
44		95.58			
45		97.79			
46		100.02			
47		102.23			
48		104.44			
49		106.66			
50		108.90			
51		116.58			
52		124.27			
53		131.94			
54		139.65			
55		147.31			
56		155.02			
57		162.69			
58		170.39			
59		178.06			
60		185.75			
61		201.54			
62		217.33			
63		233.12			
64		248.91			
65		264.70			
66		296.12			
67		327.57			
68		358.98			
69		390.43			
70		421.83			
71		480.05			
72		538.28			
73		596.53			
74		654.75			
75		712.97			
76		811.39			
77		909.80			
78		1,008.21			
79		1,106.64			
80		1,205.05			
81		1,371.38			
82		1,537.70			
83		1,704.03			
84		1,870.37			

Appendix F
The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors

GRP 112205

Adjustment Factors - Policy Benefit Options			
Lifetime Maximum (Benefit Period)		**Home and Community Based Care Daily Benefit**	
Benefit Period		HHC % of Institutional Benefit	
2 YEAR	0.73		
3 YEAR	0.82	50%	0.93
4 YEAR*	0.91	75%	0.97
5 YEAR*	1.00	100%	1.00
UNLIMITED*	1.48		

* Note available for issue ages 80 - 84

Adjustment Factors - Underwriting Class	
Underwriting Class	
Standard	1.00
Rated	1.25

Adjustment Factors - Marital / Caregiver Status			
Marital/Caregiver Status	**Without Select Health Discount**	**With Select Health Discount**	**Minimum Discount Factor**
Married Single	0.90	0.75	0.70
Married Joint	0.80	0.70	0.70
Single (Not Married)	1.00	0.85	0.70

Adjustment Factors - Premium Payment Mode	
Premium Payment Mode	
Annual	1.000
Semi-Annual	0.515
Quarterly	0.265
Auto-Monthly	0.085

Appendix F
The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors

GRP 112206

VIRGINIA BASE RATES BEFORE ADJUSTMENTS					
Gross Annual Standard Unmarried (Single) Premium Per $10.00 of Institutional Care Daily Benefit Home Care Daily Benefit: 100% of Institutional Care Daily Benefit $1,825 x Daily Benefit Lifetime Maximum Benefit (5 Year Benefit Period) 90 Day Elimination Period Lifetime Premium Payment Option					
Inflation Option					
Issue Age			5% Automatic Simple		
18-30			119.07		
31			120.39		
32			121.73		
33			123.05		
34			124.37		
35			125.70		
36			127.01		
37			128.33		
38			129.66		
39			130.98		
40			132.30		
41			137.20		
42			142.19		
43			147.23		
44			152.34		
45			157.53		
46			162.81		
47			168.13		
48			173.52		
49			178.99		
50			184.54		
51			195.76		
52			206.87		
53			217.86		
54			228.77		
55			239.53		
56			250.21		
57			260.74		
58			271.21		
59			281.53		
60			291.78		
61			313.26		
62			334.27		
63			354.82		
64			374.91		
65			394.53		
66			438.64		
67			482.73		
68			526.83		
69			570.94		
70			615.03		
71			692.39		
72			769.73		
73			847.09		
74			924.42		
75			1,001.79		
76			1,127.78		
77			1,253.77		
78			1,379.76		
79			1,505.74		
80			1,631.76		
81			1,833.12		
82			2,034.50		
83			2,235.84		
84			2,437.22		

Appendix F
The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors

GRP 112206

Adjustment Factors - Policy Benefit Options			
Lifetime Maximum (Benefit Period)		**Home and Community Based Care Daily Benefit**	
Benefit Period		HHC % of Institutional Benefit	
2 YEAR	0.73		
3 YEAR	0.82	50%	0.93
4 YEAR*	0.91	75%	0.97
5 YEAR*	1.00	100%	1.00
UNLIMITED*	1.48		

* Note available for issue ages 80 - 84

Adjustment Factors - Underwriting Class	
Underwriting Class	
Standard	1.00
Rated	1.25

Adjustment Factors - Marital / Caregiver Status			
Marital/Caregiver Status	**Without Select Health Discount**	**With Select Health Discount**	**Minimum Discount Factor**
Married Single	0.90	0.75	0.70
Married Joint	0.80	0.70	0.70
Single (Not Married)	1.00	0.85	0.70

Adjustment Factors - Premium Payment Mode	
Premium Payment Mode	
Annual	1.000
Semi-Annual	0.515
Quarterly	0.265
Auto-Monthly	0.085

Appendix F
The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors

GRP 112207

VIRGINIA BASE RATES BEFORE ADJUSTMENTS					
Gross Annual Standard Unmarried (Single) Premium Per $10.00 of Institutional Care Daily Benefit Home Care Daily Benefit: 100% of Institutional Care Daily Benefit $1,825 x Daily Benefit Lifetime Maximum Benefit (5 Year Benefit Period) 90 Day Elimination Period Lifetime Premium Payment Option					
Inflation Option					
Issue Age					5% Automatic Compound (No Maximum)
18-30					168.93
31					170.81
32					172.68
33					174.54
34					176.42
35					178.31
36					180.18
37					182.06
38					183.92
39					185.80
40					187.67
41					195.03
42					202.51
43					210.12
44					217.88
45					225.79
46					233.84
47					242.03
48					250.33
49					258.81
50					267.42
51					278.31
52					289.03
53					299.54
54					309.92
55					320.12
56					330.15
57					340.00
58					349.67
59					359.17
60					368.49
61					391.91
62					414.80
63					437.25
64					459.16
65					480.60
66					522.19
67					562.89
68					602.71
69					641.64
70					679.67
71					757.38
72					835.07
73					912.80
74					990.50
75					1,068.22
76					1,190.33
77					1,312.47
78					1,434.57
79					1,556.71
80					1,678.85
81					1,870.80
82					2,062.74
83					2,254.69
84					2,446.64

Appendix F
The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors

GRP 112207

Adjustment Factors - Policy Benefit Options			
Lifetime Maximum (Benefit Period)		**Home and Community Based Care Daily Benefit**	
Benefit Period		HHC % of Institutional Benefit	
2 YEAR	0.73		
3 YEAR	0.82	50%	0.93
4 YEAR*	0.91	75%	0.97
5 YEAR*	1.00	100%	1.00
UNLIMITED*	1.48		

* Note available for issue ages 80 - 84

Adjustment Factors - Underwriting Class	
Underwriting Class	
Standard	1.00
Rated	1.25

Adjustment Factors - Marital / Caregiver Status			
Marital/Caregiver Status	**Without Select Health Discount**	**With Select Health Discount**	**Minimum Discount Factor**
Married Single	0.90	0.75	0.70
Married Joint	0.80	0.70	0.70
Single (Not Married)	1.00	0.85	0.70

Adjustment Factors - Premium Payment Mode	
Premium Payment Mode	
Annual	1.000
Semi-Annual	0.515
Quarterly	0.265
Auto-Monthly	0.085

Appendix F
The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors

GRP 112208

VIRGINIA BASE RATES BEFORE ADJUSTMENTS					
Gross Annual Standard Unmarried (Single) Premium Per $10.00 of Institutional Care Daily Benefit Home Care Daily Benefit: 100% of Institutional Care Daily Benefit $1,825 x Daily Benefit Lifetime Maximum Benefit (5 Year Benefit Period) 90 Day Elimination Period Lifetime Premium Payment Option					
Inflation Option					
Issue Age				5% Automatic Compound (2x Maximum)	
18-30				74.20	
31				77.27	
32				80.36	
33				83.45	
34				86.57	
35				89.65	
36				92.73	
37				95.82	
38				98.90	
39				101.99	
40				105.11	
41				110.30	
42				115.62	
43				121.00	
44				126.50	
45				132.04	
46				137.66	
47				143.38	
48				149.19	
49				155.08	
50				161.05	
51				172.93	
52				184.67	
53				196.36	
54				207.89	
55				219.33	
56				230.62	
57				241.83	
58				252.91	
59				263.87	
60				274.70	
61				299.93	
62				324.60	
63				348.75	
64				372.37	
65				395.46	
66				440.06	
67				484.68	
68				529.29	
69				573.90	
70				618.51	
71				700.94	
72				783.42	
73				865.88	
74				948.36	
75				1,030.81	
76				1,160.44	
77				1,290.04	
78				1,419.64	
79				1,549.24	
80				1,678.85	
81				1,870.80	
82				2,062.74	
83				2,254.69	
84				2,446.64	

Appendix F
The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors

GRP 112208

Adjustment Factors - Policy Benefit Options			
Lifetime Maximum (Benefit Period)		**Home and Community Based Care Daily Benefit**	
Benefit Period		HHC % of Institutional Benefit	
2 YEAR	0.73		
3 YEAR	0.82	50%	0.93
4 YEAR*	0.91	75%	0.97
5 YEAR*	1.00	100%	1.00
UNLIMITED*	1.48		

* Note available for issue ages 80 - 84

Adjustment Factors - Underwriting Class	
Underwriting Class	
Standard	1.00
Rated	1.25

Adjustment Factors - Marital / Caregiver Status			
Marital/Caregiver Status	**Without Select Health Discount**	**With Select Health Discount**	**Minimum Discount Factor**
Married Single	0.90	0.75	0.70
Married Joint	0.80	0.70	0.70
Single (Not Married)	1.00	0.85	0.70

Adjustment Factors - Premium Payment Mode	
Premium Payment Mode	
Annual	1.000
Semi-Annual	0.515
Quarterly	0.265
Auto-Monthly	0.085

Appendix F
The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors

GRP 112209

Adjustment Factors - Policy Benefit Options	
Elimination Period	
Elimination Period	Calendar Day Definiation
30 DAY*	1.15
60 DAY	1.10
90 DAY	1.04
180 DAY	0.93

* Note available for issue ages 80 - 84

Appendix F
The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors

GRP 112210

Adjustment Factors - Additional Riders	
Restoration of Benefits Rider	
Benefit Period	
2 YEAR	1.03
3 YEAR	1.02
4 YEAR*	1.01
5 YEAR*	1.01
UNLIMITED*	1.00

Appendix F
The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors

GRP 112593

Joint Waiver of Premium Rider	
Issue Age	
18 - 55	1.01
56 – 67	1.02
68 – 72	1.05
73 - 77	1.11
78 +	1.20

Appendix F
The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors

GRP 112594
Page 1 of 1

Survivor Waiver of Premium Benefit Rider	
Issue Age	
18 - 55	1.12
56 – 67	1.12
68 – 72	1.12
73 - 77	1.10
78 +	1.05

Appendix F
The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors

GRP 112886

Shortened Benefit Period Nonforfeiture Rider	
Included	
Yes	1.11
No	1.00

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA - Certification of Compliance - 12-2-2016.pdf
Item Status:	Received & Acknowledged
Status Date:	12/20/2016

Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	VA Checklist - 6-8-2016.pdf
Item Status:	Received & Acknowledged
Status Date:	12/20/2016

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA - Appendices - ILTC2.pdf VA - Appendices - ILTC2.xls Act Memo - Revised Rates ILTC2 - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	12/28/2017

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA - LTC Rate Summary Request 12-2-2016.pdf Rate Summary Insert Page.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 6-8-2016.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115277).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115281).pdf
Item Status:	Received & Acknowledged
Status Date:	12/28/2017

Satisfied - Item:	Appendix C - Description of Experience Analysis and Assumption Setting

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Comments:	
Attachment(s):	Appendix C - Description of Experience Analysis and Assumption Setting.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - ILTC-2
Comments:	
Attachment(s):	Appendix C - Exhibit 1 - Mortality Details - ILTC.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Appendix C - Exhibit 2 - Lapse Analysis Details - ILTC-2
Comments:	
Attachment(s):	Appendix C - Exhibit 2 - Lapse Details - ILTC.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Appendix C - Exhibit 3 - Morbidity Details - ILTC-2
Comments:	
Attachment(s):	Appendix C - Exhibit 3 - Morbidity Details - ILTC.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Appendix D - Persistency - ILTC-2
Comments:	
Attachment(s):	VA - Appendix D - Persistency - ILTC2.pdf
Item Status:	Received & Acknowledged
Status Date:	06/14/2016

Satisfied - Item:	Appendix E - DOB - ILTC-2
Comments:	
Attachment(s):	VA - Appendix E - DOB - ILTC2.pdf
Item Status:	Received & Acknowledged
Status Date:	06/14/2016

Satisfied - Item:	Rate Increase History
Comments:	

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Attachment(s):	VA - Rate Increase History - ILTC2.pdf VA - Rate Increase History - ILTC2.xls
Item Status:	Received & Acknowledged
Status Date:	06/15/2017

Satisfied - Item:	Policyholder Notification Letter Package - GRP 115277
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from the Forms Schedule Tab of this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Filing Cover Letter
Comments:	
Attachment(s):	VA - Filing Cover Letter - 6-8-2016.pdf
Item Status:	Received & Acknowledged
Status Date:	06/14/2016

Satisfied - Item:	Letter of Response - 12-2-2016
Comments:	
Attachment(s):	VA - Letter of Response 12-2-2016.pdf
Item Status:	Received & Acknowledged
Status Date:	12/20/2016

Satisfied - Item:	Objection 3.2 - ILTC-2
Comments:	
Attachment(s):	Objection 3.2 - ILTC2.pdf
Item Status:	Received & Acknowledged
Status Date:	12/20/2016

Satisfied - Item:	Objection 3.4 - AE LR
Comments:	
Attachment(s):	Objection 3.4 - AE LR.pdf
Item Status:	Received & Acknowledged
Status Date:	12/20/2016

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Satisfied - Item:	Frequently Asked Questions Enclosure Document (ILTC-2) - GRP 115281
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from the Forms Schedule Tab of this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Manual of Variable Language (ILTC-2)
Comments:	
Attachment(s):	VA - Manual of Variable Language (ILTC-2) - 2-2020.pdf
Item Status:	Received & Acknowledged
Status Date:	02/06/2020

Satisfied - Item:	Letter of Response - 2-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 2-2-2017.pdf
Item Status:	Received & Acknowledged
Status Date:	02/06/2017

Satisfied - Item:	Current Rates
Comments:	
Attachment(s):	VA - GRP 112204 - Cash Benefit Rider - Initial Rate Increase 3-2013.pdf VA - GRP 112204 - Cash Benefit Rider - Second Rate Increase - 3-2013.pdf VA - GRP 112205 - Periodic Inflation Benefit Rider - Initial Rate Increase - 3-2013.pdf VA - GRP 112205 - Periodic Inflation Benefit Rider - Second Rate Increase - 3-2013.pdf VA - GRP 112206 - Automatic Simple Inflation Benefit Rider - Initial Rate Increase - 3-2013.pdf VA - GRP 112206 - Automatic Simple Inflation Benefit Rider - Second Rate Increase - 3-2013.pdf VA - GRP 112207 - Auto Comp Inflation Benefit Rider - No Max - Initial Rate Increase - 3-2013.pdf VA - GRP 112207 - Auto Comp Inflation Benefit Rider - No Max - Second Rate Increase - 3-2013.pdf VA - GRP 112563 - Base Policy - Second Rate Increase - 3-2013.pdf VA - GRP 112208 - Auto Comp Inflation Benefit Rider - 2X Max - Initial Rate Increase 3-2013.pdf VA - GRP 112208 - Auto Comp Inflation Benefit Rider - 2X Max - Second Rate Increase - 3-2013.pdf VA - GRP 112563 - Base Policy - Initial Rate Increase - 3-2013.pdf
Item Status:	Received & Acknowledged
Status Date:	02/06/2017

Satisfied - Item:	Shock Lapse Assumption Support

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Comments:	
Attachment(s):	Shock Lapse Assumption Support.pdf
Item Status:	Received & Acknowledged
Status Date:	02/06/2017

Satisfied - Item:	VA State Rate Basis Template & Appendices
Comments:	
Attachment(s):	VA State Rate Basis Template & Appendices - ILTC2.pdf VA State Rate Basis Template & Appendices - ILTC2.xlsx
Item Status:	Received & Acknowledged
Status Date:	02/06/2017

Satisfied - Item:	ILTC-2 Schedule of Benefits
Comments:	
Attachment(s):	ILTC-2 Schedule of Benefits - 10-11-2017.pdf
Item Status:	Received & Acknowledged
Status Date:	12/28/2017

Satisfied - Item:	Letter of Response - 4-21-2017
Comments:	
Attachment(s):	VA - Letter of Response - 4-21-2017.pdf
Item Status:	Received & Acknowledged
Status Date:	06/15/2017

Satisfied - Item:	Assumption Comparison ILTC-2
Comments:	
Attachment(s):	Assumption Comparison ILTC2.pdf Assumption Comparison ILTC2.xlsx
Item Status:	Received & Acknowledged
Status Date:	06/15/2017

Satisfied - Item:	Attachment 1.1 - Rate Increase History
Comments:	
Attachment(s):	Attachment 1.1 - Rate Increase History.pdf Attachment 1.1 - Rate Increase History.xlsx
Item Status:	Received & Acknowledged
Status Date:	06/15/2017

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Satisfied - Item:	Letter of Response (Addressing 6/15/2017 Objection Issues)
Comments:	
Attachment(s):	VA - Letterof Response - 8-2-2017.pdf
Item Status:	Received & Acknowledged
Status Date:	08/22/2017

Satisfied - Item:	Copy of VA ILTC-2 Policy - GRP 112563
Comments:	The Policy was originally approved by the Department on 2/20/2004 - State Tracking #007-0000018848.
Attachment(s):	GRP 112563 - VA LTC By Design (ILTC-2) Policy.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Cash Benefit Rider (Redline Language Cash Indemnity Rider Replaces)
Comments:	
Attachment(s):	GRP 112204 - Cash Benefit Rider (Redline Language Cash Indemnity Rider Replaces).pdf
Item Status:	Received & Acknowledged
Status Date:	12/28/2017

Satisfied - Item:	Policy Redline Language (Cash Benefit Rider Replaces)
Comments:	
Attachment(s):	Policy Redline Language (Cash Benefit Rider Replaces) - 10-11-2017.pdf
Item Status:	Received & Acknowledged
Status Date:	12/28/2017

Satisfied - Item:	Letter of Response - 10-13-2017
Comments:	
Attachment(s):	VA - Letter of Response - 10-13-2017.pdf
Item Status:	Received & Acknowledged
Status Date:	12/28/2017

Satisfied - Item:	VA - Change Request Form
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Item Status:	Received & Acknowledged

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Status Date:	02/04/2020

Satisfied - Item:	Policyholder Notification Letter - John Doe version
Comments:	Please be advised that we have removed the Policyholder Notification Letter Package material from this filing. The Policyholder Notification Letter Package is currently being reviewed under our corresponding SERFF Filing Prud-130596305 and is intended for use with all of Prudential's Individual Long Term Care Insurance Products.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	02/04/2020

Satisfied - Item:	Letter of Response - 5-10-2019
Comments:	
Attachment(s):	VA - Letter of Response (ILTC-2) - 5-10-2019.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	VA - All ILTC-2 Rate Increase
Comments:	
Attachment(s):	VA - All ILTC2 Rate Increase.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Letter of Response - 6-20-2019
Comments:	
Attachment(s):	VA - Letter of Response (ILTC-2) - 6-20-2019.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	VA - All ILTC-2 Rate Increase by Benefit Options
Comments:	
Attachment(s):	VA - All ILTC2 Rate Increase by benefit options - 6-20-2019.xlsx
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Letter of Response - 8-19-2019
Comments:	
Attachment(s):	VA - Letter of Response (ILTC-2) - 8-19-2019.pdf

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	ILTC-2 Prior Rate Appendix (July 2012)
Comments:	
Attachment(s):	ILTC2 Prior Rate Appendix (July 2012).xlsx
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Letter of Response - 9-27-2019
Comments:	
Attachment(s):	VA - Letter of Response (ILTC-2) - 9-27-2019.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	VA - ILTC-2 2019.09.05 Objection Attachments
Comments:	
Attachment(s):	VA ILTC2 2019.09.05 Objection Attachments.xlsx
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Letter of Response - 10-31-2019
Comments:	
Attachment(s):	VA - Letter of Response (ILTC2) - 10-31-2019.pdf
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	VA ILTC2 2019.10.15 Objection Attachments
Comments:	
Attachment(s):	VA ILTC2 2019.10.15 Objection Attachments.xlsx
Item Status:	Received & Acknowledged
Status Date:	02/10/2020

Satisfied - Item:	Letter of Response - 11-26-2019
Comments:	
Attachment(s):	VA - Letter of Response (ILTC2) - 11-26-2019.pdf
Item Status:	Received & Acknowledged

State: Virginia
Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Individual Long Term Care Insurance
Project Name/Number: ILTC-2 Re-Rate/5I-2015

Status Date:	02/10/2020

Attachment VA - Appendices - ILTC2.xls is not a PDF document and cannot be reproduced here.

Attachment VA - Rate Increase History - ILTC2.xls is not a PDF document and cannot be reproduced here.

Attachment VA State Rate Basis Template & Appendices - ILTC2.xlsx is not a PDF document and cannot be reproduced here.

Attachment Assumption Comparison ILTC2.xlsx is not a PDF document and cannot be reproduced here.

Attachment Attachment 1.1 - Rate Increase History.xlsx is not a PDF document and cannot be reproduced here.

Attachment VA - All ILTC2 Rate Increase by benefit options - 6-20-2019.xlsx is not a PDF document and cannot be reproduced here.

Attachment ILTC2 Prior Rate Appendix (July 2012).xlsx is not a PDF document and cannot be reproduced here.

Attachment VA ILTC2 2019.09.05 Objection Attachments.xlsx is not a PDF document and cannot be reproduced here.

Attachment VA ILTC2 2019.10.15 Objection Attachments.xlsx is not a PDF document and cannot be reproduced here.

Virginia Certification of Compliance

The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Keith Burns

Signature

Keith Burns

Print Name

December 2, 2016

Date

Vice President and Actuary

Title

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
General Filing Requirements		
Transmittal Letter	14 VAC 5-100-40	**For Paper Filings:** Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both.
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which the form is intended.
	14 VAC 5-100-40 6	**For Paper Filings:** At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to: State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	Administrative Letter 1983-7	Must include the name and NAIC number of the company for which the filing is made.
Additional SERFF Filing Requirements	***Administrative Letter 2012-03***	***Additional SERFF filing requirements must be met as specified below for life and health forms and rate filings. Failure to provide the applicable information will result in a "rejected" filing.***
General Information – Filing Description		(i) Description of each form by name, title, edition date, other; and intended use.
		(ii) Identification of changes in benefits and premiums (previously approved or filed forms). [Place changed contract provisions (red-lined or highlighted) in Supporting Documentation].
		(iii) Identification of SERFF or state tracking number for the previously approved or filed form for which the new form revises, replaces, or is intended to be used.
		(iv) A statement as to whether any other regulatory body has withdrawn approval of the form because the form contains one or more provisions that were deemed to be misleading, deceptive or contrary to public policy.
HELP TIP:		If a form or rate filing is submitted as new in Virginia, but was previously disapproved or withdrawn in Virginia, please provide details such as the tracking information, form number, and the date that the form or rate filing was disapproved or withdrawn, if available.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Rate Changes		(i) Specify the number of affected policyholders.
		(ii) Provide the reason(s) for the proposed change(s).
		(iii) Include a statement regarding an increase, decrease, revision of former rates.
		(iv) Specify the percentage amount(s) of the change(s).
Forms		
Form number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company name & address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any form, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5	Individual Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Insurance Code does not define "Insurance Fraud." Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply in Virginia or may disclose states where applicable.
Readability Certification	14 VAC 5-110-60	Readability certification is required as described in the regulation.
Entire Consideration	§ 38.2-3500 A 1	The entire consideration is expressed in the policy.
Effective-Termination Time	§ 38.2-3500 A 2	The time (clock time) the policy becomes effective and terminates is expressed in the policy.
DMAS Payor of Last Resort	§ 38.2-3500 A 7	Every accident and health policy must contain a statement indicating the Department of Medical Assistance Services as the payor of last resort.
Definition of Eligible Family members	§ 38.2-3500 C	The definition establishes that eligible dependent children may not be required to live in the household as the policyowner.
Handicapped Child Coverage	§ 38.2-3409	Upon termination due to age, coverage will be continued for: (1) persons incapable of self-sustaining employment by reason of intellectual disability or physical handicap; and (2) chiefly dependent on the insured for support and maintenance. Additional premium may be charged based upon class of risks.
Renewal Provision	14 VAC 200-70 A & 14 VAC 5-200-60 A	The regulation specifies the content of the renewability provision. The renewal provision must be either guaranteed renewable or noncancellable.
LTC Caution Notice	14 VAC 5-200-80 C 2	Required language **in bold print**.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
30-Day Free Look	§ 38.2-5208 A	
Notice to Buyer	14 VAC 5-200-170 A 3	Required language.
General Provisions		
Contents of Policy	38.2-305 A	Parties to policy named; subject of insurance; risks insured against; time insurance takes effect; statement of the premium.
Entire Contract	§ 38.2-3503 1	The provision defines the contents of the entire contract.
Grace Period	§ 38.2-3503 3	The provision defines the grace period and length of the various acceptable grace periods.
	14 VAC 5-200-65 A 3	The policy must specify an additional 30 days for an unintentional lapse of coverage.
Reinstatement	§ 38.2-3503 4	
	14 VAC 5-200-65 B	The regulation provides for an extended reinstatement period in the event of policy lapse due to cognitive impairment.
Notice of Claim	§ 38.2-3503 5	
Claim Forms	§ 38.2-3503 6	
Proof of Loss	§ 38.2-3503 7	
Time Payment of Claims	§ 38.2-3503 8	The provision specifies **when** benefits will be paid.
Payment of Claims	§ 38.2-3503 9	The provision specifies **to whom** benefits will be paid
Physical Examinations and Autopsy	§ 38.2-3503 10	
Legal Actions	§ 38.2-3503 11	
Change of Beneficiary	§ 38.2-3503 12	(For payment to beneficiaries, see Payment of Claims provision-§ 38.2-3503 9.)
Incontestability	§ 38.2-5209	The provision contains specific incontestability language for long-term care insurance.
Age Limit	§ 38.2-3513 A	If the policy establishes an age-limit after which coverage will no longer be effective, and if the date falls within a period for which a premium is accepted by the insurer or the insurer accepts a premium after the date, the coverage provided by the policy will continue in force until the end of the period for which the premium has been accepted.
	§ 38.2-3513 B	If the age of the insured has been misstated and the policy would not have been issued according to the correct age of the insured, the policy would not have become effective or would have ceased prior to the acceptance of the premium, then the liability of the insurer shall be limited to the refund of the premium paid for the period not covered by the policy.
Optional Provisions		
Change of Occupation	§ 38.2-3504 1	
Misstatement of Age	§ 38.2-3504 2	
Other Insurance in this Company	§ 38.2-3504 3	
Insurance with Other Company	§ 38.2-3504 4	
Insurance with Other Company	§ 38.2-3504 5	
Unpaid Premiums	§ 38.2-3504 7	
Conformity with State Statutes	§ 38.2-3504 9	Must use “resides” language

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Illegal Occupation	§ 38.2-3504 10	
Intoxicants and Narcotics	§ 38.2-3504 11	
Prohibited Provisions		
	§ 38.2-5203	Specified provisions prohibited in a long-term care policy.
	§ 38.2-5205 A	Prior institutionalization may not be a requirement to receive benefits.
	14 VAC 5-200-190	Preexisting conditions and waiting periods may not be used in replacement policies.
Subrogation	§ 38.2-3405 A	No policy shall contain a provision regarding subrogation of any person's right to recovery for personal injuries from a third person.
Liability Insurance	§ 38.2-3405 B	Benefits may not be reduced due to benefits payable due to benefits provided by a liability insurance contract.
Workers' Compensation	§ 38.2-3405 D	The statute discusses exceptions to exclusions due to benefits payable under workers' compensation.
Minimum Standards for Home Health Care	14 VAC 5-200-90	The minimum standards include prohibited exclusions and restrictions regarding home health care benefits.
LTC Policy Requirements		
Duration of Benefits	§ 38.2-5200	Coverage must be provided for a minimum of 12 months.
Refund of Premium for Cancellation or Termination of Policy	§ 38.2-5202.1	Provides for the termination of the policy by the **insured** and for cancellation of the policy by the **insurer**, except when coverage is for the duration of life and premium is a single installment payment.
Preexisting Condition	§ 38.2-5204	Defines look-back period and limitation period for preexisting conditions.
	14 VAC 5-200-70 D	If policy includes limitations due to a preexisting condition, such limitations must be included labeled as "Preexisting Condition Limitations."
Limitations or Conditions on Eligibility for Benefits	§ 38.2-5205 B 14 VAC 5-200-187	Permissible benefit triggers and requirements.
Definitions	14 VAC 5-200-50	Certain terms defined.
UCR defined	14 VAC 5-200-70 C	The term must be defined If benefits are based on usual, reasonable and customary charges.
Limitations and Exclusions	14 VAC 5-200-60 B	
	§ 38.2-3504 11	Intoxicants and narcotics
Extension of benefits	14 VAC 5-200-60 C	
Right to Reduce Coverage and Lower Premiums	14 VAC 5-200-183	The policy shall include a provision that allows the policyholder to reduce coverage and lower the premium.
Nonforfeiture Benefit Requirement	14 VAC 5-200-185 B	Offer made to the policyholder. Refer to the regulation for specifics.
Contingent Benefit Upon Lapse	14 VAC 5-200-185 C	If the offer of the nonforfeiture benefit is declined, the contingent benefit upon lapse shall be provided.
Required to Offer Inflation Protection	14 VAC 5-200-100 A	

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Signed Acceptance for Riders and Amendments	14 VAC 5-200-70 B	All riders and/or endorsements that added to a policy after the date of issue that reduces, restricts, or eliminates benefits in the policy will require signed acceptance. Also, where a separate premium is charged for a rider or endorsement, the premium will be set forth in the policy, rider, or endorsement.
LTC Personal Suitability Worksheet	14 VAC 5-200-175-C 2	The LTC personal suitability worksheet must be submitted with the policy.
Disclosures		
	§ 38.2-5207 1; 14 VAC 5-200-200	The statute requires that an outline of coverage be provided to the insured. The statute also specifies the information that should be included in the outline.
	§ 38.2-5207 4; 14 VAC 5-200-70 H	A tax-qualified plan must be definitively identified as such.
	14 VAC 5-200-70 I	A non-tax-qualified plan must be identified as such.
	14 VAC 5-200-75 D	Any reference to a premium increase shall disclose that notice of premium increase shall be at least 60 days prior to the increase.
Policies that include issue ages of 65 or higher	14 VAC 5-170-150 E 1	Any policy marketed to persons age 65 or older must contain a notice that discloses that the policy is not a Medicare supplement policy or certificate.
Rates		
	§ 38.2-5206	
	14 VAC 5-200-150	The regulation specifies the expected loss ratio.
	14 VAC 5-130-60 A and 130-60 B; 14 VAC 5-200-77	The regulation specifies rate filing and actuarial memorandum requirements.

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
http://www.scc.virginia.gov/boi/laws.aspx

The Life and Health Division, Forms and Rates Section reviews individual long-term care insurance. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

I hereby certify that I have reviewed the attached individual long-term care filing and determined that it is in compliance with the individual long-term care checklist.

Signed: Digitally signed by Keith Burns, ASA, MAA, Vice President and Actuary
DN: cn=Keith Burns, ASA, MAA, Vice President and Actuary, o=The Prudential Insurance Company of America, ou=Long Term Care, email=keith.burns@prudential.com, c=US
Date: 2016.06.08 20:56:47 -04'00'

Name (please print): Keith Burns, ASA, MAAA

Company Name: The Prudential Insurance Company of America

Date: June 8, 2016 Phone No: ( ) 402-715-4861 FAX No: ( ) 888-294-6332

E-Mail Address: keith.burns@prudential.com

Appendix A
The Prudential Insurance Company of America
ILTC2

Virginia

Requested Rate Increase for Cash / Unlimited BP Policies = 68.4%
Requested Rate Increase for Cash / Limited BP Policies = 52.1%
Requested Rate Increase for Reimbursement / Unlimited BP Policies = 67.3%
Requested Rate Increase for Reimbursement / Limited BP Policies = 45.0%

10 Average Annual Premium

	Virginia	Nationwide
Without Increase	$2,770	$2,773
With Increase	$4,286	$4,311

15 Satisfaction of Loss Ratio Requirements

Rate Stability Requirement		
1) Total Incurred Claims		1,266,650,349
58% of initial premium	477,873,482	
85% of increased premium	273,836,819	
2) Sum of 58%/85% Premium		751,710,301
Is 1 greater than 2?		Yes

18 Lifetime Loss Ratio

Policy type	Without Increase	With Increase
All	136%	111%
Cash / Unlimited	189%	145%
Cash / Limited	136%	110%
Reimbursement / Unlimited	159%	124%
Reimbursement / Limited	109%	92%

19 History of Rate Adjustments

Cash Policies:
- 30% Implemented on 12/1/2013
- 16% Implemented on 12/1/2016

Reimbursement Policies:
- 15% Implemented on 12/1/2013
- 13% Implemented on 12/1/2016

20 Number of Policyholders and Annualized Premium as of June 30, 2015

Policy Type	Virginia	Nationwide
All	126	14,005
Cash / Unlimited	1	737
Cash / Limited	5	977
Reimbursement / Unlimited	38	4,394
Reimbursement / Limited	82	7,897

Policy Type	Virginia	Nationwide
All	$349,040	$38,829,561
Cash / Unlimited	$3,271	$3,711,232
Cash / Limited	$12,819	$2,854,832
Reimbursement / Unlimited	$144,723	$13,483,210
Reimbursement / Limited	$188,227	$18,780,288

Appendix B
The Prudential Insurance Company of America
Historical and Projected Experience
Nationwide Experience
Virginia Rate Basis
ILTC2

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
2002	4,208	0	0	0	0%
2003	1,660,611	4,258	0	4,258	0%
2004	12,460,009	201,254	0	201,254	2%
2005	25,865,418	1,696,618	0	1,696,618	7%
2006	33,688,223	4,414,768	1,415,545	5,830,314	17%
2007	39,753,916	6,299,130	1,681,965	7,981,096	20%
2008	40,161,219	6,005,020	618,374	6,623,394	16%
2009	39,208,531	8,150,352	2,452,460	10,602,812	27%
2010	39,748,839	6,660,941	3,730,666	10,391,607	26%
2011	39,180,015	8,262,153	5,068,919	13,331,072	34%
2012	37,572,926	6,468,377	6,202,139	12,670,516	34%
2013	35,639,927	3,910,388	7,693,797	11,604,185	33%
2014	39,200,361	2,856,199	14,645,525	17,501,724	45%
2015*	18,800,164	48,251	7,179,998	7,228,249	38%

Projections without Requested Rate Increase***

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015**	18,474,522	10,903,423	59%
2016	35,641,801	23,258,035	65%
2017	37,808,270	25,945,731	69%
2018	37,251,185	28,687,777	77%
2019	35,928,752	31,582,593	88%
2020	34,502,289	34,704,662	101%
2021	33,156,629	38,038,864	115%
2022	31,813,979	41,595,552	131%
2023	30,477,135	45,339,939	149%
2024	29,116,798	49,256,341	169%
2025	27,792,425	53,388,008	192%
2026	26,472,281	57,685,993	218%
2027	25,138,615	62,106,159	247%
2028	23,837,425	66,583,949	279%
2029	22,555,394	71,019,845	315%
2030	21,284,801	75,312,199	354%
2031	20,033,600	79,354,177	396%
2032	18,797,039	83,077,935	442%
2033	17,582,458	86,441,047	492%
2034	16,392,397	89,327,154	545%
2035	15,228,432	91,663,790	602%
2036	14,096,816	93,866,997	666%
2037	12,993,977	95,919,195	738%
2038	11,912,390	97,444,097	818%
2039	10,886,865	98,293,207	903%
2040	9,904,874	98,358,879	993%
2041	8,969,755	97,633,513	1088%
2042	8,084,621	96,219,106	1190%
2043	7,251,907	94,152,302	1298%
2044	6,473,452	91,436,443	1412%
2045	5,749,977	88,053,769	1531%
2046	5,081,600	84,088,055	1655%
2047	4,467,987	79,608,863	1782%
2048	3,908,256	74,778,756	1913%
2049	3,401,160	69,707,737	2050%
2050	2,944,651	64,422,255	2188%
2051	2,536,211	59,082,809	2330%
2052	2,173,189	53,827,518	2477%
2053	1,852,656	48,784,854	2633%
2054 and later	9,285,327	396,779,312	4273%

Projections with Requested Rate Increase***

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015**	18,474,522	10,903,423	59%
2016	45,842,016	23,293,593	51%
2017	56,226,724	25,998,382	46%
2018	55,550,459	28,691,960	52%
2019	53,601,452	31,511,191	59%
2020	51,496,455	34,545,844	67%
2021	49,511,401	37,784,378	76%
2022	47,530,348	41,234,063	87%
2023	45,557,055	44,859,793	98%
2024	43,544,667	48,647,550	112%
2025	41,588,161	52,638,277	127%
2026	39,636,105	56,786,458	143%
2027	37,660,187	61,046,378	162%
2028	35,734,129	65,356,508	183%
2029	33,835,592	69,618,854	206%
2030	31,952,788	73,734,409	231%
2031	30,097,205	77,600,389	258%
2032	28,261,538	81,151,370	287%
2033	26,456,835	84,347,605	319%
2034	24,687,079	87,077,520	353%
2035	22,954,891	89,272,353	389%
2036	21,268,912	91,340,056	429%
2037	19,623,961	93,263,160	475%
2038	18,008,395	94,676,576	526%
2039	16,475,375	95,435,257	579%
2040	15,005,657	95,435,995	636%
2041	13,604,342	94,674,423	696%
2042	12,276,191	93,250,792	760%
2043	11,024,983	91,200,870	827%
2044	9,853,622	88,527,287	898%
2045	8,763,410	85,213,146	972%
2046	7,754,743	81,340,346	1049%
2047	6,827,326	76,976,393	1127%
2048	5,980,045	72,278,694	1209%
2049	5,211,219	67,353,551	1292%
2050	4,517,981	62,226,163	1377%
2051	3,896,753	57,051,474	1464%
2052	3,343,712	51,962,248	1554%
2053	2,854,602	47,081,877	1649%
2054 and later	14,400,095	382,403,688	2656%

* Historical 2015 Experience - 1/1/2015 through 6/30/2015

** Projected 2015 Experience - 7/1/2015 through 12/31/2015

***Projections include a 10% moderately adverse experience load to claims.

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2015	513,550,562	127,380,228	25%	513,550,562	127,380,228	25%
Present Value of Future to 6/30/2015	433,256,917	1,164,474,728	269%	632,530,198	1,139,270,121	180%
Total Values	946,807,480	1,291,854,955	136%	1,146,080,761	1,266,650,349	111%
(Discounted at 4.5%)						

Projected Loss Ratio without Rate Increase		Projected Loss Ratio with Rate Increase	
Overall	136%	Overall	111%
Cash / Unlimited BP Policies	189%	Cash / Unlimited BP Policies	145%
Cash / Limited BP Policies	136%	Cash / Limited BP Policies	110%
Reimbursement / Unlimited BP Policies	159%	Reimbursement / Unlimited BP Policies	124%
Reimbursement / Limited BP Policies	109%	Reimbursement / Limited BP Policies	92%
Minimum Lifetime Loss Ratio	60%		

Appendix G
The Prudential Insurance Company of America
Historical and Projected Experience
Virginia Experience
ILTC2

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
2002	0	0	0	0	0%
2003	0	0	0	0	0%
2004	44,033	0	0	0	0%
2005	228,577	62,508	0	62,508	27%
2006	360,143	0	0	0	0%
2007	353,791	0	0	0	0%
2008	347,780	0	0	0	0%
2009	341,436	169,961	0	169,961	50%
2010	367,146	0	0	0	0%
2011	361,117	0	0	0	0%
2012	326,993	147,943	215,844	363,787	111%
2013	320,108	1,922	0	1,922	1%
2014	352,716	0	0	0	0%
2015*	175,065	0	301,136	301,136	172%

Projections without Requested Rate Increase***

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015**	173,212	112,502	65%
2016	338,488	239,781	71%
2017	361,621	263,944	73%
2018	357,308	288,554	81%
2019	343,903	310,331	90%
2020	330,251	333,474	101%
2021	316,473	357,272	113%
2022	302,653	381,884	126%
2023	288,850	407,445	141%
2024	275,130	433,314	157%
2025	261,656	458,795	175%
2026	248,656	485,634	195%
2027	235,934	512,458	217%
2028	223,369	537,583	241%
2029	211,002	563,377	267%
2030	198,859	587,472	295%
2031	186,948	610,713	327%
2032	175,301	630,589	360%
2033	163,958	648,662	396%
2034	152,952	666,047	435%
2035	142,295	680,778	478%
2036	131,967	696,537	528%
2037	121,975	712,711	584%
2038	112,343	727,641	648%
2039	103,102	738,320	716%
2040	94,269	743,626	789%
2041	85,848	746,937	870%
2042	77,857	747,986	961%
2043	70,308	744,954	1060%
2044	63,212	735,786	1164%
2045	56,576	721,357	1275%
2046	50,389	703,355	1396%
2047	44,654	683,791	1531%
2048	39,373	660,758	1678%
2049	34,539	633,697	1835%
2050	30,137	601,385	1995%
2051	26,147	567,737	2171%
2052	22,555	534,696	2371%
2053	19,345	499,394	2581%
2054 and later	94,547	4,541,754	4804%

Projections with Requested Rate Increase***

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015**	173,212	112,502	65%
2016	434,352	242,254	56%
2017	535,656	267,589	50%
2018	530,605	291,677	55%
2019	510,710	312,626	61%
2020	490,441	334,833	68%
2021	469,985	357,559	76%
2022	449,462	381,076	85%
2023	428,964	405,503	95%
2024	408,593	430,142	105%
2025	388,592	454,316	117%
2026	369,307	479,797	130%
2027	350,452	505,245	144%
2028	331,843	529,009	159%
2029	313,542	553,414	177%
2030	295,589	576,108	195%
2031	277,992	597,962	215%
2032	260,798	616,554	236%
2033	244,063	633,422	260%
2034	227,832	649,655	285%
2035	212,119	663,325	313%
2036	196,892	678,033	344%
2037	182,161	693,177	381%
2038	167,957	707,133	421%
2039	154,321	716,986	465%
2040	141,280	721,655	511%
2041	128,838	724,424	562%
2042	117,018	725,045	620%
2043	105,839	721,738	682%
2044	95,315	712,514	748%
2045	85,458	698,218	817%
2046	76,253	680,493	892%
2047	67,704	661,289	977%
2048	59,817	638,761	1068%
2049	52,579	612,371	1165%
2050	45,975	580,932	1264%
2051	39,975	548,236	1371%
2052	34,560	516,160	1494%
2053	29,710	481,931	1622%
2054 and later	146,663	4,375,701	2984%

* Historical 2015 Experience - 1/1/2015 through 6/30/2015

** Projected 2015 Experience - 7/1/2015 through 12/31/2015

***Projections include a 10% moderately adverse experience load to claims.

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2015	4,539,164	1,040,115	23%	4,539,164	1,040,115	23%
Present Value of Future to 6/30/2015	4,111,021	9,891,780	241%	5,964,239	9,708,006	163%
Total Values	8,650,185	10,931,895	126%	10,503,403	10,748,121	102%
(Discounted at 4.5%)						

Projected Loss Ratio without Rate Increase		Projected Loss Ratio with Rate Increase	
Overall	126%	Overall	102%
Cash / Unlimited BP Policies	171%	Cash / Unlimited BP Policies	120%
Cash / Limited BP Policies	107%	Cash / Limited BP Policies	84%
Reimbursement / Unlimited BP Policies	165%	Reimbursement / Unlimited BP Policies	129%
Reimbursement / Limited BP Policies	97%	Reimbursement / Limited BP Policies	81%

May 19, 2016
Actuarial Memorandum Supporting Rate Revision for The Prudential Insurance Company of America Individual Long-Term Care Insurance Plan Virginia

1. Scope and Purpose

The purpose of this memorandum is to provide actuarial information supporting a rate revision to premiums for the following The Prudential Insurance Company of America's Tax-Qualified individual long-term care Forms and their associated riders:

Product Name	Form Number	Issue Dates in Virginia
LTC By Design (ILTC2)	GRP 112563	5/2004 – 3/2006
Cash Benefit Rider	GRP 112204	5/2004–3/2006
Periodic Inflation Rider	GRP 112205	5/2004 – 3/2006
Auto Simple Inflation Rider	GRP 112206	5/2004 – 3/2006
Auto Compound Inflation Rider – No Max	GRP 112207	5/2004 – 3/2006
Auto Compound Inflation Rider – 2X Max	GRP 112208	5/2004 – 3/2006
Calendar Day Elimination Period Rider	GRP 112209	5/2004 – 3/2006
Restoration of Benefits Rider	GRP 112210	5/2004 – 3/2006
Joint Waiver of Premiums Benefit Rider	GRP 112593	5/2004 – 3/2006
Survivor Waiver of Premiums Benefit Rider	GRP 112494	5/2004 – 3/2006
Non-Forfeiture Benefit Rider	GRP 112886	5/2004 – 3/2006
Cash Indemnity Benefit Rider	GRP 114974	Pending Approval

The department approved a rate increase (SERFF Tracking number: PRUD-127772712) for these policy forms on 7/12/2013. At the time, an actuarial certification was provided in the response to letters dated 8/20/2012 and 3/22/2012. The certification indicated that a loss ratio in excess of 90% would warrant additional rate increases and the block would be managed to a lifetime loss ratio of 88%.

These revisions are necessary because the current best estimate projections of the nationwide lifetime loss ratios are significantly worse than the expected loss ratios and have exceeded the loss ratio certification previously provided. The higher lifetime loss ratios are due to adverse morbidity and persistency experience. The lifetime loss ratio after the requested rate increases is projected to be 101%.

Prudential is willing to implement this proposed rate increase over a period of three years in order to help mitigate the impact to the policyholders.

Upon approval of this rate revision, Prudential will communicate to policyholders their options to reduce the impact of the rate increase. There will also be opportunities for almost all

policyholders to keep the premium at or below the same level that they were paying prior to the rate revision. These options will include increasing the elimination period, reducing the lifetime maximum, reducing the daily benefit, eliminating optional riders, and a contingent non-forfeiture option that we will be offering to all policyholders regardless of their age or rate increase amount.

In addition, we will offer policyholders that currently have our Cash Benefit Rider the option to drop this rider and replace it with a Cash Indemnity Rider at a lower premium. This will provide these policyholders an additional option to help offset the premium revision. In addition to the rate revision, this filing is also seeking approval of this Cash Indemnity Rider.

Please refer to Section 22 for a description of the information contained in each Appendix.

2. Description of Benefits

The policies issued on this form are referred as the "LTC By Design" product series. This product was individually underwritten and provides comprehensive long-term care coverage for care received in a nursing home, assisted living facility, or hospice in addition to home and community-based care. This product is intended to be Tax Qualified Long Term Care Insurance Contracts as defined by the internal revenue code section 7702B(b).

This product reimburses covered long-term care expenses subject to the amount of coverage purchased. A waiting period, institutional daily benefit amount, home and community care percentage, maximum lifetime benefit amount and inflation protection option are selected at issue. The available choices can be found in the attached premium rate tables.

The benefit eligibility criteria is based on the insured's loss of the ability to perform two of the six activities of daily living (ADLs) or having a severe cognitive impairment. Activities of Daily Living are bathing, continence, dressing, eating, toileting, and transferring. Premiums will be waived beginning the first day of the next month following when LTC benefits are payable.

There are several optional riders that were sold with this product, including a cash benefit option and a monthly benefit option. The cash benefit option allows the insured to choose to receive benefits for Home and Community-Based Care as a cash benefit rather than as reimbursement. No formal services are required to receive a cash benefit. Policies with the cash benefit option are referred to as "Cash Plans" and plans without the cash benefit option are referred to as "Reimbursement Plans". The monthly benefit option provides benefits for Home and Community-Based Care on a monthly basis such that any or all of the benefits for Home and Community-Based Care can be used within the time frames that meet the insured's needs.

The Cash Indemnity Rider, for which we are seeking approval, will pay the full daily benefit amount for each day that home care formal services are received.

3. Renewability Clause

This product is a Guaranteed Renewable, Individual Long Term Care policy.

4. Marketing Method

This plan was marketed to individuals by licensed agents.

5. Applicability

The revised rates contained in this memorandum will be applicable to in-force policies, as these policy forms are no longer sold in the market, and all future periodic inflation protection offers. The revised premium rate schedules can be found in Appendix F.

6. Actuarial Assumptions

The actuarial assumptions used to project the future premiums and claims are described in this section. Appendix C provides further details of the experience studies conducted that were used to develop the actuarial assumptions. These current assumptions, developed in 2015, are Prudential's best estimate expectations of future experience and do not include any provisions for adverse experience. These assumptions are the basis for the assumptions being used in the company's internal cash flow testing. The projection includes an explicit 10% moderately adverse experience load to claims.

Morbidity

The best estimate morbidity assumptions were developed based on a combination of the Prudential's historical claim experience, the Milliman 2011 *Long Term Care Guidelines (Guidelines)* and judgment. The *Guidelines* reflect over 15.3 million life years of exposure and $10.5 billion of incurred claims and the experience and judgment of Milliman actuaries. The policy design and coverages, the underwriting applied at the time, and the claim adjudication process were all considered when setting the claim cost assumptions. The claim cost assumptions reflect Prudential's current best estimate of future morbidity, including morbidity improvement of 1% per year through 2035. The assumptions do not include any adverse selection from the

rate increase or loads for moderately adverse experience.

Mortality

The mortality assumptions were developed from a mortality study conducted on the Prudential's experience and judgment. The best estimate mortality assumption is the Annuity 2000 Basic Table on a sex distinct basis with mortality selection factors, mortality attained age factors and mortality improvement. The mortality selection factors vary by issue age and duration and start at 0.25 in duration 1 and grade up to an ultimate factor by duration 30. The ultimate factor varies by issue age and ranges from 0.90 at the younger ages to 1.05 at the older ages. A set of mortality attained age factors is also applied that lowers the mortality by 10% for attained ages 60 and under and grades to an increase of 10% in mortality by age 100. Mortality improvement of 0.6% per year through 2035 is assumed. The assumptions do not include any loads for moderately adverse experience.

Lapses

The voluntary lapse assumptions were developed from a policy persistency study conducted on the Company's experience and judgment. Lapse rates are combined with mortality rates to derive the total termination rate. In addition, the projections also terminate a policy if the insured exhausts their benefits. We assumed all remaining policies would terminate at attained age 120. The lapse assumptions represent the best estimate expectations of future experience and do not include any provisions for adverse experience. Lastly, the projections include an annual shock lapse rate of 2.0% assumed over the first two years of implementation. Voluntary lapse rates are shown below and vary by policy duration.

Voluntary Lapse Rates – Lifetime Pay				
Duration	Single – No Inflation	Single – Inflation	Married – No Inflation	Married – Inflation
1	9.50%	8.00%	6.00%	4.00%
2	6.50%	6.00%	4.00%	3.00%
3	5.50%	4.50%	3.50%	3.00%
4	5.00%	3.50%	3.00%	2.50%
5	4.50%	3.00%	2.50%	1.80%
6	3.50%	3.00%	2.00%	1.50%
7	3.00%	3.00%	1.75%	1.50%

8	2.75%	2.00%	1.75%	1.30%
9	2.75%	1.75%	1.75%	1.00%
10-20	2.75%	1.75%	1.75%	0.75%
21+	2.50%	1.50%	1.50%	0.50%

NOTE: No inflation includes plans without inflation and GPO.

Voluntary Lapse Rates – Limited Pay			
Duration	10 Pay	Premium Reduction at Age 65	Paid Up at Age 65
1	3.50%	4.50%	5.00%
2	2.50%	3.50%	4.50%
3	1.50%	3.00%	3.50%
4	1.00%	2.50%	2.50%
5	0.50%	2.00%	2.00%
6	0.50%	2.00%	2.00%
7	0.50%	1.50%	1.50%
8	0.50%	1.50%	1.50%
9	0.00%	1.50%	1.50%
10-20	0.00%	1.50%	1.25%
21+	0.00%	1.25%*	1.00%**

*Starting at age 55, grade into 1.0% ultimate lapse rate by attained age 65.
**Starting at age 55, grade into 0.0% ultimate lapse rate by attained age 65.

Appendix D contains a comparison of the actual total termination rates to both the original pricing assumptions and current assumptions.

Interest Rate

An annual interest rate of 4.5% was used to calculate the lifetime loss ratio in the supporting appendices. This was determined based on the predominant number of certificates issued in years that the maximum statutory valuation rate was 4.5%.

Expenses

The need for a rate increase is based on the lifetime loss ratio being in excess of the minimum loss ratio. Expenses do not directly impact the lifetime loss ratio and therefore are not used as justification for the rate increase. As such, expenses are not being projected and are not included in this filing.

7. Premium Classes

The Company used several premium classes based on the underwriting assessment of the potential policyholder at time of issue. These premium classes are shown in the premium rate schedules included in Appendix F.

8. Issue Age Range

This product was available for issue ages up to 84. Premiums are based on issue age.

9. Area Factors

The Company did not use area factors within the state in the premium scale for this product.

10. Average Annual Premium

The average annual premium for this product for both prior to the impact of the requested rate increase, and after, is indicated in Appendix A to this memorandum.

11. Modal Premium Factors

Modal loads are required because of the varied expenses incurred by the Company and the effect of interest and persistency. The modal premium factors will remain unchanged from the current factors.

12. Claim Liability and Reserve

Claim reserves were calculated using appropriate actuarial methods for IBNR and for open claims on a disabled life basis. The claim reserves were discounted to the date of incurral for each claim and have been included in the historical incurred claims. An annual interest rate of 4.5% was used to calculate the present value of future claims in the supporting exhibits.

13. Active Life Reserves

We have provided supporting evidence for the justification of the proposed increase based on the relationship of incurred claims divided by earned premium compared to the minimum

required loss ratios. Incurred claims exclude any change in active life reserves.

14. Trend Assumption

Benefits payable are equal to or less than the daily or monthly benefit limit. We have not included any medical trend in the projections.

15. Requested Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

Prudential is requesting an average premium increase of 54.7%. These rate increases vary depending on whether the policyholder has benefit periods that are limited (2, 3, 4 or 5 years) or unlimited as well as if the policyholder has reimbursement benefits or cash rider.

Policy Type	ILTC2
Limited Benefit / Reimbursement	45.0%
Limited Lifetime Max / Cash	52.1%
Unlimited Lifetime Max / Reimbursement	67.3%
Unlimited Lifetime Max / Cash	68.4%
Average	54.7%

Prudential is willing to implement this proposed rate increase over a period of three years in order to help mitigate the impact to the policyholders.

Satisfaction of the loss ratio requirement is demonstrated in Appendix A. The demonstration is based on a 58% loss ratio on the initial premium and an 85% loss ratio on the increased premium. This approach requires that the sum of the historical and projected future incurred claims must exceed the sum of 58% of the initial premium and 85% of the increased premium.

16. Distribution of Business

The historical experience reflects the actual distribution of policies during the experience period. We used the current distribution of business as of June 30, 2015 to project future experience. Appendix E contains the distribution of the inforce policies by key demographic and benefit characteristics.

17. Experience – Past and Future

The historical and projected nationwide and state-specific experience, both with and without the rate increase, is contained in Appendix B.

Historical experience is shown by claim incurral year.

18. Lifetime Loss Ratio

The anticipated nationwide lifetime loss ratios, both without a rate increase and with the requested rate increase, are shown in Appendix A. The development of these nationwide lifetime loss ratios, are shown in Appendix B and Appendix G.

The rate increase is assumed effective April 1, 2016 in our projections.

19. History of Rate Adjustments

See Appendix A for a history of rate increases on inforce policyholders with this policy form in this state.

20. Number of Policyholders

The current number of policyholders as of June 30, 2015 can be found in Appendix A.

21. Proposed Effective Date

This rate revision will be implemented following state approval and a minimum of a 75 day notification to the certificate holder. Implementation will be no earlier than December 1, 2017 which is twelve months after the implementation of the second increase effective on or after December 1, 2016.

22. Summary of Appendices

Appendix A contains information that is specific to the state in which this filing is made. Examples of some items include are the requested rate increase, the average annual premium, demonstration of meeting required minimum loss ratio standards, the number of policyholders inforce, etc.

Appendix B contains historical and projected nationwide experience for all policies issued under this form. The appendix also includes the projected lifetime loss ratios both without and with the proposed increase. The projection includes an explicit 10% moderately adverse experience load to claims.

Appendix C contains three exhibits that show our actual to expected lapse, mortality and morbidity experience.

Appendix D contains a breakdown of our current persistency assumptions.

Appendix E contains the distribution of the inforce policies by key demographic and benefit characteristics.

Appendix F contains the premium rate pages associated with this filing.

Appendix G contains the same information as Appendix B except it contains only state specific experience and projections.

23. Relationship of Renewal Premium to New Business Premium.

Prudential is no longer selling any new Long-Term Care business. Therefore, the comparison of renewal premium rates after the rate increase to the Company's current new business premium rate schedule is not applicable.

24. Cash Indemnity Rider Development

This filing also includes a new optional rider. This rider will only be available as a benefit reduction to those policyholders that currently have a Cash Benefit Rider. The Cash Benefit Rider pays the full daily benefit to policyholders that have met the claim eligibility requirements regardless of the receipt of formal services. In other words, the services could be provided by an informal caregiver and the claimant would receive the full daily benefit. The Cash Indemnity Rider will pay the full daily benefit but only for the days that formal services were received.

The premium rates for the Cash Indemnity Rider were developed based on the expected morbidity differences between this rider and the Cash Benefit Rider. Based on the 2011 Milliman Guidelines and actuarial judgment, we anticipate the additional claims associated with this rider to be approximately 55% of the additional claims associated with the Cash Benefit Rider. Thus the premium adjustment factors included in this filing for the Cash Indemnity

Rider are 55% of the premium adjustment factors for the Cash Benefit Rider.

25. Actuarial Certification

I am a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering this opinion and am familiar with the requirements for filing long term care insurance premiums.

To the best of my knowledge and judgment, the rate filing is in compliance with the provisions of 14VAC5-200-153. The premiums rates associated with this filing are adequate in relation to the benefits provided.

The policy design and coverages, the underwriting used at the time of issue, and the claim adjudication process were all considered when setting the actuarial assumptions.

In forming my opinion, I have used actuarial assumptions and actuarial methods as I considered necessary. I have relied on projection information provided by Dan Nitz, FSA, MAAA. He is an Actuary at Milliman who used data and assumptions that were developed and supplied by Prudential in developing these projections. The pricing assumptions are consistent with Prudential's best estimates at the time of this filing. The projections include an explicit 10% load for moderately adverse experience to claims.

The premium rates are not excessive or unfairly discriminatory. If the requested premium increase is implemented and the underlying assumptions with a 10% load for moderately adverse conditions are realized, no further premium rate schedule increases are anticipated.

Sincerely,

Ritu Jain, ASA, MAAA
Director, Actuary
Prudential Long Term Care
May 19, 2016

Reset Form

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

Company Name and NAIC Number: The Prudential Insurance Company of America - 304-68241

SERFF Tracking Number: PRUD-130596304

Effective Date: December 1, 2017

Revised Rates

Average Annual Premium Per Member: $4286

Average Requested Percentage Rate Change Per Member: 54%

Minimum Requested Percentage Rate Change Per Member: 45%

Maximum Requested Percentage Rate Change Per Member: 68.4%

Number of Policy Holders Affected : 126

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
GRP 112563	LTC By Design Policy (ILTC-2)
GRP 112204	Cash Benefit Rider
GRP 112205	Periodic Inflation Rider
GRP 112206	Automatic Simple Inflation Rider
GRP 112207	Automatic Compound Inflation Rider - No Max
GRP 112208	Automatic Compound Inflation Rider - 2X Max
GRP 112209	Calendar Day Elimination Period Rider
GRP 112210	Restoration of Benefits Rider
GRP 112593	Joint Waiver of Premiums Benefit Rider
GRP 112594	Survivor Waiver of Premiums Benefit Rider
GRP 112886	Non-Forfeiture Benefit Rider
GRP 114974	Cash Indemnity Rider

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

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

There are many factors that were assumed at the time of original pricing. Some of these factors can include, but are not limited to;

1. **The number of policy holders that will voluntarily or involuntarily drop their coverage.**
2. **The length and number of claims expected to be paid in the future.**
3. **The interest rates needed for investments to reach sufficient levels of reserves.**

This rate increase in needed mainly due to the underestimated percent of policyholders who drop their coverage. Due to the lower than expected lapse and mortality rates assumed at original pricing, much higher amounts of claims will need to be paid out than initially foreseen. These premium increases will ensure that Prudential remains solvent and capable of paying all future claims for all policyholders.

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer **The Prudential Insurance Company of America**

Title of Form **Please refer to the Forms Attachment included with the filing letter.**

Policy Form Number **GRP 114974**

I hereby certify that the Flesch reading ease score of the above policy form is **46.9**. It contains **51** sentences, **1,254** words and _____ syllables. The type size of the text of the policy form is **12** point type, _____ point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Keith Burns

Signature of an Officer of the Insurer

Keith Burns, ASA, MAAA

Name (Print)

Title: Vice President and Actuary

Date: June 8, 2016

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer: **The Prudential Insurance Company of America**

Title of Form: **Policyholder Notification Letter**

Policy Form Number: **GRP 115277_**

I hereby certify that the Flesch reading ease score of the above policy form is **40.5**. It contains **_117_** sentences and **2,728** words. The type size of the text of the policy forms is **11** point type.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

_____ Signature of an Officer of the Insurer

Keith Burns, ASA, MAAA_____ Name (Print)

Vice President and Actuary_____ Title

August 21, 2017_____ Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer: **The Prudential Insurance Company of America**

Title of Form: **Frequently Asked Questions Relating to Premium Increase Disclosure Form**

Policy Form Number: **GRP 115281_**

I hereby certify that the Flesch reading ease score of the above policy form is **40.4**. It contains **_39_** sentences and **849** words. The type size of the text of the policy forms is **11** point type.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Keith Burns, Vice President & Actuary

Digitally signed by Keith Burns, Vice President & Actuary
DN: cn=Keith Burns, Vice President & Actuary, o=The Prudential Insurance Company of America, ou=LTC, email=keith.burns@prudential.com, c=US
Date: 2017.08.21 14:15:24 -04'00'

_____ Signature of an Officer of the Insurer

Keith Burns, ASA, MAAA_____ Name (Print)

Vice President and Actuary_____ Title

August 21, 2017_____ Date

Appendix C
The Prudential Insurance Company of America
Description of Experience Analysis and Assumption Setting

Mortality Study

The total mortality rate assumptions are can be broken into in three distinct parts: (1) a base rate industry mortality table, (2) selection factors created to adjust the table based on Prudential experience, and (3) a mortality improvement factor. The best estimate assumption is applied at the policy level. The industry table rates are attained age and male/female based. The Prudential experience based selection factors vary by issue age, gender and duration of the policy. The improvement assumption varies by calendar year. The selection factor assumptions are developed separately for individual and group products, but base rate table and improvement factors are the same for both products.

The 2Q 2018 best estimate mortality assumption was developed using the most recent 5 years of data and a 95% confidence interval test based on the 2017 Best Estimate assumptions as the expected. The assumption was changed if it falls outside the 95% CI. The test was performed at the product and gender level. The selection factors grade to 105% at duration 30 and later consistent with 2Q 17 best estimate assumptions.

Mortality improvement is a factor that is applied to the mortality rate that has been adjusted by selection factors. It is intended to reflect the notion that the probability of death for a given age will decrease over time, as the population as a whole is living longer, indicating an improvement in mortality. The rate will level out after 20 years into the projection.

The future expected mortality assumptions were developed based on this historical actual experience and judgment. Based on our analysis, the 2012 IAM Basic Table on an ALB basis matched actual experience the closest, with some adjustments, i.e. ultimate selection factors.

Voluntary Lapse Study

A voluntary lapse study was also conducted on the Company's actual experience using data through September 30, 2017. Voluntary lapse rates were calculated based on actual lapses using experience in years 7/1/2014 – 6/30/2017 with lapses reported through 9/30/2017. Voluntary lapses are studied using actual terminations. The impact of shock lapses that occur due to rate increases were removed from the voluntary lapse study to ensure that the lapse experience was not overstated. The future expected voluntary lapse assumptions were developed based on the historical actual experience and judgment. The expected lapse rates vary by policy duration, attained age and select business segments.

Morbidity Study

The morbidity experience on disabled lives (i.e., in claim status) is of critical importance, as it also plays a crucial role in shaping our base morbidity experience on active lives as well as informing our judgment on morbidity improvement. Morbidity is comprised of several assumptions, including utilization, fitting factors, claim cost guidelines, and cost of care inflation.

For 2Q 2018, a deep dive on our disabled life assumptions was performed. For the disabled lives analysis, more granularity has been included for site of care where it now matches the granularity of the active life reserves, Additionally, the analysis has led to the conclusion that there are significant differences in utilization by claim duration. We refined the claim continuance assumptions by claim duration and updated the termination rates by site of care and key benefit plans. We performed an iterative analysis of a claim retrospective test by the different drivers of morbidity and along different slices of the business (active, inactive pending, IBNR/CBER) along with the experience-based study of terminations. In the end we created a curve using actuarial judgment that fit well to our experience and produced a better fit to our retrospective tests.

The morbidity study used for active lives modeling was conducted on the Company's nationwide actual experience on incurred claims through Dec 31, 2017 with claims run out through Dec 31, 2017. The approach used to develop best estimate morbidity assumptions was to start with a set of baseline expected claims and review the experience along several key demographic and benefit characteristics. The primary focus to develop fitting factors was to match historical incurred claims to expected incurred claims.

Actual claim incidence is determined by counting each claim. A claim is considered to have begun as of the date the policyholder was determined to be benefit eligible. Paid claims are discounted back to the claim incurred date. The claim reserves are discounted from valuation date to the claim incurred date. Both paid claims and claim reserves have a 7.5% load applied to reflect waiver of premium. The claim reserves do not include an LAE load or an explicit margin. Actual incurred claims are calculated by adding together the present value of paid claims and claim reserves (including IBNR). In the development of the fitting factors, waiver of premium was excluded from both the actual claims and expected claims.

The baseline expected incurred claims were developed from Milliman's 2014 LTC Guidelines (*Guidelines*). Given the large size of the data supporting the *Guidelines*, it was viewed as a credible starting point for the analysis. Also, a composite factor was developed for the business based on the distribution by state and the area adjustment factors from the *Guidelines*. The best estimate assumptions do not include an assumption for morbidity improvement.

The process of developing fitting factors, starting with the baseline expected, generally followed the following steps:

- Review experience by issue year and product to determine if the baseline selection factors used are appropriate

- Review experience by issue age, gender, marital status and / or underwriting type

- Review experience by key benefit and demographic characteristics

It should be noted that many of the factors are related to each other. The fitting factors are Prudential adjustments to the 2014 Milliman Cost of Care Guidelines. The guidelines are a set of claim costs based on Milliman's slice of industry wide LTC insurance claims of $25 Billion. The guidelines include base assumptions, but they are customized to a given company based on characteristics such as underwriting and product design.

The Prudential Insurance Company of America
Appendix C - Exhiibit 1
Mortality Study
Experience by Policy Duration
ILTC

Duration	Actual Exposures	Actual Morality	Current Best Estimate	Actual/Best Estimate
1-5	120,596	242	338	72%
6-10	150,139	851	978	87%
11-15	138,526	1,981	1,979	100%
16-19	12,171	314	293	107%
Total	421,431	3,388	3,588	94%

Notes:
1) Prudential's experience study was performed using mortality data from 7/1/2012 – 6/30/2017, with deaths reported through 9/30/2017.
2) Best Estimate Mortality Rate uses 2012 IAM Basic Mortality Table, with mortality selection factors, and 1% improvement per year through 2038

The Prudential Insurance Company of America
Appendix C - Exhibit 2
Lapse Study
Experience by Policy Duration
ILTC

Duration	Actual Exposures	Number of Lapses	Number of Best Estimate Lapses	Actual Lapse Rate	Best Estimate Lapse Rate	Actual/Best Estimate
1	0	0	0			
2	8	1	0	11.9%	3.6%	333.0%
3	4,865	190	130	3.9%	2.7%	145.8%
4	14,482	312	300	2.2%	2.1%	103.8%
5	20,343	436	374	2.1%	1.8%	116.6%
6	19,538	318	352	1.6%	1.8%	90.4%
7	14,356	174	186	1.2%	1.3%	93.8%
8	12,524	184	163	1.5%	1.3%	112.6%
9	11,997	154	147	1.3%	1.2%	104.9%
10	11,029	98	116	0.9%	1.1%	84.2%
11	10,495	113	114	1.1%	1.1%	99.3%
12	12,670	143	140	1.1%	1.1%	102.3%
13	15,503	168	171	1.1%	1.1%	98.2%
14	14,304	114	140	0.8%	1.0%	81.6%
15	10,219	94	90	0.9%	0.9%	104.3%
16	5,293	41	48	0.8%	0.9%	86.2%
17	2,013	17	18	0.8%	0.9%	93.1%
18	530	3	5	0.6%	0.9%	60.5%
19	4	0	0	0.0%	1.1%	0.0%
Grand Total	180,173	2,560	2,494	1.4%	1.4%	102.6%

Notes:
1) Actual lapse rates using July 2014 - June 2017 data were observed.
2) Shock lapses have been removed from both actual and best estimate values.
3) Best Estimate Lapse Rate is the assumption used in the current projection assumption

The Prudential Insurance Company of America
Appendix C - Exhibit 3
Claim Study
Experience by Calendar Year
ILTC

Incurred Yr	Actual Paid Claims (in $MM)	DLR Reserve (in $MM)	Actual Incurred Claims (in $MM)	Best Estimate Incurred Claims (in $MM)	Actual to Best Estimate
<=2005	25.18	2.18	27.36	41.31	66.2%
2006	17.12	1.73	18.84	20.59	91.5%
2007	26.88	3.65	30.54	26.01	117.4%
2008	31.95	2.46	34.41	31.88	107.9%
2009	37.61	3.88	41.49	38.21	108.6%
2010	37.26	6.87	44.13	45.07	97.9%
2011	42.34	8.42	50.77	53.49	94.9%
2012	52.02	15.68	67.70	59.49	113.8%
2013	44.41	15.67	60.08	68.57	87.6%
2014	48.77	26.39	75.16	78.45	95.8%
2015	44.00	47.67	91.67	89.36	102.6%
2016	32.18	65.56	97.75	99.83	97.9%
2017	18.86	108.32	127.18	111.70	113.9%
2018	0.63	53.60	54.23	62.33	87.0%
Grand Total	459.21	362.09	821.30	826.28	99.4%

Notes:
1) Experience is through June 30, 2018
2) Paid claims represent the present value of paid claims discounted to the claim incurred date
3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred date
4) Best Estimate Claims is based on Milliman's 2014 LTC Guidelines with 2018 Prudential experience fitting factors
5) Claim dollar amounts are discounted using a 4.5% interest rate (both actual and best estimate).
6) This exhibit excludes waiver of premium and return of premium benefits in both actual and best estimate results.
7) Morbidity improvement has been removed from the Best Estimate Incurred Claims

Appendix D
The Prudential Insurance Company of America
Policy Persistency Comparison
Nationwide Experience
ILTC2

			Actual Results		Original Pricing Assumptions				Current Assumptions		
Policy Duration	Total Lives		Total Terminations		Lapse	Mortality	Total Terminations		Lapse	Mortality	Total Terminations
1	19,849		6.9%		8.0%	0.8%	8.8%		5.5%	0.1%	5.6%
2	18,487		5.1%		5.0%	0.9%	5.9%		4.0%	0.2%	4.2%
3	17,547		4.0%		5.0%	1.0%	6.0%		3.5%	0.3%	3.8%
4	16,795		3.9%		5.0%	1.1%	6.1%		2.9%	0.4%	3.3%
5	16,026		3.1%		5.0%	1.2%	6.2%		2.3%	0.5%	2.8%
6	15,373		3.0%		3.0%	1.3%	4.3%		2.0%	0.6%	2.6%
7	14,762		2.7%		3.0%	1.4%	4.4%		1.9%	0.7%	2.6%
8	13,703		3.1%		3.0%	1.6%	4.6%		1.6%	0.8%	2.4%
9	11,131		2.9%		3.0%	1.8%	4.8%		1.4%	0.9%	2.3%
10	8,003		3.2%		3.0%	2.0%	5.0%		1.2%	1.1%	2.3%
11	3,326		3.3%		3.0%	2.3%	5.3%		1.2%	1.3%	2.5%
12	116		4.3%		3.0%	2.5%	5.5%		1.2%	1.5%	2.6%

Notes:

1) The "Actual Results" are the historical total policy termination rates observed by the Company.
2) The "Original Pricing Assumptions" are those assumptions originally used to price the product.
   The mortality assumptions are based on the 1983 GAM Table.
   The lapse assumptions vary by premium payment period. The original ultimate lapse rate starting in duration 6 were 3.0% for lifetime policies.
3) The "Current Assumptions" are those used in the projection for the current rate filing.
   The mortality assumptions are based on the Annuity 2000 table, with selection factors, mortality attained age factors, and 0.6% mortality improvement per year (from year 2000)
   The lapse assumptions vary by premium payment option, inflation and marital status. The current ultimate lapse rate starting in duration 21 ranges from 0.5% to 2.5%.
4) Experience is through June 30, 2015 and only includes lifetime pay policies (excludes limited pay policies).

Appendix E
The Prudential Insurance Company of America
Distribution of Inforce Business as of June 30, 2015
ILTC2

	Count	% of Count	Premium	% of Premium
Issue Year				
2002	12	0.1%	31,807	0.1%
2003	1,917	13.7%	4,962,227	12.8%
2004	4,415	31.5%	11,935,790	30.7%
2005	3,794	27.1%	10,687,119	27.5%
2006	1,951	13.9%	5,741,055	14.8%
2007	1,431	10.2%	4,147,727	10.7%
2008	231	1.6%	642,725	1.7%
2009	146	1.0%	409,392	1.1%
2010	64	0.5%	165,639	0.4%
2011	44	0.3%	106,079	0.3%
Total	14,005	100.0%	38,829,561	100.0%

Issue Age				
<30	42	0.3%	60,104	0.2%
30-34	99	0.7%	142,921	0.4%
35-39	219	1.6%	390,939	1.0%
40-44	539	3.8%	1,104,639	2.8%
45-49	1,244	8.9%	2,930,380	7.5%
50-54	2,511	17.9%	6,011,607	15.5%
55-59	3,466	24.7%	9,007,180	23.2%
60-64	3,239	23.1%	9,218,929	23.7%
65-69	1,687	12.0%	5,639,448	14.5%
70-74	690	4.9%	2,811,955	7.2%
75-79	233	1.7%	1,310,572	3.4%
80+	36	0.3%	200,886	0.5%
Total	14,005	100.0%	38,829,561	100.0%
Average Issue Age	57.5			

Attained Age				
<30	7	0.0%	10,992	0.0%
30-34	13	0.1%	18,110	0.0%
35-39	34	0.2%	43,653	0.1%
40-44	107	0.8%	156,020	0.4%
45-49	229	1.6%	383,734	1.0%
50-54	534	3.8%	1,129,144	2.9%
55-59	1,244	8.9%	2,970,145	7.6%
60-64	2,448	17.5%	6,040,319	15.6%
65-69	3,419	24.4%	8,817,388	22.7%
70-74	3,161	22.6%	8,999,780	23.2%
75-79	1,745	12.5%	5,710,520	14.7%
80+	1,064	7.6%	4,549,756	11.7%
Total	14,005	100.0%	38,829,561	100.0%
Average Attained Age	67.7			

Appendix E
The Prudential Insurance Company of America
Distribution of Inforce Business as of June 30, 2015
ILTC2

	Count	% of Count	Premium	% of Premium
Gender				
Male	5,643	40.3%	16,163,174	41.6%
Female	8,362	59.7%	22,666,387	58.4%
Total	14,005	100.0%	38,829,561	100.0%
Inflation Option				
None	1,441	10.3%	3,537,599	9.1%
GPO	1,517	10.8%	4,351,736	11.2%
5% Simple Lifetime	3,964	28.3%	10,019,139	25.8%
5% Compound - Double (14 years)	1,279	9.1%	3,096,194	8.0%
5% Compound Lifetime	5,804	41.4%	17,824,892	45.9%
Total	14,005	100.0%	38,829,561	100.0%
Elimination Period				
0-Day	36	0.3%	80,232	0.2%
30-Day	3,521	25.1%	10,178,453	28.1%
60-Day	1,624	11.6%	4,426,842	12.2%
90-Day	7,768	55.5%	21,581,123	59.5%
180-Day	1,056	7.5%	2,562,911	7.1%
Total	14,005	92.5%	36,266,650	100.0%
Benefit Period*				
2 Years	452	3.2%	931,015	2.4%
3 Years	2,725	19.5%	5,904,032	15.2%
5 Years	5,697	40.7%	14,800,072	38.1%
Lifetime	5,131	36.6%	17,194,442	44.3%
Total	14,005	100.0%	38,829,561	100.0%

*Benefit Period grouped to nearest primary election

Premium Period				
Lifetime	13,554	96.8%	35,634,199	91.8%
Premium Paid-Up at Age 65	91	0.6%	404,422	1.0%
Premium Reduction at Age 65	0	0.0%	0	0.0%
10-Pay	360	2.6%	2,790,940	7.2%
Total	14,005	100.0%	38,829,561	100.0%
Home Health Reimbursement Level				
50%	382	2.7%	888,929	2.3%
75%	400	2.9%	948,560	2.4%
100%	13,223	94.4%	36,992,072	95.3%
Total	14,005	100.0%	38,829,561	100.0%

Appendix E
The Prudential Insurance Company of America
Distribution of Inforce Business as of June 30, 2015
ILTC2

	Count	% of Count	Premium	% of Premium
Spousal Discount Status				
Single	3,101	22.1%	9,770,451	25.2%
Married - 1 Buy	2,999	21.4%	8,953,375	23.1%
Married - 2 Buy	7,905	56.4%	20,105,735	51.8%
Total	14,005	100.0%	38,829,561	100.0%
Cash Benefit Option				
Cash	1,714	12.2%	6,566,063	16.9%
Reimbursement	12,291	87.8%	32,263,498	83.1%
Total	14,005	100.0%	38,829,561	100.0%
Benefit Measure				
Daily	3,291	23.5%	8,279,721	21.3%
Monthly	10,714	76.5%	30,549,840	78.7%
Total	14,005	100.0%	38,829,561	100.0%
Non-Forfeiture Option				
Yes	494	3.5%	1,385,848	3.6%
No	13,511	96.5%	37,443,713	96.4%
Total	14,005	100.0%	38,829,561	100.0%
Survivorship Rider				
Yes	467	3.3%	1,180,051	3.0%
No	13,538	96.7%	37,649,510	97.0%
Total	14,005	100.0%	38,829,561	100.0%
Dual Waiver of Premium Rider				
Yes	2,169	15.5%	5,611,738	14.5%
No	11,836	84.5%	33,217,823	85.5%
Total	14,005	100.0%	38,829,561	100.0%

	Cumulative Approved				Second Increase							
					Requested				Approved			
	ILTC2				ILTC2				ILTC2			
	Limited		Unlimited		Limited		Unlimited		Limited		Unlimited	
	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb
Alabama	82.0%	49.5%	101.5%	72.5%	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%
Alaska	82.0%	49.5%	101.5%	72.5%	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%
Arizona - Pre-RS	82.0%	49.5%	101.5%	72.5%	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%
Arizona - Post-RS	30.0%	15.0%	30.0%	15.0%	40.0%	30.0%	55.0%	50.0%				
Arkansas	21.0%	21.0%	21.0%	21.0%	40.0%	30.0%	55.0%	50.0%	21.0%	21.0%	21.0%	21.0%
California	0.0%	0.0%	0.0%	0.0%	40.0%	30.0%	55.0%	50.0%				
Colorado	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%
Connecticut	0.0%	0.0%	0.0%	0.0%	40.0%	30.0%	55.0%	50.0%				
District of Columbia	21.0%	21.0%	21.0%	21.0%	40.0%	30.0%	55.0%	50.0%	10.0%	10.0%	10.0%	10.0%
Delaware	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	25.0%	25.0%	25.0%	25.0%
Florida	29.1%	29.1%	29.1%	29.1%	40.0%	30.0%	55.0%	50.0%	18.8%	18.8%	18.8%	18.8%
Georgia	32.3%	23.6%	32.3%	23.6%	40.0%	30.0%	55.0%	50.0%	15.0%	15.0%	15.0%	15.0%
Guam	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%
Hawaii - Pre-RS	28.8%	21.0%	45.2%	40.4%	40.0%	30.0%	55.0%	50.0%	28.8%	21.0%	45.2%	40.4%
Hawaii - Post-RS	0.0%	0.0%	0.0%	0.0%	40.0%	30.0%	55.0%	50.0%				
Idaho	38.8%	24.2%	43.8%	32.3%	40.0%	30.0%	55.0%	50.0%	11.0%	8.0%	15.0%	15.0%
Illinois	30.0%	15.0%	30.0%	15.0%	40.0%	30.0%	55.0%	50.0%				
Indiana	23.8%	23.2%	23.8%	23.2%	40.0%	30.0%	55.0%	50.0%	12.5%	12.5%	12.5%	12.5%
Iowa	38.9%	29.5%	38.9%	29.5%	40.0%	30.0%	55.0%	50.0%	17.7%	17.7%	17.7%	17.7%
Kansas	10.0%	10.0%	10.0%	10.0%	40.0%	30.0%	55.0%	50.0%				
Kentucky	50.8%	33.4%	50.8%	33.4%	40.0%	30.0%	55.0%	50.0%	16.0%	16.0%	16.0%	16.0%
Louisiana	10.0%	5.0%	15.0%	10.0%	40.0%	30.0%	55.0%	50.0%	10.0%	5.0%	15.0%	10.0%
Maine - Pre-RS	75.4%	49.5%	97.5%	66.8%	40.0%	30.0%	55.0%	50.0%	35.0%	30.0%	52.0%	45.0%
Maine - Post-RS	40.0%	49.5%	52.0%	72.5%	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	52.0%	50.0%
Maryland	32.3%	32.3%	32.3%	32.3%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
Massachusetts	10.0%	10.0%	10.0%	10.0%	40.0%	30.0%	55.0%	50.0%				
Michigan	82.0%	49.5%	101.5%	72.5%	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%
Minnesota	0.0%	0.0%	0.0%	0.0%	40.0%	30.0%	55.0%	50.0%				
Mississippi	56.3%	46.3%	56.3%	46.3%	40.0%	30.0%	55.0%	50.0%	25.0%	25.0%	25.0%	25.0%
Missouri - Pre-RS	55.9%	40.9%	69.3%	58.1%	40.0%	30.0%	55.0%	50.0%	29.9%	22.5%	41.1%	37.5%
Missouri - Post-RS	55.9%	40.9%	69.3%	58.1%	40.0%	30.0%	55.0%	50.0%	29.9%	22.5%	41.1%	37.5%
Montana	38.0%	32.3%	47.2%	43.8%	40.0%	30.0%	55.0%	50.0%	20.0%	15.0%	28.0%	25.0%
Nebraska	82.0%	49.5%	101.5%	72.5%	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%
Nevada	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%
New Hampshire	30.0%	15.0%	30.0%	15.0%	40.0%	30.0%	55.0%	50.0%				
New Jersey - Pre-RS	82.0%	32.3%	97.6%	72.5%	40.0%	30.0%	55.0%	50.0%	40.0%	15.0%	52.0%	50.0%
New Jersey - Post-RS	82.0%	32.3%	97.6%	72.5%	40.0%	30.0%	55.0%	50.0%	40.0%	15.0%	52.0%	50.0%
New Mexico - Pre-RS	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
New Mexico - Post-RS	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
New York	10.3%	10.3%	10.3%	10.3%	40.0%	30.0%	55.0%	50.0%	5.0%	5.0%	5.0%	5.0%
North Carolina	82.0%	42.4%	101.5%	64.3%	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%
North Dakota	38.0%	32.3%	38.0%	32.3%	40.0%	30.0%	55.0%	50.0%	15.0%	15.0%	15.0%	15.0%
Ohio	49.5%	32.3%	56.0%	43.8%	40.0%	30.0%	55.0%	50.0%	15.0%	15.0%	20.0%	25.0%
Oklahoma	56.3%	43.8%	56.3%	43.8%	40.0%	30.0%	55.0%	50.0%	25.0%	25.0%	25.0%	25.0%
Oregon	54.8%	45.5%	54.8%	45.5%	40.0%	30.0%	55.0%	50.0%	32.3%	32.3%	32.3%	32.3%
Pennsylvania	56.0%	37.9%	56.0%	37.9%	40.0%	30.0%	55.0%	50.0%	20.0%	20.0%	20.0%	20.0%
Rhode Island	0.0%	0.0%	0.0%	0.0%	40.0%	30.0%	55.0%	50.0%				
South Carolina	44.0%	38.0%	44.0%	38.0%	40.0%	30.0%	55.0%	50.0%	20.0%	20.0%	20.0%	20.0%
South Dakota	82.0%	49.5%	101.5%	72.5%	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%
Tennessee	82.0%	49.5%	101.5%	72.5%	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%
Texas	0.0%	0.0%	0.0%	0.0%	40.0%	30.0%	55.0%	50.0%				
Utah	30.0%	15.0%	30.0%	15.0%	40.0%	30.0%	55.0%	50.0%				
Vermont	0.0%	0.0%	0.0%	0.0%	10.0%	10.0%	10.0%	10.0%				
Virginia	50.8%	30.0%	50.8%	30.0%	40.0%	30.0%	55.0%	50.0%				
Washington	82.0%	49.5%	101.5%	72.5%	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%
West Virginia	82.0%	49.5%	101.5%	72.5%	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%
Wyoming	82.0%	49.5%	101.5%	72.5%	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%
Wisconsin	82.0%	49.5%	101.5%	72.5%	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%

	First Increase							
	Requested				Approved			
	ILTC2				ILTC2			
	Limited		Unlimited		Limited		Unlimited	
	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb
Alabama	30%	15%	30%	15%	30%	15%	30%	15%
Alaska	30%	15%	30%	15%	30%	15%	30%	15%
Arizona - Pre-RS	30%	15%	30%	15%	30%	15%	30%	15%
Arizona - Post-RS	30%	15%	30%	15%	30%	15%	30%	15%
Arkansas	30%	15%	30%	15%				
California	30%	15%	30%	15%				
Colorado	30%	15%	30%	15%				
Connecticut	30%	15%	30%	15%				
District of Columbia	10%	10%	10%	10%	10%	10%	10%	10%
Delaware	30%	15%	30%	15%	12%	12%	12%	12%
Florida	18%	18%	18%	18%	9%	9%	9%	9%
Georgia	30%	15%	30%	15%	15%	8%	15%	8%
Guam	30%	15%	30%	15%				
Hawaii - Pre-RS	30%	15%	30%	15%				
Hawaii - Post-RS	30%	15%	30%	15%				
Idaho	30%	15%	30%	15%	25%	15%	25%	15%
Illinois	30%	15%	30%	15%	30%	15%	30%	15%
Indiana	30%	15%	30%	15%	10%	10%	10%	10%
Iowa	30%	15%	30%	15%	18%	10%	18%	10%
Kansas	30%	15%	30%	15%	10%	10%	10%	10%
Kentucky	30%	15%	30%	15%	30%	15%	30%	15%
Louisiana	30%	15%	30%	15%				
Maine - Pre-RS	30%	15%	30%	15%	30%	15%	30%	15%
Maine - Post-RS	30%	15%	30%	15%		15%		15%
Maryland	30%	15%	30%	15%	15%	15%	15%	15%
Massachusetts	30%	15%	30%	15%	10%	10%	10%	10%
Michigan	30%	15%	30%	15%	30%	15%	30%	15%
Minnesota	30%	15%	30%	15%				
Mississippi	30%	15%	30%	15%	25%	17%	25%	17%
Missouri - Pre-RS	30%	15%	30%	15%	20%	15%	20%	15%
Missouri - Post-RS	30%	15%	30%	15%	20%	15%	20%	15%
Montana	30%	15%	30%	15%	15%	15%	15%	15%
Nebraska	30%	15%	30%	15%	30%	15%	30%	15%
Nevada	30%	15%	30%	15%				
New Hampshire	30%	15%	30%	15%	30%	15%	30%	15%
New Jersey - Pre-RS	30%	15%	30%	15%	30%	15%	30%	15%
New Jersey - Post-RS	30%	15%	30%	15%	30%	15%	30%	15%
New Mexico - Pre-RS	30%	15%	30%	15%				
New Mexico - Post-RS	30%	15%	30%	15%				
New York	30%	15%	30%	15%	5%	5%	5%	5%
North Carolina	30%	15%	30%	15%	30%	10%	30%	10%
North Dakota	30%	15%	30%	15%	20%	15%	20%	15%
Ohio	30%	15%	30%	15%	30%	15%	30%	15%
Oklahoma	30%	15%	30%	15%	25%	15%	25%	15%
Oregon	30%	15%	30%	15%	17%	10%	17%	10%
Pennsylvania	30%	15%	30%	15%	30%	15%	30%	15%
Rhode Island	30%	15%	30%	15%				
South Carolina	30%	15%	30%	15%	20%	15%	20%	15%
South Dakota	30%	15%	30%	15%	30%	15%	30%	15%
Tennessee	30%	15%	30%	15%	30%	15%	30%	15%
Texas	50%	30%	50%	30%				
Utah	30%	15%	30%	15%	30%	15%	30%	15%
Vermont	30%	15%	30%	15%				
Virginia	30%	15%	30%	15%	51%	30%	51%	30%
Washington	30%	15%	30%	15%	30%	15%	30%	15%
West Virginia	30%	15%	30%	15%	30%	15%	30%	15%
Wyoming	30%	15%	30%	15%	30%	15%	30%	15%
Wisconsin	30%	15%	30%	15%	30%	15%	30%	15%

Keith Burns, ASA, MAAA
Vice President and Actuary
Financial Management

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June 8, 2016

The Honorable Jacqueline K. Cunningham
Commissioner of Insurance
Virginia State Corporation Commission
Bureau of Insurance
1300 East Main Street
Richmond, VA 23219

Re: The Prudential Insurance Company of America
NAIC #304-68241
Individual Long Term Care Insurance
Form Numbers: GRP 112563

Dear Commissioner Cunningham:

We enclose for your review a long-term care insurance rate schedule change. We are requesting the approval of a premium rate increase for the above referenced forms. This rate revision is a follow-up request meant to recover rate revisions that were not approved in Virginia. Approval of this request would bring Virginia's premiums in line with states that have approved full amounts in the past.

Forms GRP 112563 (ILTC 2) were previously approved by the Department on February 20, 2004 and were sold nationwide during the period of 2002 through 2009. This product is currently not being marketed in any state.

Some of Prudential's pricing assumptions for this series of forms, although based on the best information then available, were not consistent with our emerging experience. In view of these results, we are requesting proposing an average rate increase of 54.7% for the forms GRP 112563, et al in the state of Virginia.

Policy	No Cash Rider	No Cash Rider w/Unlimited Lifetime Maximum	Cash Rider	Cash Rider w/ Unlimited Lifetime Maximum
GRP 112563	45%	67.3%	52.1%	68.4%

To help mitigate the impact of the proposed rate increase, Prudential is willing to implement this rate increase over a period of three years.

The rate increase is needed to help ensure that future premiums, in combination with existing reserves, will be adequate to fund anticipated claims. We have tried to keep these increases as low as reasonably possible in the hope of minimizing the impact on our policyholders. We will continue to monitor the performance of this block of business after this rate action. It is likely that as we continue to regularly review the experience of these policies, another increase may be needed in the future.

The deterioration of experience relative to pricing has contributed to the need to strengthen Prudential's reserves depleting surplus. On a statutory basis, the LTC business holds $1.6 billion in Asset Adequacy Testing reserves as of December 31, 2014. In addition, in 2012, Prudential's LTC business went into GAAP loss recognition incurring a pre-tax charge of $639 million.

The requested rate increases will not restore original profit margins, but will help Prudential avoid additional losses as well as further depletion of its surplus. The increases will also help maintain equity within Prudential's policyholder population as deferring rate increases will only increase the size of needed future rate increases.

The proposed premium rates will be effective on each policy's first modal premium due date that is on or after the state increase effective date established by Prudential following state approval. The earliest increase, once approval is provided, will be no earlier than 75 days from the date of approval, so that Prudential can provide seventy five days advance notice of the rate increase to insureds. Implementation will be no earlier than December 1, 2017 which is twelve months after the implementation of the second increase effective on or after December 1, 2016.

We understand that a premium increase may be difficult for our policyholders to absorb. Consequently, Prudential is prepared to offer a number of options to enable the premium an insured is paying to remain the same such as reducing their benefit period, decreasing their Daily Benefit Maximum, or dropping rider(s) (e.g. optional coverage). Additionally, as an alternative, the Contingent Non-forfeiture benefit will be made available to all impacted policyholders whose plan design does not include the Non-forfeiture Benefit Rider.

Furthermore, policyholders with the Cash Benefit Rider will be given the opportunity to convert to a Cash Indemnity Rider. Accordingly, a policy amendment is enclosed for your review and approval (GRP 114974).

The following items are included with this submission:

- All Actuarial Material
- All Required Certifications
- State transmittal and checklists (If applicable)
- Cash Indemnity Rider (GRP 114974)

Correspondence: Please correspond directly with my associate concerning this filing.

Raenonna Prince, CLTC, LTCP
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Very truly yours,

Keith Burns, ASA, MAAA
Vice President and Actuary

Enclosures

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Date: December 2, 2016

To: Janet Houser
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-130596304
Objection Letter Dated June 14, 2016
ILTC-2 Re-Rate

Dear Ms. Houser,

This is in response to your questions on June 14, 2016.

Objection 1
Comments:
According to the Actuarial Memorandum, the rate increase applies to one long term care policy GRP 112563. According to Section 5 of the memorandum, the revised rates are applicable to this policy form and all future periodic inflation protection offers.

Two of the policy forms noted above were approved under SERFF tracking # PRUD- 127772712. Included in that filing, however, were rate increases for policy forms: GRP 112208, GRP 112207, GRP 112206, and GRP 112205. Are the rates for these riders being affected by the rate increase? If so, these form numbers should be included in the "Affected Form Numbers" in the Rate/Rule Schedule with the rates attached and all form numbers noted in the Actuarial Memorandum.

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

According to the submission, the company is willing implement the increase over a period of 3 years. As a result, the company should attach a rate schedule that reflects the rates for each period to the Rate/Rule Schedule. The company may wish to wait until closer to the approval date, however, to update the filing. Please advise, however, what the percentage increase would be for each period.

In the case of multi-year implementation, we would prefer to cap each year's rate increase at 20%, and implement an amount each year that is multiplicatively equivalent to the full increase amount.

Objection 2
Comments:
Since all policies in Virginia were issued on or after October 1, 2003, the rate increase will be reviewed in accordance with the requirements of 14VAC5-200-153. Please amend the Actuarial Certification to include the required certification in accordance with 14VAC5-200-153 B 2 b which states the premium rate filing is in compliance with the provision of this section.

The section 25 of the actuarial memorandum has been revised to include the language below:

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"To the best of my knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth. The premiums rates associated with this filing are adequate in relation to the benefits provided."

Objection 3
Comments:
Please provide the following:

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

Please view the attachment titled Objection 3.1 for the requested information.

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

Please view the attachment titled Objection 3.2 for the requested information.

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

Our Premium deficiency reserve (PDR) is calculated per SSAP No. 54, Paragraph 18. The calculation uses gross premium valuation (GPV) method with the projected gross premium income and liability cash flow. The projection is done in PolySystems HealthDelphi based on best estimate assumptions with overhead expensed included. The discount rate is based the best estimate future asset returns.

The assumptions used in our deficiency reserve and cash flow testing are consistent with those used in rerate projections, with the exception of a margin that is included in cash flow testing for conservatism. Also note that for cash flow testing, in lieu of a single investment rate we generate interest scenarios that include the New York 7 as well as certain company-specific scenarios and investment strategies to project investment performance. The company uses the worst of these scenarios to determine the final deficiency, which we deem to be more conservative than using a single investment rate.

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

Please view the attachment titled Objection 3.4 for the requested information.

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

A morbidity study was conducted on the Company's nationwide actual experience. The approach used to develop best estimate morbidity assumptions was to start with a set of baseline expected incurred claims and review the experience along several key demographic and benefit characteristics. The study focused

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primarily on incurred claims. Fitting factors were then developed to match historical incurred claims to expected incurred claims. The baseline expected incurred claims were developed from Milliman's 2011 LTC Guidelines (Guidelines). The 2011 Guidelines reflect over 15.3 million life years of exposure and $10.5 billion of incurred claims and the experience and judgment of Milliman actuaries. The policy design and coverages, the underwriting used at the time, and the claim adjudication process were all considered when establishing the base line assumptions. Given the large size of the data supporting the Guidelines, it was viewed as a whole as a credible starting point for the analysis.

Included in the baseline was a 1% per year morbidity improvement assumption in the historical expected claims, with 2011 as the assumed base year. This morbidity improvement is assumed to continue into the future through 2035. Also, a composite factor was developed for the business based on the distribution by state and the area adjustment factors from the Guidelines.

The process of developing fitting factors, starting with the baseline expected, generally followed the following steps:

- Review experience by issue year and product to determine if the baseline selection factors used are appropriate
- Review experience by issue age, gender, marital status and / or underwriting type
- Review experience by key benefit and demographic characteristics

It should be noted that many of the factors are related to each other, so some fitting involved an iterative process of cycling back to prior steps. Also, the credibility of each specific segment was considered, along with judgment, in setting the specific fitting factors. Thus, no one rigid credibility formula was used in setting the fitting factors.

Based on the review of the experience, several fitting factors were developed. All individual experience was pooled together to develop the factors. The last step was to develop fitting factors specifically for each product. The factors are listed below. The file, 'Objection 3 - Morbidity Details.xlsx', contains the comparison of actual claim experience through June 30, 2015 to the current assumptions for each fitting factor. Please note that as some of the experience "cuts" shown below are not fully credible, the actual-to-expected will not exactly match 100% after applying the fitting factors. Also, as the factors were developed for all individual business, the exhibits are based on combined individual experience. The morbidity fitting factors are as follows:

Factor 1. Benefit Type/Period Adjustment

The baseline assumptions do not include any adjustment for policies that receive cash benefits as opposed to expense reimbursement. Based on the Company's experience, policies with cash benefits and/or lifetime benefit periods tend to use their benefits much more often than expense reimbursement.

Benefit Period Adjustment Factors – Individual	
Benefit Period / Reimbursement	Factor
Non-Lifetime / Expense Reimbursement	1.00

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Non-Lifetime / Cash Benefits	1.55
Lifetime / Expense Reimbursement	1.20
Lifetime / Cash Benefits	1.90

Factor 2. Issue Age Adjustment

Experience was reviewed by issue age. The morbidity was worse for older issue ages. Adjustment factors were developed to reflect that emerging experience.

Issue Age Adjustments – Individual	
Issue Age	Factor
<=59	0.95
60 to 69	1.30
70+	1.30

Factor 3. Marital Adjustment

Experience was reviewed by marital status. In the early durations, the experience was better for married insureds, but wore off over time. The adjustment factors that were developed reflect that pattern.

Marital Savings Adjustment Factors – Individual		
Policy Duration	Married 1-Insured (M1)	Married 2-Insured (M2)
1	1.00	0.87
2	1.00	0.87
3	1.00	0.87
4	1.00	0.87
5	1.00	0.89
6	1.00	0.91
7	1.00	0.93
8	1.00	0.95
9	1.00	0.98
10+	1.00	1.00

Factor 4. Home Health Care Percentage Adjustments

Experience was reviewed by home health percentage. Plans with a higher reimbursement for home health care experienced worse morbidity results.

Home Health Care Adjustment Factors - Individual	
Home Health Care Percent	Factor

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50%	0.90
75%	0.94
100%	1.00
150%	1.12

Factor 5. Product Factor Adjustments
The last fitting factor was an overall factor for each product by duration.

Product Factors – Individual					
Duration	ILTC1	ILTC2	ILTC3	ILTC3R	ILTC4
1	0.836	1.150	1.003	1.003	0.983
2	0.836	1.150	1.003	1.003	0.983
3	0.855	1.150	1.003	1.003	0.983
4	0.865	1.150	1.003	1.003	0.983
5	0.875	1.150	1.003	1.003	0.983
6	0.895	1.150	1.003	1.003	0.983
7	0.904	1.150	1.003	1.003	0.983
8	0.924	1.150	1.003	1.003	0.983
9	0.924	1.150	1.003	1.003	0.983
10+	0.934	1.150	1.003	1.003	0.983

Overall, the assumptions can be judged to be a good fit based on how the experience matches the assumptions when viewed by policy duration, attained age and calendar year. Appendix C, Exhibit 3 of the original rate increase filing showed that comparison. As the block is not fully credible at each split, it is expected that the actual-to-expected (A:E) ratios will vary slightly. Overall, the A:E ratios are reasonably close to 100% and are fairly consistent by policy duration, attained age and calendar year.

The voluntary lapse and mortality assumptions are detailed in the actuarial memorandum, and additional details of our actual to expected experience can be found in Appendix C and Appendix D.

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

Please view the attachment titled Objection 3.2 for the requested information. This exhibit summarizes nationwide experience by starting with original pricing assumptions. A projection using the detailed original morbidity assumptions on a seriatim basis is not readily available. As an alternative, we calculated expected claims by multiplying earned premium times the original expected loss ratios on a durational basis. The projected premium using original persistency was done on a seriatim basis. The historical information uses actual historical premium. For 'Exhibit 1.a', the incurred claims are a proxy for the original expected

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incurred claims (they are calculated by multiplying the premium by the original expected loss ratios on a durational basis).

7. According to your cover letter, these policies were sold nationwide from 2002 through 2009. In Virginia the policies were sold between 2004 and 2006. Since this filing is subject to 14VAC5-200-153 for policies issued on or after October 1, 2003, please remove the nationwide experience prior to that date from the exhibits and provide updated exhibits.

I confirm that all policies included in the nationwide experience were issued on or after Virginia's rate stability approval date.

8. As a reminder, for post-stability policies, all present and accumulated values should be used to determine rate increases shall use the maximum valuation interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia as set forth in 14VAC5-200-153-C 4.

An annual interest rate of 4.5% was used to calculate the lifetime loss ratio in the supporting appendices. This was determined based on the predominant number of certificates issued in years that the maximum statutory valuation rate was 4.5%.

Objection 4
Comments:
The Virginia State Corporation Commission adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. Except as specifically provided in the regulation, the changes are effective September 1, 2015. As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases as stated in 14 VAC5-200-75 D. Letters must now be submitted as a form to be filed with the state.

With sufficient variability, the letter only needs to be submitted once to be reviewed and filed with the Bureau. Objections regarding the policyholder letter have been addressed in the SERFF tracking # PRUD-130596260. If the company does not wish use the same letter for all filings, the Company may submit a policyholder letter specific to this filing with a different form number and attach it to this filing under Supporting Documentation.

The Long-Term Care Insurance Change Request Form and Frequently Asked Questions Relating to Premium Insurance could also contain sufficient variability to avoid multiple forms if the company wishes to do so. These forms are not required to be filed and should be attached to Supporting Documentation.

In line with this, any forms that will be attached to the policy to reflect changes made in the benefits may be used for all policies with sufficient variability unless the company prefers to use specific forms for each policy. Please advise how the company wishes to proceed with this.

Pursuant to VAC5-200-75 D, we have revised the Policyholder Notification (GRP 115277) to comply with the state's new requirements. Additionally, we have revised the Change Request Form (GRP 115277A). Both forms can be referenced on the Form Schedule Tab of this filing.

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The Frequently Asked Questions form can be referenced on the Supporting Documentation Tab of this filing.

Objection 5
Comments:
The Long Term Care Rate Request Summary Part 1 will eventually be available our website for consumers to review. Please make the following changes in the form:

1) Rather than refer the consumer to Appendix A which may not be easily located by the consumer, please state the average annual premium as $4286 and the average requested increase of 54.7% as stated in Section 15 of the memorandum.

Please be advised that we have revised the Long Term Care Rate Request Summary as suggested.

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

At the request of the Department, we have added a narrative to page 2 of the Rate Summary.

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

The affected policy forms are referenced on the Long Term Care Rate Request Summary.

Objection 6
Comments:
The Actuarial Memorandum states this increase applies to all future periodic inflation protection offers. In regards to an inflation rider, will the policyholder only be able to reduce the inflation protection to a lower percentage based on those percentages currently offered or has the company determined actuarially a percentage reduction that would allow the rate increase to be zeroed out if accepted which would result in no rate increase, commonly referred to as a landing spot?

Prudential is not offering a landing spot at this time. Instead, the policyholder can opt to reduce their inflation protection to a lower level, at which point their premium would be recalculated based on the rating cells used at issue, with the option to buy back any previously accumulated inflation benefit at the price it would have been at original issue.

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I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration. If there are any additional questions, please feel free to contact me.

Sincerely,

Digitally signed by Ritu Jain, ASA, MAAA
DN: cn=Ritu Jain, ASA, MAAA, o=The Prudential Insurance Company of America, ou=LTC Actuarial, email=ritu.jain@prudential.com, c=US
Date: 2016.12.05 13:26:43 -05'00'

Ritu Jain, ASA, MAAA
Director, Actuary
Prudential Long Term Care

Exhibit 1
The Prudential Insurance Company of America
Illustrative Experience Exhibit
Nationwide Experience
ILTC2

Exhibit 1.a

Lapse: Original
Mortality: Original
Morbidity: Original
Historical Premium: Actual (Virginia Rate Basis)
Historical Incurred Claims: Actual
Projected Premium: Original Rate Basis

Calendar Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2002	4,208	-	0%
2003	1,660,611	4,258	0%
2004	12,460,009	201,254	2%
2005	25,865,418	1,696,618	7%
2006	33,688,223	5,830,314	17%
2007	39,753,916	7,981,096	20%
2008	40,161,219	6,623,394	16%
2009	39,208,531	10,602,812	27%
2010	39,748,839	10,391,607	26%
2011	39,180,015	13,331,072	34%
2012	37,572,926	12,670,516	34%
2013	35,639,927	11,604,185	33%
2014	39,200,361	17,501,724	45%
2015	18,800,164	7,228,249	38%
2015	15,636,931	9,300,542	59%
2016	29,559,459	20,230,790	68%
2017	27,439,503	21,548,401	79%
2018	25,709,754	23,158,073	90%
2019	24,094,907	24,759,940	103%
2020	22,472,675	26,090,776	116%
2021	20,963,820	27,261,599	130%
2022	19,514,782	28,494,514	146%
2023	18,123,741	29,911,601	165%
2024	16,768,045	31,266,570	186%
2025	15,480,333	32,336,246	209%
2026	14,237,809	33,026,527	232%
2027	13,035,762	33,543,736	257%
2028	11,902,550	34,094,733	286%
2029	10,835,938	34,536,708	319%
2030	9,829,197	34,599,410	352%
2031	8,886,329	34,231,056	385%
2032	8,000,682	33,622,468	420%
2033	7,174,740	32,944,544	459%
2034	6,406,899	32,196,898	503%
2035	5,694,621	31,333,773	550%
2036	5,040,682	30,414,489	603%
2037	4,439,741	29,576,701	666%
2038	3,881,555	28,803,425	742%
2039	3,385,201	28,048,669	829%
2040	2,937,299	26,994,303	919%
2041	2,535,480	25,551,418	1008%
2042	2,177,131	23,850,946	1096%
2043	1,859,493	22,037,737	1185%
2044	1,579,707	20,217,028	1280%
2045	1,334,846	18,435,434	1381%
2046	1,121,943	16,726,724	1491%
2047	938,020	15,142,066	1614%
2048	780,162	13,688,017	1755%
2049	645,543	12,336,231	1911%
2050	531,484	11,033,231	2076%
2051	435,458	9,758,481	2241%
2052	355,113	8,544,641	2406%
2053	288,296	7,428,112	2577%
2054	233,064	6,450,215	2768%
2055	187,661	5,617,038	2993%
2056	150,547	4,902,657	3257%
2057	120,367	4,285,386	3560%
2058	95,944	3,743,746	3902%
2059	76,263	3,264,069	4280%
2060	60,470	2,839,860	4696%
2061	47,839	2,465,482	5154%
2062	37,770	2,136,242	5656%
2063	29,765	1,847,604	6207%
2064	23,414	1,595,051	6812%
2065	18,383	1,374,566	7477%
2066	14,404	1,182,222	8208%
2067	11,262	1,014,777	9010%
2068	8,786	869,234	9893%
2069	6,836	742,715	10866%
2070	5,306	633,328	11937%
2071	4,107	538,777	13118%
2072	3,171	457,373	14422%
2073	2,443	387,451	15863%
2074	1,878	327,804	17456%
2075	1,440	276,771	19217%
2076	1,103	233,405	21167%
2077	842	196,448	23322%
2078	642	165,004	25697%
2079	487	136,789	28064%
2080	369	110,294	29911%
2081	277	85,895	31035%
2082	206	65,035	31563%
2083	151	47,930	31670%
2084	109	34,626	31700%
2085	61	19,369	31700%
Total - Values as of 6/30/2015 using a 4.5% interest rate			
Past	513,550,562	127,380,228	25%
Future	256,160,910	498,759,385	195%
Lifetime	769,711,473	626,139,613	81%
Total - Values as of 6/30/2015 using original interest rate (7.0%)			
Past	589,433,116	141,685,230	24%
Future	218,493,093	369,206,859	169%
Lifetime	807,926,209	510,892,089	63%

Notes:
1) Historical Experience: Historical earned premium and incurred claims are on an actual basis. Historical
2) Projected Experience: Original pricing assumptions and original premium scale. No moderately adverse
3) Original Discount Rate: used for discounting of incurred claims but no impact on the claims themselves.
4) All policies included.

Exhibit 2
The Prudential Insurance Company of America
Illustrative Experience Exhibit
Virginia Experience
ILTC2

Exhibit 2.a

Lapse: Original
Mortality: Original
Morbidity: Original
Historical Premium: Actual
Historical Incurred Claims: Actual
Projected Premium: Original Rate Basis

Calendar Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2002	-	-	N/A
2003	-	-	N/A
2004	44,033	-	0%
2005	228,577	62,508	27%
2006	360,143	-	0%
2007	353,791	-	0%
2008	347,780	-	0%
2009	341,436	169,961	50%
2010	367,146	-	0%
2011	361,117	-	0%
2012	326,993	363,787	111%
2013	320,108	1,922	1%
2014	352,716	-	0%
2015	175,065	301,136	172%
2015	148,593	90,837	61%
2016	283,735	198,959	70%
2017	266,276	211,169	79%
2018	249,361	226,446	91%
2019	233,017	244,254	105%
2020	217,261	258,794	119%
2021	202,110	268,227	133%
2022	187,583	276,531	147%
2023	173,695	290,357	167%
2024	160,455	307,119	191%
2025	147,863	319,547	216%
2026	135,919	324,674	239%
2027	124,621	327,175	263%
2028	113,959	333,942	293%
2029	103,920	342,479	330%
2030	94,489	346,325	367%
2031	85,651	341,944	399%
2032	77,389	334,036	432%
2033	69,683	329,074	472%
2034	62,519	325,446	521%
2035	55,879	319,686	572%
2036	49,749	311,320	626%
2037	44,110	304,026	689%
2038	38,946	301,388	774%
2039	34,238	299,791	876%
2040	29,965	293,123	978%
2041	26,108	278,220	1066%
2042	22,644	259,565	1146%
2043	19,549	241,898	1237%
2044	16,800	225,104	1340%
2045	14,368	208,245	1449%
2046	12,228	191,121	1563%
2047	10,356	175,392	1694%
2048	8,727	161,716	1853%
2049	7,316	148,835	2034%
2050	6,101	135,444	2220%
2051	5,059	120,767	2387%
2052	4,172	106,207	2546%
2053	3,420	93,024	2720%
2054	2,786	81,639	2930%
2055	2,256	72,268	3204%
2056	1,815	64,035	3528%
2057	1,450	56,343	3885%
2058	1,151	49,222	4278%
2059	906	42,669	4711%
2060	707	36,691	5187%
2061	548	31,268	5711%
2062	420	26,377	6286%
2063	318	22,017	6920%
2064	238	18,130	7616%
2065	175	14,696	8383%
2066	127	11,709	9225%
2067	90	9,137	10151%
2068	62	6,956	11171%
2069	42	5,158	12292%
2070	27	3,712	13521%
2071	17	2,558	14873%
2072	10	1,704	16352%
2073	6	1,052	17983%
2074	3	622	19755%
2075	2	342	21675%
2076	1	176	23717%
2077	0	68	26065%
2078	0	22	27508%
2079	-	-	N/A
2080	-	-	N/A
2081	-	-	N/A
2082	-	-	N/A
2083	-	-	N/A
2084	-	-	N/A
2085	-	-	N/A
Total - Values as of 6/30/2015 using a 4.5% interest rate			
Past	4,539,164	1,040,115	23%
Future	2,473,357	5,050,296	204%
Lifetime	7,012,522	6,090,411	87%
Total - Values as of 6/30/2015 using original interest rate (7.0%)			
Past	5,194,000	1,132,157	22%
Future	2,107,233	3,703,510	176%
Lifetime	7,301,234	4,835,667	66%

Notes:
1) Historical Experience: Historical earned premium and incurred claims are on an actual basis.
2) Projected Experience: Original pricing assumptions and original premium scale. No moderately adverse
3) Original Discount Rate: used for discounting of incurred claims but no impact on the claims themselves.
4) All policies included.

Exhibit 2: Durational Experience - Nationwide Experience

Company: The Prudential Insurance Company of America
Policy Form(s): ILTC2 Product
Experience Base: Nationwide Experience

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Actual Earned Premium	Loss Ratio	Original Earned Premium	Durational Expected Loss Ratio	Expected Incurred Claims	Actual to Expected
2002	2002	1	-	4,208	0%	4,208	7%	280	0%
Total			-	4,208	0%	4,208		280	0%
2003	2003	1	4,258	1,629,347	0%	1,629,347	7%	108,364	4%
	2002	2	-	31,264	0%	31,264	9%	2,694	0%
Total			4,258	1,660,611	0%	1,660,611		111,058	4%
2004	2004	1	191,493	7,027,584	3%	7,027,584	7%	467,387	41%
	2003	2	9,761	5,401,161	0%	5,401,161	9%	465,416	2%
	2002	3	-	31,264	0%	31,264	13%	4,010	0%
Total			201,254	12,460,009	2%	12,460,009		936,813	21%
2005	2005	1	21,101	6,910,793	0%	6,910,793	7%	459,620	5%
	2004	2	415,907	13,834,469	3%	13,834,469	9%	1,192,110	35%
	2003	3	1,259,611	5,088,893	25%	5,088,893	13%	652,671	193%
	2002	4	-	31,264	0%	31,264	18%	5,554	0%
Total			1,696,618	25,865,418	7%	25,865,418		2,309,955	73%
2006	2006	1	2,574	3,669,393	0%	3,669,393	7%	244,042	1%
	2005	2	1,622,237	11,950,324	14%	11,950,324	9%	1,029,754	158%
	2004	3	2,245,450	13,131,658	17%	13,131,658	13%	1,684,188	133%
	2003	4	1,960,053	4,905,584	40%	4,905,584	18%	871,494	225%
	2002	5	-	31,264	0%	31,264	23%	7,098	0%
Total			5,830,314	33,688,223	17%	33,688,223		3,836,577	152%
2007	2007	1	-	3,797,914	0%	3,797,914	7%	252,590	0%
	2006	2	349,646	7,031,080	5%	7,031,080	9%	605,865	58%
	2005	3	2,967,177	11,470,273	26%	11,470,273	13%	1,471,109	202%
	2004	4	2,901,031	12,640,580	23%	12,640,580	18%	2,245,644	129%
	2003	5	1,763,240	4,783,200	37%	4,783,200	23%	1,086,036	162%
	2002	6	-	30,868	0%	30,868	27%	8,365	0%
Total			7,981,096	39,753,916	20%	39,753,916		5,669,609	141%
2008	2008	1	-	504,291	0%	504,291	7%	33,539	0%
	2007	2	767,223	5,063,674	15%	5,063,674	9%	436,334	176%
	2006	3	836,483	6,670,588	13%	6,670,588	13%	855,530	98%
	2005	4	1,189,422	11,018,751	11%	11,018,751	18%	1,957,520	61%
	2004	5	2,471,351	12,208,513	20%	12,208,513	23%	2,771,969	89%
	2003	6	1,358,915	4,668,891	29%	4,668,891	27%	1,265,316	107%
	2002	7	-	26,512	0%	26,512	31%	8,265	0%
Total			6,623,394	40,161,219	16%	40,161,219		7,328,474	90%

Exhibit 2: Durational Experience - Nationwide Experience

Company: The Prudential Insurance Company of America
Policy Form(s): ILTC2 Product
Experience Base: Nationwide Experience

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Actual Earned Premium	Loss Ratio	Original Earned Premium	Durational Expected Loss Ratio	Expected Incurred Claims	Actual to Expected
2009	2009	1	-	170,110	0%	170,110	7%	11,314	0%
	2008	2	362,018	695,457	52%	695,457	9%	59,927	604%
	2007	3	1,057,828	4,820,883	22%	4,820,883	13%	618,298	171%
	2006	4	586,584	6,347,445	9%	6,347,445	18%	1,127,646	52%
	2005	5	1,243,670	10,590,982	12%	10,590,982	23%	2,404,705	52%
	2004	6	3,951,767	11,946,118	33%	11,946,118	27%	3,237,517	122%
	2003	7	3,400,947	4,610,588	74%	4,610,588	31%	1,437,431	237%
	2002	8	-	26,950	0%	26,950	35%	9,550	0%
Total			10,602,812	39,208,531	27%	39,208,531		8,906,388	119%
2010	2010	1	-	65,622	0%	65,622	7%	4,364	0%
	2009	2	-	416,283	0%	416,283	9%	35,871	0%
	2008	3	-	709,464	0%	709,464	13%	90,992	0%
	2007	4	1,171,372	4,597,396	25%	4,597,396	18%	816,744	143%
	2006	5	1,736,223	6,068,352	29%	6,068,352	23%	1,377,832	126%
	2005	6	2,343,932	10,875,528	22%	10,875,528	27%	2,947,377	80%
	2004	7	4,586,538	12,134,055	38%	12,134,055	31%	3,783,004	121%
	2003	8	553,543	4,854,491	11%	4,854,491	35%	1,720,201	32%
	2002	9	-	27,648	0%	27,648	42%	11,585	0%
Total			10,391,607	39,748,839	26%	39,748,839		10,787,970	96%
2011	2011	1	-	82,313	0%	82,313	7%	5,474	0%
	2010	2	-	169,834	0%	169,834	9%	14,634	0%
	2009	3	-	383,821	0%	383,821	13%	49,227	0%
	2008	4	-	675,993	0%	675,993	18%	120,093	0%
	2007	5	807,911	4,508,417	18%	4,508,417	23%	1,023,646	79%
	2006	6	560,798	5,959,062	9%	5,959,062	27%	1,614,965	35%
	2005	7	3,805,563	10,699,161	36%	10,699,161	31%	3,335,650	114%
	2004	8	5,249,371	11,901,463	44%	11,901,463	35%	4,217,313	124%
	2003	9	2,907,430	4,772,377	61%	4,772,377	42%	1,999,790	145%
	2002	10	-	27,575	0%	27,575	51%	13,968	0%
Total			13,331,072	39,180,015	34%	39,180,015		12,394,761	108%
2012	2012	1	-	-	-	-	7%	-	-
	2011	2	8,549	107,902	8%	107,902	9%	9,298	92%
	2010	3	-	170,103	0%	170,103	13%	21,816	0%
	2009	4	-	383,164	0%	383,164	18%	68,070	0%
	2008	5	585,670	659,707	89%	659,707	23%	149,788	391%
	2007	6	171,978	4,404,393	4%	4,404,393	27%	1,193,634	14%
	2006	7	2,909,990	5,866,390	50%	5,866,390	31%	1,828,950	159%
	2005	8	2,919,002	10,150,517	29%	10,150,517	35%	3,596,862	81%
	2004	9	4,068,049	11,303,478	36%	11,303,478	42%	4,736,546	86%
	2003	10	2,007,279	4,501,469	45%	4,501,469	51%	2,280,156	88%
	2002	11	-	25,803	0%	25,803	60%	15,436	0%
Total			12,670,516	37,572,926	34%	37,572,926		13,900,556	91%

Exhibit 2: Durational Experience - Nationwide Experience

Company: The Prudential Insurance Company of America
Policy Form(s): ILTC2 Product
Experience Base: Nationwide Experience

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Actual Earned Premium	Loss Ratio	Original Earned Premium	Durational Expected Loss Ratio	Expected Incurred Claims	Actual to Expected
2013	2013	1	-	-	-	-	7%	-	-
	2012	2	-	-	-	-	9%	-	-
	2011	3	-	104,515	0%	104,515	13%	13,404	0%
	2010	4	1,512	160,304	1%	160,304	18%	28,479	5%
	2009	5	-	431,113	0%	431,113	23%	97,885	0%
	2008	6	-	654,156	0%	654,156	27%	177,283	0%
	2007	7	1,006,429	4,219,467	24%	4,219,467	31%	1,315,493	77%
	2006	8	2,824,758	5,681,291	50%	5,681,291	35%	2,013,180	140%
	2005	9	2,408,224	9,569,589	25%	9,569,589	42%	4,009,987	60%
	2004	10	3,026,897	10,683,921	28%	10,683,921	51%	5,411,792	56%
	2003	11	2,336,365	4,127,059	57%	4,127,059	60%	2,468,869	95%
	2002	12	-	8,513	0%	8,513	69%	5,869	0%
Total			11,604,185	35,639,927	33%	35,639,927		15,542,240	75%
2014	2014	1	-	-	-	-	7%	-	-
	2013	2	-	-	-	-	9%	-	-
	2012	3	-	-	-	-	13%	-	-
	2011	4	-	118,663	0%	103,742	18%	18,430	0%
	2010	5	102,893	184,037	56%	160,896	23%	36,532	282%
	2009	6	-	489,944	0%	428,338	27%	116,084	0%
	2008	7	176,365	739,004	24%	646,082	31%	201,427	88%
	2007	8	866,664	4,719,394	18%	4,125,975	35%	1,462,050	59%
	2006	9	1,449,624	6,405,818	23%	5,600,347	42%	2,346,738	62%
	2005	10	7,302,828	10,668,950	68%	9,327,430	51%	4,724,680	155%
	2004	11	5,431,103	11,543,449	47%	10,091,969	60%	6,037,169	90%
	2003	12	2,115,179	4,321,288	49%	3,777,926	69%	2,604,633	81%
	2002	13	57,068	9,813	582%	8,579	77%	6,642	859%
Total			17,501,724	39,200,361	45%	34,271,284		17,554,385	100%
2015	2015	1	-	-	-	-	7%	-	-
	2014	2	-	-	-	-	9%	-	-
	2013	3	-	-	-	-	13%	-	-
	2012	4	-	-	-	-	18%	-	-
	2011	5	-	59,261	0%	50,480	23%	11,462	0%
	2010	6	-	92,011	0%	78,377	27%	21,241	0%
	2009	7	-	233,737	0%	199,104	31%	62,074	0%
	2008	8	3,888	362,459	1%	308,752	35%	109,407	4%
	2007	9	953,265	2,323,381	41%	1,979,117	42%	829,318	115%
	2006	10	650,321	3,152,434	21%	2,685,327	51%	1,360,215	48%
	2005	11	1,443,280	5,149,113	28%	4,386,151	60%	2,623,862	55%
	2004	12	2,892,603	5,346,005	54%	4,553,869	69%	3,139,595	92%
	2003	13	1,284,892	2,076,830	62%	1,769,099	77%	1,369,661	94%
	2002	14	-	4,933	0%	4,202	88%	3,708	0%
Total			7,228,249	18,800,164	38%	16,014,479		9,530,544	76%

Durational Totals

Calendar Duration	Incurred Claims	Actual Earned Premium	Loss Ratio	Original Earned Premium	Expected Incurred Claims	Actual to Expected
1	219,425	23,861,576	1%	23,861,576	1,586,975	14%
2	3,535,342	44,701,448	8%	44,701,448	3,851,903	92%
3	8,366,548	42,581,461	20%	42,581,461	5,461,243	153%
4	7,809,974	40,879,145	19%	40,864,224	7,259,674	108%
5	8,710,957	39,524,846	22%	39,492,925	8,966,953	97%
6	8,387,389	39,120,969	21%	39,045,730	10,581,782	79%
7	15,885,831	38,528,914	41%	38,401,358	11,972,295	133%
8	12,417,226	37,696,563	33%	37,049,437	13,128,562	95%
9	11,786,591	34,402,290	34%	33,252,555	13,933,964	85%
10	12,987,325	29,034,350	45%	27,225,723	13,790,811	94%
11	9,210,749	20,845,424	44%	18,630,981	11,145,337	83%
12	5,007,782	9,675,806	52%	8,340,309	5,750,098	87%
13	1,341,961	2,086,643	64%	1,777,678	1,376,303	98%
14	-	4,933	0%	4,202	3,708	0%
Total	105,667,099	402,944,368	26%	395,229,605	108,809,608	97%

Exhibit 2: Durational Experience - Virginia Only Experience

Company: The Prudential Insurance Company of America
Policy Form(s): ILTC2 Product
Experience Base: Virginia Only Experience

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Actual Earned Premium	Loss Ratio	Original Earned Premium	Durational Expected Loss Ratio	Expected Incurred Claims	Actual to Expected
2002	2002	1	-	-	-	-	7%	-	-
Total			-	-	-	-		-	-
2003	2003	1	-	-	-	-	7%	-	-
	2002	2	-	-	-	-	9%	-	-
Total			-	-	-	-		-	-
2004	2004	1	-	44,033	0%	44,033	7%	2,929	0%
	2003	2	-	-	-	-	9%	-	-
	2002	3	-	-	-	-	13%	-	-
Total			-	44,033	0%	44,033		2,929	0%
2005	2005	1	-	102,120	0%	102,120	7%	6,792	0%
	2004	2	62,508	126,457	49%	126,457	9%	10,897	574%
	2003	3	-	-	-	-	13%	-	-
	2002	4	-	-	-	-	18%	-	-
Total			62,508	228,577	27%	228,577		17,689	353%
2006	2006	1	-	27,225	0%	27,225	7%	1,811	0%
	2005	2	-	210,797	0%	210,797	9%	18,164	0%
	2004	3	-	122,120	0%	122,120	13%	15,662	0%
	2003	4	-	-	-	-	18%	-	-
	2002	5	-	-	-	-	23%	-	-
Total			-	360,143	0%	360,143		35,637	0%
2007	2007	1	-	-	-	-	7%	-	-
	2006	2	-	29,180	0%	29,180	9%	2,514	0%
	2005	3	-	207,893	0%	207,893	13%	26,663	0%
	2004	4	-	116,718	0%	116,718	18%	20,735	0%
	2003	5	-	-	-	-	23%	-	-
	2002	6	-	-	-	-	27%	-	-
Total			-	353,791	0%	353,791		49,913	0%
2008	2008	1	-	-	-	-	7%	-	-
	2007	2	-	-	-	-	9%	-	-
	2006	3	-	29,180	0%	29,180	13%	3,742	0%
	2005	4	-	203,780	0%	203,780	18%	36,202	0%
	2004	5	-	114,820	0%	114,820	23%	26,070	0%
	2003	6	-	-	-	-	27%	-	-
	2002	7	-	-	-	-	31%	-	-
Total			-	347,780	0%	347,780		66,015	0%

Exhibit 2: Durational Experience - Virginia Only Experience

Company: The Prudential Insurance Company of America
Policy Form(s): ILTC2 Product
Experience Base: Virginia Only Experience

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Actual Earned Premium	Loss Ratio	Original Earned Premium	Durational Expected Loss Ratio	Expected Incurred Claims	Actual to Expected
2009	2009	1	-	-	-	-	7%	-	-
	2008	2	-	-	-	-	9%	-	-
	2007	3	-	-	-	-	13%	-	-
	2006	4	-	29,180	0%	29,180	18%	5,184	0%
	2005	5	-	201,997	0%	201,997	23%	45,864	0%
	2004	6	169,961	110,259	154%	110,259	27%	29,881	569%
	2003	7	-	-	-	-	31%	-	-
	2002	8	-	-	-	-	35%	-	-
Total			169,961	341,436	50%	341,436		80,929	210%
2010	2010	1	-	-	-	-	7%	-	-
	2009	2	-	-	-	-	9%	-	-
	2008	3	-	-	-	-	13%	-	-
	2007	4	-	-	-	-	18%	-	-
	2006	5	-	33,511	0%	33,511	23%	7,609	0%
	2005	6	-	227,583	0%	227,583	27%	61,677	0%
	2004	7	-	106,053	0%	106,053	31%	33,064	0%
	2003	8	-	-	-	-	35%	-	-
	2002	9	-	-	-	-	42%	-	-
Total			-	367,146	0%	367,146		102,350	0%
2011	2011	1	-	-	-	-	7%	-	-
	2010	2	-	-	-	-	9%	-	-
	2009	3	-	-	-	-	13%	-	-
	2008	4	-	-	-	-	18%	-	-
	2007	5	-	-	-	-	23%	-	-
	2006	6	-	33,511	0%	33,511	27%	9,082	0%
	2005	7	-	227,325	0%	227,325	31%	70,873	0%
	2004	8	-	100,280	0%	100,280	35%	35,535	0%
	2003	9	-	-	-	-	42%	-	-
	2002	10	-	-	-	-	51%	-	-
Total			-	361,117	0%	361,117		115,489	0%
2012	2012	1	-	-	-	-	7%	-	-
	2011	2	-	-	-	-	9%	-	-
	2010	3	-	-	-	-	13%	-	-
	2009	4	-	-	-	-	18%	-	-
	2008	5	-	-	-	-	23%	-	-
	2007	6	-	-	-	-	27%	-	-
	2006	7	-	33,608	0%	33,608	31%	10,478	0%
	2005	8	363,787	205,003	177%	205,003	35%	72,643	501%
	2004	9	-	88,383	0%	88,383	42%	37,035	0%
	2003	10	-	-	-	-	51%	-	-
	2002	11	-	-	-	-	60%	-	-
Total			363,787	326,993	111%	326,993		120,157	303%

Exhibit 2: Durational Experience - Virginia Only Experience

Company: The Prudential Insurance Company of America
Policy Form(s): ILTC2 Product
Experience Base: Virginia Only Experience

Experience Year	Issue Year	Calendar Duration	Incurred Claims	Actual Earned Premium	Loss Ratio	Original Earned Premium	Durational Expected Loss Ratio	Expected Incurred Claims	Actual to Expected
2013	2013	1	-	-	-	-	7%	-	-
	2012	2	-	-	-	-	9%	-	-
	2011	3	-	-	-	-	13%	-	-
	2010	4	-	-	-	-	18%	-	-
	2009	5	-	-	-	-	23%	-	-
	2008	6	-	-	-	-	27%	-	-
	2007	7	-	-	-	-	31%	-	-
	2006	8	-	33,180	0%	33,180	35%	11,757	0%
	2005	9	1,922	202,744	1%	202,744	42%	84,957	2%
	2004	10	-	84,183	0%	84,183	51%	42,642	0%
	2003	11	-	-	-	-	60%	-	-
	2002	12	-	-	-	-	69%	-	-
Total			1,922	320,108	1%	320,108		139,356	1%
2014	2014	1	-	-	-	-	7%	-	-
	2013	2	-	-	-	-	9%	-	-
	2012	3	-	-	-	-	13%	-	-
	2011	4	-	-	-	-	18%	-	-
	2010	5	-	-	-	-	23%	-	-
	2009	6	-	-	-	-	27%	-	-
	2008	7	-	-	-	-	31%	-	-
	2007	8	-	-	-	-	35%	-	-
	2006	9	-	37,582	0%	33,436	42%	14,011	0%
	2005	10	-	220,717	0%	196,367	51%	99,467	0%
	2004	11	-	94,418	0%	84,002	60%	50,251	0%
	2003	12	-	-	-	-	69%	-	-
	2002	13	-	-	-	-	77%	-	-
Total			-	352,716	0%	313,805		163,729	0%
2015	2015	1	-	-	-	-	7%	-	-
	2014	2	-	-	-	-	9%	-	-
	2013	3	-	-	-	-	13%	-	-
	2012	4	-	-	-	-	18%	-	-
	2011	5	-	-	-	-	23%	-	-
	2010	6	-	-	-	-	27%	-	-
	2009	7	-	-	-	-	31%	-	-
	2008	8	-	-	-	-	35%	-	-
	2007	9	-	-	-	-	42%	-	-
	2006	10	-	18,930	0%	16,376	51%	8,295	0%
	2005	11	-	110,371	0%	95,479	60%	57,117	0%
	2004	12	301,136	45,764	658%	39,589	69%	27,294	1103%
	2003	13	-	-	-	-	77%	-	-
	2002	14	-	-	-	-	88%	-	-
Total			301,136	175,065	172%	151,445		92,706	325%

Durational Totals

Calendar Duration	Incurred Claims	Actual Earned Premium	Loss Ratio	Original Earned Premium	Expected Incurred Claims	Actual to Expected
1	-	173,379	0%	173,379	11,531	0%
2	62,508	366,434	17%	366,434	31,575	198%
3	-	359,193	0%	359,193	46,068	0%
4	-	349,678	0%	349,678	62,122	0%
5	-	350,328	0%	350,328	79,543	0%
6	169,961	371,353	46%	371,353	100,640	169%
7	-	366,986	0%	366,986	114,414	0%
8	363,787	338,463	107%	338,463	119,935	303%
9	1,922	328,709	1%	324,563	136,003	1%
10	-	323,830	0%	296,927	150,404	0%
11	-	204,789	0%	179,481	107,368	0%
12	301,136	45,764	658%	39,589	27,294	1103%
13	-	-	-	-	-	-
14	-	-	-	-	-	-
Total	899,314	3,578,906	25%	3,516,374	986,898	91%

Manual of Variable Language for

Individual Long Term Care Insurance

Forms GRP 115282 & Schedule of Policy Benefits

General References

The enclosed forms contain variable and illustrative material set forth in brackets.

Illustrative material consists of any entries such as names, policy numbers, , dates, amounts, percentages, etc.

The bracketed references and surrounding text will be appropriately modified to reflect proper grammatical form.

The bracketed references that include "X's" represent current premium percentage or benefits. The "Y's" represent the reduced premium percentage or benefits.

The remaining bracketed items are intended to vary as follows:

Form GRP 115283 – Cash Indemnity Benefit Rider

The company street address has been bracketed as a variable field should the street address change in the future.

The company officer signature has been bracketed as a variable field should the name of the company officer be replaced.

The company officer title field has been bracketed as a variable field should the title of the officer change.

Schedule of Policy Benefits

Policy Number – this bracketed field will disclose the insured's policy number.

Insured – this bracketed field will reflect the insured's full name and address.

Elimination Period – this bracketed field will reflect the insured's selected Elimination Period. Available Elimination Periods range between 30 – 180 days.

Original Effective Date – this bracketed field will reflect the original policy issue date.

Change Effective Date – this bracketed field will reflect the effective date of any benefit coverage changes the insured has made.

Premium Age – this bracketed field will reflect the age of the insured

Rate Class – this bracketed field will reflect the rate class status of the insured.

Policy Anniversary Date – this bracketed filed will reflect the insured's policy anniversary date.

Basic Benefits:

The Maximum Daily Benefit amounts range between $50 - $500.

Home & Community Based Care: The bracketed information will reflect the selected Maximum Daily Benefit amount. Benefits are limited on a daily basis to 50%, 75% or 100% of the selected Maximum Daily Benefit.

Independence Support: Pays up to 50 times the daily maximum amount for Institutional Care. The bracketed information will reflect the selected Maximum Daily Benefit Amount.

Private Care Consultation: Is limited to 20 consultations per calendar year. The bracketed information reflects the selected Maximum Daily Benefit Amount per calendar year.

Lifetime Maximum: The bracketed information reflects the selected Maximum Daily Benefit Amount multiplied by lengths of time equal to 2 years, 3 years, 4 years, 5 years or Unlimited.

Optional Riders

Inflation Rider: Inflation Rider that policyholder elected will appear in this section. If none was selected "None" will appear and the other inflation riders will be omitted.

All riders that the policyholder has elected will appear in this section. All other riders will be omitted.

Premium Information:

Policy Number – this bracketed field will disclose the insured's policy number.

Insured – this bracketed field will reflect the insured's full name.

Premium Payment Options – this premium bracketed field will reflect the insured's selected payment mode option. For the state of Virginia, the Lifetime payment mode is the only available option. Payments can be made annually, semi-annually, quarterly and monthly.

Basic Benefits Annual Premium – this premium bracketed field will reflect the insured's annual base premium without any applied discounts or optional rider premiums.

Optional Benefit Riders Premiums – this bracketed field will reflect the insured's optional benefit riders premium. The additional bracketed fields will reflect the individual annual premium amounts for each of the optional riders disclosed in the optional rider section.

The optional riders (Inflation Rider, Monthly Benefit Rider, Cash Benefit Rider, Calendar Day Elimination Period Rider, Non-Forfeiture Benefit Rider, Joint Waiver of Premium Benefit Rider and Survivor Waiver of Premium Benefit Rider), are individually disclosed with their corresponding premium reflected in the bracketed field.

Annual Premium Including All Options Riders – this bracketed field will reflect the combined base premium and optional rider/s premium.

Total of Available Discounts – this bracketed field will reflect the total percentage of available discounts. Eligible discounts are Select Health Discount, Qualified Adult Discount, Spouse Discount and Business/Affinity Discount.

Total Annual Premium Including Optional Riders and Less Discounts – this bracketed field will reflect total premium, which includes selected optional riders, less any eligible discounts.

Modal Premiums – This field will reflect the insured's selected modal premium; Annual, Semi-Annual, Quarterly or Monthly.

Premium Payer/Owner & Telephone Number – If other than the insured, these fields will reflect the name, address and telephone number of the premium payer.

Agent - These fields will reflect the name, address and telephone number of the agent.

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Date: February 2, 2017

To: Janet Houser
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-130596304
Objection Letter Dated December 21, 2016
ILTC-2 Re-Rate

Ms. Houser,

This is in response to your questions on December 21, 2016.

Objection 1

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

1. It does not appear our objection 2 was clear. The language in the Actuarial Certification should state "The Premium rating filing is in compliance with the provisions of 14VAC5-200-153" as noted in the regulation.

A revised version of the Actuarial Memorandum has been attached to include the specific wording required.

Objection 2

- **Frequently Asked Questions Enclosure Document (ILTC-2) (Supporting Document)**
- **Manual of Variable Language (ILTC-2) (Supporting Document)**
- **GRP 114974, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Cash Indemnity Rider (Form)**
- **GRP 115277, Other, VA LTC Rate Increase Letter (Form)**
- **GRP 115277A, Other, VA Change Request Form (ILTC-2) (Form)**

All of the above are currently under review. Any concerns upon completion of our review will be sent at a later date.

We are in receipt of the Department's separate letter of objection dated January 4, 2017 concerning the above reference forms. We are currently addressing these issues and hope to have a response to the Department shortly.

Objection 3

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

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Please be advised that we have taken note of Administrative Letter 2012-03 and will value the SERFF Filing Description section of all future filings.

Objection 4

1. Please attach copies of the current rates to Supporting Documentation.

At the Department's request we have attached copies of the current Rate Pages associated with the ILTC-2 Policy. The rates were previously approved by the Department on July 12, 2013, under SERFF Filing Number PRUD-127772712.

Objection 5

1. Please explain how the voluntary lapse assumptions were developed for later durations given the lack of experience at later durations under this policy form. Additionally, given there has been a prior rate increase for this policy form in some states, please specify whether shock lapses have been included in the voluntary lapse experience shown in Exhibit 2? If shock lapses are included in Exhibit 2, please quantify the impact of shock lapses by duration.

Please note that the differences you're seeing between the "Current" voluntary lapse rates and the actual and implied ones are because the actual rates include shock lapse, which is not practical to show by duration.

The development of the 2015 ILTC ultimate voluntary lapse rates was based on the then-current ultimate lapse rate assumptions less the estimated impact of shock lapses. Prior to implementing the 2015 best estimate update, the ultimate lapse assumptions were based on observing the weighted average experience from inception through October 31, 2012. The average was based on experience durations 8 and above and were studied separately by marital status and inflation. The resulting ultimate lapse rates varied between 1.5% to 3.5% depending on inflation and marital status.

For the first time in 2015, Prudential attempted to quantify the impact of shock lapse from rate increases and to remove the impact from our analysis of voluntary lapse rates. At the time of the analysis, rate increases were implemented for ILTC1 and ILTC2 which were first issued in 1999 and 2002 respectively. Therefore, the policies that have been impacted by rate increases (and therefore, shock lapse) are policies primarily in these later durations. The magnitude of the shock lapse was quantified by analyzing rate increases and assuming: "Shock Lapse" ≈ "Lapse rates in states where we implemented a rate increase" - "Lapse rates in states where we did not implement a rate increase". The results indicated that the shock lapse was approximately 1%.

In the current lapse rate table for ILTC, the ultimate voluntary lapse rates start around duration 8. We confirmed in duration 9+, there was no exposure from ILTC 3 and ILTC 4. Therefore, we subtracted out the full 1% for shock lapse from durations 9+. The impact of these changes was a reduction in the ILTC weighted average ultimate lapse rates from 2% to 1%. This adjustment to the ultimate lapse rates was the most significant update made for 2015 lapse assumptions. The resulting recommendation is much more consistent with what we see in the industry.

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

Please see the attached "Shock Lapse Assumption Support.pptx" and the response to Objection 5-1 above for detail on how the shock lapse assumptions was developed. Please note that the shock lapse rates listed here are annual, and are compounded over the course of two years in our projections. The shock lapse rates vary by the amount of rate increase.

3. The following questions relate to the experience projections provided in Appendix B and Appendix G:

a. Please revise Appendix C, Exhibit 3 to only include experience associated with policies issued after Virginia's rate stabilization regulations were in effect, consistent with the experience shown in Appendix B. Additionally, we would expect the incurred claim estimates shown in Appendix C, Exhibit 3 to be consistent with the incurred claim estimates shown in Appendix B. If there are differences in the incurred claim estimates shown in the revised Appendix C, Exhibit 3 and Appendix B, please explain.

All ILTC2 policies were issues after Virginia's rate stabilization date. The incurred claims in Appendix C – Exhibit 3 of the initial filing match those of the revised Appendix B, as expected.

b. Please revise Appendix B and Appendix G so that waiver of premium benefits are treated as a reduction to premium instead of a claims expense. If necessary, please revise the experience projections to reflect any other items noted in response to item 3a, the prior item. Please provide any revised experience projections in an Excel file.

A revised version of Appendix B and G has been attached in Excel format.

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

Please note that the valuation date of this filing is June 30, 2015. As of that date, policy reserves for ILTC2 were $336,734,781 nationwide and $2,793,672 for Virginia. The rates used for calculation are dependent on the dates the policies were issued, with a weighted average discount rate of 4.3%. We apologize that we cannot provide these reserves at 4.5%, since it would be prohibitively time-consuming and resource-intensive.

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I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration. If there are any additional questions, please feel free to contact me.

Sincerely,

Digitally signed by Ritu Jain, ASA, MAAA
DN: cn=Ritu Jain, ASA, MAAA, o=The Prudential Insurance Company of America, ou=LTC Actuarial, email=ritu.jain@prudential.com, c=US
Date: 2017.02.03 12:45:14 -05'00'

Ritu Jain, ASA, MAAA
Director, Actuary
Prudential Long Term Care

The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors
Effective: August 2013

GRP 112204

Adjustment factors - Cash Benefit Rider							
			Inflation Option				
Issue Ages	HHC % of Institutional Benefit	Benefit Period	None	Guaranteed Purchase Option	5% Automatic Simple	5% Automatic Compound (2x Max)	5% Automatic Compound (No Max)
18 - 64	**50%**	**2**	1.28	1.28	1.30	1.36	1.36
		3	1.36	1.36	1.38	1.44	1.44
		4	1.44	1.44	1.46	1.51	1.51
		5	1.51	1.51	1.54	1.59	1.59
		Unlimited	1.75	1.75	1.77	1.83	1.83
	75%	**2**	1.44	1.44	1.47	1.56	1.56
		3	1.51	1.51	1.55	1.64	1.64
		4	1.59	1.59	1.63	1.72	1.72
		5	1.67	1.67	1.71	1.80	1.80
		Unlimited	1.92	1.92	1.96	2.06	2.06
	100%	**2**	1.58	1.58	1.64	1.75	1.75
		3	1.66	1.66	1.72	1.83	1.83
		4	1.74	1.74	1.80	1.91	1.91
		5	1.82	1.82	1.88	1.99	1.99
		Unlimited	2.08	2.08	2.14	2.26	2.26
65+	**50%**	**2**	1.16	1.16	1.19	1.24	1.24
		3	1.24	1.24	1.27	1.32	1.32
		4	1.32	1.32	1.35	1.40	1.40
		5	1.40	1.40	1.42	1.48	1.48
		Unlimited	1.63	1.63	1.65	1.72	1.72
	75%	**2**	1.32	1.32	1.36	1.45	1.45
		3	1.40	1.40	1.44	1.53	1.53
		4	1.48	1.48	1.51	1.61	1.61
		5	1.56	1.56	1.59	1.68	1.68
		Unlimited	1.80	1.80	1.83	1.93	1.93
	100%	**2**	1.47	1.47	1.53	1.64	1.64
		3	1.55	1.55	1.61	1.72	1.72
		4	1.63	1.63	1.68	1.80	1.80
		5	1.71	1.71	1.76	1.88	1.88
		Unlimited	1.96	1.96	2.02	2.14	2.14

The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors
Effective: August 2016

GRP 112204

Adjustment factors - Cash Benefit Rider							
			Inflation Option				
Issue Ages	HHC % of Institutional Benefit	Benefit Period	None	Guaranteed Purchase Option	5% Automatic Simple	5% Automatic Compound (2x Max)	5% Automatic Compound (No Max)
18 - 64	**50%**	**2**	1.31	1.31	1.33	1.40	1.40
		3	1.40	1.40	1.42	1.48	1.48
		4	1.48	1.48	1.50	1.55	1.55
		5	1.55	1.55	1.58	1.63	1.63
		Unlimited	1.80	1.80	1.82	1.88	1.88
	75%	**2**	1.48	1.48	1.51	1.60	1.60
		3	1.55	1.55	1.59	1.68	1.68
		4	1.63	1.63	1.67	1.77	1.77
		5	1.71	1.71	1.76	1.85	1.85
		Unlimited	1.97	1.97	2.01	2.11	2.11
	100%	**2**	1.62	1.62	1.68	1.80	1.80
		3	1.70	1.70	1.77	1.88	1.88
		4	1.79	1.79	1.85	1.96	1.96
		5	1.87	1.87	1.93	2.04	2.04
		Unlimited	2.14	2.14	2.20	2.32	2.32
65+	**50%**	**2**	1.19	1.19	1.22	1.27	1.27
		3	1.27	1.27	1.30	1.36	1.36
		4	1.36	1.36	1.39	1.44	1.44
		5	1.44	1.44	1.46	1.52	1.52
		Unlimited	1.67	1.67	1.69	1.77	1.77
	75%	**2**	1.36	1.36	1.40	1.49	1.49
		3	1.44	1.44	1.48	1.57	1.57
		4	1.52	1.52	1.55	1.65	1.65
		5	1.60	1.60	1.63	1.72	1.72
		Unlimited	1.85	1.85	1.88	1.98	1.98
	100%	**2**	1.51	1.51	1.57	1.68	1.68
		3	1.59	1.59	1.65	1.77	1.77
		4	1.67	1.67	1.72	1.85	1.85
		5	1.76	1.76	1.81	1.93	1.93
		Unlimited	2.01	2.01	2.07	2.20	2.20

The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors
Effective: August 2013

GRP 112205

Base Rates:					
Gross Annual Standard Unmarried (Single) Premium Per $10.00 of Institutional Care Daily Benefit					
Home Care Daily Benefit: 100% of Institutional Care Daily Benefit					
$1,825 x Daily Benefit Lifetime Maximum Benefit (5 Year Benefit Period)					
90 Day Elimination Period					
Lifetime Premium Payment Option					
Inflation Option					
Issue Age	Guaranteed Purchase Option				
18-30	47.63				
31	48.16				
32	48.70				
33	49.22				
34	49.75				
35	50.28				
36	50.81				
37	51.35				
38	51.87				
39	52.39				
40	52.92				
41	54.28				
42	55.63				
43	56.98				
44	58.34				
45	59.69				
46	61.04				
47	62.39				
48	63.74				
49	65.10				
50	66.46				
51	71.15				
52	75.84				
53	80.52				
54	85.23				
55	89.91				
56	94.61				
57	99.29				
58	103.99				
59	108.68				
60	113.37				
61	123.00				
62	131.43				
63	139.86				
64	147.09				
65	161.55				
66	180.72				
67	199.92				
68	219.09				
69	238.28				
70	257.45				
71	292.99				
72	328.52				
73	364.07				
74	399.60				
75	435.14				
76	495.20				
77	555.27				
78	615.33				
79	675.40				
80	735.46				
81	836.97				
82	938.48				
83	1,039.99				
84	1,141.51				

Adjustment Factors - Policy Benefit Options			
Lifetime Maximum (Benefit Period)		**Home and Community Based Care Daily Benefit**	
Benefit Period		HHC % of Institutional Benefit	
2 YEAR	0.73		
3 YEAR	0.82	50%	0.93
4 YEAR*	0.91	75%	0.97
5 YEAR*	1.00	100%	1.00
UNLIMITED*	1.28		

* Note available for issue ages 80 - 84

Adjustment Factors - Underwriting Class	
Underwriting Class	
Standard	1.00
Rated	1.25

Adjustment Factors - Marital / Caregiver Status			
Marital/Caregiver Status	**Without Select Health Discount**	**With Select Health Discount**	**Minimum Discount Factor**
Married Single	0.90	0.75	0.70
Married Joint	0.80	0.70	0.70
Single (Not Married)	1.00	0.85	0.70

* An additional discount may apply for Employered-Sponsored or Affiliation groups. In no event will the combined effect of all discounts exceed 30%.

Adjustment Factors - Premium Payment Mode	
Premium Payment Mode	
Annual	1.000
Semi-Annual	0.515
Quarterly	0.265
Auto-Monthly	0.085

The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors
Effective: August 2016

GRP 112205

Base Rates:					
Gross Annual Standard Unmarried (Single) Premium Per $10.00 of Institutional Care Daily Benefit					
Home Care Daily Benefit: 100% of Institutional Care Daily Benefit					
$1,825 x Daily Benefit Lifetime Maximum Benefit (5 Year Benefit Period)					
90 Day Elimination Period					
Lifetime Premium Payment Option					
Inflation Option					
Issue Age	Guaranteed Purchase Option				
18-30	53.82				
31	54.42				
32	55.03				
33	55.62				
34	56.22				
35	56.82				
36	57.42				
37	58.03				
38	58.61				
39	59.20				
40	59.80				
41	61.34				
42	62.86				
43	64.39				
44	65.92				
45	67.45				
46	68.98				
47	70.50				
48	72.03				
49	73.56				
50	75.10				
51	80.40				
52	85.70				
53	90.99				
54	96.31				
55	101.60				
56	106.91				
57	112.20				
58	117.51				
59	122.81				
60	128.11				
61	138.99				
62	148.52				
63	158.04				
64	166.21				
65	182.55				
66	204.21				
67	225.91				
68	247.57				
69	269.26				
70	290.92				
71	331.08				
72	371.23				
73	411.40				
74	451.55				
75	491.71				
76	559.58				
77	627.46				
78	695.32				
79	763.20				
80	831.07				
81	945.78				
82	1,060.48				
83	1,175.19				
84	1,289.91				

Adjustment Factors - Policy Benefit Options			
Lifetime Maximum (Benefit Period)		**Home and Community Based Care Daily Benefit**	
Benefit Period		HHC % of Institutional Benefit	
2 YEAR	0.73		
3 YEAR	0.82	50%	0.93
4 YEAR*	0.91	75%	0.97
5 YEAR*	1.00	100%	1.00
UNLIMITED*	1.28		

* Note available for issue ages 80 - 84

Adjustment Factors - Underwriting Class	
Underwriting Class	
Standard	1.00
Rated	1.25

Adjustment Factors - Marital / Caregiver Status			
Marital/Caregiver Status	**Without Select Health Discount**	**With Select Health Discount**	**Minimum Discount Factor**
Married Single	0.90	0.75	0.70
Married Joint	0.80	0.70	0.70
Single (Not Married)	1.00	0.85	0.70

* An additional discount may apply for Employered-Sponsored or Affiliation groups. In no event will the combined effect of all discounts exceed 30%.

Adjustment Factors - Premium Payment Mode	
Premium Payment Mode	
Annual	1.000
Semi-Annual	0.515
Quarterly	0.265
Auto-Monthly	0.085

Effective: August 2016

The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors
Effective: August 2013

GRP 112206

Base Rates:					
Gross Annual Standard Unmarried (Single) Premium Per $10.00 of Institutional Care Daily Benefit					
Home Care Daily Benefit: 100% of Institutional Care Daily Benefit					
$1,825 x Daily Benefit Lifetime Maximum Benefit (5 Year Benefit Period)					
90 Day Elimination Period					
Lifetime Premium Payment Option					
Inflation Option					
Issue Age	5% Automatic Simple				
18-30	72.67				
31	73.47				
32	74.29				
33	75.10				
34	75.90				
35	76.72				
36	77.51				
37	78.32				
38	79.13				
39	79.94				
40	80.74				
41	83.73				
42	86.78				
43	89.86				
44	92.98				
45	96.14				
46	99.36				
47	102.61				
48	105.90				
49	109.24				
50	112.63				
51	119.47				
52	126.26				
53	132.96				
54	139.62				
55	146.19				
56	152.71				
57	159.14				
58	165.52				
59	171.82				
60	178.08				
61	191.19				
62	202.15				
63	212.85				
64	221.50				
65	240.79				
66	267.71				
67	294.62				
68	321.53				
69	348.45				
70	375.36				
71	422.58				
72	469.78				
73	516.99				
74	564.19				
75	611.41				
76	688.30				
77	765.20				
78	842.09				
79	918.98				
80	995.89				
81	1,118.78				
82	1,241.68				
83	1,364.57				
84	1,487.47				

Adjustment Factors - Policy Benefit Options			
Lifetime Maximum (Benefit Period)		**Home and Community Based Care Daily Benefit**	
Benefit Period		HHC % of Institutional Benefit	
2 YEAR	0.73		
3 YEAR	0.82	50%	0.93
4 YEAR*	0.91	75%	0.97
5 YEAR*	1.00	100%	1.00
UNLIMITED*	1.28		

* Note available for issue ages 80 - 84

Adjustment Factors - Underwriting Class	
Underwriting Class	
Standard	1.00
Rated	1.25

Adjustment Factors - Marital / Caregiver Status			
Marital/Caregiver Status	**Without Select Health Discount**	**With Select Health Discount**	**Minimum Discount Factor**
Married Single	0.90	0.75	0.70
Married Joint	0.80	0.70	0.70
Single (Not Married)	1.00	0.85	0.70

* An additional discount may apply for Employered-Sponsored or Affiliation groups. In no event will the combined effect of all discounts exceed 30%.

Adjustment Factors - Premium Payment Mode	
Premium Payment Mode	
Annual	1.000
Semi-Annual	0.515
Quarterly	0.265
Auto-Monthly	0.085

Effective: August 2013

The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors
Effective: August 2016

GRP 112206

Base Rates:					
Gross Annual Standard Unmarried (Single) Premium Per $10.00 of Institutional Care Daily Benefit					
Home Care Daily Benefit: 100% of Institutional Care Daily Benefit					
$1,825 x Daily Benefit Lifetime Maximum Benefit (5 Year Benefit Period)					
90 Day Elimination Period					
Lifetime Premium Payment Option					
Inflation Option					
Issue Age	5% Automatic Simple				
18-30	82.12				
31	83.02				
32	83.95				
33	84.86				
34	85.77				
35	86.69				
36	87.59				
37	88.50				
38	89.42				
39	90.33				
40	91.24				
41	94.61				
42	98.06				
43	101.54				
44	105.07				
45	108.64				
46	112.28				
47	115.95				
48	119.67				
49	123.44				
50	127.27				
51	135.00				
52	142.67				
53	150.24				
54	157.77				
55	165.19				
56	172.56				
57	179.83				
58	187.04				
59	194.16				
60	201.23				
61	216.04				
62	228.43				
63	240.52				
64	250.30				
65	272.09				
66	302.51				
67	332.92				
68	363.33				
69	393.75				
70	424.16				
71	477.52				
72	530.85				
73	584.20				
74	637.53				
75	690.89				
76	777.78				
77	864.68				
78	951.56				
79	1,038.45				
80	1,125.36				
81	1,264.22				
82	1,403.10				
83	1,541.96				
84	1,680.84				

Adjustment Factors - Policy Benefit Options			
Lifetime Maximum (Benefit Period)		**Home and Community Based Care Daily Benefit**	
Benefit Period		HHC % of Institutional Benefit	
2 YEAR	0.73		
3 YEAR	0.82	50%	0.93
4 YEAR*	0.91	75%	0.97
5 YEAR*	1.00	100%	1.00
UNLIMITED*	1.28		

* Note available for issue ages 80 - 84

Adjustment Factors - Underwriting Class	
Underwriting Class	
Standard	1.00
Rated	1.25

Adjustment Factors - Marital / Caregiver Status			
Marital/Caregiver Status	**Without Select Health Discount**	**With Select Health Discount**	**Minimum Discount Factor**
Married Single	0.90	0.75	0.70
Married Joint	0.80	0.70	0.70
Single (Not Married)	1.00	0.85	0.70

* An additional discount may apply for Employered-Sponsored or Affiliation groups. In no event will the combined effect of all discounts exceed 30%.

Adjustment Factors - Premium Payment Mode	
Premium Payment Mode	
Annual	1.000
Semi-Annual	0.515
Quarterly	0.265
Auto-Monthly	0.085

Effective: August 2016

The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors
Effective: August 2013

GRP 112207

Base Rates:					
Gross Annual Standard Unmarried (Single) Premium Per $10.00 of Institutional Care Daily Benefit **Home Care Daily Benefit: 100% of Institutional Care Daily Benefit** **$1,825 x Daily Benefit Lifetime Maximum Benefit (5 Year Benefit Period)** **90 Day Elimination Period** **Lifetime Premium Payment Option**					
Inflation Option					
Issue Age	5% Automatic Compound (No Maximum)				
18-30	103.10				
31	104.25				
32	105.39				
33	106.52				
34	107.67				
35	108.82				
36	109.96				
37	111.11				
38	112.25				
39	113.40				
40	114.54				
41	119.03				
42	123.59				
43	128.24				
44	132.97				
45	137.80				
46	142.72				
47	147.72				
48	152.78				
49	157.95				
50	163.21				
51	169.86				
52	176.40				
53	182.82				
54	189.15				
55	195.37				
56	201.49				
57	207.51				
58	213.41				
59	219.20				
60	224.89				
61	239.19				
62	250.71				
63	262.00				
64	270.63				
65	293.32				
66	318.70				
67	343.54				
68	367.84				
69	391.60				
70	414.82				
71	462.24				
72	509.66				
73	557.09				
74	604.51				
75	651.95				
76	726.48				
77	801.02				
78	875.54				
79	950.08				
80	1,024.63				
81	1,141.78				
82	1,258.92				
83	1,376.07				
84	1,493.22				

Adjustment Factors - Policy Benefit Options			
Lifetime Maximum (Benefit Period)		**Home and Community Based Care Daily Benefit**	
Benefit Period		HHC % of Institutional Benefit	
2 YEAR	0.73		
3 YEAR	0.82	50%	0.93
4 YEAR*	0.91	75%	0.97
5 YEAR*	1.00	100%	1.00
UNLIMITED*	1.28		

* Note available for issue ages 80 - 84

Adjustment Factors - Underwriting Class	
Underwriting Class	
Standard	1.00
Rated	1.25

Adjustment Factors - Marital / Caregiver Status			
Marital/Caregiver Status	**Without Select Health Discount**	**With Select Health Discount**	**Minimum Discount Factor**
Married Single	0.90	0.75	0.70
Married Joint	0.80	0.70	0.70
Single (Not Married)	1.00	0.85	0.70

* An additional discount may apply for Employered-Sponsored or Affiliation groups. In no event will the combined effect of all discounts exceed 30%.

Adjustment Factors - Premium Payment Mode	
Premium Payment Mode	
Annual	1.000
Semi-Annual	0.515
Quarterly	0.265
Auto-Monthly	0.085

Effective: August 2013

The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors
Effective: August 2016

GRP 112207

Base Rates:					
Gross Annual Standard Unmarried (Single) Premium Per $10.00 of Institutional Care Daily Benefit **Home Care Daily Benefit: 100% of Institutional Care Daily Benefit** **$1,825 x Daily Benefit Lifetime Maximum Benefit (5 Year Benefit Period)** **90 Day Elimination Period** **Lifetime Premium Payment Option**					
Inflation Option					
Issue Age	5% Automatic Compound (No Maximum)				
18-30	116.50				
31	117.80				
32	119.09				
33	120.37				
34	121.67				
35	122.97				
36	124.25				
37	125.55				
38	126.84				
39	128.14				
40	129.43				
41	134.50				
42	139.66				
43	144.91				
44	150.26				
45	155.71				
46	161.27				
47	166.92				
48	172.64				
49	178.48				
50	184.43				
51	191.94				
52	199.33				
53	206.59				
54	213.74				
55	220.77				
56	227.68				
57	234.49				
58	241.15				
59	247.70				
60	254.13				
61	270.28				
62	283.30				
63	296.06				
64	305.81				
65	331.45				
66	360.13				
67	388.20				
68	415.66				
69	442.51				
70	468.75				
71	522.33				
72	575.92				
73	629.51				
74	683.10				
75	736.70				
76	820.92				
77	905.15				
78	989.36				
79	1,073.59				
80	1,157.83				
81	1,290.21				
82	1,422.58				
83	1,554.96				
84	1,687.34				

Adjustment Factors - Policy Benefit Options			
Lifetime Maximum (Benefit Period)		**Home and Community Based Care Daily Benefit**	
Benefit Period		HHC % of Institutional Benefit	
2 YEAR	0.73		
3 YEAR	0.82	50%	0.93
4 YEAR*	0.91	75%	0.97
5 YEAR*	1.00	100%	1.00
UNLIMITED*	1.28		

* Note available for issue ages 80 - 84

Adjustment Factors - Underwriting Class	
Underwriting Class	
Standard	1.00
Rated	1.25

Adjustment Factors - Marital / Caregiver Status			
Marital/Caregiver Status	**Without Select Health Discount**	**With Select Health Discount**	**Minimum Discount Factor**
Married Single	0.90	0.75	0.70
Married Joint	0.80	0.70	0.70
Single (Not Married)	1.00	0.85	0.70

* An additional discount may apply for Employered-Sponsored or Affiliation groups. In no event will the combined effect of all discounts exceed 30%.

Adjustment Factors - Premium Payment Mode	
Premium Payment Mode	
Annual	1.000
Semi-Annual	0.515
Quarterly	0.265
Auto-Monthly	0.085

Effective: August 2016

The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors
Effective: August 2016

GRP 112563

Base Rates:					
Gross Annual Standard Unmarried (Single) Premium Per $10.00 of Institutional Care Daily Benefit					
Home Care Daily Benefit: 100% of Institutional Care Daily Benefit					
$1,825 x Daily Benefit Lifetime Maximum Benefit (5 Year Benefit Period)					
90 Day Elimination Period					
Lifetime Premium Payment Option					
Inflation Option					
Issue Age	None				
18-30	50.06				
31	50.62				
32	51.18				
33	51.73				
34	52.30				
35	52.84				
36	53.39				
37	53.96				
38	54.50				
39	55.06				
40	55.62				
41	57.03				
42	58.45				
43	59.87				
44	61.31				
45	62.73				
46	64.14				
47	65.56				
48	67.00				
49	68.42				
50	69.83				
51	74.76				
52	79.70				
53	84.63				
54	89.55				
55	94.49				
56	99.42				
57	104.33				
58	109.27				
59	114.21				
60	119.15				
61	129.27				
62	138.03				
63	146.79				
64	154.19				
65	169.78				
66	189.93				
67	210.09				
68	230.25				
69	250.40				
70	270.56				
71	307.89				
72	345.24				
73	382.58				
74	419.93				
75	457.28				
76	520.40				
77	583.51				
78	646.64				
79	709.76				
80	772.87				
81	879.57				
82	986.24				
83	1,092.94				
84	1,199.61				

Adjustment Factors - Policy Benefit Options			
Lifetime Maximum (Benefit Period)		**Home and Community Based Care Daily Benefit**	
Benefit Period		HHC % of Institutional Benefit	
2 YEAR	0.73		
3 YEAR	0.82	50%	0.93
4 YEAR*	0.91	75%	0.97
5 YEAR*	1.00	100%	1.00
UNLIMITED*	1.28		

* Note available for issue ages 80 - 84

Adjustment Factors - Underwriting Class	
Underwriting Class	
Standard	1.00
Rated	1.25

Adjustment Factors - Marital / Caregiver Status			
Marital/Caregiver Status	**Without Select Health Discount**	**With Select Health Discount**	**Minimum Discount Factor**
Married Single	0.90	0.75	0.70
Married Joint	0.80	0.70	0.70
Single (Not Married)	1.00	0.85	0.70

* An additional discount may apply for Employered-Sponsored or Affiliation groups. In no event will the combined effect of all discounts exceed 30%.

Adjustment Factors - Premium Payment Mode	
Premium Payment Mode	
Annual	1.000
Semi-Annual	0.515
Quarterly	0.265
Auto-Monthly	0.085

Effective: August 2016

The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors
Effective: August 2013

GRP 112208

Base Rates:					
Gross Annual Standard Unmarried (Single) Premium Per $10.00 of Institutional Care Daily Benefit **Home Care Daily Benefit: 100% of Institutional Care Daily Benefit** **$1,825 x Daily Benefit Lifetime Maximum Benefit (5 Year Benefit Period)** **90 Day Elimination Period** **Lifetime Premium Payment Option**					
Inflation Option					
Issue Age	5% Automatic Compound (2x Maximum)				
18-30	45.29				
31	47.16				
32	49.05				
33	50.93				
34	52.83				
35	54.72				
36	56.59				
37	58.48				
38	60.36				
39	62.25				
40	64.15				
41	67.32				
42	70.56				
43	73.85				
44	77.20				
45	80.58				
46	84.02				
47	87.50				
48	91.06				
49	94.65				
50	98.29				
51	105.54				
52	112.71				
53	119.84				
54	126.88				
55	133.86				
56	140.75				
57	147.59				
58	154.35				
59	161.05				
60	167.66				
61	183.06				
62	196.71				
63	210.08				
64	221.78				
65	241.35				
66	268.57				
67	295.80				
68	323.04				
69	350.26				
70	377.49				
71	427.80				
72	478.14				
73	528.46				
74	578.80				
75	629.12				
76	708.23				
77	787.32				
78	866.42				
79	945.52				
80	1,024.63				
81	1,141.78				
82	1,258.92				
83	1,376.07				
84	1,493.22				

Adjustment Factors - Policy Benefit Options			
Lifetime Maximum (Benefit Period)		**Home and Community Based Care Daily Benefit**	
Benefit Period		HHC % of Institutional Benefit	
2 YEAR	0.73		
3 YEAR	0.82	50%	0.93
4 YEAR*	0.91	75%	0.97
5 YEAR*	1.00	100%	1.00
UNLIMITED*	1.28		

* Note available for issue ages 80 - 84

Adjustment Factors - Underwriting Class	
Underwriting Class	
Standard	1.00
Rated	1.25

Adjustment Factors - Marital / Caregiver Status			
Marital/Caregiver Status	**Without Select Health Discount**	**With Select Health Discount**	**Minimum Discount Factor**
Married Single	0.90	0.75	0.70
Married Joint	0.80	0.70	0.70
Single (Not Married)	1.00	0.85	0.70

* An additional discount may apply for Employered-Sponsored or Affiliation groups. In no event will the combined effect of all discounts exceed 30%.

Adjustment Factors - Premium Payment Mode	
Premium Payment Mode	
Annual	1.000
Semi-Annual	0.515
Quarterly	0.265
Auto-Monthly	0.085

Effective: August 2013

The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors
Effective: August 2016

GRP 112208

Base Rates:					
Gross Annual Standard Unmarried (Single) Premium Per $10.00 of Institutional Care Daily Benefit **Home Care Daily Benefit: 100% of Institutional Care Daily Benefit** **$1,825 x Daily Benefit Lifetime Maximum Benefit (5 Year Benefit Period)** **90 Day Elimination Period** **Lifetime Premium Payment Option**					
Inflation Option					
Issue Age	5% Automatic Compound (2x Maximum)				
18-30	51.18				
31	53.29				
32	55.43				
33	57.55				
34	59.70				
35	61.83				
36	63.95				
37	66.08				
38	68.21				
39	70.34				
40	72.49				
41	76.07				
42	79.73				
43	83.45				
44	87.24				
45	91.06				
46	94.94				
47	98.88				
48	102.90				
49	106.95				
50	111.07				
51	119.26				
52	127.36				
53	135.42				
54	143.37				
55	151.26				
56	159.05				
57	166.78				
58	174.42				
59	181.99				
60	189.46				
61	206.86				
62	222.28				
63	237.39				
64	250.61				
65	272.73				
66	303.48				
67	334.25				
68	365.04				
69	395.79				
70	426.56				
71	483.41				
72	540.30				
73	597.16				
74	654.04				
75	710.91				
76	800.30				
77	889.67				
78	979.05				
79	1,068.44				
80	1,157.83				
81	1,290.21				
82	1,422.58				
83	1,554.96				
84	1,687.34				

Adjustment Factors - Policy Benefit Options			
Lifetime Maximum (Benefit Period)		**Home and Community Based Care Daily Benefit**	
Benefit Period		HHC % of Institutional Benefit	
2 YEAR	0.73		
3 YEAR	0.82	50%	0.93
4 YEAR*	0.91	75%	0.97
5 YEAR*	1.00	100%	1.00
UNLIMITED*	1.28		

* Note available for issue ages 80 - 84

Adjustment Factors - Underwriting Class	
Underwriting Class	
Standard	1.00
Rated	1.25

Adjustment Factors - Marital / Caregiver Status			
Marital/Caregiver Status	**Without Select Health Discount**	**With Select Health Discount**	**Minimum Discount Factor**
Married Single	0.90	0.75	0.70
Married Joint	0.80	0.70	0.70
Single (Not Married)	1.00	0.85	0.70

* An additional discount may apply for Employered-Sponsored or Affiliation groups. In no event will the combined effect of all discounts exceed 30%.

Adjustment Factors - Premium Payment Mode	
Premium Payment Mode	
Annual	1.000
Semi-Annual	0.515
Quarterly	0.265
Auto-Monthly	0.085

Effective: August 2016

The Prudential Insurance Company of America
Individual Long Term Care Insurance Plan
Base Rates and Adjustment Factors
Effective: August 2013

GRP 112563

Base Rates:					
Gross Annual Standard Unmarried (Single) Premium Per $10.00 of Institutional Care Daily Benefit					
Home Care Daily Benefit: 100% of Institutional Care Daily Benefit					
$1,825 x Daily Benefit Lifetime Maximum Benefit (5 Year Benefit Period)					
90 Day Elimination Period					
Lifetime Premium Payment Option					
Inflation Option					
Issue Age	None				
18-30	44.30				
31	44.80				
32	45.29				
33	45.78				
34	46.28				
35	46.76				
36	47.25				
37	47.75				
38	48.23				
39	48.73				
40	49.22				
41	50.47				
42	51.73				
43	52.98				
44	54.26				
45	55.51				
46	56.76				
47	58.02				
48	59.29				
49	60.55				
50	61.80				
51	66.16				
52	70.53				
53	74.89				
54	79.25				
55	83.62				
56	87.98				
57	92.33				
58	96.70				
59	101.07				
60	105.44				
61	114.40				
62	122.15				
63	129.90				
64	136.45				
65	150.25				
66	168.08				
67	185.92				
68	203.76				
69	221.59				
70	239.43				
71	272.47				
72	305.52				
73	338.57				
74	371.62				
75	404.67				
76	460.53				
77	516.38				
78	572.25				
79	628.11				
80	683.96				
81	778.38				
82	872.78				
83	967.20				
84	1,061.60				

Adjustment Factors - Policy Benefit Options			
Lifetime Maximum (Benefit Period)		**Home and Community Based Care Daily Benefit**	
Benefit Period		HHC % of Institutional Benefit	
2 YEAR	0.73		
3 YEAR	0.82	50%	0.93
4 YEAR*	0.91	75%	0.97
5 YEAR*	1.00	100%	1.00
UNLIMITED*	1.28		

* Note available for issue ages 80 - 84

Adjustment Factors - Underwriting Class	
Underwriting Class	
Standard	1.00
Rated	1.25

Adjustment Factors - Marital / Caregiver Status			
Marital/Caregiver Status	**Without Select Health Discount**	**With Select Health Discount**	**Minimum Discount Factor**
Married Single	0.90	0.75	0.70
Married Joint	0.80	0.70	0.70
Single (Not Married)	1.00	0.85	0.70

* An additional discount may apply for Employered-Sponsored or Affiliation groups. In no event will the combined effect of all discounts exceed 30%.

Adjustment Factors - Premium Payment Mode	
Premium Payment Mode	
Annual	1.000
Semi-Annual	0.515
Quarterly	0.265
Auto-Monthly	0.085

Lapse – Shock Lapse

Prudential

Shock Lapse Experience Study

Round 1 ILTC1	States with no rate increase		States with rate increase (Ave. increase = 13.5%)		
Calendar Year	**Total Lives**	**Lapse Rate**	**Total Lives**	**Lapse Rate**	**Difference**
2009	4,250	1.2%	25,168	3.0%	1.9%
2010	4,155	1.2%	24,130	1.9%	0.7%
Total	**8,405**	**1.2%**	**49,298**	**2.5%**	**1.3%**

Round 2 ILTC1	States with no rate increase		States with rate increase (Ave. increase = 14.3%)		
Calendar Year	**Total Lives**	**Lapse Rate**	**Total Lives**	**Lapse Rate**	**Difference**
2012	3,229	0.9%	23,202	2.0%	1.1%
2013	1,902	0.9%	12,587	1.4%	0.5%
Total	**5,131**	**0.9%**	**35,789**	**1.8%**	**0.9%**

Round 2 ILTC2	States with no rate increase		States with rate increase (Ave. increase = 8.2%)		
Calendar Year	**Total Lives**	**Lapse Rate**	**Total Lives**	**Lapse Rate**	**Difference**
2012	5,053	1.1%	9,920	2.5%	1.4%
2013	3,182	1.4%	5,638	1.8%	0.4%
Total	**8,235**	**1.2%**	**15,558**	**2.3%**	**1.0%**

The estimated shock lapse is approximately 1%.

Shock Lapse Assumption

The shock lapse assumption varies by the amount of premium rate increase.

Average rate increase	Recommended shock lapse assumption
30% +	2.0%
20% - 29.99%	1.6%
15% - 19.99%	1.3%
10% - 14.99%	1.1%
5% - 9.99%	1.0%
2% - 4.99%	0.5%
0% - 1.99%	0.0%

Appendix B
The Prudential Insurance Company of America
Historical and Projected Experience
Nationwide Experience
Virginia Rate Basis
ILTC2

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
1999	0	0	0	0	0%
2000	0	0	0	0	0%
2001	0	0	0	0	0%
2002	4,208	0	0	0	0%
2003	1,660,447	4,094	0	4,094	0%
2004	12,452,269	193,513	0	193,513	2%
2005	25,800,163	1,631,364	0	1,631,364	6%
2006	33,463,980	4,244,969	1,361,101	5,606,071	17%
2007	39,446,950	6,056,856	1,617,274	7,674,130	19%
2008	39,906,473	5,774,058	594,590	6,368,648	16%
2009	38,800,730	7,836,877	2,358,135	10,195,012	26%
2010	39,349,162	6,404,751	3,587,179	9,991,930	25%
2011	38,667,281	7,944,378	4,873,960	12,818,338	33%
2012	37,085,599	6,219,593	5,963,595	12,183,189	33%
2013	35,193,612	3,759,989	7,397,882	11,157,870	32%
2014	38,527,218	2,746,345	14,082,236	16,828,580	44%
2015*	18,522,154	46,395	6,903,845	6,950,240	38%

Projections without Requested Rate Increase***

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015**	17,639,236	10,068,137	57%
2016	33,970,436	21,586,669	64%
2017	35,878,023	24,015,484	67%
2018	35,201,377	26,637,969	76%
2019	33,804,542	29,458,383	87%
2020	32,307,848	32,510,221	101%
2021	30,894,060	35,776,295	116%
2022	29,486,306	39,267,878	133%
2023	28,089,372	42,952,176	153%
2024	26,675,918	46,815,460	175%
2025	25,303,668	50,899,251	201%
2026	23,942,138	55,155,850	230%
2027	22,575,974	59,543,518	264%
2028	21,251,877	63,998,400	301%
2029	19,960,775	68,425,226	343%
2030	18,697,123	72,724,522	389%
2031	17,470,195	76,790,772	440%
2032	16,274,224	80,555,120	495%
2033	15,114,235	83,972,823	556%
2034	13,993,991	86,928,749	621%
2035	12,913,942	89,349,300	692%
2036	11,867,406	91,637,587	772%
2037	10,850,565	93,775,783	864%
2038	9,862,613	95,394,320	967%
2039	8,940,163	96,346,504	1078%
2040	8,070,993	96,524,998	1196%
2041	7,255,329	95,919,087	1322%
2042	6,491,683	94,626,167	1458%
2043	5,780,599	92,680,994	1603%
2044	5,123,814	90,086,806	1758%
2045	4,521,543	86,825,335	1920%
2046	3,972,175	82,978,631	2089%
2047	3,473,953	78,614,828	2263%
2048	3,023,769	73,894,269	2444%
2049	2,619,523	68,926,100	2631%
2050	2,259,096	63,736,700	2821%
2051	1,939,018	58,485,616	3016%
2052	1,655,933	53,310,262	3219%
2053	1,406,611	48,338,809	3437%
2054 and later	6,616,473	394,110,458	5957%

Projections with Requested Rate Increase***

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015**	17,639,236	10,068,137	57%
2016	39,998,738	21,279,343	53%
2017	52,829,995	23,080,951	44%
2018	52,460,064	25,561,795	49%
2019	50,397,192	28,268,264	56%
2020	48,184,332	31,196,808	65%
2021	46,094,409	34,330,933	74%
2022	44,012,856	37,681,456	86%
2023	41,946,539	41,216,908	98%
2024	39,851,530	44,924,115	113%
2025	37,820,351	48,842,921	129%
2026	35,803,325	52,927,554	148%
2027	33,775,768	57,137,960	169%
2028	31,812,366	61,412,865	193%
2029	29,897,466	65,660,847	220%
2030	28,022,595	69,786,451	249%
2031	26,201,162	73,688,424	281%
2032	24,424,389	77,300,693	316%
2033	22,699,817	80,580,321	355%
2034	21,033,429	83,416,827	397%
2035	19,426,049	85,739,588	441%
2036	17,866,501	87,935,429	492%
2037	16,349,365	89,987,242	550%
2038	14,873,310	91,540,389	615%
2039	13,494,563	92,454,106	685%
2040	12,194,439	92,625,388	760%
2041	10,973,162	92,043,956	839%
2042	9,828,512	90,803,270	924%
2043	8,761,487	88,936,682	1015%
2044	7,774,867	86,447,299	1112%
2045	6,869,256	83,317,592	1213%
2046	6,042,219	79,626,294	1318%
2047	5,291,248	75,438,789	1426%
2048	4,611,717	70,908,941	1538%
2049	4,000,596	66,141,485	1653%
2050	3,454,951	61,161,738	1770%
2051	2,969,641	56,122,797	1890%
2052	2,539,724	51,156,528	2014%
2053	2,160,425	46,385,921	2147%
2054 and later	10,214,141	378,188,395	3703%

* Historical 2015 Experience - 1/1/2015 through 6/30/2015
** Projected 2015 Experience - 7/1/2015 through 12/31/2015
***Projections include a 10% moderately adverse experience load to claims.

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2015	508,651,323	122,480,988	24%	508,651,323	122,480,988	24%
Present Value of Future to 6/30/2015	394,861,587	1,126,079,397	285%	571,025,200	1,081,561,229	189%
Total Values	903,512,910	1,248,560,385	138%	1,079,676,523	1,204,042,217	112%
(Discounted at 4.5%)						

Projected Loss Ratio without Rate Increase		Projected Loss Ratio with Rate Increase	
Overall	138%	Overall	112%
Cash / Unlimited BP Policies	196%	Cash / Unlimited BP Policies	150%
Cash / Limited BP Policies	138%	Cash / Limited BP Policies	111%
Reimbursement / Unlimited BP Policies	162%	Reimbursement / Unlimited BP Policies	126%
Reimbursement / Limited BP Policies	109%	Reimbursement / Limited BP Policies	92%
Minimum Lifetime Loss Ratio	60%		

Appendix G
The Prudential Insurance Company of America
Historical and Projected Experience
Virginia Experience
ILTC2

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
1999	0	0	0	0	0%
2000	0	0	0	0	0%
2001	0	0	0	0	0%
2002	0	0	0	0	0%
2003	0	0	0	0	0%
2004	44,033	0	0	0	0%
2005	226,173	60,103	0	60,103	27%
2006	360,143	0	0	0	0%
2007	353,791	0	0	0	0%
2008	347,780	0	0	0	0%
2009	334,899	163,424	0	163,424	49%
2010	367,146	0	0	0	0%
2011	361,117	0	0	0	0%
2012	313,002	142,253	207,543	349,795	112%
2013	320,034	1,848	0	1,848	1%
2014	352,716	0	0	0	0%
2015*	163,483	0	289,554	289,554	177%

Projections without Requested Rate Increase***

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015**	161,294	100,584	62%
2016	314,109	215,402	69%
2017	336,248	238,571	71%
2018	331,153	262,398	79%
2019	317,604	284,031	89%
2020	303,901	307,125	101%
2021	290,235	331,033	114%
2022	276,513	355,744	129%
2023	262,802	381,397	145%
2024	249,299	407,483	163%
2025	236,180	433,320	183%
2026	223,538	460,515	206%
2027	211,225	487,748	231%
2028	199,198	513,412	258%
2029	187,382	539,757	288%
2030	175,939	564,551	321%
2031	164,781	588,546	357%
2032	153,988	609,277	396%
2033	143,510	628,214	438%
2034	133,334	646,429	485%
2035	123,551	662,034	536%
2036	114,022	678,592	595%
2037	104,779	695,515	664%
2038	95,890	711,188	742%
2039	87,427	722,646	827%
2040	79,425	728,782	918%
2041	71,819	732,908	1020%
2042	64,612	734,741	1137%
2043	57,859	732,505	1266%
2044	51,595	724,169	1404%
2045	45,821	710,601	1551%
2046	40,488	693,453	1713%
2047	35,571	674,708	1897%
2048	31,097	652,482	2098%
2049	27,056	626,215	2315%
2050	23,450	594,698	2536%
2051	20,204	561,794	2781%
2052	17,284	529,425	3063%
2053	14,710	494,758	3363%
2054 and later	65,669	4,512,877	6872%

Projections with Requested Rate Increase***

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2015**	161,294	100,584	62%
2016	369,018	212,335	58%
2017	492,511	229,287	47%
2018	490,726	251,797	51%
2019	470,640	272,557	58%
2020	450,326	294,717	65%
2021	430,086	317,659	74%
2022	409,758	341,372	83%
2023	389,449	365,988	94%
2024	369,472	391,020	106%
2025	350,090	415,813	119%
2026	331,421	441,911	133%
2027	313,250	468,043	149%
2028	295,504	492,670	167%
2029	278,079	517,951	186%
2030	261,224	541,743	207%
2031	244,798	564,769	231%
2032	228,906	584,662	255%
2033	213,475	602,834	282%
2034	198,490	620,313	313%
2035	184,082	635,288	345%
2036	170,037	651,177	383%
2037	156,401	667,417	427%
2038	143,280	682,456	476%
2039	130,786	693,451	530%
2040	118,965	699,339	588%
2041	107,712	703,299	653%
2042	97,031	705,058	727%
2043	87,013	702,912	808%
2044	77,713	694,913	894%
2045	69,133	681,893	986%
2046	61,197	665,438	1087%
2047	53,865	647,450	1202%
2048	47,177	626,121	1327%
2049	41,124	600,916	1461%
2050	35,716	570,672	1598%
2051	30,837	539,097	1748%
2052	26,436	508,037	1922%
2053	22,549	474,770	2106%
2054 and later	101,518	4,330,556	4266%

* Historical 2015 Experience - 1/1/2015 through 6/30/2015
** Projected 2015 Experience - 7/1/2015 through 12/31/2015
***Projections include a 10% moderately adverse experience load to claims.

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2015	4,499,160	1,000,111	22%	4,499,160	1,000,111	22%
Present Value of Future to 6/30/2015	3,714,785	9,495,544	256%	5,339,570	9,121,661	171%
Total Values	8,213,945	10,495,655	128%	9,838,730	10,121,772	103%
(Discounted at 4.5%)						

Projected Loss Ratio without Rate Increase		Projected Loss Ratio with Rate Increase	
Overall	128%	Overall	103%
Cash / Unlimited BP Policies	173%	Cash / Unlimited BP Policies	121%
Cash / Limited BP Policies	107%	Cash / Limited BP Policies	83%
Reimbursement / Unlimited BP Policies	170%	Reimbursement / Unlimited BP Policies	132%
Reimbursement / Limited BP Policies	97%	Reimbursement / Limited BP Policies	81%

SCHEDULE OF POLICY BENEFITS

LTC BY DESIGN℠ Insurance

POLICY NUMBER: [XXXXXXXXXX]

ORIGINAL EFFECTIVE DATE: [MM/DD/YYYY]
CHANGE EFFECTIVE DATE: [MM/DD/YYYY]
PREMIUM AGE: [XXX]
RATE CLASS: [Standard, Rated]
POLICY ANNIVERSARY DATE:
[MM/DD/YYYY and each mm/dd] thereafter

INSURED: [First Name, Last Name]
[Address Line 1]
[Address Line 2]
[City, State ZIP Code]

ELIMINATION PERIOD [XX days]

BASIC BENEFITS

MAXIMUM DAILY BENEFIT LEVEL	Up to $ [XXX] per day
BED RESERVATION	Up to 21 days per Calendar Year
RESPITE CARE	Up to 21 days per Calendar Year
HOME and COMMUNITY-BASED CARE MAXIMUM DAILY BENEFIT LEVEL	Up to $ [XXX] per day
INDEPENDENCE SUPPORT - Maximum Lifetime Benefit:	Up to $ [XX,XXX]
PRIVATE CARE CONSULTANT - Maximum Calendar Year Benefit:	Up to $ [XX,XXX] per Calendar Year
LIFETIME MAXIMUM BENEFIT	$ [XXX,XXX]

THIS POLICY INCLUDES THE FOLLOWING OPTIONAL BENEFIT RIDERS

OPTIONAL RIDER	**EFFECTIVE DATE OF RIDER**
INFLATION RIDER: [NONE,	
PERIODIC INFLATION RIDER (PIF Factor: 3, 4, 5, 10 Based on Benefit Period);	
5% SIMPLE INFLATION RIDER -	
INFLATABLE DAILY BENEFIT LEVEL: $ [XXX.XX]	
INFLATABLE HCBC DAILY BENEFIT LEVEL: $[XXX.XX]	
INFLATABLE LIFETIME MAXIMUM: $[XXX,XXX]	
5% COMPOUND INFLATION RIDER – 2X MAXIMUM;	
5% COMPOUND INFLATION RIDER – NO MAXIMUM;	
A new Schedule of Policy Benefits will be sent to you when an increase under the Inflation Rider occurs.]	
[CASH BENEFIT RIDER]	
[CASH INDEMNITY RIDER]	
[MONTHLY BENEFIT RIDER]	
[CALENDAR DAY ELIMINATION PERIOD RIDER]	
[NON-FORFEITURE BENEFIT RIDER]	
[RESTORATION OF BENEFITS RIDER]	
[JOINT WAIVER OF PREMIUM BENEFIT RIDER]	

[SURVIVOR WAIVER OF PREMIUM BENEFIT RIDER]

See next page for Premium Information.

SCHEDULE OF POLICY BENEFITS (Continued)

LTC BY DESIGN℠ Insurance

POLICY NUMBER: [XXXXXXXXXX]

INSURED: [First Name, Last Name]

PREMIUM INFORMATION

PREMIUM PAYMENT OPTION		[Lifetime, 10 Year Paid Up, Paid Up at Age 65]
Basic Benefits Annual Premium		$ [XX, XXX.XX]
Optional Benefit Riders Premium		$[XX, XXX.XX]
Optional Inflation Rider	$[X, XXX.XX]	
Monthly Benefit Rider/Cash Benefit Rider	$ [X, XXX.XX]	
Cash Indemnity Rider	$ [X, XXX.XX]	
Calendar Day Elimination Period Rider	$ [X, XXX.XX]	
Non-Forfeiture Benefit Rider	$[X, XXX.XX]	
Restoration of Benefits Rider	$ [X, XXX.XX]	
Joint Waiver of Premium Benefit Rider	$[X, XXX.XX]	
Survivor Waiver of Premium Benefit Rider	$ [X, XXX.XX]	
Annual Premium Including All Optional Riders		$ [XX, XXX.XX]
Total of Available Discounts	[XX]%	
(List discounts applied here: Select Health Discount, Qualified Adult Discount, Spouse Discount, Business/Affinity Discount)		
Total Annual Premium Including Optional Riders and Less Discounts		**$ [XX, XXX.XX]**
Modal Premiums		
Annual		$[XX,XXX.XX]
Semi-Annual*		$[XX,XXX.XX]
Quarterly		$[XX,XXX.XX]
Monthly – EFT		$[XX,XXX.XX]
*This is the modal premium you have elected.		

[PREMIUM PAYER (if other than the insured) Telephone Number: [XXX-XXX-XXXX]
ABC Company, Inc. Attention: First Name, Last Name
Address
City, State, ZIP Code]

[OWNER (if other than the insured)
Name]

Agent: [First Name, Last Name Telephone Number: [XXX-XXX-XXXX]
Address
City, State, ZIP Code]

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michael.zilberman@prudential.com

Date: April 21, 2017

To: Janet Houser
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-130596304
Objection Letter Dated March 1, 2017
ILTC2 Re-Rate

Dear Ms. Houser,

This is in response to your Letter of Objection on March 1, 2017. I work with Keith Burns and Ritu Jain at Prudential.

1.1 An Excel spreadsheet demonstrating the nationwide cumulative increase and the Virginia cumulative increase with updated status of rate increases nationwide. In reviewing the Rate History Chart, it appears as though the second rate increase was not approved in Virginia, and the Company is now filing for the second and third increases combined, with an adjustment to account for a delayed implementation of the second increase. In other words, the 45% and the 68.4% increase being requested on the cash and reimbursement policies may be equivalent of the originally requested rate increases at the time. Based on our records, the Company did not file for a second full increase and it is unclear why the company may be adjusting the increase for the delayed implementation. Please clarify.

Please see Attachment 4.1 for the requested information. Please note that Prudential is not adjusting the rate increase for delayed implementation. Rather, the additional rate increase the department is the additional amount required to certify to no future rate increases, as per the department's certification requirements. If the requested premium increase is implemented and the underlying assumptions with a 10% load for moderately adverse conditions are realized, no further premium rate schedule increases are anticipated.

1.2 An Excel spreadsheet demonstrating the premium earned to date.

The earned premium by calendar year is shown in Appendix B, with total accumulated earned premium to date shown at the bottom of the exhibit. Please see the formulas below for detail on how the earned premium is calculated.

$$Earned\ Premium_t = Paid\ Premium_t + (Unearned\ Premium\ Reserve_t - Unearned\ Premium\ Reserve_{t-1})$$

$$Paid\ Premium_t = l_x(t-1) \times (modal\ premium) \times (modal\ indicator)$$

$$l_x(t) = l_x(t-1) \times (1 - q_x^D(t)) \times (1 - q_x^W(t))$$

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Where:

- $l_x(t)$ is the number of lives at time t.
- x is the issue age of the policy.
- $q_x^D(t)$ is the mortality rate for time t.
- $q_x^W(t)$ is the voluntary lapse rate for time t.*
- $Paid\ Premium_t$ is the paid premium in month t.
- modal indicator is a flag used to indicate if a premium is paid during the month, based on the bill mode of the policy.
- $Earned\ Premium_t$ is the earned premium in month t.
- $Unearned\ Premium\ Reserve_t$ is the unearned premium reserve in month t.

*Note: Policies that exhaust benefits are also decremented from the population.

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

The company's intention is to spread out the rate increase in a way that burdens the policyholder as little as possible. Ideally, we would like to implement in accordance with the table below, which is actuarially equivalent to the full rate increase.

	Year 1	Year 2	Year 3
Cash/Unlimited	20.0%	20.0%	16.9%
Cash/Limited	20.0%	20.0%	5.6%
Reimbursement/Unlimited	20.0%	20.0%	16.2%
Reimbursement/Limited	20.4%	20.4%	0.0%

Please note that in additional to spreading out the rate increase, the company intends to offer a contingent nonforfeiture option to every policyholder affected by the rate increase, regardless of age or rate increase amount.

1.4 **According to the Actuarial Memorandum, the Company was willing to manage these forms to an 88% lifetime loss ratio. The memorandum states the lifetime loss ratio after the requested rate increases is projected to be 101%. Appendix A indicates the Lifetime loss ratio with the increase is 111%. Please resolve the discrepancy. What has changed since the prior rate increase that results in this higher lifetime loss ratio? Is the Company intending to manage to this higher loss ratio in the future?**

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At the time of the last rate increase, Prudential intended to manage these forms to an 88% lifetime loss ratio. Experience has deteriorated substantially since then, and the company recognizes that the increases required to return to that loss ratio may be prohibitively burdensome on our policyholders. As a compromise, we are willing to manage our business to a 101% loss ratio with this rate increase and certify to no future rate increases under a 10% margin for moderately adverse experience. The 111% loss ratio shown in Appendix B is different from the 101% loss ratio shown in the memorandum because of the inclusion of a 10% margin for moderately adverse experience.

To give a better sense of how assumptions have changed since the referenced filing, an assumption comparison has been attached.

2. **It appears these forms were added to the Rate/Rule Schedule in December which indicates rates for these forms were previously approved under SERFF filing # PRUD-127772712. We cannot locate those policy forms under that SERFF tracking number. Please amend the Rate/Rule Schedule accordingly and add these forms as well as any other associated rider form numbers to the Actuarial Memorandum if the rate increase applies to these forms and include a description of the benefits. In addition, please attach the current rates/factor adjustments for these additional forms to Supporting Documentation.**

   Please be advised that we have removed the previously approved SERFF Filing number PRUD-127772712 from the additional forms that are included with the filing material. Additionally, we have revised the Actuarial Memorandum to include these form numbers.

   The Department has also requested that we attach the current rates/factor adjustments for these additional forms to the Supporting Documentation Tab. Please be advised that the factors associated with these forms have not changed. The Rate Schedule Pages reflect the current rate/factor adjustments.

I hope the Department finds the response satisfactory. The Company appreciates your time and consideration. If there are any additional questions, please feel free to contact me.

Sincerely,

Digitally signed by Michael Zilberman, ASA, MAAA
DN: cn=Michael Zilberman, ASA, MAAA, o=The Prudential Insurance Company of America, ou=LTC Unit, email=michael.zilberman@prudential.com, c=US
Date: 2017.04.24 19:56:07 -04'00'

Michael Zilberman, ASA, MAAA
Associate Actuary
Prudential Long Term Care

Assumption Comparison
The Prudential Insurance Company of America
Assumption Comparison
Nationwide Experience

ILTC2

Incremental Assumption Update	Assumptions in First Rate Increase Filing	Current Rate Increase Filing
Morbidity	2002 Milliman Claim Cost Guidelines, adjusted for company experience. Company experience based on then current experience data (2005-August 2010 ILTC Claim Cost Experience). No morbidity improvement assumed.	Morbidity assumptions were developed based on a combination of the Prudential's historical claim experience, the Milliman 2011 Long Term Care Guidelines and judgment. Assumptions reflect Prudential's current best estimate of future morbidity, including morbidity improvement of 1% per year through 2035. Relative to 2012 assumptions, 2015 assumptions assume lower future utilization.
Lapse	Company experience lapse rates based on then current experience data (1990-October 2009) Varies by issue age, duration, and premium paying period. Ultimate lapse rate of 1.5% in most cases.	Company experience lapse rates based on the current experienced data (1999-June 2015). Ultimate lapse rate of 0.5-2.5% for lifetime pay policies
Mortality	1994 GAM with company experience selection factors based on current experience data (1990-October 2009). Selection factors start at 0.25 in policy duration 1 grading to 1.0 by duration 15. No mortality improvement assumed.	Annuity 2000 Basic Mortality Table with selection factors, attained age factors, and mortality improvement of 0.6% per year through 2035.

	Cumulative Approved				Status of Current Requests							
	Approved				Requested				Approved So Far			
	ILTC2				ILTC2				ILTC2			
	Limited		Unlimited		Limited		Unlimited		Limited		Unlimited	
	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb
Alabama	82.0%	49.5%	101.5%	72.5%								
Alaska	82.0%	49.5%	101.5%	72.5%								
Arizona - Pre-RS	82.0%	49.5%	101.5%	72.5%								
Arizona - Post-RS	30.0%	15.0%	30.0%	15.0%		63.8%		89.0%				
Arkansas	39.2%	39.2%	39.2%	39.2%		23.6%	66.5%	42.6%	15.0%	15.0%	15.0%	15.0%
California					129.3%	88.4%	153.9%	117.4%				
Colorado	40.0%	30.0%	55.0%	50.0%	30.0%	15.0%	30.0%	15.0%				
Connecticut	18.0%	18.0%	18.0%	18.0%	62.8%	62.8%	62.8%	62.8%	18.0%	18.0%	18.0%	18.0%
District of Columbia	33.1%	33.1%	33.1%	33.1%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
Delaware	61.0%	61.0%	61.0%	61.0%	17.9%	17.9%	17.9%	17.9%	15.0%	15.0%	15.0%	15.0%
Florida	29.1%	29.1%	29.1%	29.1%								
Georgia	48.1%	38.5%	48.1%	38.5%	37.6%	20.9%	52.4%	39.5%	12.0%	12.0%	12.0%	12.0%
Guam	40.0%	30.0%	55.0%	50.0%								
Hawaii - Pre-RS	28.8%	21.0%	45.2%	40.4%	41.3%	23.6%	38.8%	22.9%				
Hawaii - Post-RS												
Idaho	81.9%	49.5%	43.8%	72.5%	31.2%	20.4%		30.4%	31.1%	20.3%		30.4%
Illinois	30.0%	15.0%	30.0%	15.0%								
Indiana	23.8%	23.2%	23.8%	23.2%	47.1%	21.4%	62.8%	40.0%				
Iowa	63.7%	49.5%	63.7%	52.6%	31.0%	15.5%	45.1%	33.2%	17.9%	15.5%	17.9%	17.9%
Kansas	103.9%	103.9%	103.9%	103.9%	108.5%	71.3%	130.8%	97.6%	85.4%	85.4%	85.4%	85.4%
Kentucky	80.7%	59.8%	80.7%	59.8%	19.8%	19.8%	19.8%	19.8%	19.8%	19.8%	19.8%	19.8%
Louisiana	32.0%	26.0%	38.0%	32.0%	65.5%	42.4%	75.2%	56.8%	20.0%	20.0%	20.0%	20.0%
Maine - Pre-RS	75.4%	49.5%	97.5%	66.8%								
Maine - Post-RS	40.0%	49.5%	52.0%	72.5%								
Maryland	32.3%	32.3%	32.3%	32.3%	15.0%	13.0%	15.0%	15.0%				
Massachusetts	10.0%	10.0%	10.0%	10.0%	43.1%	43.1%	43.1%	43.1%				
Michigan	82.0%	49.5%	101.5%	72.5%								
Minnesota	58.6%	58.6%	58.6%	58.6%	72.5%	49.0%	101.5%	82.0%	58.6%	58.6%	58.6%	58.6%
Mississippi	82.0%	49.5%	95.3%	72.4%	16.5%	2.2%	25.0%	17.9%	16.5%	2.2%	25.0%	17.9%
Missouri - Pre-RS	55.9%	40.9%	69.3%	58.1%								
Missouri - Post-RS	55.9%	40.9%	69.3%	58.1%								
Montana	64.6%	57.8%	75.6%	71.5%	20.0%	13.0%	36.9%	31.9%	19.3%	19.3%	19.3%	19.3%
Nebraska	82.0%	49.5%	101.5%	72.5%								
Nevada	40.0%	30.0%	55.0%	50.0%	30.0%	15.0%	30.0%	15.0%				
New Hampshire	84.6%	63.3%	84.6%	63.3%	50.0%	50.0%	50.0%	50.0%	42.0%	42.0%	42.0%	42.0%
New Jersey - Pre-RS	82.0%	32.3%	97.6%	72.5%		13.0%	2.0%					
New Jersey - Post-RS	82.0%	32.3%	97.6%	72.5%		13.0%	2.0%					
New Mexico - Pre-RS	27.7%	27.7%	27.7%	27.7%	58.3%	30.0%	75.2%	50.0%	11.0%	11.0%	11.0%	11.0%
New Mexico - Post-RS	27.7%	27.7%	27.7%	27.7%	58.3%	30.0%	75.2%	50.0%	11.0%	11.0%	11.0%	11.0%
New York	10.3%	10.3%	10.3%	10.3%	65.1%	35.6%	82.8%	56.5%				
North Carolina	82.0%	42.4%	101.5%	64.3%								
North Dakota	58.7%	49.4%	58.7%	52.1%	31.9%	13.0%	46.0%	30.4%	15.0%	13.0%	15.0%	15.0%
Ohio	71.9%	49.4%	79.4%	65.3%	15.0%	13.0%	15.0%	15.0%	15.0%	13.0%	15.0%	15.0%
Oklahoma	71.9%	49.5%	71.9%	58.1%	20.0%	4.0%	29.0%	16.5%	10.0%	4.0%	10.0%	10.0%
Oregon	82.0%	49.5%	101.5%	72.5%	17.6%	2.7%	30.2%	18.5%	17.6%	2.7%	30.2%	18.5%
Pennsylvania	82.0%	49.5%	87.1%	65.5%	16.7%	8.4%	29.2%	25.1%	16.7%	8.4%	20.0%	20.0%
Rhode Island												
South Carolina	72.8%	49.5%	72.8%	65.6%	26.4%	8.3%	39.9%	25.0%	20.0%	8.3%	20.0%	20.0%
South Dakota	82.0%	49.5%	101.5%	72.5%								
Tennessee	82.0%	49.5%	101.5%	72.5%								
Texas	129.0%	88.4%	153.8%	117.2%	129.3%	88.4%	153.9%	117.4%	129.0%	88.4%	153.8%	117.2%
Utah	69.0%	49.5%	69.0%	49.5%	40.0%	30.0%	55.0%	50.0%	30.0%	30.0%	30.0%	30.0%
Vermont					72.5%	49.0%		82.0%				
Virginia	50.8%	30.0%	50.8%	30.0%	52.1%	45.0%	68.4%	67.3%				
Washington	82.0%	49.5%	101.5%	72.5%								
West Virginia	82.0%	49.5%	101.5%	72.5%								
Wyoming	82.0%	49.5%	101.5%	72.5%								
Wisconsin	82.0%	49.5%	101.5%	72.5%								

	Second Increase								First Increase							
	Requested				Approved				Requested				Approved			
	ILTC2				ILTC2				ILTC2				ILTC2			
	Limited		Unlimited		Limited		Unlimited		Limited		Unlimited		Limited		Unlimited	
	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb	Cash	Reimb
Alabama	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%	30%	15%	30%	15%	30%	15%	30%	15%
Alaska	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%	30%	15%	30%	15%	30%	15%	30%	15%
Arizona - Pre-RS	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%	30%	15%	30%	15%	30%	15%	30%	15%
Arizona - Post-RS	40.0%	30.0%	55.0%	50.0%					30%	15%	30%	15%	30%	15%	30%	15%
Arkansas	40.0%	30.0%	55.0%	50.0%	21.0%	21.0%	21.0%	21.0%	30%	15%	30%	15%				
California	40.0%	30.0%	55.0%	50.0%					30%	15%	30%	15%				
Colorado	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%	30%	15%	30%	15%				
Connecticut	40.0%	30.0%	55.0%	50.0%					30%	15%	30%	15%				
District of Columbia	40.0%	30.0%	55.0%	50.0%	10.0%	10.0%	10.0%	10.0%	10%	10%	10%	10%	10%	10%	10%	10%
Delaware	40.0%	40.0%	40.0%	40.0%	25.0%	25.0%	25.0%	25.0%	30%	15%	30%	15%	12%	12%	12%	12%
Florida	40.0%	30.0%	55.0%	50.0%	18.8%	18.8%	18.8%	18.8%	18%	18%	18%	18%	9%	9%	9%	9%
Georgia	40.0%	30.0%	55.0%	50.0%	15.0%	15.0%	15.0%	15.0%	30%	15%	30%	15%	15%	8%	15%	8%
Guam	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%	30%	15%	30%	15%				
Hawaii - Pre-RS	40.0%	30.0%	55.0%	50.0%	28.8%	21.0%	45.2%	40.4%	30%	15%	30%	15%				
Hawaii - Post-RS	40.0%	30.0%	55.0%	50.0%					30%	15%	30%	15%				
Idaho	40.0%	30.0%	55.0%	50.0%	11.0%	8.0%	15.0%	15.0%	30%	15%	30%	15%	25%	15%	25%	15%
Illinois	40.0%	30.0%	55.0%	50.0%					30%	15%	30%	15%	30%	15%	30%	15%
Indiana	40.0%	30.0%	55.0%	50.0%	12.5%	12.5%	12.5%	12.5%	30%	15%	30%	15%	10%	10%	10%	10%
Iowa	40.0%	30.0%	55.0%	50.0%	17.7%	17.7%	17.7%	17.7%	30%	15%	30%	15%	18%	10%	18%	10%
Kansas	40.0%	30.0%	55.0%	50.0%					30%	15%	30%	15%	10%	10%	10%	10%
Kentucky	40.0%	30.0%	55.0%	50.0%	16.0%	16.0%	16.0%	16.0%	30%	15%	30%	15%	30%	15%	30%	15%
Louisiana	40.0%	30.0%	55.0%	50.0%	10.0%	5.0%	15.0%	10.0%	30%	15%	30%	15%				
Maine - Pre-RS	40.0%	30.0%	55.0%	50.0%	35.0%	30.0%	52.0%	45.0%	30%	15%	30%	15%	30%	15%	30%	15%
Maine - Post-RS	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	52.0%	50.0%	30%	15%	30%	15%		15%		15%
Maryland	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	30%	15%	30%	15%	15%	15%	15%	15%
Massachusetts	40.0%	30.0%	55.0%	50.0%					30%	15%	30%	15%	10%	10%	10%	10%
Michigan	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%	30%	15%	30%	15%	30%	15%	30%	15%
Minnesota	40.0%	30.0%	55.0%	50.0%					30%	15%	30%	15%				
Mississippi	40.0%	30.0%	55.0%	50.0%	25.0%	25.0%	25.0%	25.0%	30%	15%	30%	15%	25%	17%	25%	17%
Missouri - Pre-RS	40.0%	30.0%	55.0%	50.0%	29.9%	22.5%	41.1%	37.5%	30%	15%	30%	15%	20%	15%	20%	15%
Missouri - Post-RS	40.0%	30.0%	55.0%	50.0%	29.9%	22.5%	41.1%	37.5%	30%	15%	30%	15%	20%	15%	20%	15%
Montana	40.0%	30.0%	55.0%	50.0%	20.0%	15.0%	28.0%	25.0%	30%	15%	30%	15%	15%	15%	15%	15%
Nebraska	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%	30%	15%	30%	15%	30%	15%	30%	15%
Nevada	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%	30%	15%	30%	15%				
New Hampshire	40.0%	30.0%	55.0%	50.0%					30%	15%	30%	15%	30%	15%	30%	15%
New Jersey - Pre-RS	40.0%	30.0%	55.0%	50.0%	40.0%	15.0%	52.0%	50.0%	30%	15%	30%	15%	30%	15%	30%	15%
New Jersey - Post-RS	40.0%	30.0%	55.0%	50.0%	40.0%	15.0%	52.0%	50.0%	30%	15%	30%	15%	30%	15%	30%	15%
New Mexico - Pre-RS	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	30%	15%	30%	15%				
New Mexico - Post-RS	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	30%	15%	30%	15%				
New York	40.0%	30.0%	55.0%	50.0%	5.0%	5.0%	5.0%	5.0%	30%	15%	30%	15%	5%	5%	5%	5%
North Carolina	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%	30%	15%	30%	15%	30%	10%	30%	10%
North Dakota	40.0%	30.0%	55.0%	50.0%	15.0%	15.0%	15.0%	15.0%	30%	15%	30%	15%	20%	15%	20%	15%
Ohio	40.0%	30.0%	55.0%	50.0%	15.0%	15.0%	20.0%	25.0%	30%	15%	30%	15%	30%	15%	30%	15%
Oklahoma	40.0%	30.0%	55.0%	50.0%	25.0%	25.0%	25.0%	25.0%	30%	15%	30%	15%	25%	15%	25%	15%
Oregon	40.0%	30.0%	55.0%	50.0%	32.3%	32.3%	32.3%	32.3%	30%	15%	30%	15%	17%	10%	17%	10%
Pennsylvania	40.0%	30.0%	55.0%	50.0%	20.0%	20.0%	20.0%	20.0%	30%	15%	30%	15%	30%	15%	30%	15%
Rhode Island	40.0%	30.0%	55.0%	50.0%					30%	15%	30%	15%				
South Carolina	40.0%	30.0%	55.0%	50.0%	20.0%	20.0%	20.0%	20.0%	30%	15%	30%	15%	20%	15%	20%	15%
South Dakota	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%	30%	15%	30%	15%	30%	15%	30%	15%
Tennessee	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%	30%	15%	30%	15%	30%	15%	30%	15%
Texas	40.0%	30.0%	55.0%	50.0%					50%	30%	50%	30%				
Utah	40.0%	30.0%	55.0%	50.0%					30%	15%	30%	15%	30%	15%	30%	15%
Vermont	10.0%	10.0%	10.0%	10.0%					30%	15%	30%	15%				
Virginia	40.0%	30.0%	55.0%	50.0%					30%	15%	30%	15%	51%	30%	51%	30%
Washington	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%	30%	15%	30%	15%	30%	15%	30%	15%
West Virginia	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%	30%	15%	30%	15%	30%	15%	30%	15%
Wyoming	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%	30%	15%	30%	15%	30%	15%	30%	15%
Wisconsin	40.0%	30.0%	55.0%	50.0%	40.0%	30.0%	55.0%	50.0%	30%	15%	30%	15%	30%	15%	30%	15%

Ritu Jain, ASA, MAAA
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2 Gateway Center, 11th Floor
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Tel (973)548-6459
ritu.jain@prudential.com

Date: August 3, 2017

To: Janet Houser
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-130596304
Objection Letter Dated June 14th, 2017
ILTC-2 Re-Rate

Dear Janet Houser

This is in response to your questions on June 14th, 2017.

1) Attachment 1.1 indicates the Company intended previously to request both a second and a third rate increase. Please advise why the company decided to not pursue the referenced additional requests. Now the Company is proposing its rate increase based on what is needed to certify to no future rate increases. Is the company aware that 14VAC5-200-153 B 5 allows companies to request a premium rate increase less than what is necessary to make such certification?

For ILTC2 product, the Department approved a previous rate increase submitted under PRUD-12772712 approved on 7/12/2013. The implementation schedule for the above-mentioned approval was over two phases and the second phase was implemented on December 1, 2016. Nationwide, this round of rate increases is intended to request the catch up required in all states to bring the state rate basis to the nationwide rate basis.

Despite our ability to request an increase less than required to provide actuarial certification, we have decided not to make any changes to the requested rate increase at this time.

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

In the states in which we committed to providing an actuarial certification, we requested an additional 26% for all benefit types, but the same higher amount was requested in all such states.

During this round of filing, we are striving to obtain equity among all states by reviewing the accumulated rate increase and requesting the remaining unapproved rate increases from prior request.

3) Based on your response, the Company would prefer a 3 year implementation period. If so, the Company will need to attach rate tables for each implementation period to the Rate/Rule Schedule. The Company, however, may wish to submit these closer to the time the filing is approvable.

That is correct. We will provide the implementation rate pages to the Department upon request.

Ritu Jain, ASA, MAAA
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Tel (973)548-6459
ritu.jain@prudential.com

I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration. If there are any additional questions, please feel free to contact me.

Sincerely,

Ritu Jain, ASA, MAAA,
Director and Actuary

Digitally signed by Ritu Jain, ASA, MAAA, Director and Actuary
DN: cn=Ritu Jain, ASA, MAAA, Director and Actuary, o=The Prudential Insurance Company of America, ou=LTC Actuarial Unit, email=ritu.jain@prudential.com, c=US
Date: 2017.08.03 00:06:56 -04'00'

Ritu Jain, ASA, MAAA
Director, Actuary
Prudential Long Term Care

The Prudential Insurance Company of America

751 Broad Street, Newark, New Jersey 07102

LTC BY DESIGN℠

Qualified Individual Long Term Care Insurance Policy

RENEWABILITY: Your Policy is guaranteed renewable. It begins on the Original Effective Date shown in the **Schedule of Policy Benefits**. You can continue your Policy as long as premiums are paid on time and the Lifetime Maximum Benefit has not been exhausted. Prudential cannot change the terms of your Policy on its own, except it may change the premiums. Certain provisions of your Policy may be changed to conform with changes in state or federal law or regulation that apply to your Policy. A change of this type would be subject to your acceptance, and may be subject to the approval by the appropriate state regulatory agency.

IMPORTANT 30 DAY REVIEW: You have 30 days from receipt of your Policy to review it. If you decide you do not want the Policy, you may return it, during these 30 days, to your Agent or to Prudential at the Contact Address shown above. Your Policy will be canceled as of its Effective Date and any premium paid will be returned to you.

NOTICE TO BUYER: This Policy may not cover all of the costs associated with Long Term Care incurred by you during the period of coverage. You are advised to carefully review all Policy limitations.

CAUTION: This Policy may not apply when you have a claim! Please read! The issuance of this Long Term Care Insurance Policy was based upon your responses to the questions on your Application. A copy of your Application is enclosed. If your answers are incorrect or untrue, Prudential has the right to deny benefits or rescind your Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact the company at the Contact Address listed above.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* that you received at the time of application.

YOUR POLICY DOES *NOT* CONTAIN A PRE-EXISTING CONDITIONS LIMITATION.

Prudential Financial

Prudential Financial

CORPORATE ADDRESS: The Prudential Insurance Company of America
751 Broad Street, Newark NJ 07102-3777

CONTACT ADDRESS: The Prudential Long Term Care Customer Service Center
P. O. Box 8519, Philadelphia PA 19101

In your Policy, The Prudential Insurance Company of America is referred to as Prudential, we, our, or us. The insured is referred to as you, your, or yours.

Thank you for choosing Prudential's Long Term Care Insurance Policy. Your Policy is a contract between you and Prudential. It begins and ends, if the first premium is paid, as stated herein at 12:01 A. M., Standard Time. It provides benefits for Qualified Long Term Care Services according to its terms.

TAX STATUS: Your Policy is a federally tax-qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended. It is intended to qualify for favorable federal tax treatment. As such, it must meet certain federal standards in addition to all applicable standards in the state in which the Policy was issued or issued for delivery. If you have any questions regarding the tax qualification of this product, you should direct such questions to the appropriate federal agency, or you should contact your tax advisor.

READ YOUR POLICY CAREFULLY. Your Policy states all provisions that affect your benefits, including any exclusions and limitations. The Policy includes any Optional Benefit Riders that are attached to it. All benefits are subject in every way to all of the terms and conditions of your Policy, including any exclusions and limitations. Capitalized terms used in your Policy are defined. The definitions explain in detail what Prudential means when the term is used in your Policy. Please refer to the **Glossary** section.

Kathleen M. Gibson
Secretary

Arthur F. Ryan
Chairman of the Board

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A Copy of Your Application ..... Attached

YOUR LONG TERM CARE INSURANCE BENEFITS

Benefits are payable for Qualified Long Term Care Services. Benefit descriptions are stated below. Not all charges are covered. Please refer to the **Policy Exclusions** section.

The actual amount payable depends on the plan design and optional benefit riders you chose. Your Maximum Daily Benefits and your Lifetime Maximum Benefit are based on the options you chose. These are shown in the **Schedule Of Policy Benefits.**

Benefits are payable up to the Maximum Daily Benefit that applies for the Eligible Charges incurred. Your Policy will not pay benefits in excess of the Maximum Daily Benefit for any one day on which Qualified Long Term Care Services are received. If you selected other than the Daily Benefit Payment Option, please refer to your Cash Benefit Rider or Monthly Benefit Rider for details. Limits on specific benefits are stated in the benefit descriptions below.

Your initial Lifetime Maximum Benefit is the amount available for all benefits payable under your Policy as of the Policy Effective Date. Benefits paid are deducted from the Lifetime Maximum Benefit, unless the benefit description states otherwise. If Eligible Charges are less than the Maximum Daily Benefit you chose, only the amount of the benefit payment for the Eligible Charge is deducted from your Lifetime Maximum Benefit. No benefits will be payable beyond the amount of your Lifetime Maximum Benefit.

All maximums and limits that apply to your benefits are described in your Policy or Optional Riders that are attached to it. These limits are stated on your **Schedule Of Policy Benefits**. Optional Benefit Riders and their effective dates are also shown on your **Schedule Of Policy Benefits**.

Please refer to **The Claims Process** provisions. Prudential will pay benefits if the conditions described in these provisions are met. Benefits for Eligible Charges are provided once the Elimination Period, if any, has been satisfied. All benefits are subject to the Elimination Period unless the Benefit Description states otherwise.

OPTIONAL INFLATION RIDERS

Your Maximum Daily Benefit Levels and initial Lifetime Maximum Benefit are chosen at the time you apply for your Policy. At that time, you may also choose an Optional Inflation Rider. If you select an Optional Inflation Rider, the listed benefit amounts provided under your Policy will change according to the terms of the Rider.

Maximum Daily Benefit Level.
Home and Community-Based Care Maximum Daily Benefit Level.
Independence Support Maximum Lifetime Benefit.
Private Care Consultant Calendar Year Maximum Limit.
Lifetime Maximum Benefit.

If you do not select an Optional Inflation Rider, the benefit levels and maximums do not increase. The lifetime maximums are subject to reduction for payment of benefits.

Your **Schedule of Policy Benefits** shows the Optional Inflation Rider you chose, if any.

BENEFITS PAYABLE UP TO THE MAXIMUM DAILY BENEFIT LEVEL

NURSING HOME, ADULT FOSTER HOME, ASSISTED LIVING FACILITY, OR RESIDENTIAL HEALTH CARE FACILITY

Your Policy provides benefits for Qualified Long Term Care Services you receive as a resident in a Nursing Home, an Adult Foster Home, an Assisted Living Facility or Residential Health Care Facility.

Benefits for these Eligible Charges, including room and board, will be paid up to your Maximum Daily Benefit for each day you are a resident in one the listed facilities:

A Nursing Home.
An Adult Foster Home.
An Assisted Living Facility.
A Residential Health Care Facility.

These benefits are subject to the Elimination Period and reduce your Lifetime Maximum Benefit.

BED RESERVATION

Your Policy provides benefits for Bed Reservation charges if you are absent from the facility for any reason. The Bed Reservation must occur while you are receiving benefits for care in the Nursing Home, Adult Foster Home, Assisted Living Facility or Residential Health Care Facility. Charges for Bed Reservation are Eligible Charges if:

1) The charge is a customary facility charge; and

2) You would be required to pay the charge in the absence of insurance.

Benefits for these Eligible Charges will be paid up to the Maximum Daily Benefit This benefit is subject to a 21 Day Calendar Year limit.

Benefits will not be paid for Home and Community-Based Care for the same day on which a Bed Reservation benefit is paid.

Bed Reservation benefits are subject to the Elimination Period and reduce your Lifetime Maximum Benefit.

HOSPICE CARE

Your Policy provides benefits for Eligible Charges for Hospice Care. Benefits for these Eligible Charges will be paid up to the Maximum Daily Benefit for each day you receive Hospice Care as an inpatient or in your Home.

Hospice Care benefits reduce your Lifetime Maximum Benefit but are NOT subject to the Elimination Period.

RESPITE CARE

Your Policy provides benefits for Eligible Charges for short-term care provided for limited periods of time in various settings to

relieve your Primary Informal Caregiver. Respite Care can include any Qualified Long Term Care Services.

Benefits for these Eligible Charges will be paid up to your Maximum Daily Benefit for each day you receive Respite Care. This benefit is subject to a 21 Day Calendar Year limit.

Respite Care benefits are subject to the Elimination Period and reduce your Lifetime Maximum Benefit.

BENEFITS PAYABLE AT THE HOME AND COMMUNITY-BASED CARE MAXIMUM DAILY BENEFIT

ADULT DAY CARE, HOME HEALTH CARE, HOMEMAKER SERVICES, AND PERSONAL CARE

Your Policy provides benefits for Qualified Long Term Care Services you receive as Home Health Care, Homemaker Services or Personal Care. Such services must be received from a Home Health Care Agency, Referral Agency, Nurse Registry, or provided by an Independent Health Care Professional. This Policy also provides coverage when you receive Adult Day Care.

These benefits are subject to the Elimination Period and reduce your Lifetime Maximum.

Flexible Payment Provision: Under this provision, your Policy will pay an indemnity benefit to you in lieu of benefits for Eligible Charges for Home and Community-Based Care as stated above. The Flexible Payment is determined as follows.

1) It is equal to the Home and Community-Based Care Maximum Daily Benefit for each day that you elect to receive it.

2) It is subject to a 15 Day Calendar Year limit.

The Flexible Payment is subject to the following:

1) You must meet the Benefit Eligibility Criteria.

2) You must request a Flexible Payment.

3) It is not payable for a day on which you receive benefits for Eligible Charges for Qualified Long Term Care Services.

4) If you chose the Monthly Benefit Rider, the Monthly Benefit maximum will be reduced by any Flexible Payment you receive.

5) It is not available if the Cash Benefit Rider is part of your Policy.

These benefits are subject to the Elimination Period and reduce your Lifetime Maximum.

NOTICE: Since Flexible Payments are made without regard to costs incurred by you, part of the benefits could be considered taxable income. If the benefits paid under this provision are in

excess of the per diem limit as prescribed by law, they could be considered taxable income. This per diem limit is indexed for inflation. You should consult with a tax advisor for more information concerning the tax implications.

ADDITIONAL POLICY FEATURES

INDEPENDENCE SUPPORT SERVICES

Your Policy provides benefits for goods or services that help you to remain independent in your Home and relate to your Qualified Long Term Care Service needs. Eligible Charges include those for Assistive Devices or Technology, Caregiver Training, the purchase or lease of Durable Medical Equipment that is not covered by Medicare, an emergency response system, or home modifications

Benefits for Independence Support Services are subject to the Maximum Lifetime Benefit shown in your **Schedule of Policy Benefits**. These benefits reduce your Lifetime Maximum but are NOT subject to the Elimination Period.

EMERGING TRENDS

Your Policy provides coverage for a broad range of services including institutional and non-institutional care. Because there are new, emerging trends in the delivery of long term care, Prudential will consider a claim for services designed to help you function independently in your home. Determination of Eligible Charges and your benefits will be based on the type of services received.

To be considered as Eligible Charges under the Emerging Trends provision, charges must be for a service that meets the following requirements.

1) It must be considered a Qualified Long Term Care Service within the terms of Internal Revenue Code Section 7702B.
2) It must be clearly specified in your Plan of Care.
3) It must be agreed to by you, your Licensed Health Care Practitioner and Prudential as an appropriate alternative to services covered by your Policy.

Examples of services that may be covered as an Emerging Trend benefit include, but are not limited to, the listed services.

1) Meals on Wheels or a similar type service.
2) Medical equipment such as a nebulizer or blood pressure self-monitor.
3) Rental or lease of emergency medical response equipment.
4) Services or supplies necessary to assure your basic needs are met while remaining at home. Basic needs include food

preparation and house cleaning.

5) Stays in facilities not otherwise covered by your Policy.

6) Transportation to and from a Health Care provider.

Emerging Trend benefits are subject to the Elimination Period and reduce your Lifetime Maximum Benefit.

INFORMATION SERVICES

You do not need to use these services to obtain benefits. Your Policy provides two ways to receive resource information.

Prudential Benefit & Resource Information Service - Your Policy gives you access to information on long term care resources in your community. Prudential's Long Term Care Customer Service Center will provide this information as well as information concerning your Policy. You do NOT need to meet the Benefit Eligibility Criteria in order to use this service. Call 1-800-732-0416 for assistance.

Prudential Benefit & Resource Information Services are NOT subject to the Elimination Period and will NOT reduce your Lifetime Maximum Benefit.

Private Care Consultant – Your Policy provides benefits when you use a Private Care Consultant. You must first meet the Benefit Eligibility Criteria in order to use this benefit. Eligible Charges can include, but are not limited to, charges by a Private Care Consultant for the following types of services.

1) Advocacy for your care with respect to appropriate use of your own as well as community resources.

2) Development of your Plan of Care.

3) Arrangement for delivery of Qualified Long Term Care Services appropriate to your needs.

4) Counseling, support and education with respect to your long term care needs and resources.

Benefits for these Eligible Charges will be paid up to the Private Care Consultant Maximum Calendar Year Benefit shown in the **Schedule of Policy Benefits.**

Private Care Consultant benefits are NOT subject to the Elimination Period and will NOT reduce your Lifetime Maximum Benefit.

WAIVER OF PREMIUMS

If the Joint Waiver of Premium Benefit Rider is a part of your Policy, please

After you meet the Benefit Eligibility Criteria and satisfy the required Elimination Period, the premiums for your Policy will be waived.

Waiver of premiums is subject to these rules.

1) Waiver begins on the first day of the month following the date you satisfy the Elimination Period

refer to that Rider for an explanation of your Waiver of Premium Benefit. That Rider replaces this provision.

you satisfy the Elimination Period.

2) Waiver ends on the date your Chronic Illness or Disability ends.

If premiums for your Policy are paid in advance at the time of waiver, Prudential will refund the pro-rated portion of advance premium. Premiums will again become due as of the first day after the date your Chronic Illness or Disability ends.

OTHER GOODS AND SERVICES

From time to time, Prudential may offer or provide certain goods and services to you in addition to the insurance coverage. Prudential also may arrange for third party vendors to provide goods and services at a discount (including without limitation beneficiary financial counseling services and employee assistance programs) to you. Though Prudential may make the arrangements, the third party vendors are solely liable for providing the goods and services. Prudential shall not be responsible for providing or failing to provide the goods and services to you. Further, Prudential shall not be liable to you for the negligent provision of the goods and services by third party vendors.

THE CLAIMS PROCESS

The claims process involves confirmation of your Chronic Illness or Disability, meeting the Elimination Period, and submitting the proper forms in a timely manner. This process is outlined below.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR PAYMENT OF BENEFITS

BENEFIT ELIGIBILITY CRITERIA

Submitting a claim form and a bill is not enough to ensure that benefits will be paid. In order to receive benefits, your condition must FIRST be certified by a Licensed Health Care Practitioner as a Chronic Illness or Disability. A Chronic Illness or Disability is one that meets either definition below.

1) A loss of the ability to perform, without Substantial Assistance, at least two Activities of Daily Living due to a loss of functional capacity. This inability must be expected to continue for at least 90 consecutive days. This expectation is not a waiting period. Activities of Daily Living are: Bathing, Continence, Dressing, Eating, Toileting and Transferring.

2) A severe Cognitive Impairment, that requires Substantial Supervision to protect you or others from threats to health and safety.

INITIAL ASSESSMENT

Prudential will arrange for a Licensed Health Care Practitioner to certify your Chronic Illness or Disability. As part of the assessment process, you will be interviewed. Your caregiver may also be interviewed. The assessment must be based on objective standards of measurement. The assessment must be made at a time when the chronic nature of the condition can be determined.

USING YOUR OWN LICENSED HEALTH CARE PRACTITIONER

You can select your own Licensed Health Care Practitioner to certify your Chronic Illness or Disability. If you wish to do so, you should notify us when you call our Long Term Care Customer Service Center. Prudential will send you an assessment form that your Licensed Health Care Practitioner must complete and return to us.

After your Chronic Illness or Disability is certified, Prudential will determine if you are eligible for benefits based on the other terms and conditions of your Policy. You will be sent a written notice to confirm the date you became eligible. If you are not eligible, you will be sent a written notice explaining the reasons you were not eligible.

PLAN OF CARE

If you are eligible, you will need a Plan of Care. Your Plan of Care will be used to determine benefits based on the benefit options in your Policy.

REASSESSMENT

You will be reassessed periodically to determine if you are still eligible for benefits. To comply with federal income tax requirements, you must be assessed at least once each year.

SERVICE DAYS ELIMINATION PERIOD

If you purchased the **Cash Benefit Rider** or the **Calendar Day Elimination Period Rider**, please refer to that Rider for an explanation of your Elimination Period. The terms of those Riders replace this provision.

The Elimination Period must be satisfied only once during your lifetime.

Prudential will begin to count the Elimination Period with the first date you incur Eligible Charges for Qualified Long Term Care Services after your Chronic Illness or Disability begins. The number of days for your Elimination Period is stated in the **Schedule of Policy Benefits**.

If you are receiving Qualified Long Term Care Services as a resident in a Nursing Home, Adult Foster Home, Assisted Living Facility or Residential Health Care Facility, each day of such care will count to satisfy the Service Days Elimination Period.

If you are receiving Home and Community-Based Care, each calendar week during which you receive at least one day of such care will be counted as seven (7) days towards completing this Elimination Period.

We do not pay benefits for services received during the Elimination Period.

CLAIM RULES

NOTICE OF CLAIM

It is important that you start the claim process for your benefits by contacting the Prudential Long Term Care Customer Service Center by calling 1-800-732-0416 or by writing to the contact address. We encourage you to contact us before you begin using Qualified Long Term Care Services so that you know in advance whether your benefits will be available. Either you or your representative may contact us.

Notice of claim must be given within 20 days after your covered loss begins or as soon as reasonably possible. Notice may be given to The Prudential Insurance Company of America at its Long Term Care Customer Service Center. The notice should include your name and policy number. The address for the Customer Service Center appears on the first page of your Policy.

CLAIM FORMS

When Prudential is notified of your claim, you will be sent a claim form. It will be sent no later than 15 days following the date of your notice. If you do not receive the claim form within this time, you may send us a written statement of the nature and extent of the loss.

PROOF OF LOSS

If you purchased the **Cash Benefit Rider**

Prudential must receive copies of your assessment form if you arrange your own assessment and your Plan of Care. For claims for reimbursement of Eligible Charges, the Provider's bill with the

Cash Benefit Rider, please refer to that Rider for an explanation of the Proof of Loss requirements. That Rider modifies this provision.

claim form must also be enclosed as written proof of loss that you have received the services. The bill must show all of the following data.

1) The name of the person who received the service.
2) The name and address of the Provider.
3) The date(s) of service.
4) Each type of service received.
5) The charge for that service.

A Provider's bill does not need to be provided for a claim under the Flexible Payment Provision or the Cash Benefit Rider.

This proof of loss should be sent within 90 days of the date loss begins. Failure to furnish such proof within the time required will not invalidate or reduce any claim if:

1) It was not reasonably possible to furnish the proof within that time; and
2) Proof is furnished as soon as reasonably possible.

Except in the absence of legal capacity, the required proof must be given no later than one year from the time specified.

TIME OF PAYMENT OF CLAIMS

If the **Cash Benefit Rider** is a part of your Policy, please refer to that Rider for an explanation of the Time of Payment of Claims. That Rider modifies this provision.

Benefits are payable as soon as Prudential receives satisfactory proof of loss. An explanation of benefits notice that explains the resolution of your claim will be sent to you within 30 days from the date Prudential receives proof of your loss.

Benefits due and unpaid at your death may, at Prudential's option, be paid to your estate. All other benefits will be payable to you.

Benefits will be calculated in United States currency.

FACILITY OF PAYMENT

Prudential may pay benefits to your relative by blood or marriage who we deem to be entitled to the benefits if they would otherwise be paid to:

1) Your estate; or
2) A person who is a minor or otherwise not competent to give a valid release.

We may pay up to $2,000 under this provision. Any payment made by us, in good faith pursuant to this provision, shall fully discharge Prudential to the extent of such payment.

At your written request, all or a portion of any benefits payable under your Policy for Qualified Long Term Care Services may be

paid directly to the eligible Provider.

LATE PAYMENTS

If benefits are not paid in a timely fashion, Prudential will pay interest on any such late claim payments in accordance with the laws then in effect.

PHYSICAL EXAMINATION

You may be required to have a physical examination to be eligible for benefits. Prudential may do this when and as often as is reasonable while your claim is pending, at its own expense.

LEGAL ACTIONS

No action at law or in equity can be brought against Prudential to recover benefits from this Policy until 60 days after the required proof of loss is furnished to Prudential. No such action shall be brought more than three years after you incur Eligible Charges.

APPEALS

You have the right to appeal decisions made about your eligibility for benefits or a claim.

The explanation of benefits notice will explain the procedure you should follow if you choose to appeal a claim decision.

Prudential will send you a written acknowledgment of your appeal within 10 days of receipt. If no additional information is required and the appeal is denied, the acknowledgment will include an explanation of the reasons for the denial. If additional information is required, we will explain what information is needed. If we do not receive the requested data within 21 days, we will notify you in writing. Within 30 days of the receipt of the required information, Prudential will notify you in writing of the decision concerning your claim.

The Appeals process does not in any way negate or reduce your rights under the Legal Actions provision.

POLICY EXCLUSIONS

Your Policy is designed to provide benefits to pay for your Qualified Long Term Care Service needs. Benefits will NOT be payable if any of the following situations apply.

Government Plans	Charges for a service or supply you receive that is: Furnished by or for the United States government or any other government, unless payment of the charge is required by law; or Provided by any law or governmental plan under which the patient is covered. This does not apply to a state plan under Medicaid or to any law or plan when, by law, its benefits are excess to those of any private insurance program or other non-governmental program.
War, Felony, Riot or Insurrection	Charges for a condition due to war or an act of war while you are insured or due to your participation in an act of felony, riot or insurrection. "War" means declared or undeclared war and includes resistance to armed aggression. “Riot” means a wild, violent, public disturbance of the peace.
Services and Supplies Outside the United States	Charges for services or supplies outside the United States and its possessions.
Services or Supplies Normally Furnished Without Charge	Services or supplies for which no charge would be made in the absence of insurance.
Treatment of Chronic Alcoholism or Drug or Chemical Dependency	Charges in connection with treatment of chronic alcoholism or drug or chemical dependency.

NON-DUPLICATION OF MEDICARE BENEFITS

Benefits under your Policy are not payable for expenses for Qualified Long Term Care Services to the extent that:

1) Such expenses are reimbursable under Medicare; or
2) Such expenses would be reimbursable under Medicare but for the application of a deductible or coinsurance amount.

This provision does not apply if following situations apply.

1) Such expenses are reimbursable by Medicare as a secondary payer.
2) Claim is under the Flexible Payment Provision or Cash Benefit Rider.

PREMIUMS

PREMIUM PAYMENT OPTIONS

The Premium Payment Option that applies to your Policy is shown in your **Schedule of Policy Benefits.** This option determines the length of time you will pay premiums. There are three options and they are described below.

LIFETIME PREMIUM PAYMENT OPTION

If you have the Lifetime Premium Payment Option, your premiums are payable when due while your Policy is in force.

10 YEAR PAID UP PREMIUM PAYMENT OPTION

If you have the 10 Year Paid Up Option, your premiums are payable when due until the 10th Policy Anniversary Date. At that time, no further premiums are required to be paid.

PAID UP AT AGE 65 PREMIUM PAYMENT OPTION

If you chose the Premium Payments to Age 65 Option, your premiums are payable when due until the Policy Anniversary that coincides with or next follows your 65th birthday. At that time, no further premiums are required to be paid.

PREMIUM PROCESS

AMOUNT OF PREMIUM

Your premium rate is based on your age on the date you sign your Application for your Policy. The amount of your premium is calculated using this rate for the benefit options you chose. Premiums will not automatically increase as you become older. Premiums will not automatically increase because benefits are paid.

CHANGES IN PREMIUMS

Premiums for your Policy are shown in the **Schedule of Policy Benefits**. Your premium is based on the rates in effect on the Effective Date of your insurance. Prudential has the right to change rates only if both items 1) and 2) occur.

1) The change occurs after the First Anniversary Date.

2) The change applies to all insureds in a class. “Class” means a group of insured risks that exhibit a trait requiring a separate premium rate due to risk characteristics.

Any change in rates is subject to review by the appropriate state regulatory agency. We will not change premiums rates more frequently than once a year. We will notify you at least 60 days before a change in the premium rates.

The premium for your Policy can also change under the following circumstances.

1) You change your benefit amounts or plan design.

2) You accept a Periodic Benefit Inflation Offer if available under your Policy.

MISSTATEMENT OF AGE

If the age shown on your Application and used to calculate your premium is in error, your Benefit Amount will be adjusted to that which the premium paid would have purchased at the correct age.

Prudential's liability will be limited to a refund of the premiums you have paid for this Policy if:

1) Your Application would have been declined if your age was not misstated; or

2) You would have been subject to additional evidence of insurability.

GRACE PERIOD

Your first premium must be paid for your Policy to take effect. A grace period does not apply for the first premium. Your renewal premium is due on or before the premium due date.

Your Policy provides a 31 day grace period for your renewal premiums. This means that if a renewal premium is not paid on or before the due date, it may be paid during the following grace period. During the grace period, your Policy will stay in effect. If premium is not received within the grace period, Prudential will mail a late payment notice to request payment within 31 days to you and your designee (if applicable). The notice will be deemed to have been given 15 days after the date mailed.

If we do not receive payment within 31 days of the date the late payment notice is given, your Policy will lapse (end) as of the premium due date. Later acceptance of the past due and unpaid premium by Prudential or its agent, without an application for reinstatement, will reinstate your Policy. Please see the Reinstatement provisions in this section.

PROTECTION AGAINST UNINTENTIONAL LAPSE

You have the right to name a person, in addition to yourself, to receive notice that your Policy will lapse because your renewal premium was not received. You may exercise or waive this right at the time you apply for your Policy or any time thereafter. At least every two years, Prudential will notify you of your right to name a person for this purpose or to change the person currently named.

REINSTATEMENT FOLLOWING LAPSE DUE TO A CHRONIC ILLNESS OR DISABILITY

If your premium is not paid within the time required, your Policy will lapse. If your Policy lapsed due to your Chronic Illness or Disability, you or your representative may request reinstatement, without a reinstatement application, if both items 1) and 2) apply:

1) The request is made within five months of the date premiums were due.

2) Your Chronic Illness or Disability is certified by Prudential and existed on the Premium Due Date.

Your Policy will be reinstated as of the Premium Due Date.

In all other respects, your rights and Prudential's rights will remain

the same. You will have the same level of coverage you had before your Policy lapsed. All benefits paid before the reinstatement count towards your Lifetime Maximum Benefit under the reinstated policy.

Call the Long Term Care Customer Service Center at 1-800-732-0416 to determine if your Policy can be reinstated.

REINSTATEMENT FOLLOWING LAPSE FOR OTHER REASONS

If your premium is not paid within the time required, your Policy will lapse. To reinstate your Policy, all of the following must occur.

1) You must request reinstatement within 90 days from the date the last notice of unpaid premium is given by Prudential.

2) You must complete a reinstatement application.

3) Prudential must approve the reinstatement application.

4) You must pay all renewal premiums that are due as of the date of reinstatement.

If Prudential or its agent accepts payment for the past due and unpaid premiums without requesting a reinstatement application, your Policy will be reinstated.

You will be given a conditional receipt for any premium paid with your request for reinstatement. If Prudential approves the reinstatement, your Policy will be reinstated as of the approval date.

If approval of a reinstatement application is required, your Policy will be reinstated on the 45th day after the date of the conditional receipt unless we previously wrote you of its disapproval. If a reinstatement application was required and approved, the reinstated policy will cover only a Chronic Illness or Disability that starts after the date of reinstatement.

In all other respects, your rights and Prudential's rights will remain the same, subject to any provisions noted on or attached to your reinstated Policy. You will have the same level of coverage you had before your Policy lapsed. All benefits paid before the reinstatement count towards your Lifetime Maximum Benefit under the reinstated policy.

Call the Long Term Care Customer Service Center at 1-800-732-0416 to determine if your Policy can be reinstated.

PREMIUM REFUND UPON CANCELLATION OR TERMINATION OF INSURANCE

Upon proper notification of your intent to terminate this Policy after the Important 30 Day Review period, Prudential will refund on a pro rata basis any part of the modal premium that applies to the period after termination. This refund will be made within 30 days of the date of termination.

Although your Policy is guaranteed renewable, cancellation by Prudential could occur under very limited circumstances. If this occurs, Prudential refund on a pro rata basis any part of the modal

premium that applies to the period after cancellation. This refund will be made within 30 days of the date of cancellation.

PREMIUM REFUND UPON YOUR DEATH Upon receipt of proper notice of your death, Prudential will refund on a pro-rata basis any part of the modal premium that applies to the period of time after death.

PREMIUM PAYER If you are not the Premium Payer, any refund pursuant to provisions in this Section, will be paid to the Premium Payer responsible for payment of premiums for your Policy.

OWNERSHIP You are the owner of your Policy unless otherwise stated in the **Schedule of Policy Benefits**. Rights of ownership do not affect payment of benefits under the terms of your Policy. All benefits are payable to you according to the terms and provisions of your Policy.

CONTINGENT NON-FORFEITURE PROVISIONS

If the Non-Forfeiture Benefit Rider is not a part of your Policy, these Contingent Non-Forfeiture provisions apply. These provisions change your Long Term Care insurance to provide options to you in the event your Policy ends due to non-payment of premium after a Substantial Premium Increase.

A Substantial Premium Increase is one that results in a cumulative increase to your Annual Premium that is equal to or exceeds a certain percentage of that premium. It does not include premium increases that result from a voluntary purchase of additional coverage. The limits of cumulative increase as a percentage of your Annual Premium are based on your age as of the Policy Effective Date shown in your **Schedule of Policy Benefits**. The table below shows the cumulative increase that will trigger the Contingent Non-Forfeiture Provision if your Policy lapses within 120 days of the due date of the premium.

SUBSTANTIAL PREMIUM INCREASE TABLE			
PREMIUM AGE	PERCENT OF INCREASE	PREMIUM AGE	PERCENT OF INCREASE
Less than 30	200%	72	36%
30 - 34	190%	73	34%
35 - 39	170%	74	32%
40 - 44	150%	75	30%
45 - 49	130%	76	28%
50 - 54	110%	77	26%
55 - 59	90%	78	24%
60	70%	79	22%
61	66%	80	20%

62	62%	81	19%
63	58%	82	18%
64	54%	83	17%
65	50%	84	16%
66	48%	85	15%
67	46%	86	14%
68	44%	87	13%
69	42%	88	12%
70	40%	89	11%
71	38%	90 and over	10%

Contingency Options: You will be notified of any Substantial Premium Increase at least 60 days prior to the change to your premium. The notice will include the amount of the premium and its due date, and the following contingency options in the event of lapse.

1) You may elect a reduction in benefits provided by the current Policy without the requirement of additional underwriting so that required premium payments are not increased.

2) You may convert your Policy to a paid-up status with a shortened benefit period. This means no further premium payment will be required. You will have 120 days following the premium due date to elect this option. If you convert your Policy to a paid-up status, it may be used for all care and services qualifying for benefits under the terms of your Policy, up to the limits specified in your Policy. Under this option, the same Maximum Daily Benefit in effect at the time of lapse will be payable, but the Lifetime Maximum will be equal to 100% of the sum of all premiums paid, including the premiums paid prior to any changes in benefits. However, in no event will the reduced Lifetime Maximum benefit be less than 30 times the Maximum Daily Benefit at the time of lapse.

The total of all benefits paid under your Policy will not exceed the Lifetime Maximum Benefit that would have been payable if your Policy did not lapse.

Option 2 will automatically take effect if all of the following apply.

1) Your Policy lapses within 120 days of the premium due date for the Substantially Increased Premium.

2) You have not made an election.

GENERAL INFORMATION

TAX STATUS OF PREMIUMS AND BENEFITS

Your Policy is intended to be a Qualified Long Term Care Insurance Contract as defined by the Internal Revenue Code Section 7702B(b). The benefits you may receive under your Policy should not be considered taxable income. In addition, some or all of the premiums you pay for your Policy may be tax deductible as a medical expense subject to certain limitations. Consult a tax advisor for more information concerning this deduction.

Public guidance issued by the Internal Revenue Service or Treasury Department may provide that a provision of your Policy does not comply with the requirements of Code Section 7702B. In this event, this provision will be automatically nullified without any further action by Prudential.

ENTIRE CONTRACT

The entire contract consists of your Policy, all attached pages, any optional Riders and your Application. A change in this contract will be valid only when approved by a Prudential officer and made a part of the contract. An agent may not change the contract or waive any part of it.

DIVIDENDS

Your policy is non-participating. It will not share in Prudential's profits or surplus earnings. Prudential will pay no dividends on it.

COMMUNICATION THROUGH ELECTRONIC MEANS

Prudential reserves the right to designate the form and means for all communications or notices required by your Policy.

With our prior consent, communications made by you or your representative pursuant to or in connection with your Policy, using electronic means or technologies, may be made to us.

With your prior consent, communications made by Prudential pursuant to or in connection with your Policy, using electronic means or technologies, may be made to you.

The transmittal of information, that is authorized or not otherwise prohibited by state or federal law, by electronic means or technology, is intended to have the same legal effect, validity, and enforceability as it would if the information were provided in other than an electronic form.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

The Department of Medical Assistance Services is the payer of last resort for health care costs for persons eligible for medical assistance in the Commonwealth of Virginia.

WHEN YOUR POLICY ENDS

TERMINATION OF YOUR POLICY

Termination of your Policy will be without prejudice to benefits payable for your care in a Nursing Home, an Adult Foster Home, an Assisted Living Facility, or a Residential Health Care Facility if such care began while your Policy was in force and continues without interruption after your Policy ends. Benefits will be extended until the earlier of:

1) The date on which you no longer incur Eligible Charges for such care; or

2) The date benefits up to your Lifetime Maximum Benefit have been paid.

During this extension period, you will be considered covered under your Policy for purposes of the Waiver of Premiums provision.

INCONTESTABILITY PROVISIONS

Your Policy was issued based on information given in your application. All statements made in your Application are considered to be to the best of your knowledge and belief. Such statements will be deemed representations and not warranties. A statement will not be used in a contest to avoid this insurance or reduce benefits unless both of the following apply.

1) It is a written statement signed by you; and

2) A copy of that statement is or has been furnished to you or your representative.

If your Policy has been in force for less than six months, and

1) Information on your Application misrepresented any information about you or your health or medical history; and

2) As a result, we offered you insurance that you otherwise would not have been offered,

Prudential can rescind your Policy or deny an otherwise valid claim.

After your Policy has been in effect for six months, but less than two years, if:

1) Information on your Application misrepresented any information about you or your health or medical history; and

2) As a result, we offered you insurance that you otherwise would not have been offered; and

3) The misrepresentation pertains to the condition for which benefits are claimed,

Prudential can rescind your Policy or deny an otherwise valid

claim.

After your Policy has been in effect for two years, if:

1) Relevant facts relating to your health were knowingly and intentionally misrepresented on your Application; and

2) As a result, we offered you insurance that you otherwise would not have been offered,

Prudential can rescind your Policy or deny an otherwise valid claim.

These provisions also apply if you provide additional evidence of insurability to purchase additional coverage after your Policy Effective Date.

If you realize there is an inaccuracy in your Application, notify Prudential before the end of the two-year period. This will help to ensure you have the coverage when you need it.

GLOSSARY

This section defines certain of the terms used in your Policy. These definitions apply to the terms used in your Policy and any other attached forms.

ACTIVITIES OF DAILY LIVING (ADLs)

Bathing - Washing oneself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower.

Continence - The ability to maintain control of bowel and bladder function, or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing - Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating - Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.

Toileting - Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring - Moving into or out of a bed, chair or wheelchair.

ADULT DAY CARE

A day program for three or more individuals in a community group setting. The program provides social and health-related services and supports frail, impaired, elderly or other disabled adults who can benefit from care in a group setting outside the home. Adult Day Care can be provided in a licensed facility or under a formal program of Adult Day Care that has received approval from the state in which the care is given.

ADULT FOSTER HOME OR BOARD AND CARE FACILITY

A family home or other facility in which residential care is provided in a home-like environment for compensation to five or fewer adults. Residents must be unrelated to the Provider by blood or marriage and be elderly or physically disabled. If licensing or certification is required for such a home or facility within the jurisdiction where the home or facility is located, the Adult Foster Home must be so licensed or certified by the appropriate regulatory agency.

Adult Foster Home does not include any house, institution, hotel or other similar living arrangement that supplies room or board only, if a resident does not require any element of care.

ASSISTED LIVING FACILITY OR RESIDENTIAL HEALTH CARE

For an Assisted Living Facility or Residential Health Care Facility that is located in a state that licenses or certifies such a facility, an Assisted Living Facility or Residential Health Care Facility is one which is licensed or certified by the state in which the facility

FACILITY is located.

For facilities located in states that do not license or certify Assisted Living Facilities or Residential Health Care Facilities, an Assisted Living Facility or Residential Care Facility is one that provides ongoing services to a minimum of three residents in one location and meets, in Prudential's judgment, the following minimum criteria.

1) It is a group residence that maintains records for services to each resident.

2) It provides services and oversight on a 24 hour a day basis that support a resident in a manner that promotes dignity, independence and privacy.

3) It provides a combination of housing, supportive services, and personal assistance designed to respond to the resident's need for help with Activities of Daily Living and instrumental activities of daily living.

4) It provides, at a minimum, assistance with Bathing, Dressing, and help with medications.

5) It is NOT licensed as a Nursing Home.

The above criteria is based on established, national industry standards such as those developed by The Assisted Living Quality Coalition, The Assisted Living Federation of America, The American Association of Homes and Services for the Aging, and The Joint Commission on the Accreditation of Health Organizations.

ASSISTIVE DEVICES OR TECHNOLOGY Adaptive tools, devices or technology that help a person to function independently in his or her home. Examples of such items include but are not limited to, eating and dressing utensils, a "Health Buddy" prompting device, "smart shoes" with GPS (global positioning system), or "Wander Mats."

BED RESERVATION The retention of your bed by a Nursing Home, an Assisted Living Facility, or Residential Health Care Facility, that occurs if you are a resident in such a facility and you are absent from the facility for any reason for 24 hours or more.

CALENDAR WEEK A calendar week begins with Sunday and ends with the next following Saturday.

CALENDAR YEAR During the first year your Policy is in force, the Calendar Year begins with your Policy Effective Date and ends December 31 of the same year. Each Calendar Year thereafter, starts with January 1 and ends December 31 of the same year.

CAREGIVER TRAINING Training provided by a Home Health Care Agency, Nursing Home, hospital or other similar facility acceptable to Prudential,

TRAINING

and received by your Primary Informal Caregiver to care for you in your home.

CHRONIC ILLNESS OR DISABILITY

An illness or disability certified by a Licensed Health Care Practitioner in which there is:

1) The loss of the ability to perform, without Substantial Assistance, at least two Activities of Daily Living due to a loss of functional capacity. This inability must be expected to continue for at least 90 consecutive days. This expectation is not a waiting period. The Activities of Daily Living are defined and listed above; or

2) A severe Cognitive Impairment that requires Substantial Supervision to protect you or others from threats to health or safety.

COGNITIVE IMPAIRMENT

A person's deficiency in any of the following items.

1) Short or long term memory.
2) Orientation as to people, place, or time.
3) Deductive or abstract reasoning.
4) Judgment as it relates to safety awareness.

DURABLE MEDICAL EQUIPMENT

Medical equipment that is ordered by your Licensed Health Care Practitioner for use in your home. These items must meet the following requirements.

1) It must be reusable, such as walkers, wheelchairs or hospital beds.

2) It must be related to your Qualified Long Term Care Services.

3) It must be a part of your Plan of Care.

ELIGIBLE CHARGES

The charges for your Long Term Care that are used as the basis for a claim. These charges must be incurred:

1) For services and supplies described in the **Long Term Care Benefits** section; and

2) From Providers who meet the criteria defined by your Policy; and

3) While your Policy is in force*;* and

4) After the Elimination Period, if any, is satisfied.

A charge is considered incurred on the date you receive the service or supply. A charge is not an Eligible Charge if it is described in the **Policy Exclusions** section.

ELIMINATION PERIOD

The amount of time that must elapse before your Policy benefits are payable. Benefits are not payable for Eligible Charges incurred during the Elimination Period. The Elimination Period applies to all benefits unless the Benefit Description states

otherwise. An elimination period is sometimes referred to as a waiting period or a deductible period.

HOME

Your house, apartment or room, that is the primary place where you live.

HOME HEALTH AIDE

A person whose function is to provide Personal Care or Homemaker Services. If state and local licensing or certification is required, the person must be licensed or certified as a Home Health Aide where the service is performed.

When state or local licensing or certification is not required, a person will be deemed a Home Health Aide under your Policy if he or she meets both of the following criteria.

1) He or she meets the minimum training qualifications recognized by the Foundation for Hospice & Home Care, National League of Nursing or Health Care Financing Administration.

2) He or she is employed through an eligible Home Health Care Agency, or is an Independent Health Care Practitioner.

HOME HEALTH CARE AGENCY

An organization that meets at least one of these three tests:

1) It is an agency licensed as a home health care agency in the jurisdiction in which the Home Health Care is delivered.

2) It is a home health care agency as defined by Medicare.

3) It is an agency or organization that provides a program of Home Health Care that meets all these tests.

a) It is licensed to provide the services for Home Health Care in the Plan of Care.

b) It maintains written records of services provided to patients.

c) Its staff includes at least one Registered Nurse or nursing care by a Registered Nurse is available to it.

HOME HEALTH CARE

Medical or non-medical services provided to ill, disabled or infirm persons in their residences.

HOMEMAKER SERVICES

Services that are designed to maintain your ability to function independently in your residence. Homemaker Services include but are not limited to:

1) shopping;

2) planning menus, preparing meals, and home delivered meals;

3) laundry and light house cleaning and maintenance. Light house cleaning includes vacuuming, dusting, dry mopping, dishwashing, cleaning the kitchen and bathroom and changing beds.

HOSPICE

A facility or institution, or a part of it that meets at least one of these three tests.

1) It is, or would be upon request, acceptable to Medicare as a provider of Hospice Care.

2) It is licensed by the jurisdiction in which it is located as a Hospice organization.

3) It meets all of these tests:

a) Its main function is to provide palliative care or management of the terminal illness as well as related conditions.

b) It is under the supervision of a Physician, either on staff or through consultation.

c) It maintains medical records for each patient.

d) It maintains control of and records of all medications dispensed.

HOSPICE CARE

Services and supplies provided through a Hospice to meet the special physical, psychological, spiritual and social needs for a Terminally Ill person and his or her immediate family. Hospice Care provides palliative and supportive medical, nursing, and other health services through home and inpatient care during the illness to:

1) a Terminally Ill person who has no reasonable prospect of cure as estimated by a Physician; or

2) the immediate family or Primary Informal Caregiver of the person described in 1) above.

Hospice Care includes the following.

1) Part-time nursing care by or supervised by a Registered Nurse.

2) Counseling, including dietary counseling, for the Terminally Ill person.

3) Family counseling for the immediate family and the Primary Informal Caregiver before the death of the Terminally Ill person.

4) Medical supplies, equipment, and medication required to maintain the comfort and manage the pain of the Terminally Ill person.

INDEPENDENT HEALTH CARE PROFESSIONAL

A professional, licensed or certified Home Health Aide, Registered Nurse, Licensed Practical Nurse or Therapist independently providing Home Health Care services within the scope of his or her license.

LICENSED HEALTH CARE

A Physician, a Registered Nurse, a licensed social worker, or another professional individual who meets the requirements

PRACTITIONER	prescribed by the United States Secretary of the Treasury.
LICENSED PRACTICAL NURSE	A professional nurse legally designated “LPN” who, where licensing is required, holds a valid license from the state in which the nursing service is performed. The term licensed practical nurse (LPN) shall include a licensed vocational nurse (LVN) and any other similarly designated nurse in those jurisdictions in which a professional nurse is designated as other than an LPN and for whom licensing is required.
LIFETIME MAXIMUM	The maximum lifetime benefit payable for Eligible Charges according to the benefit options you have chosen, as listed in the **Schedule of Policy Benefits**.
MAXIMUM DAILY BENEFIT	The maximum daily benefit payable for Eligible Charges according to the benefit options you have chosen as listed in the **Schedule of Policy Benefits**.
MEDICAID	The program administered in accordance with Title 32.1 of the Code of Virginia.
MEDICARE	The program under The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 or Health Insurance for the Aged Act (42 U.S.C. 1395 et seq.).
NURSE REGISTRY	An organization that meets the requirements of items 1) and 2). 1) Its main function is to provide a referral service for Registered Nurses or Licensed Practical Nurses specialized in providing Home Health Care services. 2) It is appropriately licensed by the state in which the services are provided, if the state in which the Nurse Registry is located requires licensure.
NURSING HOME	A facility that provides skilled, intermediate, or custodial care and meets the criteria listed in items 1), 2), or 3). 1) It is Medicare-approved as a Provider of skilled nursing care services. 2) It is licensed by the state in which it is located as a skilled nursing home, an intermediate care facility or a custodial care facility. 3) It meets all the following criteria. a) Its main function is to provide skilled, intermediate or custodial nursing care. b) It is engaged in providing continuous room and board accommodations for three or more persons. c) It has a Physician on staff or available to it under contract.

d) It is under the supervision of a Registered Nurse or Licensed Practical Nurse.

e) It maintains medical records for each patient.

f) It maintains control of and records of all medications dispensed.

A nursing home is not primarily a facility for the treatment of alcoholism or chemical dependency.

PERSONAL CARE

Personal Care can be provided by a skilled or unskilled person to a person with a Chronic Illness or Disability. Personal Care means the provision of hands-on services to assist an individual with Activities of Daily Living. Such care can provide assistance with simple health care tasks, personal hygiene, and other supportive tasks, including use of the telephone, managing medications, moving about outside, preparing meals, shopping for essentials, and transportation to and from health care providers.

PHYSICIAN

A licensed practitioner of the healing arts acting within the scope of the license.

PLAN OF CARE

A written plan that has been developed to meet your long term care needs. The Plan of Care must meet the following requirements.

1) It is developed and prescribed by a Licensed Health Care Practitioner based on review of your health status, medical records and information from the Licensed Health Care Practitioner responsible for your care.

2) It names the type, the frequency and the duration of services that you need.

3) It names the types of Providers that are needed.

POLICY YEAR

A twelve consecutive month period that begins with the Policy Anniversary date.

PRIMARY INFORMAL CAREGIVER

An unpaid person who regularly provides:

1) Substantial Assistance when you are unable to perform at least two of the Activities of Daily Living; or

2) Substantial Supervision when you have a severe Cognitive Impairment.

PRIOR POLICY YEAR

The twelve consecutive month period that immediately precedes the Policy Anniversary date.

PRIVATE CARE CONSULTANT

A Licensed Health Care Practitioner, not associated with Prudential, who is qualified to coordinate your necessary medical care, long term care, Personal Care and social services.

	Qualifications are based on training and experience and can include health care industry, state or national standards.
PROVIDER	A licensed or certified professional or entity that provides Qualified Long Term Care Services.
QUALIFIED LONG TERM CARE SERVICES	Necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services, and maintenance or Personal Care services, provided in a setting other than an acute care unit at a hospital.
REFERRAL AGENCY	An agency that meets the following requirements. 1) Its main function is to provide a referral service for Registered Nurses, Licensed Practical Nurses, Therapists or licensed Home Health Aides providing Home Health Care. 2) It is licensed by the state in which the Home Health Care is delivered, to provide such services. If licensing is not required, the agency must be accredited by the Joint Commission on Accreditation of Health Care Organizations, the National Care Organizations, the Community Health Accreditation Program, the Foundation for Hospice and Home Care or the National League of Nurses.
REGISTERED NURSE	A professional nurse legally designated “RN” who, where licensing is required, holds a valid license from the state in which the nursing service is performed.
SUBSTANTIAL ASSISTANCE	Hands-on assistance and stand-by assistance: 1) Hands-on assistance is the physical assistance of another person without which an individual would be unable to perform an Activity of Daily Living; or 2) Stand-by assistance is the presence of another person within arm’s reach that is necessary to prevent, by physical intervention, injury to an individual while the individual is performing an Activity of Daily Living.
SUBSTANTIAL SUPERVISION	Continual oversight that may include cueing by verbal prompting, gestures or other demonstrations by another person, and that is necessary to protect you or others from threats to your health or safety.
TERMINALLY ILL	A medical prognosis given by a Physician that your life expectancy is six months or less.
THERAPIST	A physical therapist, occupational therapist, respiratory therapist, speech pathologist or audiologist who is licensed as such where the services are performed.

Prudential Financial

The Prudential Insurance Company of America
751 Broad Street, Newark, New Jersey 07102-3777

Long Term Care Insurance Rider

CASH BENEFIT

This Rider is issued in consideration of your Application and payment of the Rider premium. It becomes a part of your Policy. It takes effect on the Effective Date stated for this Rider in the **Schedule of Policy Benefits**. Capitalized terms are defined. Please refer to the **Glossary** in your Policy for the definitions.

Changes Made in the Policy

This Rider allows you to change the benefit payment method for your Long Term Care Insurance Benefits. It revises your Policy so that a monthly indemnity benefit payment, in lieu of reimbursement for Eligible Charges, can be paid. It also replaces the **Service Days Elimination Period** provision in **THE CLAIMS PROCESS** section. The following provisions are added to the **ADDITIONAL POLICY FEATURES** provisions.

CASH BENEFIT

If you elect payment under this Rider at time of claim, Prudential will pay a monthly benefit payment to you while you have a Chronic Illness or Disability. This Cash Benefit replaces benefits payable for Eligible Charges.

Terms for Payment

Under the Cash Benefit, charges for Qualified Long Term Care services do NOT need to be incurred and any Policy Exclusions related to incurring charges shall not apply. However, in order to receive the Cash Benefit, the conditions set forth below must be met.

1) Your Chronic Illness or Disability must be certified as set forth in **THE CLAIMS PROCESS** provisions.

2) You must have a Plan of Care.

3) **The Calendar Day Elimination Period** set forth below must be satisfied.

4) You must complete a monthly claim form.

Amount of Cash Benefit Payment

The Cash Benefit payment is equal to the number of days in the month when you have a Chronic Illness or Disability, times the Home and Community-Based Care Maximum Daily Benefit.

If your Calendar Day Elimination Period is satisfied on other than the first day of the month, the Cash Benefit will be pro-rated based on the remaining number of days in that month.

Benefits will be calculated in United States currency.

Calendar Day Elimination Period

This provision replaces the **Services Days Elimination Period** provision in **THE CLAIMS PROCESS** section of your Policy.

The **Calendar Day Elimination Period** must be satisfied once during your lifetime before benefits are paid. The number of days for your Elimination Period is stated in the **Schedule of Policy Benefits.**

Prudential will begin to count days to satisfy your Elimination Period with the date your Chronic Illness or Disability begins. Each day your Chronic Illness or Disability continues counts in satisfaction of this Elimination Period.

If your Chronic Illness or Disability ends before the Elimination Period is satisfied, the number of days that elapsed during that Chronic Illness or Disability will be used to satisfy the lifetime Elimination Period for that number of days.

We do not pay benefits for days in the Calendar Day Elimination Period.

Time Of Payment Of Claims

This provision replaces the **Time of Payment of Claims** provision in **THE CLAIM RULES** section of your Policy.

Benefits are payable as soon as Prudential receives satisfactory proof of loss. An explanation of benefits notice that explains the resolution of your claim will be sent to you within 30 days from the date Prudential receives proof of your loss.

Subject to due written proof of loss, all accrued indemnities under the Cash Benefit will be paid monthly. Any balance due and unpaid at the end of your claim will be paid as soon as we receive due written proof.

Benefits due and unpaid at your death may, at Prudential's option, be paid to your estate. All other benefits will be payable to you.

Important Tax Notice

The benefits paid under this Rider are made without regard to costs incurred by you. Therefore, part of the benefits could be considered taxable income if the benefits paid under this Rider are in excess of the per diem limit prescribed by law. This per diem limit is indexed for inflation. You should consult with a tax advisor for more information concerning the tax implications.

Termination Of Rider

This Rider will terminate if any of the following events occur.

1) Your Policy terminates.

2) You send a written request to terminate this Rider.

All other terms and conditions of your Policy remain the same.

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

Kathleen M. Gibson

Secretary

THE CLAIMS PROCESS

The claims process involves confirmation of your Chronic Illness or Disability, meeting the Elimination Period, and submitting the proper forms in a timely manner. This process is outlined below.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR PAYMENT OF BENEFITS

BENEFIT ELIGIBILITY CRITERIA

Submitting a claim form and a bill is not enough to ensure that benefits will be paid. In order to receive benefits, your condition must FIRST be certified by a Licensed Health Care Practitioner as a Chronic Illness or Disability. A Chronic Illness or Disability is one that meets either definition below.

1) A loss of the ability to perform, without Substantial Assistance, at least two Activities of Daily Living due to a loss of functional capacity. This inability must be expected to continue for at least 90 consecutive days. This expectation is not a waiting period. Activities of Daily Living are: Bathing, Continence, Dressing, Eating, Toileting, and Transferring.
2) A severe Cognitive Impairment, that requires Substantial Supervision to protect you or others from threats to health and safety.

INITIAL ASSESSMENT

Prudential will arrange for a Licensed Health Care Practitioner to certify your Chronic Illness or Disability. As part of the assessment process, you will be interviewed. Your caregiver may also be interviewed. The assessment must be based on objective standards of measurement. The assessment must be made at a time when the chronic nature of the condition can be determined.

USING YOUR OWN LICENSED HEALTH CARE PRACTITIONER

You can select your own Licensed Health Care Practitioner to certify your Chronic Illness or Disability. If you wish to do so, you should notify us when you call our Long Term Care Customer Service Center. Prudential will send you an assessment form that your Licensed Health Care Practitioner must complete and return to us.

After your Chronic Illness or Disability is certified, Prudential will determine if you are eligible for benefits based on the other terms and conditions of your Policy. You will be sent a written notice to confirm the date you became eligible. If you are not eligible, you will be sent a written notice explaining the reasons you were not eligible.

PLAN OF CARE

If you are eligible, you will need a Plan of Care. Your Plan of Care will be used to determine benefits based on the benefit options in your Policy.

REASSESSMENT

You will be reassessed periodically to determine if you are still eligible for benefits. To comply with federal income tax requirements, you must be assessed at least once each year.

SERVICE DAYS ELIMINATION PERIOD

If you purchased the Cash Benefit Rider or the Calendar Day Elimination Period Rider, please refer to that Rider for an explanation of your Elimination Period. The terms of those Riders replace this provision.

The Elimination Period must be satisfied only once during your lifetime.

Prudential will begin to count the Elimination Period with the first date you incur Eligible Charges for Qualified Long Term Care Services after your Chronic Illness or Disability begins. The number of days for your Elimination Period is stated in the **Schedule of Policy Benefits**.

If you are receiving Qualified Long Term Care Services as a resident in a Nursing Home, Adult Foster Home, Assisted Living Facility or Residential Health Care Facility, each day of such care will count to satisfy the Service Days Elimination Period.

If you are receiving Home and Community-Based Care, each calendar week during which you receive at least one day of such care will be counted as seven (7) days towards completing this Elimination Period.

We do not pay benefits for services received during the Elimination Period.

CLAIM RULES

NOTICE OF CLAIM

It is important that you start the claim process for your benefits by contacting the Prudential Long Term Care Customer Service Center by calling 1-800-732-0416 or by writing to the Contact Address. We encourage you to contact us before you begin using Qualified Long Term Care Services so that you know in advance whether your benefits will be available. Either you or your representative may contact us.

Notice of claim must be given within 20 days after your covered loss begins or as soon as reasonably possible. Notice may be given to The Prudential Insurance Company of America at its Long Term Care Customer Service Center. The notice should include your name and policy number. The address for the Customer Service Center appears on the first page of your Policy.

CLAIM FORMS

When Prudential is notified of your claim, you will be sent a claim form. It will be sent no later than 15 days following the date of

your notice. If you do not receive the claim form within this time, you may send us a written statement of the nature and extent of the loss.

PROOF OF LOSS

If you purchased the Cash Benefit Rider, please refer to that Rider for an explanation of the Proof of Loss requirements. That Rider modifies this provision.

Prudential must receive copies of your assessment form if you arrange your own assessment and your Plan of Care. For claims for reimbursement of Eligible Charges, the Provider's bill with the claim form must also be enclosed as written proof of loss that you have received the services. The bill must show the all of the following data.

1) The name of the person who received the service.
2) The name and address of the Provider.
3) The date(s) of service.
4) Each type of service received.
5) The charge for that service.

A Provider's bill does not need to be provided for a claim under the Flexible Payment Provision or the Cash Benefit Rider.

This proof of loss should be sent within 90 days of the date loss begins. Failure to furnish such proof within the time required will not invalidate or reduce any claim if:

1) It was not reasonably possible to furnish the proof within that time; and
2) Proof is furnished as soon as reasonably possible.

Except in the absence of legal capacity, the required proof must be given no later than one year from the time specified.

TIME OF PAYMENT OF CLAIMS

If the Cash Benefit Rider is a part of your Policy, please refer to that Rider for an explanation of the Time of Payment of Claims. That Rider modifies this provision.

Benefits are payable as soon as Prudential receives satisfactory proof of loss. An explanation of benefits notice that explains the resolution of your claim will be sent to you within 30 days from the date Prudential receives proof of your loss.

Benefits due and unpaid at your death may, at Prudential's option, be paid to your estate. All other benefits will be payable to you.

Benefits will be calculated in United States currency.

FACILITY OF PAYMENT

Prudential may pay benefits to your relative by blood or marriage who we deem to be entitled to the benefits if they would otherwise be paid to:

1. Your estate; or
2. A person who is a minor or otherwise not competent to give a valid release.

We may pay up to $2,000 under this provision. Any payment made by us, in good faith pursuant to this provision, shall fully discharge Prudential to the extent of such payment.

At your written request, all or a portion of any benefits payable under your Policy for Qualified Long Term Care Services may be paid directly to the eligible Provider.

Ritu Jain, ASA, MAAA
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Tel (973)548-6459
ritu.jain@prudential.com

Date: October 13, 2017

To: Janet Houser
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-130596304
Objection Letter Dated September 1st, 2017
ILTC-2 Re-Rate

Dear Janet Houser

This is in response to your questions on September 1st, 2017.

1) In response to our concern that Virginia's cumulative increase would be significantly higher than the nationwide cumulative percentage, the Company responded that in this round of filing, the Company is striving to obtain equity among all states by reviewing the accumulated rate increase and requesting the remaining unapproved rate increases from prior request. Based on our analysis, the proposed cumulative Virginia rate increase in excess of the approved nationwide cumulative rate change would be approximately 35% higher on the limited reimbursement policies, 46% on the limited cash policies, 44% on the unlimited reimbursement policies and 55% on the unlimited cash polices. If all the proposed nationwide increases are approved, the percentage would drop to approximately 27% on the limited reimbursement plans, 37% on the limited cash plans, 34% on the unlimited reimbursement plans and 45% on the unlimited cash plans. Again, we ask the Company to address this inequity issue and advise why the Company is not revising the requested rate increases accordingly.

At the time of initial filing submission in Virginia, during 2016, for states where an actuarial certification of no future rate increase was included, an additional 26% was added to the nationwide rate increase requested amounts. In the table below, we have included a sample calculation of Virginia vs a typical state that does not require an actuarial certification of no future rate increases. For the latter, a 20% rate increase was planned during 2018. Please note that the additional 6% was added to reflect that there is a value in providing the actuarial certification that future increases are not anticipated.

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ILTC2, Limited Reimb						
					Cumulative Rate Request	
		Prior Rate Request	Filed Rate Request	Planned Request in 2018	At Time of Filing	By 2018
	Planned Rate Increase	50%		20%	50%	79%
	Virginia	30%	45%		88%	88%
ILTC2, Unlimited Reimb						
					Cumulative Rate Request	
		Prior Rate Request	Filed Rate Request	Planned Request in 2018	At Time of Filing	By 2018
	Planned Rate Increase	73%		20%	73%	107%
	Virginia	30%	67%		117%	117%
ILTC2, Limited Cash						
					Cumulative Rate Request	
		Prior Rate Request	Filed Rate Request	Planned Request in 2018	At Time of Filing	By 2018
	Planned Rate Increase	82%		20%	82%	118%
	Virginia	51%	52%		129%	129%
ILTC2, Unlimited Cash						
					Cumulative Rate Request	
		Prior Rate Request	Filed Rate Request	Planned Request in 2018	At Time of Filing	By 2018
	Planned Rate Increase	102%		20%	102%	142%
	Virginia	51%	68%		154%	154%

*Note: Differences caused by rounding.

The total cumulative rate increase request in Virginia would then be very similar for all states by benefit type. As part of the rate increase strategy, we are striving to obtain equity among all states by reviewing the accumulated rate increase and requesting the remaining unapproved rate increases from planned requests.

Regarding the concern that it that Prudential on average has requested larger increases in Virginia than other states, it appears that the Department is using average rate increase requested in rate increase history chart provided with March 2017 objection response to calculate the proposed nationwide increases. Please note due to regulatory rate increase caps in some of those states, a smaller amount was requested than nationwide. However, the overall rate revision strategy for those states remains unchanged where we plan to request additional rate increases during follow-up rounds. Since March 2017, additional follow up rate

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increase requests have been submitted in some states and subsequently received approvals which may or may not have been included in the rate increase history provided. Therefore, the rate information provided should be used for point in time status only.

2) Pursuant to 14VAC5-200-153 B 3 b, please disclose how reserves have been incorporated in the this rate increase whenever the rate increase will trigger the contingent benefit upon lapse.

Active life reserves are held for policies that have triggered the contingent benefit upon lapse due to rate increases. These reserves are used to back the reduced paid up policies that are issued with the lifetime maximum benefit based on the premiums paid less claims paid throughout the life of the policy.

Regarding the potential for future policyholders to trigger the contingent benefit upon lapse, the assumptions used to support this filing includes an annual shock lapse rate of 2.0% assumed over two years of implementation. The shock lapse percentage vary by amount of rate increase request. At this time, there is no additional assumption or benefit projections for the contingent benefit upon laps, however, it would add to the future incurred claims thus increasing our anticipated lifetime loss ratio, if included.

I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration. If there are any additional questions, please feel free to contact me.

Sincerely,

Ritu Jain, ASA, MAAA,
Director and Actuary

Digitally signed by Ritu Jain, ASA, MAAA, Director and Actuary
DN: cn=Ritu Jain, ASA, MAAA, Director and Actuary, o=The Prudential Insurance Company of America, ou=LTC Actuarial Unit, email=ritu.jain@prudential.com, c=US
Date: 2017.10.16 11:22:21 -04'00'

Ritu Jain, ASA, MAAA
Director, Actuary
Prudential Long Term Care

Meong Kwak
Associate Actuary

The Prudential Insurance Company of America
Long Term Care Unit
2101 Welsh Rd.
Dresher, PA 19125
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meong.kwak@prudential.com

Date: May 10, 2019

To: Bobby Toone
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-130596304
Objection Letter Dated February 25th, 2019
ILTC2

Dear Mr. Toone,

This is in response to your questions on February 25th, 2019.

1) The proposed rate increase varies based on whether the policyholder has a limited benefit period or an unlimited benefit period and whether the policyholder has reimbursement benefits or a cash rider. Please demonstrate using the most recently available nationwide experience that for each of the four policyholder cohorts for which the proposed rate increase varies (e.g., limited benefit periods with reimbursement benefits), 14VAC5-200-153 is satisfied independently for each policyholder cohort. The demonstration of whether 14VAC5-200-153 has been satisfied should be consistent with the manner in which the experience was presented in the version of Appendix B and Appendix G associated with the objection responses dated February 2, 2017. Additionally, if more recent experience is used to demonstrate 14VAC5-200-153 is satisfied for each policyholder cohort, please revise Appendix B and Appendix G to reflect the same experience basis.

Please see attached file "VA ILTC2 Rate Increase.pdf." Appendix B and G have been updated with experience through June 30, 2018. Please be aware, that Prudential's experience has continued to deteriorate. The updated appendices reflect the deterioration, but we have not adjusted the rate increase request at this time. Given the situation, the actuarial certification found in section 24 of the Actuarial Memorandum, and shown below, is no longer applicable.

If the requested premium increase is implemented and the underlying assumptions with a 10% load for moderately adverse conditions are realized, no further premium rate schedule increases are anticipated.

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

A non-forfeiture benefit option is given to all policyholders. Please see sample policyholder notification letter for more detail.

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

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See table below for requested policy reserves for both nationwide and Virginia.

Benefit Cohort	Nationwide	Virginia
Cash/Unlimited	80,895,284	68,206
Cash/Limited	52,209,148	211,833
Reimbursement/Unlimited	261,934,677	2,414,022
Reimbursement/Limited	294,787,179	2,891,802

I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration. If there are any additional questions, please feel free to contact me.

Sincerely,

Meong Kwak,
Actuarial Associate

Digitally signed by Meong Kwak, Actuarial Associate
DN: cn=Meong Kwak, Actuarial Associate, o=The Prudential of America, ou=LTC Unit, email=meong.kwak@prudential.com, c=US
Date: 2019.05.10 14:06:10 -04'00'

Meong Kwak
Associate Actuary
Prudential Long Term Care

Appendix B
The Prudential Insurance Company of America
Historical and Projected Experience
Nationwide Experience
Virginia Premium Rate Basis
ILTC2

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
2002	5,192	0	0	0	0%
2003	1,824,726	4,394	0	4,394	0%
2004	13,385,109	10,010	0	10,010	0%
2005	27,867,380	1,797,994	0	1,797,994	6%
2006	36,644,615	5,428,121	1,708,290	7,136,411	19%
2007	43,224,275	7,953,783	1,996,772	9,950,555	23%
2008	43,259,623	6,042,070	28,141	6,070,211	14%
2009	42,157,753	10,308,083	2,013,493	12,321,576	29%
2010	40,687,211	9,469,502	2,023,320	11,492,822	28%
2011	39,741,264	11,638,892	2,199,199	13,838,091	35%
2012	37,916,992	11,832,090	3,015,587	14,847,677	39%
2013	39,711,645	8,837,143	4,921,592	13,758,736	35%
2014	40,737,169	11,469,608	8,175,060	19,644,668	48%
2015	38,454,047	9,332,233	7,745,768	17,078,000	44%
2016	39,682,590	6,720,719	17,422,700	24,143,420	61%
2017	39,143,838	3,490,836	20,057,649	23,548,485	60%
2018*	18,694,722	86,085	11,752,062	11,838,147	63%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	17,694,920	13,704,783	77%
2019	34,590,457	29,895,531	86%
2020	33,395,609	33,501,833	100%
2021	32,287,917	37,522,564	116%
2022	31,181,772	41,993,628	135%
2023	30,070,636	46,854,776	156%
2024	28,930,279	52,096,609	180%
2025	27,778,286	57,753,755	208%
2026	26,598,564	63,756,451	240%
2027	25,374,515	70,056,095	276%
2028	24,153,424	76,620,534	317%
2029	22,933,127	83,333,691	363%
2030	21,699,677	90,070,162	415%
2031	20,460,628	96,689,497	473%
2032	19,216,136	103,074,618	536%
2033	17,971,731	109,106,708	607%
2034	16,732,672	114,620,871	685%
2035	15,507,718	119,460,355	770%
2036	14,311,873	123,435,032	862%
2037	13,148,394	126,591,904	963%
2038	12,015,488	128,883,698	1073%
2039	10,939,574	130,125,121	1189%
2040	9,907,550	130,185,868	1314%
2041	8,923,988	128,977,384	1445%
2042	7,993,362	126,585,293	1584%
2043	7,119,485	123,111,017	1729%
2044	6,305,623	118,640,986	1882%
2045	5,553,232	113,250,343	2039%
2046	4,862,717	107,082,580	2202%
2047	4,233,818	100,266,733	2368%
2048	3,665,350	93,062,449	2539%
2049	3,155,796	85,661,454	2714%
2050	2,702,517	78,137,462	2891%
2051	2,302,143	70,681,337	3070%
2052	1,951,065	63,482,342	3254%
2053	1,645,362	56,732,499	3448%
2054	1,381,310	50,842,867	3681%
2055	1,155,019	45,693,861	3956%
2056	962,369	41,170,615	4278%
2057+	4,423,465	307,344,801	6948%

* Historical 2018 Experience - 1/1/2018 through 6/30/2018
** Projected 2018 Experience - 7/1/2018 through 12/31/2018

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	17,694,920	13,704,783	77%
2019	35,996,230	29,601,303	82%
2020	44,010,567	30,387,248	69%
2021	43,629,546	33,520,228	77%
2022	42,151,344	37,465,495	89%
2023	40,666,236	41,750,000	103%
2024	39,140,260	46,363,131	118%
2025	37,599,298	51,335,236	137%
2026	36,019,688	56,603,566	157%
2027	34,377,760	62,124,944	181%
2028	32,741,302	67,871,671	207%
2029	31,105,095	73,739,969	237%
2030	29,450,483	79,618,986	270%
2031	27,787,248	85,384,772	307%
2032	26,115,441	90,935,503	348%
2033	24,442,162	96,167,817	393%
2034	22,774,576	100,936,819	443%
2035	21,124,761	105,105,546	498%
2036	19,512,480	108,507,873	556%
2037	17,942,202	111,188,484	620%
2038	16,411,458	113,109,096	689%
2039	14,956,326	114,108,468	763%
2040	13,558,963	114,074,138	841%
2041	12,225,655	112,930,265	924%
2042	10,962,565	110,755,571	1010%
2043	9,774,986	107,641,451	1101%
2044	8,667,471	103,664,624	1196%
2045	7,642,196	98,892,518	1294%
2046	6,699,933	93,450,363	1395%
2047	5,840,534	87,451,823	1497%
2048	5,062,592	81,123,636	1602%
2049	4,364,219	74,632,583	1710%
2050	3,742,035	68,043,477	1818%
2051	3,191,650	61,520,875	1928%
2052	2,708,308	55,228,815	2039%
2053	2,286,801	49,333,515	2157%
2054	1,922,150	44,190,381	2299%
2055	1,609,138	39,696,026	2467%
2056	1,342,227	35,749,447	2663%
2057+	6,192,655	266,160,837	4298%

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2018	746,252,633	236,717,216	32%	746,252,633	236,717,216	32%
Present Value of Future to 6/30/2018	372,546,636	1,494,237,681	401%	487,689,390	1,320,318,692	271%
Total Values	1,118,799,269	1,730,954,896	155%	1,233,942,024	1,557,035,908	126%
(Discounted at 4.5%)						

Minimum Lifetime Loss Ratio 60%

Appendix G
The Prudential Insurance Company of America
Historical and Projected Experience
Virginia Experience
Virginia Premium Rate Basis
ILTC2

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
2002	0	0	0	0	0%
2003	0	0	0	0	0%
2004	48,913	0	0	0	0%
2005	255,933	64,603	0	64,603	25%
2006	401,829	0	0	0	0%
2007	398,322	0	0	0	0%
2008	390,675	0	0	0	0%
2009	388,627	174,983	0	174,983	45%
2010	370,160	0	0	0	0%
2011	361,298	298	0	298	0%
2012	371,512	326,165	215,493	541,658	146%
2013	340,338	1,987	0	1,987	1%
2014	349,118	0	0	0	0%
2015	352,700	64,153	0	64,153	18%
2016	364,370	0	0	0	0%
2017	373,983	0	46,471	46,471	12%
2018*	175,131	0	112,696	112,696	64%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	167,463	125,063	75%
2019	327,621	267,714	82%
2020	316,649	292,149	92%
2021	306,196	321,709	105%
2022	295,550	353,762	120%
2023	284,732	390,286	137%
2024	273,776	429,214	157%
2025	262,702	468,825	178%
2026	251,546	510,547	203%
2027	240,276	552,686	230%
2028	228,880	594,990	260%
2029	217,412	639,369	294%
2030	205,895	682,400	331%
2031	194,329	724,373	373%
2032	182,748	764,072	418%
2033	171,197	801,955	468%
2034	159,751	838,289	525%
2035	148,490	870,528	586%
2036	137,505	900,327	655%
2037	126,870	926,341	730%
2038	116,620	948,838	814%
2039	106,756	963,678	903%
2040	97,277	969,686	997%
2041	88,191	971,186	1101%
2042	79,533	967,638	1217%
2043	71,341	956,001	1340%
2044	63,639	935,805	1470%
2045	56,460	907,716	1608%
2046	49,800	875,427	1758%
2047	43,666	841,228	1926%
2048	38,068	800,906	2104%
2049	33,005	758,432	2298%
2050	28,464	712,158	2502%
2051	24,402	664,490	2723%
2052	20,792	618,261	2974%
2053	17,613	569,199	3232%
2054	14,843	526,400	3546%
2055	12,453	498,547	4003%
2056	10,403	473,435	4551%
2057+	44,265	3,419,246	7724%

* Historical 2018 Experience - 1/1/2018 through 6/30/2018
** Projected 2018 Experience - 7/1/2018 through 12/31/2018

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	167,463	125,063	75%
2019	340,625	265,306	78%
2020	415,064	266,852	64%
2021	411,314	289,496	70%
2022	397,071	317,813	80%
2023	382,592	350,114	92%
2024	367,923	384,474	104%
2025	353,091	419,356	119%
2026	338,146	456,049	135%
2027	323,047	493,054	153%
2028	307,780	530,114	172%
2029	292,420	568,956	195%
2030	276,998	606,505	219%
2031	261,516	643,055	246%
2032	246,018	677,529	275%
2033	230,565	710,365	308%
2034	215,256	741,805	345%
2035	200,198	769,571	384%
2036	185,511	795,149	429%
2037	171,292	817,355	477%
2038	157,585	836,452	531%
2039	144,388	848,826	588%
2040	131,699	853,410	648%
2041	119,528	854,012	714%
2042	107,922	850,154	788%
2043	96,932	839,210	866%
2044	86,590	820,793	948%
2045	76,937	795,525	1034%
2046	67,971	766,648	1128%
2047	59,700	736,106	1233%
2048	52,140	700,228	1343%
2049	45,292	662,479	1463%
2050	39,138	621,508	1588%
2051	33,623	579,429	1723%
2052	28,710	538,687	1876%
2053	24,376	495,543	2033%
2054	20,587	457,921	2224%
2055	17,310	433,314	2503%
2056	14,491	411,156	2837%
2057+	62,099	2,960,345	4767%

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2018	6,766,871	1,318,507	19%	6,766,871	1,318,507	19%
Present Value of Future to 6/30/2018	3,550,887	12,006,712	338%	4,617,764	10,657,750	231%
Total Values	10,317,759	13,325,219	129%	11,384,635	11,976,257	105%
(Discounted at 4.5%)						

Appendix B
The Prudential Insurance Company of America
Historical and Projected Experience
Nationwide Experience - Policies with Cash Payment and Lifetime Benefits
Virginia Premium Rate Basis
ILTC2

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
2003	82,670	0	0	0	0%
2004	1,005,057	0	0	0	0%
2005	1,969,678	0	0	0	0%
2006	2,991,826	2,213,530	1,198,513	3,412,042	114%
2007	3,629,817	2,296,401	1,302,230	3,598,630	99%
2008	3,500,547	0	0	0	0%
2009	3,792,720	2,978,048	1,294,135	4,272,183	113%
2010	3,772,616	3,092,074	866,752	3,958,826	105%
2011	3,637,264	1,746,274	758,881	2,505,154	69%
2012	3,400,105	1,113,103	855,849	1,968,952	58%
2013	3,786,613	520,543	888,212	1,408,754	37%
2014	4,230,025	1,637,898	3,151,244	4,789,142	113%
2015	3,623,713	843,775	950,592	1,794,367	50%
2016	3,788,886	1,871,572	5,933,289	7,804,860	206%
2017	3,667,250	499,343	4,067,290	4,566,633	125%
2018*	1,643,130	0	115,160	115,160	7%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	1,644,688	1,652,544	100%
2019	3,243,536	3,599,737	111%
2020	3,172,693	4,021,156	127%
2021	3,091,936	4,485,240	145%
2022	3,011,214	5,000,521	166%
2023	2,942,582	5,576,254	190%
2024	2,860,368	6,210,947	217%
2025	2,785,693	6,910,016	248%
2026	2,707,010	7,665,035	283%
2027	2,599,197	8,474,540	326%
2028	2,522,013	9,353,731	371%
2029	2,442,438	10,279,437	421%
2030	2,360,115	11,233,139	476%
2031	2,275,071	12,242,233	538%
2032	2,187,345	13,287,200	607%
2033	2,095,727	14,361,064	685%
2034	2,001,258	15,423,213	771%
2035	1,906,233	16,444,675	863%
2036	1,810,498	17,448,686	964%
2037	1,713,004	18,439,490	1076%
2038	1,616,235	19,399,553	1200%
2039	1,520,058	20,258,322	1333%
2040	1,423,965	20,955,752	1472%
2041	1,328,418	21,519,758	1620%
2042	1,233,898	21,921,265	1777%
2043	1,140,937	22,120,160	1939%
2044	1,050,079	22,083,058	2103%
2045	961,800	21,812,148	2268%
2046	876,542	21,356,235	2436%
2047	794,731	20,700,656	2605%
2048	716,760	19,874,205	2773%
2049	642,967	18,901,638	2940%
2050	573,647	17,781,866	3100%
2051	509,002	16,589,710	3259%
2052	449,157	15,372,453	3423%
2053	394,178	14,163,582	3593%
2054	344,043	13,140,662	3819%
2055	298,687	12,190,384	4081%
2056	257,975	11,341,205	4396%
2057+	1,400,391	105,887,772	7561%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	1,644,688	1,652,544	100%
2019	3,412,866	3,562,469	104%
2020	4,457,963	3,627,380	81%
2021	4,472,659	3,982,670	89%
2022	4,355,889	4,435,751	102%
2023	4,256,609	4,941,583	116%
2024	4,137,683	5,498,175	133%
2025	4,029,661	6,110,499	152%
2026	3,915,842	6,770,897	173%
2027	3,759,884	7,477,473	199%
2028	3,648,233	8,244,426	226%
2029	3,533,123	9,050,546	256%
2030	3,414,039	9,879,581	289%
2031	3,291,018	10,755,603	327%
2032	3,164,116	11,661,312	369%
2033	3,031,587	12,590,940	415%
2034	2,894,932	13,508,741	467%
2035	2,757,473	14,389,548	522%
2036	2,618,986	15,253,733	582%
2037	2,477,956	16,105,360	650%
2038	2,337,974	16,929,536	724%
2039	2,198,849	17,664,766	803%
2040	2,059,845	18,259,136	886%
2041	1,921,632	18,737,190	975%
2042	1,784,902	19,074,036	1069%
2043	1,650,430	19,234,994	1165%
2044	1,518,997	19,191,395	1263%
2045	1,391,298	18,945,520	1362%
2046	1,267,967	18,539,884	1462%
2047	1,149,623	17,962,051	1562%
2048	1,036,834	17,237,196	1662%
2049	930,088	16,386,736	1762%
2050	829,813	15,410,085	1857%
2051	736,299	14,371,765	1952%
2052	649,730	13,312,689	2049%
2053	570,201	12,261,923	2150%
2054	497,677	11,372,565	2285%
2055	432,067	10,546,940	2441%
2056	373,175	9,809,367	2629%
2057+	2,025,744	91,415,703	4513%

* Historical 2018 Experience - 1/1/2018 through 6/30/2018
** Projected 2018 Experience - 7/1/2018 through 12/31/2018

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2018	65,821,255	52,504,486	80%	65,821,255	52,504,486	80%
Present Value of Future to 6/30/2018	40,044,489	232,894,179	582%	55,855,746	204,169,034	366%
Total Values	105,865,744	285,398,665	270%	121,677,001	256,673,520	211%
(Discounted at 4.5%)						

Minimum Lifetime Loss Ratio 60%

Appendix G
The Prudential Insurance Company of America
Historical and Projected Experience
Virginia Experience - Policies with Cash Payment and Lifetime Benefits
Virginia Premium Rate Basis
ILTC2

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
2003	0	0	0	0	0%
2004	0	0	0	0	0%
2005	2,482	0	0	0	0%
2006	2,516	0	0	0	0%
2007	2,516	0	0	0	0%
2008	2,516	0	0	0	0%
2009	2,516	0	0	0	0%
2010	2,516	0	0	0	0%
2011	2,516	0	0	0	0%
2012	2,516	0	0	0	0%
2013	2,894	0	0	0	0%
2014	3,271	0	0	0	0%
2015	3,271	0	0	0	0%
2016	3,533	0	0	0	0%
2017	3,795	0	0	0	0%
2018*	1,890	0	0	0	0%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	1,893	427	23%
2019	3,762	959	25%
2020	3,730	1,074	29%
2021	3,697	1,209	33%
2022	3,663	1,361	37%
2023	3,628	1,531	42%
2024	3,592	1,722	48%
2025	3,556	1,936	54%
2026	3,520	2,178	62%
2027	3,483	2,448	70%
2028	3,445	2,793	81%
2029	3,404	3,185	94%
2030	3,362	3,630	108%
2031	3,319	4,134	125%
2032	3,274	4,706	144%
2033	3,227	5,415	168%
2034	3,178	6,226	196%
2035	3,128	7,153	229%
2036	3,075	8,210	267%
2037	3,020	9,410	312%
2038	2,962	11,218	379%
2039	2,901	13,341	460%
2040	2,836	15,827	558%
2041	2,766	18,725	677%
2042	2,692	22,087	820%
2043	2,613	25,361	971%
2044	2,528	28,987	1147%
2045	2,437	32,977	1353%
2046	2,340	37,313	1595%
2047	2,236	41,954	1876%
2048	2,126	46,439	2184%
2049	2,010	50,965	2535%
2050	1,888	55,396	2934%
2051	1,760	59,602	3387%
2052	1,626	63,375	3898%
2053	1,486	62,948	4235%
2054	1,343	62,014	4616%
2055	1,199	62,363	5203%
2056	1,055	61,916	5871%
2057+	4,598	387,449	8427%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	1,893	427	23%
2019	3,959	949	24%
2020	5,241	963	18%
2021	5,348	1,066	20%
2022	5,298	1,198	23%
2023	5,248	1,346	26%
2024	5,195	1,512	29%
2025	5,144	1,699	33%
2026	5,092	1,909	37%
2027	5,039	2,144	43%
2028	4,983	2,445	49%
2029	4,925	2,785	57%
2030	4,864	3,172	65%
2031	4,800	3,610	75%
2032	4,735	4,106	87%
2033	4,668	4,722	101%
2034	4,598	5,425	118%
2035	4,524	6,230	138%
2036	4,448	7,146	161%
2037	4,369	8,185	187%
2038	4,285	9,753	228%
2039	4,197	11,592	276%
2040	4,102	13,746	335%
2041	4,002	16,255	406%
2042	3,894	19,164	492%
2043	3,779	21,995	582%
2044	3,657	25,129	687%
2045	3,525	28,576	811%
2046	3,385	32,321	955%
2047	3,235	36,327	1123%
2048	3,076	40,196	1307%
2049	2,908	44,098	1516%
2050	2,731	47,916	1754%
2051	2,546	51,538	2025%
2052	2,352	54,783	2330%
2053	2,150	54,400	2530%
2054	1,943	53,579	2757%
2055	1,734	53,866	3107%
2056	1,525	53,467	3505%
2057+	6,651	334,226	5026%

* Historical 2018 Experience - 1/1/2018 through 6/30/2018
** Projected 2018 Experience - 7/1/2018 through 12/31/2018

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2018	51,650	0	0%	51,650	0	0%
Present Value of Future to 6/30/2018	58,848	296,467	504%	82,730	256,948	311%
Total Values	110,498	296,467	268%	134,380	256,948	191%
(Discounted at 4.5%)						

Appendix B
The Prudential Insurance Company of America
Historical and Projected Experience
Nationwide Experience - Policies with Reimbursement Payment and Lifetime Benefits
Virginia Premium Rate Basis
ILTC2

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
2002	4,485	0	0	0	0%
2003	663,278	4,394	0	4,394	1%
2004	4,682,257	1,228	0	1,228	0%
2005	9,492,785	721,988	0	721,988	8%
2006	12,233,662	1,721,370	501,896	2,223,265	18%
2007	14,434,211	2,323,679	571,622	2,895,301	20%
2008	14,293,301	2,638,776	0	2,638,776	18%
2009	13,531,673	2,236,764	270,577	2,507,341	19%
2010	12,954,246	2,331,316	739,155	3,070,471	24%
2011	12,634,257	3,253,348	1,083,271	4,336,619	34%
2012	12,165,367	3,701,774	1,933,817	5,635,590	46%
2013	12,775,778	3,262,959	3,286,386	6,549,345	51%
2014	12,775,914	2,368,517	2,563,557	4,932,074	39%
2015	12,122,507	1,707,665	2,794,017	4,501,682	37%
2016	12,694,896	930,969	4,638,846	5,569,814	44%
2017	12,690,798	912,811	7,232,795	8,145,605	64%
2018*	6,201,489	7,203	4,995,505	5,002,708	81%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	5,798,773	5,228,881	90%
2019	11,382,227	11,482,332	101%
2020	11,047,480	12,984,524	118%
2021	10,756,802	14,693,059	137%
2022	10,468,622	16,616,283	159%
2023	10,163,471	18,717,753	184%
2024	9,850,832	21,003,333	213%
2025	9,530,408	23,491,290	246%
2026	9,194,127	26,159,910	285%
2027	8,854,161	28,995,576	327%
2028	8,492,248	31,975,109	377%
2029	8,127,914	35,046,638	431%
2030	7,756,719	38,169,439	492%
2031	7,379,196	41,271,452	559%
2032	6,994,303	44,304,353	633%
2033	6,603,320	47,212,288	715%
2034	6,207,798	49,933,876	804%
2035	5,810,678	52,419,575	902%
2036	5,415,423	54,528,187	1007%
2037	5,025,020	56,257,894	1120%
2038	4,636,309	57,561,155	1242%
2039	4,262,106	58,372,549	1370%
2040	3,897,030	58,662,943	1505%
2041	3,543,262	58,341,854	1647%
2042	3,203,016	57,440,810	1793%
2043	2,878,293	55,996,407	1945%
2044	2,570,842	54,088,170	2104%
2045	2,282,128	51,698,252	2265%
2046	2,013,306	48,892,754	2428%
2047	1,765,109	45,778,965	2594%
2048	1,537,837	42,498,852	2764%
2049	1,331,519	39,175,936	2942%
2050	1,145,866	35,793,879	3124%
2051	980,244	32,421,883	3308%
2052	833,718	29,147,933	3496%
2053	705,094	26,099,208	3702%
2054	593,086	23,427,032	3950%
2055	496,337	21,109,875	4253%
2056	413,379	19,053,114	4609%
2057+	1,812,530	130,073,623	7176%

* Historical 2018 Experience - 1/1/2018 through 6/30/2018
** Projected 2018 Experience - 7/1/2018 through 12/31/2018

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	5,798,773	5,228,881	90%
2019	11,964,359	11,363,194	95%
2020	15,428,708	11,703,807	76%
2021	15,458,675	13,028,124	84%
2022	15,044,530	14,712,043	98%
2023	14,605,996	16,549,573	113%
2024	14,156,700	18,545,077	131%
2025	13,696,216	20,714,105	151%
2026	13,212,945	23,037,294	174%
2027	12,724,377	25,503,102	200%
2028	12,204,269	28,090,975	230%
2029	11,680,683	30,754,927	263%
2030	11,147,235	33,459,371	300%
2031	10,604,694	36,141,423	341%
2032	10,051,562	38,759,569	386%
2033	9,489,677	41,265,672	435%
2034	8,921,270	43,606,226	489%
2035	8,350,566	45,738,760	548%
2036	7,782,542	47,540,134	611%
2037	7,221,492	49,010,074	679%
2038	6,662,872	50,108,549	752%
2039	6,125,103	50,779,196	829%
2040	5,600,449	50,997,850	911%
2041	5,092,047	50,686,472	995%
2042	4,603,077	49,873,685	1083%
2043	4,136,415	48,592,094	1175%
2044	3,694,575	46,910,729	1270%
2045	3,279,662	44,814,751	1366%
2046	2,893,336	42,361,849	1464%
2047	2,536,650	39,645,506	1563%
2048	2,210,036	36,788,986	1665%
2049	1,913,535	33,898,791	1772%
2050	1,646,732	30,960,609	1880%
2051	1,408,716	28,034,022	1990%
2052	1,198,142	25,194,760	2103%
2053	1,013,295	22,552,428	2226%
2054	852,328	20,237,259	2374%
2055	713,289	18,230,352	2556%
2056	594,070	16,449,715	2769%
2057+	2,604,799	112,165,565	4306%

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2018	243,108,498	74,023,499	30%	243,108,498	74,023,499	30%
Present Value of Future to 6/30/2018	130,164,774	646,330,105	497%	179,939,846	566,379,018	315%
Total Values	373,273,272	720,353,604	193%	423,048,344	640,402,517	151%
(Discounted at 4.5%)						

Minimum Lifetime Loss Ratio 60%

Appendix G
The Prudential Insurance Company of America
Historical and Projected Experience
Virginia Experience - Policies with Reimbursement Payment and Lifetime Benefits
Virginia Premium Rate Basis
ILTC2

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
2002	0	0	0	0	0%
2003	0	0	0	0	0%
2004	14,650	0	0	0	0%
2005	93,778	0	0	0	0%
2006	164,386	0	0	0	0%
2007	165,955	0	0	0	0%
2008	166,094	0	0	0	0%
2009	164,705	174,983	0	174,983	106%
2010	150,335	0	0	0	0%
2011	148,682	0	0	0	0%
2012	169,802	326,165	215,493	541,658	319%
2013	134,051	1,987	0	1,987	1%
2014	139,696	0	0	0	0%
2015	142,731	64,153	0	64,153	45%
2016	144,022	0	0	0	0%
2017	145,970	0	0	0	0%
2018*	60,161	0	0	0	0%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	62,783	66,228	105%
2019	123,073	142,239	116%
2020	119,184	153,067	128%
2021	115,507	165,997	144%
2022	111,734	179,653	161%
2023	107,867	196,200	182%
2024	103,913	213,005	205%
2025	99,884	228,439	229%
2026	95,809	244,315	255%
2027	91,684	260,164	284%
2028	87,524	276,715	316%
2029	83,358	293,866	353%
2030	79,204	309,589	391%
2031	75,072	325,183	433%
2032	70,969	340,843	480%
2033	66,910	356,388	533%
2034	62,921	371,586	591%
2035	59,021	386,092	654%
2036	55,241	402,160	728%
2037	51,585	418,504	811%
2038	48,051	433,893	903%
2039	44,623	445,279	998%
2040	41,289	453,376	1098%
2041	38,059	462,506	1215%
2042	34,936	472,069	1351%
2043	31,937	477,835	1496%
2044	29,066	478,203	1645%
2045	26,325	472,164	1794%
2046	23,721	462,058	1948%
2047	21,261	451,763	2125%
2048	18,959	438,925	2315%
2049	16,823	426,044	2533%
2050	14,850	408,110	2748%
2051	13,038	386,657	2966%
2052	11,383	364,468	3202%
2053	9,883	342,891	3469%
2054	8,532	324,102	3799%
2055	7,329	315,059	4299%
2056	6,266	306,564	4892%
2057+	29,493	2,528,826	8574%

* Historical 2018 Experience - 1/1/2018 through 6/30/2018
** Projected 2018 Experience - 7/1/2018 through 12/31/2018

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	62,783	66,228	105%
2019	129,367	140,907	109%
2020	166,450	139,132	84%
2021	165,996	148,457	89%
2022	160,574	160,360	100%
2023	155,016	174,857	113%
2024	149,334	189,506	127%
2025	143,544	202,862	141%
2026	137,688	216,567	157%
2027	131,760	230,221	175%
2028	125,782	244,459	194%
2029	119,795	259,191	216%
2030	113,824	272,600	239%
2031	107,887	285,875	265%
2032	101,990	299,200	293%
2033	96,157	312,427	325%
2034	90,424	325,349	360%
2035	84,820	337,652	398%
2036	79,387	351,328	443%
2037	74,133	365,235	493%
2038	69,055	378,307	548%
2039	64,129	387,897	605%
2040	59,337	394,627	665%
2041	54,695	402,270	735%
2042	50,207	410,298	817%
2043	45,897	415,033	904%
2044	41,771	415,089	994%
2045	37,832	409,600	1083%
2046	34,089	400,606	1175%
2047	30,555	391,466	1281%
2048	27,247	380,151	1395%
2049	24,176	368,820	1526%
2050	21,341	353,137	1655%
2051	18,737	334,434	1785%
2052	16,359	315,119	1926%
2053	14,203	296,357	2087%
2054	12,262	280,023	2284%
2055	10,533	272,120	2583%
2056	9,005	264,699	2939%
2057+	42,384	2,180,562	5145%

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2018	2,748,546	1,041,107	38%	2,748,546	1,041,107	38%
Present Value of Future to 6/30/2018	1,378,467	5,998,683	435%	1,903,983	5,277,068	277%
Total Values	4,127,013	7,039,790	171%	4,652,529	6,318,175	136%
(Discounted at 4.5%)						

Appendix B
The Prudential Insurance Company of America
Historical and Projected Experience
Nationwide Experience - Policies with Cash Payment and Non-Lifetime Benefits
Virginia Premium Rate Basis
ILTC2

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
2003	116,576	0	0	0	0%
2004	826,215	0	0	0	0%
2005	1,538,505	21,820	0	21,820	1%
2006	2,132,032	0	0	0	0%
2007	2,728,021	756,312	0	756,312	28%
2008	2,934,667	384,675	0	384,675	13%
2009	3,118,090	2,513,292	15,973	2,529,266	81%
2010	3,077,305	1,129,881	136,392	1,266,273	41%
2011	3,076,159	1,753,416	0	1,753,416	57%
2012	2,893,741	1,449,574	0	1,449,574	50%
2013	3,094,282	686,054	21,685	707,739	23%
2014	3,274,174	1,437,592	194,249	1,631,841	50%
2015	3,136,757	1,385,247	625,376	2,010,623	64%
2016	3,110,446	898,703	544,459	1,443,163	46%
2017	3,180,706	307,561	1,383,985	1,691,545	53%
2018*	1,506,255	19,388	862,473	881,861	59%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	1,414,287	1,021,110	72%
2019	2,757,929	2,223,900	81%
2020	2,630,782	2,483,660	94%
2021	2,541,435	2,765,539	109%
2022	2,448,877	3,070,941	125%
2023	2,361,823	3,398,615	144%
2024	2,274,264	3,744,220	165%
2025	2,182,484	4,112,972	188%
2026	2,091,466	4,498,686	215%
2027	1,995,233	4,898,587	246%
2028	1,900,698	5,310,584	279%
2029	1,806,219	5,727,472	317%
2030	1,710,726	6,149,130	359%
2031	1,614,557	6,561,115	406%
2032	1,518,069	6,953,136	458%
2033	1,421,713	7,329,909	516%
2034	1,325,965	7,678,777	579%
2035	1,231,509	7,999,031	650%
2036	1,139,020	8,269,877	726%
2037	1,048,627	8,489,298	810%
2038	956,803	8,661,323	905%
2039	873,349	8,772,570	1004%
2040	793,183	8,828,947	1113%
2041	716,626	8,811,175	1230%
2042	643,924	8,705,095	1352%
2043	575,401	8,520,700	1481%
2044	511,243	8,233,788	1611%
2045	451,547	7,875,929	1744%
2046	396,406	7,458,501	1882%
2047	345,844	6,976,007	2017%
2048	299,877	6,455,040	2153%
2049	258,438	5,878,997	2275%
2050	221,368	5,289,443	2389%
2051	188,502	4,720,823	2504%
2052	159,613	4,187,883	2624%
2053	134,490	3,693,662	2746%
2054	112,904	3,261,002	2888%
2055	94,578	2,893,291	3059%
2056	79,204	2,587,724	3267%
2057+	421,848	26,394,473	6257%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	1,414,287	1,021,110	72%
2019	2,858,530	2,199,554	77%
2020	3,364,301	2,228,167	66%
2021	3,320,484	2,440,377	73%
2022	3,199,553	2,707,025	85%
2023	3,085,813	2,992,695	97%
2024	2,971,414	3,293,436	111%
2025	2,851,500	3,613,935	127%
2026	2,732,582	3,948,677	145%
2027	2,606,850	4,295,196	165%
2028	2,483,336	4,651,742	187%
2029	2,359,896	5,011,980	212%
2030	2,235,130	5,375,873	241%
2031	2,109,481	5,730,757	272%
2032	1,983,416	6,067,735	306%
2033	1,857,524	6,391,086	344%
2034	1,732,425	6,689,858	386%
2035	1,609,014	6,963,480	433%
2036	1,488,175	7,193,843	483%
2037	1,370,072	7,379,383	539%
2038	1,250,100	7,523,820	602%
2039	1,141,065	7,615,631	667%
2040	1,036,324	7,660,006	739%
2041	936,299	7,640,274	816%
2042	841,311	7,544,319	897%
2043	751,784	7,380,952	982%
2044	667,959	7,129,254	1067%
2045	589,964	6,816,577	1155%
2046	517,919	6,452,750	1246%
2047	451,858	6,033,061	1335%
2048	391,801	5,580,543	1424%
2049	337,660	5,080,903	1505%
2050	289,227	4,569,998	1580%
2051	246,285	4,077,503	1656%
2052	208,540	3,616,139	1734%
2053	175,716	3,188,500	1815%
2054	147,514	2,814,260	1908%
2055	123,569	2,496,272	2020%
2056	103,483	2,232,062	2157%
2057+	551,161	22,731,257	4124%

* Historical 2018 Experience - 1/1/2018 through 6/30/2018
** Projected 2018 Experience - 7/1/2018 through 12/31/2018

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2018	53,630,745	21,054,498	39%	53,630,745	21,054,498	39%
Present Value of Future to 6/30/2018	29,465,973	103,538,089	351%	37,290,140	90,622,294	243%
Total Values (Discounted at 4.5%)	83,096,717	124,592,587	150%	90,920,884	111,676,792	123%

Minimum Lifetime Loss Ratio 60%

Appendix G
The Prudential Insurance Company of America
Historical and Projected Experience
Virginia Experience - Policies with Cash Payment and Non-Lifetime Benefits
Virginia Premium Rate Basis
ILTC2

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
2003	0	0	0	0	0%
2004	3,531	0	0	0	0%
2005	7,526	0	0	0	0%
2006	10,276	0	0	0	0%
2007	10,276	0	0	0	0%
2008	10,395	0	0	0	0%
2009	10,515	0	0	0	0%
2010	10,515	0	0	0	0%
2011	10,465	0	0	0	0%
2012	10,651	0	0	0	0%
2013	11,902	0	0	0	0%
2014	13,138	0	0	0	0%
2015	13,089	0	0	0	0%
2016	12,547	0	0	0	0%
2017	12,194	0	0	0	0%
2018*	6,072	0	0	0	0%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	6,057	1,823	30%
2019	11,946	4,002	33%
2020	11,726	4,664	40%
2021	11,501	5,483	48%
2022	11,271	6,477	57%
2023	11,035	7,658	69%
2024	10,793	9,061	84%
2025	10,548	10,745	102%
2026	10,295	12,638	123%
2027	10,035	14,770	147%
2028	9,762	17,212	176%
2029	9,474	19,995	211%
2030	9,170	23,179	253%
2031	8,848	26,571	300%
2032	8,505	30,140	354%
2033	8,140	33,921	417%
2034	7,755	37,832	488%
2035	7,353	41,761	568%
2036	6,938	44,683	644%
2037	6,516	46,792	718%
2038	6,086	48,637	799%
2039	5,650	50,113	887%
2040	5,211	51,162	982%
2041	4,771	50,424	1057%
2042	4,339	48,572	1119%
2043	3,914	46,572	1190%
2044	3,495	44,264	1266%
2045	3,092	41,412	1340%
2046	2,708	37,932	1401%
2047	2,351	34,256	1457%
2048	2,021	30,678	1518%
2049	1,718	27,120	1579%
2050	1,442	23,406	1623%
2051	1,194	19,448	1629%
2052	973	15,741	1618%
2053	781	12,581	1611%
2054	616	10,064	1635%
2055	477	8,024	1681%
2056	364	6,318	1737%
2057+	895	17,164	1917%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	6,057	1,823	30%
2019	12,382	3,955	32%
2020	14,995	4,162	28%
2021	15,027	4,811	32%
2022	14,726	5,680	39%
2023	14,418	6,711	47%
2024	14,102	7,936	56%
2025	13,781	9,405	68%
2026	13,451	11,054	82%
2027	13,111	12,911	98%
2028	12,754	15,036	118%
2029	12,379	17,456	141%
2030	11,982	20,224	169%
2031	11,560	23,169	200%
2032	11,111	26,266	236%
2033	10,635	29,547	278%
2034	10,132	32,938	325%
2035	9,607	36,342	378%
2036	9,065	38,869	429%
2037	8,513	40,690	478%
2038	7,952	42,283	532%
2039	7,383	43,555	590%
2040	6,808	44,458	653%
2041	6,234	43,812	703%
2042	5,669	42,202	744%
2043	5,113	40,466	791%
2044	4,567	38,465	842%
2045	4,039	35,987	891%
2046	3,538	32,965	932%
2047	3,072	29,772	969%
2048	2,641	26,665	1010%
2049	2,244	23,574	1050%
2050	1,884	20,346	1080%
2051	1,560	16,905	1084%
2052	1,271	13,683	1076%
2053	1,020	10,936	1072%
2054	804	8,748	1087%
2055	624	6,974	1118%
2056	475	5,490	1155%
2057+	1,170	14,908	1274%

* Historical 2018 Experience - 1/1/2018 through 6/30/2018
** Projected 2018 Experience - 7/1/2018 through 12/31/2018

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2018	206,836	0	0%	206,836	0	0%
Present Value of Future to 6/30/2018	148,397	421,571	284%	188,665	367,830	195%
Total Values	355,233	421,571	119%	395,501	367,830	93%
(Discounted at 4.5%)						

Appendix B
The Prudential Insurance Company of America
Historical and Projected Experience
Nationwide Experience - Policies with Reimbursement Payment and Non-Lifetime Benefits
Virginia Premium Rate Basis
ILTC2

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
2002	707	0	0	0	0%
2003	962,203	0	0	0	0%
2004	6,871,579	8,782	0	8,782	0%
2005	14,866,412	1,054,187	0	1,054,187	7%
2006	19,287,095	1,493,222	7,881	1,501,103	8%
2007	22,432,227	2,577,392	122,920	2,700,313	12%
2008	22,531,108	3,018,619	28,141	3,046,760	14%
2009	21,715,269	2,579,979	432,808	3,012,787	14%
2010	20,883,043	2,916,231	281,022	3,197,253	15%
2011	20,393,585	4,885,854	357,047	5,242,902	26%
2012	19,457,779	5,567,640	225,922	5,793,562	30%
2013	20,054,972	4,367,587	725,310	5,092,897	25%
2014	20,457,055	6,025,602	2,266,009	8,291,612	41%
2015	19,571,069	5,395,546	3,375,783	8,771,329	45%
2016	20,088,362	3,019,476	6,306,106	9,325,582	46%
2017	19,605,084	1,771,122	7,373,579	9,144,701	47%
2018*	9,343,848	59,494	5,778,924	5,838,418	62%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	8,837,172	5,802,248	66%
2019	17,206,765	12,589,562	73%
2020	16,544,653	14,012,493	85%
2021	15,897,744	15,578,726	98%
2022	15,253,059	17,305,884	113%
2023	14,602,760	19,162,155	131%
2024	13,944,814	21,138,108	152%
2025	13,279,701	23,239,476	175%
2026	12,605,961	25,432,821	202%
2027	11,925,923	27,687,392	232%
2028	11,238,464	29,981,110	267%
2029	10,556,556	32,280,144	306%
2030	9,872,117	34,518,455	350%
2031	9,191,804	36,614,698	398%
2032	8,516,420	38,529,929	452%
2033	7,850,970	40,203,447	512%
2034	7,197,651	41,585,004	578%
2035	6,559,298	42,597,074	649%
2036	5,946,932	43,188,283	726%
2037	5,361,743	43,405,222	810%
2038	4,806,142	43,261,666	900%
2039	4,284,060	42,721,680	997%
2040	3,793,372	41,738,225	1100%
2041	3,335,682	40,304,597	1208%
2042	2,912,524	38,518,122	1322%
2043	2,524,854	36,473,749	1445%
2044	2,173,460	34,235,970	1575%
2045	1,857,756	31,864,014	1715%
2046	1,576,464	29,375,090	1863%
2047	1,328,135	26,811,104	2019%
2048	1,110,876	24,234,353	2182%
2049	922,871	21,704,883	2352%
2050	761,635	19,272,274	2530%
2051	624,395	16,948,921	2714%
2052	508,578	14,774,072	2905%
2053	411,600	12,776,046	3104%
2054	331,277	11,014,171	3325%
2055	265,417	9,500,311	3579%
2056	211,811	8,188,572	3866%
2057+	788,697	44,988,932	5704%

* Historical 2018 Experience - 1/1/2018 through 6/30/2018
** Projected 2018 Experience - 7/1/2018 through 12/31/2018

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	8,837,172	5,802,248	66%
2019	17,760,475	12,476,086	70%
2020	20,759,594	12,827,893	62%
2021	20,377,728	14,069,056	69%
2022	19,551,371	15,610,676	80%
2023	18,717,818	17,266,148	92%
2024	17,874,463	19,026,443	106%
2025	17,021,921	20,896,697	123%
2026	16,158,320	22,846,698	141%
2027	15,286,649	24,849,172	163%
2028	14,405,464	26,884,528	187%
2029	13,531,393	28,922,516	214%
2030	12,654,079	30,904,160	244%
2031	11,782,055	32,756,989	278%
2032	10,916,347	34,446,887	316%
2033	10,063,374	35,920,120	357%
2034	9,225,949	37,131,994	402%
2035	8,407,708	38,013,757	452%
2036	7,622,778	38,520,164	505%
2037	6,872,682	38,693,667	563%
2038	6,160,513	38,547,191	626%
2039	5,491,308	38,048,874	693%
2040	4,862,344	37,157,145	764%
2041	4,275,678	35,866,329	839%
2042	3,733,274	34,263,530	918%
2043	3,236,358	32,433,411	1002%
2044	2,785,940	30,433,246	1092%
2045	2,381,272	28,315,671	1189%
2046	2,020,711	26,095,880	1291%
2047	1,702,403	23,811,205	1399%
2048	1,423,921	21,516,912	1511%
2049	1,182,936	19,266,154	1629%
2050	976,264	17,102,784	1752%
2051	800,350	15,037,585	1879%
2052	651,895	13,105,227	2010%
2053	527,589	11,330,664	2148%
2054	424,631	9,766,297	2300%
2055	340,212	8,422,461	2476%
2056	271,500	7,258,303	2673%
2057+	1,010,951	39,848,312	3942%

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2018	383,692,137	89,134,733	23%	383,692,137	89,134,733	23%
Present Value of Future to 6/30/2018	172,871,400	511,475,308	296%	214,603,658	459,148,346	214%
Total Values	556,563,537	600,610,041	108%	598,295,794	548,283,079	92%
(Discounted at 4.5%)						

Minimum Lifetime Loss Ratio 60%

Appendix G
The Prudential Insurance Company of America
Historical and Projected Experience
Virginia Experience - Policies with Reimbursement Payment and Non-Lifetime Benefits
Virginia Premium Rate Basis
ILTC2

Historical

Calendar Year	Earned Premium	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
2002	0	0	0	0	0%
2003	0	0	0	0	0%
2004	30,732	0	0	0	0%
2005	152,147	64,603	0	64,603	42%
2006	224,651	0	0	0	0%
2007	219,574	0	0	0	0%
2008	211,669	0	0	0	0%
2009	210,890	0	0	0	0%
2010	206,793	0	0	0	0%
2011	199,636	298	0	298	0%
2012	188,542	0	0	0	0%
2013	191,490	0	0	0	0%
2014	193,013	0	0	0	0%
2015	193,608	0	0	0	0%
2016	204,267	0	0	0	0%
2017	212,024	0	46,471	46,471	22%
2018*	107,008	0	112,696	112,696	105%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	96,730	56,585	58%
2019	188,840	120,514	64%
2020	182,009	133,344	73%
2021	175,491	149,020	85%
2022	168,882	166,272	98%
2023	162,202	184,897	114%
2024	155,478	205,426	132%
2025	148,715	227,705	153%
2026	141,922	251,416	177%
2027	135,073	275,304	204%
2028	128,149	298,269	233%
2029	121,175	322,323	266%
2030	114,159	346,001	303%
2031	107,091	368,485	344%
2032	100,001	388,384	388%
2033	92,920	406,231	437%
2034	85,897	422,645	492%
2035	78,987	435,521	551%
2036	72,250	445,274	616%
2037	65,749	451,635	687%
2038	59,520	455,090	765%
2039	53,581	454,945	849%
2040	47,941	449,321	937%
2041	42,595	439,531	1032%
2042	37,566	424,911	1131%
2043	32,878	406,235	1236%
2044	28,550	384,351	1346%
2045	24,606	361,163	1468%
2046	21,031	338,125	1608%
2047	17,818	313,255	1758%
2048	14,961	284,864	1904%
2049	12,454	254,303	2042%
2050	10,284	225,246	2190%
2051	8,410	198,782	2364%
2052	6,809	174,677	2565%
2053	5,463	150,779	2760%
2054	4,351	130,219	2993%
2055	3,448	113,101	3280%
2056	2,719	98,636	3628%
2057+	9,279	485,808	5235%

* Historical 2018 Experience - 1/1/2018 through 6/30/2018
** Projected 2018 Experience - 7/1/2018 through 12/31/2018

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2018**	96,730	56,585	58%
2019	194,917	119,495	61%
2020	228,378	122,595	54%
2021	224,944	135,162	60%
2022	216,472	150,575	70%
2023	207,911	167,199	80%
2024	199,292	185,520	93%
2025	190,623	205,389	108%
2026	181,915	226,518	125%
2027	173,137	247,778	143%
2028	164,261	268,174	163%
2029	155,322	289,524	186%
2030	146,329	310,510	212%
2031	137,269	330,401	241%
2032	128,182	347,957	271%
2033	119,105	363,669	305%
2034	110,103	378,093	343%
2035	101,246	389,347	385%
2036	92,611	397,806	430%
2037	84,278	403,245	478%
2038	76,293	406,110	532%
2039	68,680	405,781	591%
2040	61,451	400,580	652%
2041	54,598	391,675	717%
2042	48,152	378,489	786%
2043	42,143	361,715	858%
2044	36,595	342,111	935%
2045	31,540	321,361	1019%
2046	26,958	300,756	1116%
2047	22,839	278,541	1220%
2048	19,177	253,217	1320%
2049	15,964	225,987	1416%
2050	13,181	200,110	1518%
2051	10,780	176,551	1638%
2052	8,728	155,102	1777%
2053	7,002	133,850	1912%
2054	5,578	115,571	2072%
2055	4,419	100,354	2271%
2056	3,485	87,500	2511%
2057+	11,894	430,649	3621%

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2018	3,759,839	277,400	7%	3,759,839	277,400	7%
Present Value of Future to 6/30/2018	1,965,175	5,289,991	269%	2,442,386	4,755,903	195%
Total Values	5,725,015	5,567,392	97%	6,202,226	5,033,303	81%
(Discounted at 4.5%)						

Keith Burns, ASA, MAAA
Vice President and Actuary
Financial Management

The Prudential Insurance Company of America
Long Term Care Unit
751 Broad Street, 11th Floor
Newark, NJ 07102
Tel 402 715-4861
keith.burns@prudential.com

Date: June 20, 2019

To: Bobby Toone
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-130596304
Objection Letter Dated May 21, 2019
ILTC2 Re-Rate

Dear Mr. Toone,

This is in response to your questions on May 21, 2019.

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

I understand the historical experience has changed. Prudential invested a significant amount of time and resources to clean up our data as it pertains to our experience and projections. We have much more confidence in the numbers that we are now reflecting. We anticipate the shift in the historical experience is a one time change.

The change in the future claims is a result of a refinement to the projections. Prudential recently added benefit reductions due to rate increases to the future projections. Previously only shock lapse rates due to rate increases were reflected.

2. Please demonstrate that 14VAC5-200-153C2 is satisfied independently for each policyholder cohort for which the proposed rate increase varies (e.g., limited benefit periods).

The attached exhibit shows experience and projections by the proposed rate increase varies.

3. The objection responses dated May 10, 2019, indicate future rate increases are anticipated. Please state the Company's intent with respect to future rate increases for this policy form, including the criteria that may be used to determine as to when another rate increase may be filed and the timing of the next rate increase.

Keith Burns, ASA, MAAA
Vice President and Actuary
Financial Management

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We are not requesting a larger increase at this time as we prefer to bring this filing to closure. Once we have additional experience we will consider filing for the additional amounts

I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration. If there are any additional questions, please feel free to contact me.

Sincerely,

Keith Burns, Vice President & Actuary

Digitally signed by Keith Burns, Vice President & Actuary
DN: cn=Keith Burns, Vice President & Actuary, o=The Prudential Insurance Company of America, ou=LTC, email=keith.burns@prudential.com, c=US
Date: 2019.06.20 18:11:39 -04'00'

Keith Burns, ASA, MAAA
Vice President & Actuary

Ritu Jain, ASA, MAAA
Prudential Long Term Care
751 Broad St, 11th Floor
Newark, NJ 07102
Tel: (973) 548-6459
ritu.jain@prudential.com

Date: August 19, 2019

To: Bobby Toone
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-130596304
Objection Letter Dated July 8th, 2019
ILTC2 Re-Rate

Dear Mr. Toone,

This is in response to your questions on July 8th, 2019.

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

The experience projections dated May 10, 2019 were updated to reflect the 2018 best estimate assumptions. The rates vary by product (ILTC and GLTC) and requested rate increase amounts. The projections include an annualized shock lapse rate of 11.6% for Reimbursement/Limited policies and 14.1% for Cash/Unlimited, Cash/Limited, and Reimbursement/Unlimited policies, assumed over the expected implementation period. The total rate for Reimbursement/Limited policies includes a 7.7% shock lapse reduced to 6.93% due to the CNFO benefit, and adjusted to 11.6% to account for people electing benefit reductions. The total rate for all other policies includes a 9.5% shock lapse reduced to 8.55% due to the CNFO benefit, and adjusted to 14.1% to account for people electing benefit reductions. These shock lapse rates represent the estimated impact of policyholders lapsing their policy due to the rate increase but maintaining a nonforfeiture benefit as well as policyholders electing benefit reductions. The benefit reduction portion of the assumption is used to project the reduction in claim costs and premium associated with these polices after they take a benefit reduction at the time of a rate increase. Shock Lapses and benefit reductions are tied to rate increases and as such, the timing of shock lapses coincides with when a policyholder elects to reduce their benefits.

2. The projected incurred claims underlying the experience projections submitted with the objection responses dated May 10, 2019 are significantly higher relative to the experience projections submitted with the objection responses dated February 2, 2017. For example, for calendar year 2030, the May 10, 2019 exhibit shows projected incurred claims of approximately $72.7 million without the rate increase, whereas the February 2, 2017 exhibit shows projected incurred claims of approximately $90.1 million. This difference produces significantly higher loss ratios by calendar year than previously projected. Please confirm that the assumptions used to project the future experience are consistent with the assumptions described in the actuarial memorandum unless previously noted (i.e., incorporating benefit reductions into the projections). If not, please explain all assumptions that were revised and provide quantitative support for the assumptions that were revised. If the assumptions are consistent with those described in the actuarial memorandum, please explain why the projected incurred claims have increased significantly. If necessary, please revise the experience projections.

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The assumptions used to project the future experience in the May 10, 2019 exhibit are no longer consistent with the assumptions described in the actuarial memorandum in 2015. The memo used the Best Estimate assumptions as of June 30, 2015. However, we have since updated our assumptions to reflect experience through June 30, 2018. Due to these updates, the projected incurred claims have increased.

The updated actuarial assumptions used to project the future premiums and claims are described below. The attached Appendix C describes the development of the best estimate morbidity, mortality and voluntary lapse assumptions and contains three exhibits that show actual to expected experience. The expected values in these exhibits reflect Prudential's current assumptions at this time. The assumptions are Prudential's 2018 best estimate expectations of future experience, and do not include any provisions for adverse experience.

Morbidity

The best estimate morbidity assumptions were developed based on a combination of Prudential's historical claim experience, the Milliman 2014 Long Term Care Guidelines (Guidelines) and judgment. The Guidelines reflect over 29 million life years of exposure and $25 billion of incurred claims and the experience and judgment of Milliman actuaries. The policy design and coverages and the underwriting applied at the time of issue were all considered when setting the claim cost assumptions. The claim cost assumptions reflect Prudential's 2018 best estimate of future morbidity. The best estimate assumptions do not include an assumption for morbidity improvement. The assumptions do not include any adverse selection from the rate increase or loads for moderately adverse experience.

Mortality

The mortality assumptions were developed from a mortality study conducted on Prudential's experience and judgment. The 2018 best estimate mortality assumption is the 2012 IAM Basic Table on an Age Last Birthday basis with mortality selection factors and mortality improvement. The mortality selection factors vary by issue age and duration. The factors are generally below 1 in the early durations and grade to 1.05 in the ultimate (dur 30+) period. Future mortality improvement of 1% per year for 20 years (2018 through 2038) is assumed. We assumed all remaining policies would terminate at attained age 120. The assumptions do not include any loads for moderately adverse experience.

Lapses

The voluntary lapse assumptions were developed from a policy persistency study conducted on Prudential's long-term care policy experience. The voluntary lapse assumptions are our expectations for policy terminations, by duration, for reasons other than death, benefit exhaustion or benefit buy-downs. The lapse assumptions represent the 2018 best estimate expectations of future experience and do not include any provisions for adverse experience. At time of premium rate increase notification, policyholders may elect a nonforfeiture benefit or an optional benefit reduction and the impact of these policyholder elections is modelled in our projections. Voluntary lapse rates for the Lifetime Premium Pay polices are shown below.

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Voluntary Lapse Rates – Lifetime Pay								
Duration	Cash				Reimbursement			
	Inflation		No Inflation		Inflation		No Inflation	
	Single	Married	Single	Married	Single	Married	Single	Married
1	5.45%	2.85%	7.15%	3.85%	8.35%	4.35%	11.00%	5.90%
2	3.70%	2.05%	4.30%	2.75%	6.20%	3.15%	6.65%	4.20%
3	1.10%	6.30%	2.10%	5.80%	6.20%	1.70%	2.40%	4.10%
4	1.10%	6.30%	2.10%	5.80%	1.50%	1.70%	2.40%	4.10%
5	1.10%	6.30%	2.10%	5.80%	1.50%	1.70%	2.40%	2.30%
6	1.10%	2.40%	2.10%	2.50%	1.50%	1.70%	2.40%	2.30%
7	1.10%	2.40%	2.10%	2.50%	1.50%	1.00%	2.40%	2.00%
8	1.10%	2.40%	2.10%	2.50%	1.50%	1.00%	2.40%	2.00%
9	1.10%	2.40%	2.10%	2.50%	1.50%	1.00%	2.40%	1.30%
10	1.10%	1.30%	2.10%	2.10%	1.50%	0.76%	2.40%	1.30%
11	1.10%	1.30%	2.10%	2.10%	1.50%	0.76%	2.40%	1.30%
12	1.10%	1.30%	2.10%	2.10%	1.50%	0.76%	2.40%	1.30%
13	1.10%	1.10%	2.10%	2.01%	1.50%	0.76%	2.40%	1.30%
14	1.10%	0.60%	2.10%	1.75%	1.50%	0.76%	2.40%	1.30%
15-20	1.10%	0.60%	2.10%	1.75%	1.50%	0.50%	2.40%	1.30%
21+	1.10%	0.50%	2.10%	1.50%	1.25%	0.50%	2.40%	1.30%

NOTE: No inflation includes plans without inflation and GPO.

Voluntary Lapse Rates – Limited Pay			
Duration	10 Pay	Premium Reduction at Age 65	Paid Up at Age 65
1	3.50%	4.50%	5.00%
2	2.50%	3.50%	4.50%
3	1.50%	3.00%	3.50%
4	1.00%	2.50%	2.50%
5	0.50%	2.00%	2.00%
6	0.50%	2.00%	2.00%
7	0.50%	1.50%	1.50%
8	0.50%	1.50%	1.50%
9	0.00%	1.50%	1.50%
10-20	0.00%	1.50%	1.25%
21+	0.00%	1.25%*	1.00%**

*Starting at age 55, grade into 0.5% ultimate lapse rate by attained age 65.
**Starting at age 55, grade into 0.0% ultimate lapse rate by attained age 65.

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

Please see the attached file called "ILTC2 Prior Rate Appendix (July 2012).xlsx" for the projected experience submitted with the most recently approved rate filing. Note that at the time of the prior filing, we did not separate policies by benefit periods. It would be difficult to recreate and split these old appendices by policyholder cohort as requested.

I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration. If there are any additional questions, please feel free to contact me.

Sincerely,

Ritu Jain, ASA, MAAA,
Director and Actuary

Digitally signed by Ritu Jain, ASA, MAAA, Director and Actuary
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Ritu Jain, ASA, MAAA
Director, Actuary
Prudential Long Term Care

Meong Kwak
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Date: September 27th, 2019

To: Bobby Toone
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-130596304
Objection Letter Dated September 5th, 2019
ILTC-2 Re-Rate

Dear Mr. Toone,

This is in response to your questions on September 5th, 2019.

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

Please see tabs Q1a-Q1c in the attached file "VA ILTC2 2019.09.05 Objection Attachments.xlsx." The Company combines the experience for all individual products when setting the assumptions in order to create a more credible data set, since while the nationwide claims data just for ILTC2 may not be deemed sufficiently credible, the underlying data supporting the new assumptions would. In the process of developing assumptions, specific product differences, if applicable, are reviewed and assumptions are adjusted so that the assumptions are appropriate for each product.

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

The shock lapse assumption reflects the estimated impact of policyholders electing reduced benefits or a paid-up nonforfeiture benefit at time of premium rate increase notification. The shock lapse was derived from observed lapses from historical seriatim data in which the exact rate increase percentages was identified. The shock lapse rates were partitioned and studied separately within each rate increase band using historical lapse data. Please see tab Q2 in the attached file "VA ILTC2 2019.09.05 Objection Attachments.xlsx" for quantitative support.

3. Please provide the maximum justifiable rate increase for each policyholder cohort for which the proposed rate increase varies (e.g., policies with a limited benefit period and reimbursement benefits) under the prospective present value method. Please ensure waiver of premium benefits, inclusion of margin for adverse deviation, etc., are presented in a manner that is consistent with how they were presented in Appendix B from the objection responses dated June 20, 2019. Additionally, please provide sufficient quantitative support so that we are able to assess the reasonableness of the calculation.

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The maximum justifiable rate increase for each policyholder cohort for which the proposed rate increase varies under the prospective present value method can be found in the table below using the 2018 best estimate assumptions. Please see tabs Q3a-Q3d in the attached file "VA ILTC2 2019.09.05 Objection Attachments.xlsx" for quantitative support.

Benefit Cohort	Prospective Method Requested Rate Increase
Cash | Unlimited	551.0%
Cash | Limited	237.8%
Reimbursement | Limited	131.8%
Reimbursement | Unlimited	408.9%

As previously noted in the response to the objection letter dated February 25th, 2019, the requested rate increases have not been adjusted to reflect the 2018 best estimate assumptions and do not take into account the maximum justifiable rate increase.

I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration. If there are any additional questions, please feel free to contact me.

Sincerely,

Meong Kwak,
Associate Actuary

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Date: October 31st, 2019

To: Bobby Toone
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-130606748
Objection Letter Dated October 15th, 2019
ILTC-2 Re-Rate

Dear Mr. Toone,

This is in response to your questions on October 15th, 2019.

1. **Please explain why the future cash flows under the "original pricing" do not appear to align with the projected experience for 2019 and beyond for the experience projections provided in response to objection 3 from the objection responses dated August 22, 2019. While we would expect there to be differences with how the experience has evolved, the future cash flows under the "original pricing" show the block of business is projected to contract more quickly than the July 2012 projection. If necessary, please revise the demonstration of the prospective present value calculation so that the projected experience is based on all July 2012 assumptions.**

   Please see attached file "VA ILTC2 2019.10.15 Objection Attachments.xlsx" for a version of the prospective method with the projections from the July 2012 projections. The prior filing projections are from the previously approved filing in July 2012. Prudential does not currently have the capability to project the current inforce policies using the July 2012 assumptions.

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

   The projected future cash flows under the prior approved filing are based on the insured population in the approved filing in July 2012. However, we have applied a true up factor to the prior approved projections.

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

   There were no shock lapses, benefit buydowns, or adverse selection as a result of the rate increase reflected in either set of future cash flows.

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I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration. If there are any additional questions, please feel free to contact me.

Sincerely,

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Associate Actuary

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Date: November 25, 2019

To: Bobby Toone
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-130596304
Objection Letter Dated November 20th, 2019
ILTC-2 Re-Rate

Dear Mr. Toone,

This is in response to your questions on November 20th, 2019.

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

   The current national cumulative average increase is 46%. Please note that in 2019 Prudential started a new round of rate increases. If all outstanding rate increase requests were approved for the full amount the cumulative average increase would increase to 134%

I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration. If there are any additional questions, please feel free to contact me.

Sincerely,

Hina Ahmad,
Actuarial Manager

Digitally signed by Hina Ahmad, Actuarial Manager
Date: 2019.11.26 13:59:51 -05'00'

Hina Ahmad
Manager, Actuarial
Prudential Long Term Care